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:	**R432-200**
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:

R432-200. Small Health Care Facility - Four to Sixteen Beds

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 R432-200-11.

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.

R432. Health and Human Services, Health Care Facility Licensing.
R432-200. Small Health Care Facility - Four to Sixteen Beds.
R432-200-1. Authority and Purpose.

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

~~**R432-200-2. Purpose.]**~~

(2) This rule allows services at varying levels of health care intensity to be provided in structures that depart from the traditional institutional setting.

(3) Health care may be delivered in a less restrictive, residential, or home-like setting.

(4) Small health care facilities are categorized as Level I, Level II, Level III, or Level IV as defined in this rule according to the resident's ability or capability for self-preservation, including the ability to exit a building unassisted in an emergency.

(5) Each Medicare and Medicaid certified provider shall [~~additionally~~]comply with [~~the~~]any regulation[~~s~~] of the Social Security Act, Title XVIII, Health Insurance for the Aged and Disabled, and Title XIX, Grants to States for Medical Assistance Programs. [

~~**R432-200-3. Compliance.**~~

~~Each small health care facility provider shall fully comply with this rule at the time of licensure. Each Medicare and Medicaid certified provider shall additionally comply with the regulations of the Social Security Act, Title XVIII, Health Insurance for the Aged and Disabled, and Title XIX, Grants to States for Medical Assistance Programs.~~

]

R432-200-[4]2. Definitions.

[~~(1) Common d~~definitions in Section]Terms used in this rule are defined in Rule R432-1[-3] and Section 26B-2-201 and Section 26B-2-249. [~~a~~]Additionally[~~ apply to a small health care facility.~~]:

([~~2~~]1) "Levels of Care" means the range of programs and the physical facilities where they may be offered.

([~~3~~]2) "Level I" means a skilled nursing care facility that provides at least 24-hour care and licensed nursing services to individuals who are non-ambulatory.

([~~4~~]3) "Level II" means a facility that provides 24-hour care and licensed therapy or nursing care to [~~4 -~~]four to 16 individuals who are non-ambulatory.

([~~5~~]4) "Level III" means a facility that provides 24-hour staff coverage and licensed therapy to [~~4 -~~]four to 16 individuals who are ambulatory and are under chemical or physical restraints.

([~~6~~]5) "Level IV" means a facility that provides specialized program and support care to [~~4 -~~]four to 16 individuals who are ambulatory and require programs of care and more supervision than provided in a residential care facility.

([~~7~~]6)(a) "Qualified Intellectual Disabilities Professional [~~or~~](QIDP)" means an individual that has a bachelor's degree in human services or a related field of study, plus at least one year of experience working with people diagnosed as developmentally disabled.

(b) A registered nurse or physician also qualifies to serve as a QIDP.

R432-200-[5]3. [~~License Required~~]Scope.

Each licensee shall comply with any applicable federal, state, or local law, rule, or ordinance, including:

(a) Rule R432-12; and

(b) this rule.

[~~In accordance with Section 26B-2-206, each Small Health Care Facility provider with 4-16 beds shall obtain a license.~~

~~**R432-200-6. Construction and Physical Environment.**~~

~~A small health care facility licensee shall comply with the construction and physical environment requirements in Rule R432-12, Small Health Care Facility Construction rules.~~

]

R432-200-[7]4. Levels of Care.

(1) A Level I facility licensee:

(a) shall comply with the requirements in Rule R432-150; and

(b) may include:

(i) a skilled nursing facility that maintains and operates 24-hour skilled nursing services for the care and treatment of chronically ill or convalescent residents whose primary need is skilled nursing care or related services on an extended basis; or

(ii) an intermediate care facility that provides 24-hour care to residents who need licensed nursing supervision and supportive care, but who do not require continuous nursing care.

(2) A Level II facility licensee may include:

(a) a health care nursery that provides 24-hour care to children under six years of age who do not require continuous nursing care and additionally provides the following:

(i) 24-hour care;
(ii) dietary services;
(iii) licensed therapies, as required; and
(iv[~~i~~]) medical coverage;[~~,~~
~~(iii) dietary services; and~~
~~(iv) licensed therapies, as required;~~]

(b) an intermediate care facility for individuals with intellectual disabilities that provides 24-hour supervisory care to individuals with intellectual or developmental disabilities, who need supervision in a coordinated and integrated program of health, habilitative, and supportive services, but who do not require continuous nursing care that shall additionally provide the following:

(i) 24-hour care;
(ii) dietary services;
(iii) licensed therapies, as required; and
(iv[~~i~~]) medical coverage;[
~~(iii) dietary services; and~~
~~(iv) licensed therapies, as required;~~]

(c) an intermediate care facility may be categorized as a Level IV facility if no resident receives therapy that utilizes chemical or physical restraints that make the resident incapable of self-preservation in an emergency;

(d) a home for the aging that provides group housing, supervision, social support, personal care, therapy and nursing care to elderly individuals who do not need intermediate or skilled nursing care that shall additionally provide the following:

(i) 24-hour care;
(ii) dietary services;
(iii) licensed therapies, as required; and
(iv[~~i~~]) medical coverage;[
~~(iii) dietary services; and~~
~~(iv) licensed therapies, as required;~~]

(e) a social rehabilitation facility that provides group housing, personal care, social rehabilitation and treatment for alcoholism, drug abuse, or mental health to individuals who do not require intermediate or skilled nursing care that shall additionally provide the following:

(i) 24-hour care;
(ii) dietary services;
(iii) licensed therapies, as required; and
(iv[~~i~~]) medical coverage; and[
~~(iii) dietary services; and~~
~~(iv) licensed therapies, as required;~~]

(f) if each resident in the program is certified by a physician or qualified intellectual disabilities professional, as ambulatory and in an alcohol or drug abuse rehabilitation program designed to lead to independent living, then the facility may be categorized as a Level IV facility.

(3) A Level III facility may include:

(a) a mental health facility that provides 24-hour care to individuals with mental illness who require medical and psychiatric supervision, including diagnosis and treatment that shall additionally provide at least the following:

(i) 24-hour care;
(ii) dietary services;
(iii) licensed therapies, as required; and
(iv[~~i~~]) medical coverage;[
~~(iii) dietary services; and~~
~~(iv) licensed therapies, as required;~~]

(b) a youth correction center shall provide 24-hour supervision, care, training, treatment and therapy to individuals who by court order may be restricted in their daily activities, and under security control that includes lock-up that shall additionally provide the following:

(i) 24-hour care;
(ii) dietary services;
(iii) licensed therapies, as required; and
(iv[~~i~~]) medical coverage.[~~,~~
~~(iii) dietary services; and~~
~~(iv) licensed therapies, as required;~~]

(4)(a) A Level IV facility may include an intermediate care facility for individuals with intellectual disabilities.

(b) Individuals with intellectual disabilities in a Level IV facility shall be ambulatory to qualify for Medicaid or Medicare reimbursement and the licensee shall comply with the following[~~:~~]
[~~(i) Mental Health Facility, Subsection R432-200-7(3)(a);~~
~~(ii) Home for the Aging, Subsection R432-200-7(2)(d); and~~
~~(iii) Social Rehabilitation Facility, Subsection R432-200-7(2)(e).~~]
(i) Subsection R432-200-4(2)(d);
(ii) Subsection R432-200-4(3)(a); and
(iii) Subsection R432-200-4(2)(e).

R432-200-[~~8~~]5. Administration and Organization.

(1) The licensee shall comply with laws and licensure requirements, and for the organization, management, operation and control of the

facility to include the following:

(a) compliance with any federal, state and local laws, rules and regulations;

(b) develop and implement by-laws, policies and procedures relative to the general operation of the facility, including the health care of the residents and the protection of their rights;

(c) develop a policy that states the facility will not discriminate on the basis of race, color, sex, religion, ancestry or national origin in accordance with Section 13-7-1;

(d) appoint, in writing, a qualified administrator to be responsible for the implementation of facility by-laws and policies and procedures, and for the overall management and daily operation of the facility;

(e) secure and update contracts for professional and other services;

(f) receive and respond to inspection reports issued by the department; and

(g) provide the department with written notification of a change in administrator at least 30 days before the administrator change and no more than [~~5~~]five days after the administrator change.

(2)(a) The administrator shall maintain a current professional license in good standing issued by the Utah Department of Commerce in a health care field.

(b) The administrator shall post a copy of the administrator's license or credentials with the facility license in a place readily visible to the public.

(c)(i) The administrator shall act as the administrator of no more than four small health care facilities at any one time.

(ii) The maximum number of beds is limited to 60.

(d) The administrator shall have enough freedom from other responsibilities to be on the premises of the facility enough hours in the business day and as necessary to properly manage the facility and respond to requests by the department.

(e) The administrator shall designate, in writing, the name and title of the person who shall act as administrator in their absence.

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

(g) The licensee may not permit an unlicensed de facto administrator to supplant the designated, licensed administrator.

(3) The administrator shall:

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

~~(b) act as a liaison between the licensee and other staff of the facility, and respond to recommendations of the quality assurance committee;~~

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

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

~~(e) hire and maintain the required number of staff as specified in this rule to meet the needs of residents;~~

~~(f) maintain facility staffing records for 12 months;~~

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

~~(h) verify required licenses and permits of staff and consultants at the time of hire and effective date of contract; and~~

~~(i) review incident and accident reports and take appropriate action.~~]

(a) act as a liaison between the licensee and other staff of the facility, and respond to recommendations of the quality assurance committee;

(b) complete, submit and file records and reports required by the department;

(c) ensure that employees are oriented to their job functions and receive appropriate in-service training;

(d) hire and maintain the required number of staff as specified in this rule to meet the needs of residents;

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

(f) maintain facility staffing records for 12 months;

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

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

(i) verify required licenses and permits of staff and consultants at the time of hire and effective date of contract.

(4) The administrator of each facility shall retain a licensed physician to serve as medical director or advisory physician on a consulting basis according to resident and facility needs.

(5) The medical director or advisory physician shall:

[~~(a) develop written resident care policies and procedures including the delineation of responsibilities of attending physicians;~~

~~(b) review resident care policies and procedures annually with the administrator;~~

~~(c) serve as liaison between the resident's physician and the administrator;~~

~~(d) serve as a member of the quality assurance committee;~~

~~(e) review incident and accident reports at the request of the administrator to identify health hazards to residents and employees; and~~]

([~~f~~]a) act as a consultant to the health services supervisor in matters relating to resident care policies[~~.~~];

(b) develop written resident care policies and procedures including the delineation of responsibilities of attending physicians;

(c) review incident and accident reports at the request of the administrator to identify health hazards to residents and employees;

(d) review resident care policies and procedures annually with the administrator;

(e) serve as a member of the quality assurance committee; and

(f) serve as liaison between the resident's physician and the administrator.

(6)(a) The administrator shall employ qualified personnel who are able and competent to perform their respective duties, services and functions.

(b) The administrator shall develop job descriptions including:

(i) job title;

(ii) job summary;

(iii) responsibilities;

(iv) qualifications, required skills and licenses; and

(v) physical requirements for each position or employee.

(c) The administrator shall conduct and document periodic employee performance evaluations.

(d) The administrator shall ensure that personnel have access to the facility's policies and procedures manuals, resident care policies, therapeutic manuals and other information necessary to effectively perform their duties and carry out their responsibilities.

(7) The administrator shall establish a policy and procedure for the health screening of facility personnel.

(8) The administrator shall ensure that dietary staff and staff who handle food obtain and maintain a food handler's permit from the local health department.

(9) The licensee shall provide documented in-service training for employees. Annual training shall address the following topics:

[~~(a) fire prevention;~~
~~(b) accident prevention and safety procedures including instruction in the following:~~
~~(i) body mechanics for employees required to lift, turn, position or transfer residents;~~
~~(ii) proper safety precautions when floors are wet or are being cleaned; and~~
~~(iii) safety precautions and procedures for heat lamps, hot water bottles, bathing and showering temperatures;~~
~~(c) review and drill of emergency procedures and evacuation plan;~~
~~(d) prevention and control of infections as outlined in Rule R432-150;~~
~~(e) confidentiality of resident information;~~
~~(f) resident rights;~~
~~(g) behavior management and proper use and documentation of restraints;~~
~~(h) oral hygiene and first aid;~~
~~(i) training in the principles of cardiopulmonary resuscitation for licensed nursing staff and others as appropriate;~~
~~(j) training in habilitative care; and~~
~~(k) reporting abuse, neglect and exploitation.~~]

(a) accident prevention and safety procedures, including instruction in the following:

(i) body mechanics for employees required to lift, turn, position or transfer residents;

(ii) proper safety precautions when floors are wet or are being cleaned; and

(iii) safety precautions and procedures for heat lamps, hot water bottles, bathing and showering temperatures;

(b) behavior management and proper use and documentation of restraints;

(c) confidentiality of resident information;

(d) fire prevention;

(e) oral hygiene and first aid;

(f) prevention and control of infections as outlined in Rule R432-150;

(g) resident rights;

(h) reporting abuse, neglect and exploitation.

(i) review and drill of emergency procedures and evacuation plan;

(j) training in habilitative care; and

(k) training in the principles of cardiopulmonary resuscitation for licensed nursing staff and others as appropriate.

(10) Intermediate Care Facilities for Individuals with Intellectual Disabilities shall ensure that employees receive specialized training regarding the care of children and youth with intellectual disabilities when there are individuals under 22 years of age in the facility.

R432-200-[~~9~~]6. Smoking Policies.

The licensee shall ensure that smoking policies comply with Section 26B-7-503[~~, the, and Section R432-4-8~~].

R432-200-[~~10~~]7. Contracts and Agreements.

(1)(a) The licensee shall secure and update contracts for required professional and other services not provided directly by the facility.

(b) The licensee shall ensure that a contract includes:

[~~(i) the effective and expiration dates of the contract;~~
~~(ii) a description of goods or services provided by the contractor to the facility; and~~
~~(iii) a statement that the contractor will conform to the standards required by Utah law or rules.~~]

(i) a description of goods or services provided by the contractor to the facility;

(ii) a statement that the contractor will conform to the standards required by Utah law or rules; and

(iii) the effective and expiration dates of the contract.

(c) The licensee shall make the contract available for review by the department.

(2)(a) The licensee shall maintain a written transfer agreement with one or more hospitals, or nearby health facilities, to facilitate the transfer of residents and essential resident information.

(b) The licensee shall ensure that a transfer agreement includes:

[~~(i) criteria for transfer;~~
~~(ii) appropriate methods of transfer;~~
~~(iii) transfer of information needed for proper care and treatment of the individual;~~
~~(iv) security and accountability of the personal property of the individual being transferred; and~~
~~(v) proper notification of the hospital and next of kin or responsible person before transfer.~~]

(i) appropriate methods of transfer;

(ii) criteria for transfer;

(iii) proper notification of the hospital and next of kin or responsible person before transfer;

(iv) security and accountability of the personal property of the individual being transferred; and

(v) transfer of information needed for proper care and treatment of the individual.

R432-200-[~~11~~]8. Quality Assurance.

(1) The licensee shall ensure that:

(a) the administrator monitors the quality of services offered through the formation of a committee to address infection control, pharmacy, therapy, resident care, and safety as applicable;

(b) the committee includes the administrator, consulting physician or medical director, health services supervisor and consulting pharmacist with special program directors, maintenance and housekeeping staff serving as needed;

(c) the committee meets quarterly and keeps minutes of the meeting; and

(d) the infection control services are compliant with [~~Section~~]Rule R432-150[~~-11~~].

(2) Based on the pharmacy services offered by the licensee, the committee shall:

[~~(a) monitor the pharmaceutical services in the facility;~~

~~(b) recommend changes to improve pharmaceutical services;~~

~~(c) evaluate medication usage; and~~]

([~~d~~]a) develop and review pharmacy policies and procedures annually, and recommend changes to the administrator and licensee[~~.~~];

(b) evaluate medication usage;

(c) monitor the pharmaceutical services in the facility; and

(d) recommend changes to improve pharmaceutical services.

(3) Based on the resident care services offered by the licensee, the committee shall:[~~address the following:~~

~~(a) review, at least annually, the facility's resident care policies including rehabilitative and habilitative programs, as appropriate;~~

~~(b) make recommendations to the medical director and advisory physician as appropriate; and~~

~~(c) review recommendations from other facility committees to improve resident care.~~]

(a) make recommendations to the medical director and advisory physician as appropriate;

(b) review, at least annually, the facility's resident care policies, including rehabilitative and habilitative programs, as appropriate; and

(c) review recommendations from other facility committees to improve resident care.

(4) Based on the services offered by the licensee, the licensee shall ensure the committee:

[~~(a) reviews each incident and accident reports and recommends changes to the administrator to prevent or reduce their reoccurrence;~~

~~(b) reviews facility safety policies and procedures, at least annually, and makes recommendations; and~~

~~(c) establishes a procedure to inspect the facility periodically for hazards, and requires that each inspection report is filed with the committee.~~]

(a) establishes a procedure to inspect the facility periodically for hazards, and requires that each inspection report is filed with the committee;

(b) reviews facility safety policies and procedures, at least annually, and makes recommendations; and

(c) reviews each incident and accident reports and recommends changes to the administrator to prevent or reduce their reoccurrence.

R432-200-[~~12~~]9. Emergency and Disaster.

(1)(a) The licensee shall ensure the safety and well-being of residents in the event of an emergency or disaster.

(b) An emergency or disaster may include:

(i) bomb threat

(ii) earthquake;

(iii) epidemic;

(iv) explosion;

(v) fire;

(vi) flood;

(vii) utility interruption; and

(viii) windstorm.[~~, explosion, fire, earthquake, bomb threat, flood, windstorm, or epidemic.~~]

(2) The licensee and the administrator [~~shall be~~]are responsible for the development of a plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters and shall:

(a) distribute the written plan to each facility staff to ensure prompt and efficient implementation;

(b) make the plan available for review by the department; and

([~~b~~]c) review and update the plan at least annually to conform with local emergency plans.[~~; and~~

~~(c) make the plan available for review by the department.~~]

(3)(a) The licensee shall ensure that staff and residents receive education, training, and drills to respond in an emergency.

(b) The licensee shall document drills and training, and comply with applicable laws and regulations.

(c) The licensee shall post the name of the person in charge and the names and telephone numbers of emergency medical personnel, agencies, and emergency transport systems.

(4) The licensee shall ensure that emergency response procedures address:

[~~(a) evacuation of occupants to a safe place within the facility or to another location;~~

~~(b) delivery of essential care and services to facility occupants by alternate means;~~

~~(c) when housing additional individuals in the facility during and emergency, delivery of essential care and services;~~

~~(d) delivery of essential care and services to facility occupants when staff is reduced by an emergency;~~

~~(e) maintenance of safe ambient air temperatures within the facility;~~

~~(f) emergency heating plans shall have the approval of the local fire department; and~~]

([~~g~~]a) actions for the person in charge to immediately take when the ambient air temperature reaches 58 degrees Fahrenheit or 14 degrees

Celsius or less, as these temperatures constitute an imminent danger to the health and safety of the residents in the facility[~~.~~];

(b) delivery of essential care and services to facility occupants by alternate means;

(c) delivery of essential care and services to facility occupants when staff is reduced by an emergency;

(d) emergency heating plans shall have the approval of the local fire department;

(e) evacuation of occupants to a safe place within the facility or to another location;

(f) maintenance of safe ambient air temperatures within the facility; and

(g) when housing additional individuals in the facility during and emergency, delivery of essential care and services.

(5) The licensee shall ensure that the emergency plan delineates:

[~~(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 help, supplies, and equipment after an emergency or disaster;~~

~~(c) assignment of personnel to specific tasks during an emergency;~~

~~(d) methods of communicating with local emergency agencies, authorities, and other appropriate individuals;~~

~~(e) names and phone numbers of the individuals to be notified in an emergency in the order of priority that are accessible to staff at each nurse's station;~~

~~(f) methods of transporting and evacuating residents and staff to other locations; and~~

~~(g) conversion of facility for emergency use.~~]

(a) assignment of personnel to specific tasks during an emergency;

(b) conversion of facility for emergency use;

(c) methods of communicating with local emergency agencies, authorities, and other appropriate individuals;

(d) methods of transporting and evacuating residents and staff to other locations;

(e) names and phone numbers of individuals to be notified in an emergency in the order of priority that are accessible to staff at each nurse's station;

(f) on-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster; and

(g) the person with decision-making authority for fiscal, medical, and personnel management.

(6) The licensee shall maintain documentation of:

(a) emergency events and responses;

(b) a record of residents and staff evacuated from the facility to another location; and

(c) any resident emergencies in the individual resident record

(7) The licensee shall hold semi-annual drills for any residents and staff.

(8) The licensee shall provide regular in-service training on disaster preparedness.

(9)(a) The licensee and administrator shall develop a written fire-emergency and evacuation plan in consultation with qualified fire safety personnel.

(b) The licensee shall post an evacuation plan delineating evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department throughout the facility.

(c) The licensee shall include fire containment procedures and how to use alarms and signals in the written fire-emergency plan.

(d) The licensee shall hold fire and internal disaster drills at least quarterly, and under varied conditions for each shift.

(e) The evacuation of residents during a drill is optional except in a facility caring for residents who are capable of self-preservation.

(f) The evacuation of residents during a drill on the night shift is optional.

R432-200-[~~13~~]0. Resident Rights.

(1) The licensee shall develop resident rights policies and procedures.

(2) The licensee shall appoint a committee to update policy and evaluate and act on resident rights complaints.

(3) The licensee shall post written rights in areas accessible to residents and made available to the resident, guardian or next of kin and the department on request.

(4) The licensee shall ensure that each resident admitted to the facility has the right to:

[~~(a) be fully informed, as evidenced by written acknowledgment before or at the time of admission and during stay, of resident rights and of rules governing resident conduct;~~

~~(b) be fully informed, before or at the time of admission and during stay, of services available in the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate or not covered under Titles XVIII or XIX of the Social Security Act;~~

~~(c) be fully informed of the resident's medical condition by the attending physician;~~

~~(d) be given the opportunity to participate in the planning of medical treatment and to refuse to participate in experimental research;~~

~~(e) refuse treatment to the extent allowed by law and to be informed of the medical consequences of such refusal;~~

~~(f) be given reasonable advance notice to ensure orderly transfer or discharge;~~

~~(g) be encouraged and assisted throughout the period of stay to exercise rights as a resident and as a citizen, and to voice grievances and recommend changes in policies and services to facility staff or outside representatives of choice, and to be free from interference, coercion, discrimination or reprisal;~~

~~(h) manage personal financial affairs, or to be given at least quarterly or upon request, an accounting of financial transactions made on the resident behalf should the facility accept written delegation of this responsibility;~~

~~(i) be free from mental and physical abuse and to be free from chemical and physical restraints except as authorized in writing by a physician for a specified period, or when necessary to protect the resident from injury to themselves or to others;~~

~~(j) be assured confidential treatment of personal and medical records and to approve or refuse the release to any individual outside the~~

~~facility, except in the case of transfer to another health facility, or as required by law or third party payment contract;~~

~~(k) be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;~~

~~(l) not be required to perform services for the facility that are not included for therapeutic purposes in the plan of care;~~

~~(m) associate and communicate privately with others, and to send and receive personal mail unopened;~~

~~(n) meet with and participate in activities of social, religious and community groups;~~

~~(o) keep and use personal clothing and possessions as space permits, unless it would infringe upon the rights of other residents;~~

~~(p) if married, be assured privacy for visits by a spouse, and if both are residents in the facility, to be allowed to share a room;~~

~~(q) have daily visiting hours established;~~

~~(r) have members of the clergy admitted at the request of the resident or person responsible at any time;~~

~~(s) allow relatives or responsible persons to visit at any time;~~

~~(t) be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes;~~

~~(u) have reasonable access to telephones to make and receive confidential calls; and~~

~~(v) wear appropriate personal clothing and religious or other symbolic items as long as they do not interfere with diagnostic procedures or treatment.~~]

(a) allow relatives or responsible persons to visit at any time;

(b) associate and communicate privately with others, and to send and receive personal mail unopened;

(c) be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes;

(d) be assured confidential treatment of personal and medical records and to approve or refuse the release to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third party payment contract;

(e) be encouraged and assisted throughout the period of stay to exercise rights as a resident and as a citizen, and to voice grievances and recommend changes in policies and services to facility staff or outside representatives of choice, and to be free from interference, coercion, discrimination or reprisal;

(f) be free from mental and physical abuse and to be free from chemical and physical restraints except as authorized in writing by a physician for a specified period, or when necessary to protect the resident from injury to themselves or to others;

(g) be fully informed of the resident's medical condition by the attending physician;

be fully informed, as evidenced by written acknowledgment before or at the time of admission and during stay, of resident rights and of rules governing resident conduct;

(h) be fully informed, before or at the time of admission and during stay, of services available in the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate or not covered under Titles XVIII or XIX of the Social Security Act;

(i) be given reasonable advance notice to ensure orderly transfer or discharge;

(j) be given the opportunity to participate in the planning of medical treatment and to refuse to participate in experimental research;

(k) be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;

(l) have daily visiting hours established;

(m) have members of the clergy admitted at the request of the resident or person responsible at any time;

(n) have reasonable access to telephones to make and receive confidential calls; and

(o) if married, be assured privacy for visits by a spouse, and if both are residents in the facility, to be allowed to share a room;

(p) keep and use personal clothing and possessions as space permits, unless it would infringe upon the rights of other residents;

(q) manage personal financial affairs, or to be given at least quarterly or upon request, an accounting of financial transactions made on the resident behalf should the facility accept written delegation of this responsibility;

(r) meet with and participate in activities of social, religious and community groups;

(s) not be required to perform services for the facility that are not included for therapeutic purposes in the plan of care;

(t) refuse treatment to the extent allowed by law and to be informed of the medical consequences of such refusal; and

(u) wear appropriate personal clothing and religious or other symbolic items, provided they do not interfere with diagnostic procedures or treatment.

(5) Each licensee that manages resident money shall comply with the following:

[~~(a) the licensee may not mingle or use resident funds for facility purposes;~~

~~(b) resident funds and valuables are separated and free from any liability that the licensee incurs in the use of the institution's funds and valuables;~~

~~(c) each licensee maintains safeguards and accurate records of resident funds and valuables entrusted to the licensee;~~

~~(d) records of resident funds that are maintained as a drawing account include a control account for receipts and expenditures, an account for each resident and supporting vouchers filed in chronological order. Each account is kept current with columns for debits, credits and balance;~~

~~(e) records of resident funds and other valuables entrusted to the licensee for safekeeping include a copy of the receipt furnished to the resident or to the person responsible for the resident;~~

~~(f) resident funds not kept in the facility are deposited by the licensee within five days of receipt of the funds in an interest-bearing account in a local bank authorized to do business in Utah, and each deposit is insured;~~

~~(g) licensee that operates more than one health facility maintains a separate account for each facility and may not commingle resident funds from one facility with another;~~

~~(h) when the amount of resident funds entrusted to a licensee exceeds $150, excess funds are deposited in an interest-bearing account;~~

~~(i) upon discharge of a resident, funds and valuables of the resident that have been entrusted to the licensee are surrendered to the resident in exchange for a signed receipt;~~

~~(j) money and valuables kept within the facility are surrendered upon demand and those kept in an interest-bearing account are made~~

~~available within three normal banking days;~~

~~(k) the licensee shall surrender any funds and valuables entrusted to the license to the person responsible for the resident, including an executor or administrator of estate in exchange for a signed receipt within 30 days following the death of a resident, except in a coroner or medical examiner case; and~~

~~(l) when a resident dies without a representative or known heirs, immediate written notice is given by the facility to the medical examiner and the registrar of the local probate court, and a copy of the notice filed with the department.~~]

(a) each licensee maintains safeguards and accurate records of resident funds and valuables entrusted to the licensee;

(b) licensee that operates more than one health facility maintains a separate account for each facility and may not commingle resident funds from one facility with another;

(c) money and valuables kept within the facility are surrendered upon demand and those kept in an interest-bearing account are made available within three normal banking days;

(d) records of resident funds and other valuables entrusted to the licensee for safekeeping include a copy of the receipt furnished to the resident or to the person responsible for the resident;

(e) records of resident funds that are maintained as a drawing account include a control account for receipts and expenditures, an account for each resident and supporting vouchers filed in chronological order. Each account is kept current with columns for debits, credits and balance;

(f) resident funds and valuables are separated and free from any liability that the licensee incurs in the use of the institution's funds and valuables;

(g) resident funds not kept in the facility are deposited by the licensee within five days of receipt of the funds in an interest-bearing account in a local bank authorized to do business in Utah, and each deposit is insured;

(h) the licensee may not mingle or use resident funds for facility purposes;

(i) the licensee shall surrender any funds and valuables entrusted to the license to the person responsible for the resident, including an executor or administrator of estate in exchange for a signed receipt within 30 days following the death of a resident, except in a coroner or medical examiner case; and

(j) upon discharge of a resident, funds and valuables of the resident that have been entrusted to the licensee are surrendered to the resident in exchange for a signed receipt;

(k) when a resident dies without a representative or known heirs, immediate written notice is given by the facility to the medical examiner and the registrar of the local probate court, and a copy of the notice filed with the department; and

(l) when the amount of resident funds entrusted to a licensee exceeds $150, excess funds are deposited in an interest-bearing account.

(6) The licensee of an Intermediate Care Facility for Individuals with Intellectual Disabilities may not permit an individual under the age of 22 years old to live in the same room with:

(a) more than one individual; or

(b) with individuals over the age of 22 years, unless they are members of the individual's immediate family.

(7) The administrator shall develop written policies and procedures to implement these requirements and shall obtain written approval from the department for any exceptions to this rule.

R432-200-1[4]1. Admission and Discharge.

(1) The licensee shall have written policies and procedures for admission of a resident to include:

[~~(a) a resident is admitted for treatment and care only if the facility is properly licensed for the treatment required and has the staff and resources to meet the medical, physical and emotional needs of the resident;~~

~~(b) a resident is admitted by, and remains under the care of, a physician or individual licensed to prescribe care for the resident;~~

~~(c) there is written order for admission and care at the time of admission;~~

~~(d) a resident is assessed within seven days of admission unless otherwise indicated by a program requirement;~~

~~(e) admission policy shall define the assessment process, including an identification of the resident's medical, nursing, social, physical and emotional needs;~~

~~(f) the attending physician or authorized, licensed individual perform a physical examination;~~

~~(g) upon admission, the licensee documents a brief narrative of the resident's condition, including temperature, pulse, respiration, blood pressure and weight;~~

~~(h) the licensee informs each resident of their rights upon admission;~~

~~(i) a written copy of the facility's resident rights is explained and given to the resident;~~

~~(j) if the resident cannot comprehend the resident rights, the licensee shall provide a written copy to the next of kin or other responsible party; and~~

~~(k) the licensee shall document any inability of the resident to provide consent in the resident record.~~]

(a) a resident is admitted by, and remains under the care of, a physician or individual licensed to prescribe care for the resident;

(b) a resident is admitted to the treatment and care only if the facility is properly licensed for the treatment required and has the staff and resources to meet the medical, physical, and emotional needs of the resident;

(c) a resident is assessed within seven days of admission unless otherwise indicated by a program requirement;

(d) a written copy of the facility's resident rights is explained and given to the resident;

(e) admission policy shall define the assessment process, including an identification of the resident's medical, nursing, social, physical and emotional needs;

(f) if the resident cannot comprehend the resident rights, the licensee shall provide a written copy to the next of kin or other responsible party;

(g) the attending physician or authorized, licensed individual perform a physical examination;

(h) the licensee informs each resident of their rights upon admission;

(i) the licensee shall document any inability of the resident to provide consent in the resident record;

(j) there is written order for admission and care at the time of admission; and

(k) upon admission, the licensee documents a brief narrative of the resident's condition, including temperature, pulse, respiration, blood pressure and weight.

(2) The licensee may discharge or transfer a resident for any of the following reasons:

(a) the licensee is no longer able to meet the resident's identified needs;

(b) the resident or responsible person wishes to transfer; or

([~~b~~]c) the resident poses a threat to themself or others.[~~; or~~

~~(c) the resident or responsible person wishes to transfer.~~]

(3) Upon discharge of a resident, the licensee shall surrender funds and valuables of the resident that have been entrusted to the licensee to the resident in exchange for a signed receipt.

(4) The licensee shall issue a discharge notice to the resident and responsible person 30 days before discharge, unless an immediate discharge is necessary to protect the resident.

(5) A physician shall issue an order for the resident discharge, along with a summary of the resident's condition, treatment and final disposition in the medical record.

(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 hall 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.

R432-200-1[~~5~~]2. Physician Services.

(1) A licensed physician shall provide the care for each resident in need of nursing services, habilitative, or rehabilitative care.

(2) The licensee shall permit each resident to choose their physician.

(3) The licensee shall ensure that the following physician responsibilities are met:

[~~(a) each resident has a medical history and pertinent physical examination at least annually;~~

~~(b) each intermediate care resident is seen at least once during the first 60 days of residency;~~

~~(c) the attending physician or medical practitioner sees the resident when necessary but at least every 60 days, unless the attending physician or practitioner documents in the resident's record why the resident does not need to be seen this frequently;~~

~~(d) the physician or practitioner establishes and follows a schedule alternating visits; and~~

~~(e) each visit and evaluation is documented in the resident's record.~~]

(a) each intermediate care resident is seen at least once during the first 60 days of residency;

(b) each resident has a medical history and pertinent physical examination at least annually;

(c) each visit and evaluation is documented in the resident's record;

(d) the attending physician or medical practitioner sees the resident when necessary but at least every 60 days, unless the attending physician or practitioner documents in the resident's record why the resident does not need to be seen this frequently; and

(e) the physician or practitioner establishes and follows a schedule alternating visits.

(4) The licensee shall develop policies and procedures that outline:

(a) access to physician services in case of medical emergency or when the attending physician is not available;

(b) names and telephone numbers of on-call physicians in the health services supervisor's office; and

(c) requirement for reevaluation of the resident and review of care and treatment orders when there is a change of attending physician that is completed within 15 days of the change.

(5) The following practitioners may provide medical services according to state law:

(a) a nurse practitioner licensed to practice in Utah; and

(b) a physician's assistant working under the supervision of a licensed physician and performing only those selected diagnostic and therapeutic tasks identified in Title 58, Chapter 70a, The Utah Physician's Assistant Act.

(6) The licensee shall ensure that any of the following physician orders and notes are signed and dated by a physician and maintained as part of each treatment record:

(a) admission orders;

(b) discharge orders;

(c) history and physical examinations;

([~~b~~]d) medication, treatment, therapy, laboratory, and diet orders;

(e) physician’s progress notes;

(f) the attending physician shall complete the resident's medical record within 60 days of the resident's discharge, transfer, or death;
(g) the discharge summary; and
(h) telephone orders are immediately recorded in the treatment record by the recipient and include:
(i) date and time of order;
(ii) the order is countersigned and dated within 15 days by the physician who prescribed the order; and
(iii) the recipient's signature and title.
[~~(e) history and physical examinations;~~
~~(d) physician's progress notes;~~
~~(e) the discharge summary;~~
~~(f) discharge orders;~~
~~(g) telephone orders are immediately recorded in the treatment record by the recipient and include:~~
~~(i) date and time of order;~~
~~(ii) the recipient's signature and title; and~~
~~(iii) the order is countersigned and dated within 15 days by the physician who prescribed the order; and~~
~~(h) the attending physician shall complete the resident's medical record within 60 days of the resident's discharge, transfer, or death.~~]
(7) The licensee shall promptly notify the attending physician and document the following:
[~~(a) admission of the resident;~~
~~(b) a sudden or marked adverse change in the resident's signs, symptoms, or behavior;~~
~~(c) any significant weight change in a 30-day period unless the resident's physician stipulates another parameter in writing;~~
~~(d) any adverse response or reaction by a resident to a medication or treatment;~~
~~(e) any error in medication administration or treatment;~~
~~(f) the discovery of a decubitus ulcer, the beginning of treatment, and if treatment is not effective; and~~
~~(g) any inability of the licensee to obtain or administer drugs, equipment, supplies, or services promptly as prescribed.~~]
(a) a sudden or marked adverse change in the resident's signs, symptoms, or behavior;
(b) admission of the resident;
(c) any adverse response or reaction by a resident to a medication or treatment;
(d) any error in medication administration or treatment;
(e) any inability of the licensee to obtain or administer drugs, equipment, supplies, or services promptly as prescribed;
(f) any significant weight change in a 30-day period unless the resident's physician stipulates another parameter in writing; and
(g) the discovery of a decubitus ulcer, the beginning of treatment, and if treatment is not effective.
(8)(a) If the attending physician or designee is not readily available, the emergency care physician shall provide any emergency medical care.
(b) The licensee shall post the telephone numbers of the emergency care physician at the control station.
(9) Any attempt by a staff member to notify a physician shall be noted by the staff member in the resident's record, to include the time and method of communication and the name of any person acknowledging contact.

R432-200-1[~~6~~]3. Nursing Care.
(1) Each licensee shall provide nursing care services commensurate with the needs of the residents served.
(2) The licensee shall ensure that each licensed nursing staff member maintains a current Utah license to practice nursing.
(3) The health services supervisor as defined in Rule R432-1 shall:
[~~(a) direct the implementation of physician's orders;~~
~~(b) plan and direct the delivery of nursing care, treatments, procedures, and other services to assure that each resident's needs are met;~~
~~(c) review the health care needs of each resident admitted to the facility and formulate with other professional staff a resident care plan according to the attending physician's orders;~~
~~(d) review the medication system for completeness of information, accuracy in the transcription of physician's orders, and adherence to stop-order policies;~~
~~(e) ensure that nursing notes describe the care provided, including the resident's response;~~
~~(f) instruct the staff on the legal requirements of charting;~~
~~(g) supervise clinical staff to assure they perform restorative measures in their daily care of residents;~~
~~(h) teach and coordinate habilitative and rehabilitative care to promote and maintain optimal physical and mental functioning of the resident;~~
~~(i) keep the administrator and attending physician informed of significant changes in the resident's health status;~~
~~(j) plan with the physician, family, and health-related agencies the care of the resident upon discharge;~~
~~(k) coordinate resident services through the quality assurance committees;~~
~~(l) assign qualified supervisory and supportive staff throughout the day and night to assure that the health needs of residents are met;~~
~~(m) develop written job descriptions for any health service personnel and orient each new personnel to the facility and their duties and responsibilities;~~
~~(n) evaluate and document the performance of each member of the staff at least annually and ensure that the evaluation is available for departmental review; and~~
~~(o) plan, conduct, and document orientation and in-service training programs for staff.~~]
(a) assign qualified supervisory and supportive staff throughout the day and night to assure that the health needs of residents are met;
(b) coordinate resident services through the quality assurance committees;
(c) develop written job descriptions for any health service personnel and orient each new personnel to the facility and their duties and responsibilities;

(d) direct the implementation of physician's orders;
(e) ensure that nursing notes describe the care provided, including the resident's response;
(f) evaluate and document the performance of each member of the staff at least annually and ensure that the evaluation is available for departmental review;
(g) instruct the staff on the legal requirements of charting;
(h) keep the administrator and attending physician informed of significant changes in the resident's health status;
(i) plan and direct the delivery of nursing care, treatments, procedures, and other services to assure that each resident's needs are met;
(j) plan with the physician, family, and health-related agencies the care of the resident upon discharge;
(k) plan, conduct, and document orientation and in-service training programs for staff;
(l) review the health care needs of each resident admitted to the facility and formulate, with other professional staff, a resident care plan according to the attending physician's orders;
(m) review the medication system for completeness of information, accuracy in the transcription of physicians' orders, and adherence to stop-order policies;
(n) supervise clinical staff to ensure they perform restorative measures in their daily care of residents; and
(o) teach and coordinate habilitative and rehabilitative care to promote and maintain optimal physical and mental functioning of the resident.

(4) The licensee shall ensure that required staffing hours are compliant with the following:

[~~(a) each licensee that provides nursing care shall provide at least two hours of nursing staff coverage for each registered nurse, licensed practical nurse and aide per resident per 24 hours, of which 20% or 24 minutes per resident shall be provided only by licensed staff; and~~

~~(b) a licensee providing rehabilitative or habilitative care shall:~~

~~(i) provide adequate staff care and supervision to meet the resident's needs based on the resident care plan;~~

~~(ii) conform to the specific program requirements in the appropriate supplement; and~~

~~(iii) ensure adequate coverage with additional staff in the event of staff illness, turnover, sudden increase in resident population, or similar event.~~]

(a) a licensee providing rehabilitative or habilitative care shall:
(i) conform to the specific program requirements in the appropriate supplement;
(ii) ensure adequate coverage with additional staff in the event of staff illness, turnover, sudden increase in resident population, or similar event; and
(iii) provide adequate staff care and supervision to meet the resident's needs based on the resident care plan; and
(b) each licensee that provides nursing care shall provide only at least two hours of nursing staff coverage for each registered nurse, licensed practical nurse and aide per resident per 24 hours, of which 20% or 24 minutes per resident are licensed staff.

(45)(a) The licensee shall ensure that nursing and health care services are compliant with this subsection.
(b) The health services supervisor shall review and annually update the nursing and health services procedure manual.
(c) The licensee shall make the manual accessible to any clinical staff and available for review by the department.
(d) The nursing and health services procedures shall address the following:

[~~(i) bathing;~~
~~(ii) positioning;~~
~~(iii) enema administration;~~
~~(iv) decubitus prevention and care;~~
~~(v) bed making;~~
~~(vi) isolation procedures;~~
~~(vii) clinical test procedures;~~
~~(viii) laboratory requisitions;~~
~~(ix) telephone orders;~~
~~(x) charting;~~
~~(xi) rehabilitative nursing;~~
~~(xii) diets and feeding residents;~~
~~(xiii) oral hygiene and denture care; and~~
~~(xiv) naso-gastric tube insertion and care is done only by a registered nurse, a licensed practical nurse, with appropriate training, or a physician.~~]

(i) bathing;
(ii) bed making;
(iii) charting;
(iv) clinical test procedures;
(v) decubitus prevention and care;
(vi) diets and feeding residents;
(vii) enema administration;
(viii) isolation procedures;
(ix) laboratory requisitions;
(x) naso-gastric tube insertion and care is done only by a registered nurse, a licensed practical nurse, with appropriate training, or a physician;
(xi) oral hygiene and denture care;
(xii) positioning;
(xiii) rehabilitative nursing; and

(xiv) telephone orders.

(6)(a) The licensee shall implement measures to prevent and reduce incontinence for each resident in compliance with this subsection.

(b) A licensed nurse shall provide a written assessment to determine the resident's ability to participate in a bowel and bladder management program.

(c) An individualized plan for each incontinent resident shall begin within two weeks of the initial nurse's assessment.

(d) A licensed nurse shall record a weekly evaluation of the resident's performance in the bowel or bladder management program.

(e) A licensed nurse shall record fluid intake and output for each resident as ordered by the physician or charge nurse.

(f) A licensed nurse shall evaluate intake and output records at least weekly and record each evaluation in the resident's record.

(g) A physician or nurse shall periodically reevaluate any physician's or nurse's orders.

(7)(a) The licensee shall ensure nursing personnel receive rehabilitative nursing training and that any rehabilitative nursing services comply with this subsection.

(b) Nursing personnel shall perform and document rehabilitative nursing services daily for residents who require such services.

(c) Nursing personnel shall provide rehabilitative services to maintain the resident's level of functioning or to improve the resident's ability to carry out the activities of daily living.

(d) Rehabilitative nursing services shall include the following:

[~~(i) turning and positioning of residents;~~

~~(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;~~

~~(viii) teaching residents self-administration of medications, as appropriate; and~~

~~(ix) taking measures to prevent secondary disabilities such as contractions and decubitus ulcers.~~]

(i) assisting residents to ambulate;

(ii) bowel and bladder retraining;

(iii) improving resident's range of motion;

(iv) restorative feeding;

(v) taking measures to prevent secondary disabilities such as contractions and decubitus ulcers

(vi) teaching residents self-administration of medications, as appropriate;

(vii) teaching residents' self-care skills;

(viii) teaching residents transferring skills; and

(ix) turning and positioning of residents.

R432-200-1[~~7~~]4. General Resident Care Policies.

(1) The licensee shall ensure each resident is treated as an individual with dignity and respect in accordance with resident rights.

(2) Each licensee shall develop and implement resident care policies to be reviewed annually by the health services supervisor.

(3) The licensee shall ensure that resident care policies address the following:

[~~(a) each resident is oriented to the facility, services, and staff at the time of admission;~~

~~(b) each resident receives care to ensure good personal hygiene that includes:~~

~~(i) bathing;~~

~~(ii) oral hygiene;~~

~~(iii) shampoo and hair care;~~

~~(iv) shaving or beard trimming; and~~

~~(v) fingernail and toenail care;~~

~~(c) linens and other items in contact with the resident are changed weekly or as the item is soiled;~~

~~(d) 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 residents interests as necessary;~~

~~(e) each resident is reevaluated annually by the licensee to determine if a less restrictive setting might be more appropriate to help them achieve independence;~~

~~(f) each resident receives care and treatment to ensure the prevention of decubiti, contractions, and deformities;~~

~~(g) each resident is provided with good nutrition and adequate fluids for hydration including:~~

~~(i) each resident has ready access to water and drinking glasses;~~

~~(ii) a resident that cannot feed themself is assisted to eat in a prompt, orderly manner; and~~

~~(iii) each resident is provided with adapted equipment to assist in eating and drinking;~~

~~(h) visual privacy is provided for each resident during treatments and personal care;~~

~~(i) any call lights or signals are answered promptly; and~~

~~(j) humidifier bottles on oxygen equipment are sterile and changed every 24 hours or at the manufacturer's direction.~~]

(a) any call lights or signals are answered promptly;

(b) humidifier bottles on oxygen equipment are sterile and changed every 24 hours or at the manufacturer's direction;

(c) each resident is encouraged and assisted to achieve and maintain the highest level of functioning and independence including:

(i) assisting residents to adjust to their disabilities and prosthetic devices;
(ii) directing residents in prescribed therapy exercises;
(iii) redirecting residents interests as necessary; and
(iv) teaching the resident self-care;
(d) each resident is reevaluated annually by the licensee to determine if a less restrictive setting might be more appropriate to help them achieve independence;
(e) each resident is oriented to the facility, services, and staff at the time of admission;
(f) each resident is provided with good nutrition and adequate fluids for hydration including:
(i) a resident who cannot feed themself is assisted to eat in a prompt, orderly manner;
(ii) each resident has ready access to water and drinking glasses; and
(iii) each resident is provided with adapted equipment to assist in eating and drinking;
(g) each resident receives care and treatment to ensure the prevention of decubiti, contractions, and deformities;
(h) each resident receives care to ensure good personal hygiene that includes:
(i) bathing;
(ii) fingernail and toenail care;
(iii) oral hygiene;
(iv) shaving or beard trimming; and
(v) shampoo and hair care;
(i) linens and other items in contact with the resident are changed weekly or as the item is soiled; and
(j) visual privacy is provided for each resident during treatments and personal care.
(4)(a) The person in charge shall immediately notify the resident's family or guardian of any accident, injury, or adverse change in the resident's condition after the first attempt to notify the physician.
(b) The person in charge shall document the notification in the resident's record.

R432-200-1[~~8~~]5. Resident Care Plans.
(1) The licensee shall ensure the following regarding resident care plans:
[~~(a) a written resident care plan, coordinated with nursing and other services, is initiated for each resident upon admission;~~
~~(b) the resident care plan is personalized and indicates:~~
~~(i) measurable and time-limited objectives;~~
~~(ii) the plan of care; and~~
~~(iii) the professional discipline responsible for each element of care;~~
~~(c) the resident care plan is developed, reviewed, revised, and updated at least annually through documented conferences with any professionals involved in the resident's care;~~
~~(d) each resident's care is based on their individualized plan;~~
~~(e) the resident care plan is available to any personnel who care for the resident;~~
~~(f) the resident and family shall participate in the development and review of the resident's plan;~~
~~(g) upon transfer or discharge of the resident, relevant information from the resident care plan is made available to the responsible institution or agency; and~~
~~(h) a licensed nurse or other clinical specialist, where appropriate, completes a monthly summary of the resident's status and problems identified in the resident care plan.~~]
(a) a licensed nurse or other clinical specialist, where appropriate, completes a monthly summary of the resident's status and problems identified in the resident care plan;
(b) a written resident care plan, coordinated with nursing and other services, is initiated for each resident upon admission;
(c) each resident's care is based on their individualized plan;
(d) the resident and family shall participate in the development and review of the resident's plan;
(e) the resident care plan is available to any personnel who care for the resident;
(f) the resident care plan is developed, reviewed, revised, and updated at least annually through documented conferences with any professionals involved in the resident's care;
(g) the resident care plan is personalized and indicates:
(i) measurable and time-limited objectives;
(ii) the plan of care; and
(iii) the professional discipline responsible for each element of care; and
(h) upon transfer or discharge of the resident, relevant information from the resident care plan is made available to the responsible institution or agency.
(2) The licensee shall ensure that each resident care plan shall include the following:
[~~(a) name, age, and gender of resident;~~
~~(b) diagnosis, symptoms, and resident complaints;~~
~~(c) a description of the functional level of the individual;~~
~~(d) care objectives and time frames for accomplishment, reevaluation, and completion;~~
~~(e) discipline or person responsible for each objective;~~
~~(f) discharge plan;~~
~~(g) date of admission; and~~
~~(h) name of attending physician or medical practitioner.~~]
(a) a description of the functional level of the individual;

(b) care objectives and time frames for accomplishment, reevaluation, and completion;
(c) date of admission;
(d) diagnosis, symptoms, and resident complaints;
(e) discharge plan;
(f) discipline or person responsible for each objective;
(g) name of attending physician or medical practitioner and
(h) name, age, and gender of the resident.

R432-200-1[~~9~~]6. Medication Administration.

(1)(a) A licensee may not use standing orders for medications, treatments or laboratory services.
(b) The licensee shall write individual orders per resident for these items.
(2)(a) The licensee shall ensure that medication and treatment practices comply with this section.
(b) Medication or treatment may not be administered except on the order of a person lawfully authorized to give such order.
(c) Medication and treatment are administered as prescribed and according to facility policy.
(d) Any medication and treatment is administered by a licensed physician or licensed nurse.
(e) A student doctor or nurse may administer medication and treatment only in the course of study and when supervised by a licensed instructor or designated staff.
(f) Monitoring of vital signs and other observations done in conjunction with the administration of medication are carried out as ordered by the physician or practitioner and as indicated by accepted professional practice.
(g) Doses are not prepared for more than one scheduled time of administration.
(h) Medication is administered when ordered or as soon thereafter as possible, but no more than two hours after the dose has been prepared.
(i) Medication is administered by the same person who prepared the dose for administration.
(j) Residents are identified before the administration of any drug or treatment.
(k) Medication is not used for any resident other than the resident for whom it was prescribed.
(l)(i) If the person that prescribed a medication does not limit the duration of the drug order or the number of doses, the licensee's automatic stop-order policy indicates how long a drug may be administered.
(ii) The licensee shall ensure the prescriber is notified before any medication is discontinued.
(m) Each order for treatment or therapy contains:
(i) the name of the treatment or therapy;
(ii) the frequency and time to be administered;
(iii) the length of time the treatment or therapy is to continue;
(iv) the name and professional title of the practitioner who gave the order;
(v) the date of order; and
(vi) signature of the person prescribing the treatment or therapy.
(n) Each nursing staff member complies with the provisions for administration of medication according to standards and ethics of the profession.
(o) Injectable medications are administered only by authorized personnel or:
(i) if a physician certifies that a resident is capable of administering their own insulin or oral medications, the resident may self-inject the prescribed insulin or self-administer the prescribed medications; and
(ii) the physician's order, authorizing the resident's self-administration of medications, is documented and available for departmental review.

R432-200-[~~20~~]17. Behavior Management and Restraint Policy.

The licensee shall comply with the Behavior Management Section of Rule R432-150.

R432-200-[~~21~~]18. Resident Care Equipment.

(1) The licensee shall provide equipment, in good working order, to meet the needs of residents.
(2) The licensee shall ensure that disposable and single-use items are properly disposed of after use.
(3) The licensee shall ensure that resident care equipment includes the following:[
~~(a) self-help ambulation devices such as wheelchairs, walkers, and other devices deemed necessary in the resident plan of care, and policy may require that residents obtain their own equipment for long-term use;~~
~~(b) blood pressure equipment and stethoscopes, appropriate to the needs and number of residents;~~
~~(c) thermometers appropriate to the needs of residents;~~
~~(d) weight scales to weigh any resident;~~
~~(e) bedpans, urinals, and equipment to clean them;~~
~~(f) water pitchers, drinking glasses, and resident gowns;~~
~~(g) drug service trays;~~
~~(h) access to emergency oxygen including equipment for its administration;~~
~~(i) emesis basins;~~
~~(j) linens including sheets, blankets, bath towels, and wash cloths for not less than three complete changes for the facility's licensed bed capacity with a bedspread for each resident bed;~~
~~(k) personal items including toothbrush, comb, hair brush, soap for bathing and showering, denture cups, shaving apparatus, and shampoo;~~
~~(l) an individual chart for each resident;~~

~~(m) sterile and unsterile gloves; and~~
~~(n) ice bags.~~]
(a) access to emergency oxygen, including equipment for its administration;
(b) an individual chart for each resident;
(c) bedpans, urinals, and equipment to clean them;
(d) blood pressure equipment and stethoscopes, appropriate to the needs and number of residents;
(e) drug service trays;
(f) emesis basins;
(g) ice bags;
(h) linens including sheets, blankets, bath towels, and wash cloths for not less than three complete changes for the facility's licensed bed capacity with a bedspread for each resident bed;
(i) personal items including toothbrush, comb, hair brush, soap for bathing and showering, denture cups, shaving apparatus, and shampoo;
(j) self-help ambulation devices such as wheelchairs, walkers, and other devices deemed necessary in the resident plan of care, and policy may require that residents obtain their own equipment for long-term use;
(k) sterile and unsterile gloves;
(l) thermometers appropriate to the needs of residents;
(m) water pitchers, drinking glasses, and resident gowns; and
(n) weight scales to weigh any resident.

R432-200-[~~22~~]19. Pharmacy Service.

(1) The licensee shall provide a pharmacy service.

(2) The license shall ensure that the pharmacy service is under the direction of a qualified pharmacist currently licensed in Utah.

(3) The licensee may retain the pharmacist by contract.

(4) The licensee shall ensure that the pharmacist develops policies, directs, supervises, and assumes responsibility for any pharmacy services offered in the facility.

(5) The licensee shall ensure that pharmacy services are compliant with Section R432-150-18.

R432-200-2[~~3~~]0. Dietary Services.

(1) The licensee shall provide an organized dietary service that provides safe, appetizing, and nutritional food service to residents.

(2) A qualified dietetic supervisor or consultant shall supervise the dietary service.

(3) If a facility contracts with an outside food management company, the licensee shall ensure that the company complies with any applicable requirements of this Rule R432-200.

(4) The licensee shall ensure that dietary services are compliant with the Food Services Section of Rule R432-150.

R432-200-2[4]1. Social Services.

(1) The licensee shall provide social services that assist staff, residents, and residents' families to understand and cope with residents' personal, emotional, and related health and environmental problems.

(2) A consultant may provide the social services.

(3) The licensee shall ensure that social services are compliant with Subsection R432-150-22(5).

(4) Whether provided directly by the facility or by agreement with other agencies, social service personnel shall:

[~~(a) provide services to maximize each resident's ability to adjust to the social and emotional aspects of their condition, treatments, and continued stay in the facility;~~
~~(b) participate in ongoing discharge planning to guarantee continuity of care;~~
~~(c) initiate referrals to official agencies when the resident needs financial assistance;~~
~~(d) maintain appropriate liaison with the family or other responsible person concerning the resident's placement and rights;~~
~~(e) preserve the dignity and rights of each resident;~~
~~(f) maintain and annually update records, including a social history and social-services-needs evaluation; and~~
~~(g) integrate social services with other elements of the resident care plan.~~]
(a) initiate referrals to official agencies when the resident needs financial assistance;
(b) integrate social services with other elements of the resident care plan;
(c) maintain and annually update records, including a social history and social-services-needs evaluation;
(d) maintain appropriate liaison with the family or other responsible person concerning the resident's placement and rights;
(e) participate in ongoing discharge planning to guarantee continuity of care;
(f) preserve the dignity and rights of each resident; and
(g) provide services to maximize each resident's ability to adjust to the social and emotional aspects of their condition, treatments, and continued stay in the facility;

R432-200-2[~~5~~]2. Recreation Services.

(1) The licensee shall provide an organized resident activity program for the group and for each resident in the facility.

(2) The licensee shall ensure that recreation services are compliant with Section R432-150-19.

R432-200-2[~~6~~]3. Laboratory and Radiology Services.

(1) The licensee shall provide laboratory and radiology services.

(2) The licensee shall ensure that laboratory and radiology services are compliant with the Laboratory Service and Ancillary Health

Services Sections of Rule R432-150.

R432-200-2[~~7~~]4. Dental Services.

(1) The licensee shall provide annual and emergency dental care for residents.

(2) The licensee shall:

[~~(a) develop oral hygiene policies and procedures with input from dentists;~~

~~(b) present oral hygiene in-service training programs to staff and residents by knowledgeable individuals;~~

~~(c) allow resident freedom of choice in selecting their own private dentist;~~

~~(d) develop an agreement with a dental service for any resident that does not have a personal dentist; and~~

~~(e) arrange transportation to and from the dentist's office.~~]

(a) allow resident freedom of choice in selecting their own private dentist;

(b) arrange transportation to and from the dentist's office;

(c) develop an agreement with a dental service for any resident that does not have a personal dentist;

(d) develop oral hygiene policies and procedures with input from dentists; and

(e) present oral hygiene in-service training programs to staff and residents by knowledgeable individuals.

R432-200-2[~~8~~]5. Specialized Rehabilitative Services.

(1)(a) A licensee that provides specialized rehabilitative services may offer these services directly or through agreements with outside agencies or qualified therapists.

(b) The licensee may offer rehabilitative services either on-site or off-site.

(c) If the facility does not provide specialized rehabilitative services, the facility shall neither admit nor retain residents in need of such services.

(2) Qualified licensed therapists shall provide specialized rehabilitative services in accordance with Utah law and accepted practices.

(3) Therapists shall offer the full scope of services to the resident.

(4) Each therapy assistant shall work under the direct supervision of a licensed therapist at any time.

(5) The licensee shall ensure speech pathologists are licensed under Title 58, Chapter 41, Speech-Language Pathology and Audiology Licensing Act.

(6) The licensee shall ensure that rehabilitative services policies and procedures reflect the following:

[~~(a) services are provided only on the written order of an attending physician;~~

~~(b) safe and adequate space and equipment is available commensurate with the needs of residents;~~

~~(c) a plan of treatment is initiated by an attending physician and developed by the therapist in consultation with the nursing staff;~~

~~(d) an initial progress report is submitted to the attending physician two weeks after treatment has begun or when specified by the physician;~~

~~(e) the physician and therapist reviews and evaluates the plan of treatment monthly, unless, the physician recommends an alternate schedule in writing; and~~

~~(f) there is documentation in the resident's record of the specialized plan of treatment.~~]

(a) a plan of treatment is initiated by an attending physician and developed by the therapist in consultation with the nursing staff;

(b) an initial progress report is submitted to the attending physician two weeks after treatment has begun or when specified by the physician;

(c) safe and adequate space and equipment is available commensurate with the needs of residents;

(d) services are provided only on the written order of an attending physician;

(e) the physician and therapist reviews and evaluates the plan of treatment monthly, unless, the physician recommends an alternate schedule in writing; and

(f) there is documentation in the resident's record of the specialized plan of treatment.

R432-200-2[~~9~~]6. Medical Records.

(1) The licensee shall ensure the organization of medical records complies with the following:

[~~(a) records are complete, accurately documented, and systematically organized to facilitate retrieval and compilation;~~

~~(b) there are written policies and procedures to accomplish these purposes;~~

~~(c) the medical record service is under the direction of a registered record administrator (RRA) or an accredited record technician (ART);~~

~~(d) if an RRA or an ART is not employed at least part-time by the licensee, the licensee consults at least annually with an RRA or ART according to the needs of the facility; and~~

~~(e) a designated individual oversees day-to-day record keeping.~~]

(a) a designated individual oversees day-to-day record keeping;

(b) if an RRA or an ART is not employed at least part-time by the licensee, the licensee consults at least annually with an RRA or ART according to the needs of the facility;

(c) records are complete, accurately documented, and systematically organized to facilitate retrieval and compilation;

(d) the medical record service is under the direction of a registered record administrator (RRA) or an accredited record technician (ART); and

(e) there are written policies and procedures to accomplish these purposes;

(2)(a) The licensee shall ensure that record retention and storage practices are compliant with this subsection.

(b) The licensee shall provide for the filing, safe storage, and easy accessibility of medical records.

(c) The licensee shall ensure records and their contents are safeguarded from loss, defacement, tampering, fires, and floods.

(d) The licensee shall ensure records are protected against access by unauthorized individuals.

(e) The licensee shall ensure records are retained for at least seven years after the last date of resident care.

(f) The licensee shall retain records of minors until the minor reaches age 18 or the age of majority plus an additional two years.

(g) A licensee may not retain a record for any less than seven years.

(h) The licensee shall ensure each resident record is retained within the facility upon change of ownership.

(i) When a facility ceases operation, the licensee provides appropriate, safe storage and prompt retrieval of any medical records.

(3)(a) The licensee shall ensure that the release of information practices are compliant with this subsection.

(b) The licensee shall ensure there are written procedures for the use and removal of medical records and the release of information.

(c) The licensee shall ensure medical records remain confidential.

(d) The licensee shall ensure information is only disclosed to authorized individuals in accordance with federal, state, and local laws.

(e) The licensee shall ensure requests for other information that may identify the resident, including photographs requires the written consent of the resident, or guardian if the resident is judged incompetent.

(4) Authorized representatives of the department may review records to determine compliance with licensure rules and standards.

(5) The licensee may allow rubber-stamp signatures in lieu of the written signature of the physician or licensed practitioner, if the facility retains the signatory's signed statement acknowledging ultimate responsibility for the use of the stamp and specifying the conditions for its use.

(6) The licensee shall ensure that medical records:

[~~(a) are permanently typewritten or hand written legibly in ink, and capable of being photocopied;~~

~~(b) are maintained for each resident admitted or accepted for treatment and care;~~

~~(c) are current and conform to medical and professional practices based on the service provided to each resident;~~

~~(d) are completed and filed within 60 days of each client's discharge; and~~

~~(e) are authenticated including date, name or identified initials, and title of each person making each entry.~~]

(a) are authenticated, including date, name or identified initials, and title of each person making each entry;

(b) are completed and filed within 60 days of each client's discharge;

(c) are current and conform to medical and professional practices based on the service provided to each resident;

(d) are maintained for each resident admitted or accepted for treatment and care; and

(e) are permanently typewritten or hand written legibly in ink, and capable of being photocopied.

(7) The licensee shall maintain an individual medical record for each resident that includes:

[~~(a) an admission record face sheet that identifies the following resident information:~~

~~(i) name;~~

~~(ii) social security number;~~

~~(iii) age at admission;~~

~~(iv) birth date;~~

~~(v) date of admission;~~

~~(vi) name, address, telephone number of spouse, guardian, authorized representative, person or agency responsible for the resident; and~~

~~(vii) name, address, and telephone number of the attending physician;~~

~~(b) admission and subsequent diagnoses and any allergies;~~

~~(c) reports of physical examinations signed and dated by the physician;~~

~~(d) signed and dated physician orders for drugs, treatments, and diet; and~~

~~(e) signed and dated progress notes that include:~~

~~(i) staff records regarding the daily care of the resident;~~

~~(ii) informative progress notes that describe the resident's needs and responses to care and treatment in accordance with the plan of care that are written by any staff recording changes in the resident's condition;~~

~~(iii) documentation of administration of any as-needed medications and the reason for withholding any scheduled medications;~~

~~(iv) documentation of use of restraints in accordance with facility policy including type of restraint, reason for use, time of application, and removal;~~

~~(v) documentation of oxygen administration;~~

~~(vi) temperature, pulse, respiration, blood pressure, height, and weight notations, when required;~~

~~(vii) laboratory reports of any tests prescribed and completed;~~

~~(viii) reports of any x-rays prescribed and completed;~~

~~(ix) records of the course of any therapeutic treatments;~~

~~(x) discharge summary that includes a brief narrative of conditions and diagnoses of the resident and final disposition;~~

~~(xi) a copy of the transfer form when the resident is transferred to another health care facility; and~~

~~(xii) resident care plan.~~]

(a) an admission record face sheet that identifies the following resident information:

(i) age at admission;

(ii) birth date;

(iii) date of admission;

(iv) name;

(v) name, address, and telephone number of the attending physician;

(vi) name, address, telephone number of spouse, guardian, authorized representative, person or agency responsible for the resident; and

(vii) social security number;

(b) admission and subsequent diagnoses and any allergies;

(c) reports of physical examinations signed and dated by the physician;

(d) signed and dated physician orders for drugs, treatments, and diet; and

(e) signed and dated progress notes that include:

(i) a copy of the transfer form when the resident is transferred to another health care facility;
(ii) discharge summary that includes a brief narrative of conditions and diagnoses of the resident and final disposition;
(iii) documentation of administration of any as-needed medications and the reason for withholding any scheduled medications;
(iv) documentation of oxygen administration;
(v) documentation of use of restraints in accordance with facility policy including type of restraint, reason for use, time of application, and removal;
(vi) informative progress notes that describe the resident's needs and responses to care and treatment in accordance with the plan of care that are written by any staff recording changes in the resident's condition;
(vii) laboratory reports of any tests prescribed and completed;
(viii) records of the course of any therapeutic treatments;
(ix) reports of any x-rays prescribed and completed;
(x) resident care plan;
(xi) staff records regarding the daily care of the resident; and
(xiii) temperature, pulse, respiration, blood pressure, height, and weight notations, when required.

R432-200-[~~30~~]27. Housekeeping Services.

(1) The licensee shall provide enough housekeeping services to maintain a clean sanitary and healthful environment in the facility.
(2) The licensee shall ensure that housekeeping services are compliant with the Housekeeping Services Section of Rule R432-150.

R432-200-[~~31~~]28. Laundry Services.

(1) The licensee shall maintain enough laundry service to provide clean linens and clothing for residents and staff.
(2) The licensee shall ensure that laundry services are compliant with the Laundry Services Section of Rule R432-150.

R432-200-[~~32~~]29. General Maintenance.

(1) The licensee shall ensure that maintenance policies and procedures are developed, implemented, and annually reviewed.
(2) The licensee shall ensure that the general maintenance of the facility is compliant with the Maintenance Services Section of Rule R432-150.

R432-200-3[~~3~~]0. Penalties.

Any person found in noncompliance with this rule may be subject to the penalties enumerated in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations[~~, Sections 26B-2-208, 26B-2-215~~].

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