

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:	R432-153
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

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

2. Contact Persons

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

3. General Information

A. Rule or section catchline:
R432-153. Pediatric Respite Care Facility
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 client to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a client request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the client, 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 client under certain circumstances to use non-medical transportation to another health care facility is added to a new section, Section R432-153-20. 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 filing also updates the "Penalties" section with the correct rule and statute references for enforcement of any possible penalty. 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 client who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule and standard operating procedure updates has been identified and considered under the state budget in the fiscal note for HB 417 (2026 General Session). The department has notified providers about the additional requirement related to this legislative action and the department does not anticipate any compliance cost for OL.

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

6. Regulatory Impact Summary Table

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

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

7. Regulatory Impact Analysis Approval

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

8. Family Impact Information

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

B. Summary of reasonable alternatives or modifications:

If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

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

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

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.

A. Comments will be accepted until: Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):

Date:	Time (hh:mm AM/PM):	Place (physical address or URL):
Click or tap to enter a date.		

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

12. Effective Date Information

This rule change MAY become effective on:
(NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)

Click or tap to enter a date.

13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:	Tracy S. Gruber, Commissioner	Date:	Click or tap to enter a date.
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R432. ~~Health and Human Services, Health~~, ~~Family Health and Preparedness~~, Facility Licensing.

R432-153. Pediatric Respite Care Facility.

R432-153-1. ~~Legal~~ Authority.

~~This rule is adopted pursuant to Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act.~~

~~R432-153-2.~~ and Purpose.

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

~~(2) This rule establishes health and safety standards to provide for the physical and psycho-social well-being of individuals receiving services in pediatric respite care facilities.~~

~~R432-153-3. Construction Standard.~~

~~Pediatric Respite Care Facilities shall be constructed and maintained in accordance with Rule R432-5, Nursing Care and Respite Care Facility Construction.~~

~~R432-153-4~~ 2. Definitions.

~~(1) The definitions found in Section R432-1-3 apply to this rule.~~

~~(2) [T]he following definitions apply to pediatric respite care facilities. Terms used in this rule are defined in Rule R432-1, Section 26B-2-201, and Section 26B-2-249. Additionally:~~

~~([a]1) "Administrator" means the person in charge of the daily operations of the pediatric respite care facility.~~

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

~~([c]3) "Chemical [R]estraint" means any medication administered to a client to control or restrict the client's physical, emotional, or behavioral functioning for the convenience of staff, for punishment, discipline, or as a substitute for direct client care.~~

~~([d]4) "Facility" means a pediatric respite care facility.~~

~~([e]4) "Licensed health care professional" means a registered nurse, physician assistant, advanced practice registered nurse, or physician licensed by the Utah Department of Commerce who has education and experience to assess and evaluate the health care needs of the [resident] client.~~

~~([f]5)(a) "Nurse Aide" means any individual, other than an individual licensed in another category, providing nurse related services to clients under the direction of a licensed nurse.~~

~~(b) [This definition] A Nurse Aide does not include an individual who volunteers to provide such services without pay.~~

~~([g]6) "Pediatric Respite Care Facility" means a facility that provides respite care to pediatric clients up to age 17.~~

~~([h]7) "Registered Nurse" as defined in the Title 58, Chapter 31b, Nurse Practice Act.~~

~~([i]7)(a) "Respite [C]are" means to provide intermittent, time-limited care to give primary caretakers relief from the demands of caring for a person.~~

~~(b) Respite services shall not exceed 14 days for any single respite stay.~~

~~R432-153-3. Scope.~~

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

~~(1) Rule R432-5; and~~

~~(2) this rule.~~

~~R432-153-5~~ 4. Scope of Services.

~~(1) The facility shall provide 24-hour licensed nursing services.~~

~~(a) The facility shall ensure that nurses are present on the premises [at all times] to meet the needs of clients.~~

~~(b) The facility shall provide at least one registered nurse either by direct employ or by contract to act as the director of nursing.~~

~~(c) The facility shall employ a registered nurse for at least eight consecutive hours a day, seven days a week.~~

~~(d) A licensed nurse shall serve as charge nurse on each shift.~~

~~(2) The facility shall provide medical supervision and dietary services.~~

~~(3) The following services shall be provided as required in the client service agreement:~~

~~(a) physical therapy;~~

~~(b) occupational therapy;~~

~~(c) speech therapy;~~

~~(d) respiratory therapy; and~~

~~(e) other therapies as indicated.~~

~~(4) The facility shall coordinate the delivery of respite services with the recipient of services, the case manager if one exists, and the family member or primary caregiver.~~

(5) The facility shall document the client's response to the respite placement and coordinate with each provider agency to ensure an uninterrupted service delivery program.

(6) The facility shall complete a service agreement to serve as the plan of care, which shall identify the prescribed medications, primary care provider treatment orders, need for assistance with activities of daily living and diet orders.

(7) The facility shall have access to supplemental services such as laboratory and pharmacy as needed.

R432-153-[6]5. Governing Body.

(1) The facility shall have a governing body or designated persons functioning as a governing body.

(2) The governing body or designated persons in Subsection (1) shall:

(a) establish and implement policies regarding the management and operation of the facility;

(b) institute bylaws, policies and procedures relative to the general operation of each facility service, including the health care of the clients and the protection of client rights; and

(c) appoint the administrator in writing.

R432-153-[7]6. Administrator.

(1) The administrator shall have the following qualifications:

(a) be 21 years of age or older;

(b) have knowledge of applicable laws and rules; and

(c) is able to deliver, or direct the delivery of, appropriate care to clients; and

(2) The administrator shall have at least one of the following:

(a) a Utah health facility administrator license;

(b) a bachelor's degree in a health care field, to include management training or one or more years of management experience;

(c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care field; or

(d) an associate degree and four years or more management experience in a health care field.

(3) The administrator shall supervise no more than one facility.

(4) The administrator shall be on the premises a sufficient number of hours in the business day, and at other times as necessary to manage and administer the facility.

(5)(a) The administrator shall designate, in writing, the name and title of the person who shall act as administrator in any temporary absence of the administrator. This person shall have the authority and freedom to act in the best interests of client safety and well-being.

(b) ~~It is not the intent of~~ This subsection ~~to~~ does not permit a de facto administrator to replace the designated administrator.

(6)(a) The administrator's responsibilities shall be defined in a written job description on file in the facility.

(b) The job description shall include at least the following responsibilities:

(~~a~~)i act as a liaison between the licensee, medical and nursing staff, and other supervisory staff of the facility;

(~~b~~)ii respond to recommendations made by the Quality Assurance Committee;

(~~c~~)iii implement policies and procedures governing the operation of each function of the facility;

(~~d~~)iv review each incident and accident report and document the corrective action taken or reason for no action;

(~~e~~)v complete and document an investigation whenever there is reason to believe that a client has been subject to abuse, neglect, or exploitation; and

(~~f~~)vi report any suspected abuse, neglect, or exploitation in accordance with Section 62A-3-305, and document appropriate action taken if the alleged violation is verified.

(7) The administrator shall secure and update contracts for required services not provided directly by the facility.

R432-153-[8]7. Medical Director.

The administrator shall retain by formal agreement a licensed physician to serve as medical director or advisory physician according to client and facility needs.

R432-153-[9]8. Staff and Personnel.

(1)(a) Direct-care personnel shall be on the facility premises 24 hours a day to meet clients' needs as determined by the clients' assessment and service agreements.

(~~a~~)b The administrator shall develop job descriptions for each position, including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements.

(~~b~~)c The administrator shall ensure all personnel are licensed, certified, or registered as required by the Utah Department of Commerce.

(d) A copy of the license, certification or registration shall be maintained for ~~the~~ department review.

(2) The facility shall maintain staffing records for the preceding 12 months.

(3) The facility shall establish a personnel health program through written personnel health policies and procedures.

(4) The facility shall complete a health evaluation and inventory for each employee upon hire. The health inventory shall obtain at least the employee's history of the following:

(a) conditions that predispose the employee to acquiring or transmitting infectious diseases;

(b) conditions that may prevent the employee from performing certain assigned duties satisfactorily; and

(c) health screening and immunizations.

(5)(a) Employee skin testing by the Mantoux method or other Food and Drug Administration approved in-vitro serologic test and follow up for tuberculosis shall be done in accordance with ~~Section~~ Rule R388-804, ~~Special Measures for the Control of Tuberculosis~~.

(~~a~~)b The licensee shall ensure that each employee is skin-tested for tuberculosis within two weeks of:

- (i) initial hiring;
- (ii) suspected exposure to a person with active tuberculosis; and
- (iii) development of symptoms of tuberculosis.
- (~~(b)~~(c)) Skin testing shall be exempted for each employee with known positive reactions to skin tests.
- (6) The facility director of nursing shall report any infection and communicable disease reportable by law to the local health department in accordance with ~~[Section]~~Rule R386-702-3.
- (7)(a) Each employee shall receive documented orientation to the facility and the job for which they are hired.
- (b) Orientation shall include the following:
 - (~~(a)~~(i)) job description;
 - (~~(b)~~(ii)) ethics, confidentiality and client rights;
 - (~~(c)~~(iii)) fire and disaster plan;
 - (~~(d)~~(iv)) policy and procedures; and
 - (~~(e)~~(v)) reporting responsibility for abuse, neglect, and exploitation.
- (8)(a) Each employee shall receive documented in-service training.
- (b) The training shall be tailored to annually include the following subjects that are relevant to the employees' job responsibilities:
 - (~~(a)~~(i)) fire prevention;
 - (~~(b)~~(ii)) review and drill of emergency procedures and evacuation plan;
 - (~~(c)~~(iii)) the reporting of client abuse, neglect, or exploitation to the proper authorities;
 - (~~(d)~~(iv)) prevention and control of infections;
 - (~~(e)~~(v)) accident prevention and safety procedures, including instruction in body mechanics for each employee required to lift, turn, position or ambulate clients;
 - (~~(f)~~(vi)) proper use and documentation of restraints;
 - (~~(g)~~(vii)) client rights;
 - (~~(h)~~(viii)) a basic understanding of the various types of mental illness, including symptoms, expected behaviors and intervention approaches;
 - (~~(i)~~(ix)) confidentiality of client information;
 - (~~(j)~~(x)) first aid; and
 - (~~(k)~~(xi)) prevention and control of infections.
- (9) Any person who provides nursing care activities, including nurse aides, shall work under the supervision of an RN or LPN and shall demonstrate competency and dependability in client care.
- (10) Personnel who provide care to clients shall be certified nurse aides or complete a state-certified nurse aide program within four months of the date of hire.
- (11) There shall always be one staff person on duty that has current training in basic first aid, the Heimlich maneuver, certification in cardiopulmonary resuscitation and emergency procedures to ensure that each client receives prompt first aid as needed.
- (12)(a) The facility may utilize volunteers in activities in the facility, provided that volunteers are not included in the facility's staffing plan in lieu of facility employees.
- (b) Volunteers shall be supervised and familiar with clients' rights and the facility's policies and procedures.
- (13) An employee who reports suspected abuse, neglect, or exploitation may not be subject to retaliation, disciplinary action or termination by the facility for making the report.
- (14) The facility shall develop, ~~and~~ implement, and comply with policies and procedures governing an infection control program to protect clients, family and personnel; that includes appropriate task related employee infection control procedures and practices.

R432-153-~~(4)~~9. Quality Assurance.

- (1)(a) The administrator shall implement a quality assurance program to include a Quality Assurance Committee.
- (b) The committee shall:
 - (~~(a)~~(i)) consist of at least the facility administrator and either the medical director or the director of nursing;
 - (~~(b)~~(ii)) meet at least quarterly to identify and act on quality issues;
 - (~~(c)~~(iii)) review medication errors; and
 - (~~(d)~~(iv)) review incident reports.
- (2)(a) The facility shall have written incident and injury reports to document client death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety or well-being of clients.
- (b) The reports shall be kept on file for at least three years.

R432-153-1~~(4)~~0. Client Rights.

- (1) The facility shall establish written client rights.
- (2) The facility shall make a copy of the client rights document available to the clients, the client guardian or responsible person, and to the public and the ~~(D)~~department upon request.
- (3) The facility shall ensure that each client admitted to the facility has the right to:
 - (a) be informed, prior to or at the time of admission and for the duration of stay, of client rights and each rule and regulation governing client conduct;
 - (b) be informed, prior to or at the time of admission and for the duration of 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;

- (c) be transferred or discharged only for medical reasons, for personal welfare or that of other clients, or for nonpayment for the stay, and to be given reasonable advance notice to ensure orderly transfer or discharge;
 - (d) be free from mental and physical abuse, neglect, and exploitation;
 - (e) be assured confidential treatment of personal and medical records, including photographs, and to approve or refuse their 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;
 - (f) be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;
 - (g) not be required to perform services for the facility that are not included for therapeutic purposes in the service agreement;
 - (h) associate and communicate privately with persons of the client's choice, and to send and receive personal mail unopened;
 - (i) meet with social, religious, and community groups and participate in activities provided that the activities do not interfere with the rights of other clients in the facility;
 - (j) retain and use personal clothing and possessions as space permits, unless to do so would infringe upon rights of other clients;
 - (k) have members of the clergy admitted at the request of the client or responsible person at any time;
 - (l) allow relatives, responsible persons or individuals designated by the responsible person to visit critically ill clients at any time;
 - (m) be allowed privacy for visits with family, friends, clergy or social workers;
 - (n) have confidential access to telephones for communication;
 - (o) choose activities, schedules, and health care consistent with individual interests, assessments and service agreement;
 - (p) interact with members of the community both inside and outside the facility;
 - (q) make choices about each aspect of life in the facility that is significant to the client;
 - (r) be informed of complaint or grievance procedures; and
 - (s) access to each record pertaining to the client, upon oral or written request.
- (4)(a) The facility shall accommodate client needs and preferences, except when the health and safety of the individual or other clients may be endangered.
- (b) A client shall be given at least a 24-hour notice before an involuntary room move is made in the facility.
- (5) In an emergency when there is actual or threatened harm to others, property or self, the 24-hour notice requirement for an involuntary room move may be waived. The circumstances requiring the emergency room change shall be documented for [D]department review.
- (6) The facility shall make and document efforts to accommodate the client's adjustment and choices regarding room changes.
- (7) The facility shall have available in a public area the results of the current facility survey and any plans of correction.
- (8) The facility shall notify the client's responsible party within 24 hours of any incidents, accidents with injuries or change in medical condition. Notification of medical emergencies shall be made immediately.

R432-153-1[2]1. Assessment and Service Agreement.

- (1) The facility shall assess each client prior to admission to ensure that the needs of the client can be met.
- (2) The licensed healthcare professional shall complete and sign the client assessment.
- (3) The facility shall develop a service agreement to outline services to be provided during the respite stay.
- (4) The service agreement in Subsection (3) shall include:
 - (a) medication administration;
 - (b) emergency contact information for the responsible party; and
 - (c) other therapies and treatments required for care.
- (5) The facility shall ensure that the services provided meet professional standards of quality and are provided by qualified persons in accordance with the client's written service agreement.
- (6) If the client has an advance directive, a copy shall be included with the service agreement.

R432-153-1[3]2. Restraint Policy.

- (1) Each client has the right to be free from physical or chemical restraints used for discipline, convenience or not required to treat the client's medical symptoms.
- (2) The facility shall have written policies and procedures regarding the proper use of restraints, which shall include:
 - (a) restraints shall only be used to assist clients to attain and maintain optimum levels of physical and emotional functioning;
 - (b) restraints shall not be used as substitutes for direct client care, activities or other services;
 - (c) restraints shall not unduly hinder evacuation of the client in the event of fire or other emergency; and
 - (d) if use of a physical or a chemical restraint is implemented, the facility shall inform the client and their responsible party of the reasons for the restraint.
- (3) Physical and chemical restraint policies under Subsection (2)(d) shall incorporate and address at least the following:
 - (a) appropriateness of use;
 - (b) procedures for use; and
 - (c) less restrictive alternatives prior to the use of more restrictive measures.
- (4) Emergency use of physical and chemical restraints shall comply with the following:
 - (a) a physician, a licensed health practitioner or the director of nursing shall authorize the emergency use of restraints; and
 - (b) the facility shall document in the client's record the circumstances necessitating emergency use of the restraint and the client's response.

R432-153-1[4]3. Medical Records.

- (1) The facility shall retain, store and safeguard the client medical record and its contents.
- (2) The facility shall protect the client medical record against access by unauthorized individuals.
- (3)(a) The facility shall retain the client medical record for at least seven years.

_____ (b) Medical records of minors shall be kept until the age of 18 plus four years, but in no case less than seven years.

(4) The facility shall maintain a record for each client receiving respite services that includes:

- (a) the assessment and service agreement;
- (b) demographic information and client identification data;
- (c) contact information for the responsible party;
- (d) nursing notes;
- (e) physician treatment orders;
- (f) records made by staff regarding daily care of the client in service; and
- (g) a post-service summary.

R432-153-1[5]4. Pet Policy.

(1) The facility shall develop a written policy regarding pets in accordance with local ordinances.

(2) The administrator or designee shall determine which pets may be brought into the facility. Family members may bring pets to visit provided they have approval from the administrator and offer assurance that the pets are clean, disease free and vaccinated.

(3)(a) Pets are not permitted in food preparation or storage areas.

_____ (b) Pets are not permitted in any area where their presence would create a health or safety risk.

R432-153-1[6]5. Food Services.

(1) The facility shall provide each client with a safe, palatable, well-balanced diet that meets their daily nutritional and special dietary needs.

(2) There shall be adequate staff employed by the facility to meet the dietary needs of the clients.

(3)(a) The facility shall employ a dietitian either full-time, part-time or on a consultant basis.

(~~a~~)b The dietitian shall be certified in accordance with Title 58, Chapter 49, Dietitian Certification Act.

(~~b~~)c If a dietitian is not employed full-time, the administrator shall designate a full-time person to serve as the dietetic supervisor.

(~~e~~)d The dietetic supervisor shall be available when the consulting dietitian visits the facility.

(4) Any personnel who prepares or serves food shall have a current food handler's permit.

(5) If the facility admits clients requiring therapeutic or special diets, the facility shall have an approved dietary manual for reference when preparing meals.

(6)(a) The facility shall develop menus that meet the nutritional needs of clients.

_____ (b) Menus shall be:

(~~a~~)i prepared in advance;

(~~b~~)ii followed;

(~~e~~)iii have different choices each day;

(~~d~~)iv posted for each day of the week;

(~~e~~)v approved and signed by a certified dietician; and

(~~f~~)vi cycled no less than every two weeks.

(7) The facility shall retain documentation of any substitution to the menu for at least three months.

(8) The facility shall make available for ~~D~~department review any food sanitation inspection reports of state or local health department inspections.

(9) The facility shall have no more than a 14-hour interval between the evening meal and breakfast, unless a substantial snack is served in the evening.

(10) The facility shall provide special eating equipment and assistive devices for clients who need them.

(11) The facility shall maintain a one-week supply of nonperishable staple foods and a three-day supply of perishable foods to complete the established menu.

(12) The facility may use trained dining assistants to aid clients in eating and drinking if:

(a) a licensed practical nurse, registered nurse, advance practice registered nurse, speech pathologist, occupational therapist, or dietitian has assessed that the client does not have complicated feeding problems, such as recurrent lung aspirations, behaviors which interfere with eating, difficulty swallowing, or tube or parenteral feeding; and

(b) the service agreement documents that the client needs assistance with eating and drinking and defines who is qualified to offer the assistance.

(13) If the facility uses a dining assistant, the facility shall assure that the dining assistant:

(a) has completed a dietary assistant training course; and

(b) performs duties only for those clients who do not have complicated feeding problems.

R432-153-1[7]6. Housekeeping Services.

(1) The facility shall provide a safe, clean, comfortable environment, allowing the client to use personal belongings to create a homelike environment.

(2) The facility shall store in a locked area all cleaning agents, bleaches, insecticides, poisonous, dangerous, or flammable materials to prevent unauthorized access.

R432-153-1[8]7. Laundry Services.

(1) The facility shall provide laundry services to meet the needs of the clients, including a sufficient supply of linens.

(2) The facility shall inform the client and family of facility laundry policy for personal clothing.

(3) Soiled linen shall be handled, stored, and processed in a manner to prevent contamination and the spread of infections.

(4) The laundry area shall be separate from any room where food is stored, prepared or served.

R432-153-1[9]8. Maintenance Services.

- (1) The facility shall ensure that buildings, equipment and grounds are maintained in good repair and in a clean and sanitary condition for the safety and well-being of clients, staff and visitors.
- (2) The facility shall ensure that the premises are free from vermin and rodents.
- (3) The facility shall maintain entrances, exits, steps, ramps and outside walkways in a safe condition with regard to snow, ice and other hazards.
- (4) Facilities shall make provision for emergency lighting and heat.
- (5) The facility shall deliver hot water to public and client care areas at temperatures between 105-120 degrees.
- (6) The facility shall have at least one first aid kit available at a specified location in the facility.
- (7) The facility shall have a current edition of a basic first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.
- (8) The facility shall have a clean-up kit for blood-borne pathogens.

R432-153-[20]19. Emergency Response and Preparedness Plan.

- (1) The facility shall ensure the safety and well-being of clients and make provisions for a safe environment in the event of an emergency or disaster.
- (2) The facility shall develop an emergency and disaster plan to delineate:
 - (a) the names of persons in charge and persons with decision-making authority;
 - (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) evacuation routes, location of fire alarm boxes, fire extinguishers;
 - (e) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police and other appropriate agencies;
 - (f) individuals who shall be notified in an emergency in order of priority;
 - (g) methods of transporting and evacuating clients and staff to other locations; and
 - (h) instructions on how to contain a fire and how to use the facility alarm systems.
- (3) The facility shall conduct and document simulated disaster drills semi-annually.
- (4) The facility shall conduct and document simulated fire drills quarterly on each shift.

R432-153-20. Client Interfacility Transportation.

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

R432-153-21. Penalties.

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

KEY: health care facilities

Date of Last Change: ~~[March 10, 2022]~~ 2026

Authorizing, and Implemented or Interpreted Law: ~~[26-21-5; 26-21-16]~~ 26B-2-202; 26B-2-902