



**UTAH DEPARTMENT OF HEALTH  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
BUREAU OF HEALTH FACILITY LICENSING, CERTIFICATION AND  
RESIDENT ASSESSMENT**

PO BOX 144103  
SALT LAKE CITY, UT 84114-4103  
(801) 538-6158  
(800) 662-4157 toll free  
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**ASSISTED LIVING INTERPRETIVE GUIDELINES**

TAG	RULE STANDARD	SURVEY GUIDELINES
	270-3(2)(a)- Assessment documentation	See Sample Assessment form. Each form should be department approved. <a href="http://www.health.utah.gov/hflcra">www.health.utah.gov/hflcra</a>
	270-3(2)(b) Activities of Daily Living	When assessing the residents ability to perform ADL's surveyors will observe and interview staff regarding each ADL and the level of assistance: Independent Semi-Independent/Limited Assist Significant (Total) Assist
A1250	270-6(1)(f) Administrator Qualifications - shall have completed a national certification program within 6 months. Applies to Type II facilities	Approved courses include: UALA certification - 4 courses AHCA certification - 2 or 3 day course Health Facility Administrator License Health Administrator Certificate AHAHospitalAdministrator Certification Other courses may be approved by the Bureau
A1704	270-7(2)(e) Review at least quarterly every injury, accident incident to a resident or employee	DOH has a sample form which includes a space for action and response and documentation of corrective action. Evaluate for documentation of corrective action.
A1705	270-7(2)(f) Maintain log indicating significant change in a residents condition and the facility's action and response	Ensure that the log documents the change and <u>the action and response of the staff at the facility.</u>
A1708	270-7(2)(i) Notify the resident's responsible person within 24 hours of significant changes or deterioration	Surveyors will look at documentation of changes, (e.g. falls, seizure, acute illness...) and will check the record for documentation of notification or attempt to notify the responsible party, where available.
A1709	270-7(2)(j) conduct and document regular inspections of the facility	Surveyors will evaluate the physical environment of the facility - if there are deficiencies noted they will request the documentation that the administrator has been documenting the inspection of the facility. "Regular" inspections are considered to be monthly.
A1710	270-7(2)(k) The administrator is responsible to complete, submit, and file all records and reports required by the Department	This includes notification of change of ownership, administrator, facility name change and other forms as required.
A1800	270-7(3) Administrator's responsibilities shall be in a written and signed job description on file at the facility.	Surveyor will examine signed document.



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A1900- A3008	270-8 Personnel	A sample of personnel files will be requested and reviewed - criminal background screening documents, certifications, orientation documentation for new employees, documentation of in-service training to include topic, date, outline of content to the requirements in (9)(a) through (j). Certified Nurse Aides must be certified prior to the four month anniversary of hire. CNA only applies in Type II facilities 270-8(4)
A1900	270-8(1) Qualified competent direct-care personnel shall be on the premises 24 hours a day to meet residents needs.	Resident's needs must be met at all times and in all conditions. The facility is ultimately responsible for the residents' quality of care even when receiving services from another provider type.
A3000	270-8(12) Employee Health Evaluation	The Department will provide a template for use, or the facility may use their own evaluation form to meet (a) and (b), The facility shall develop an employee immunization schedule, e.g. CDC Recommends standing orders for influenza, pneumococcal vaccinations, hepatitis B vaccine, diphtheria, & tetanus for employees.
A3100- A3703	270-9 Resident Rights	The administrator shall give the resident a written description of the legal rights upon admission and a resident rights statement. If the facility develops "policies or procedures" governing conduct in the facility that must be provided in writing at the time of admission." Information must include that a complaint may be filed with the state long term care ombudsman and any advocacy group, including the state licensing agency.
A3502	270-9(5)(c) Resident rights (Physical Restraints)	A physical restraint is a device that limits or restricts a resident's movement. A device will be considered a restraint if the resident cannot initiate and release it independently. The facility must have a policy for use of half side rails. Half side rails may not be used as restraints. (If using half side rails or bed canes see Nursing Service Policy Guidelines) Full or ¾ side rails are considered to be restraints and are not allowed.
A3518	270-9(5)(p) The right to leave the facility and not be locked into any room	AL-II residents must have an assessment which identifies: -need for restricted unit for supervision (this prohibits under filling the bed with a person who does not need a secure unit) -secured unit must have local fire jurisdiction approval in writing; Documentation must be available on-site for Dept. review. The unit must be staffed 24 hours per day.
A3833	270-10(4)(a)(iii) AL-1 residents may only be admitted to a facility with no assistance or limited assistance	If the resident requires significant assistance with ADL's, it must be no more than two ADLs upon admission. Significant (Total) assistance with medications is considered an ADL.
A3834	270-10(4)(a)(iv) require and receive intermittent care or treatment in the facility from a licensed health care professional.	"Intermittent care or treatment" is not considered to be ongoing skilled nursing treatment. In type I and type II facilities, if policies permit, a RN can administer injections and can delegate for an LPN to administer injections.



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A3842	270-10-(5)(c) Type I and Type II assisted living facilities shall not admit or retain a person who: requires inpatient hospital or long-term nursing care.	This refers to residents who don't meet admission and retention criteria for AL facilities and require a higher level of care i.e. nursing care facility or inpatient hospital care.
A3850	270-10(6)(a) significant assistance during night sleeping hours	Residents may be incontinent, however sufficient numbers of staff must be present to check incontinent residents at least every two hours, only routine visual supervision is required to ensure safe environment
A3851	270-10(6)(b) able to take life saving action in an emergency without assistance	Surveyors will be observing that physical assistance is not required and each resident is able to make continual progress to the evacuation location. Verbal prompting may be offered. A fire drill may be necessary to assess compliance.
A3852	270-10(6)(c) do not require significant assistance from staff or others with more than two ADL's	"Others" may include family members, volunteers, home health aides, etc.
A3860	270-10(7) AL II's may accept or retain residents who require significant assistance with more than two ADLs.	The resident shall not be "dependent". The resident may be able to transfer with the assist of one person
A3870	270-10(8)(a) Written admission agreement	The resident's record shall be reviewed for the signed copy of the admission agreement. All components shall be included. Refund provisions must be included.
A3871	270-10(8)(b) provision of 30-day notice prior to any change in established charges	Thirty days prior to a change in the facilities established charges the facility must notify the resident and responsible party of the increase.
A4010	270-12(2) A signed and dated resident assessment shall be completed on each resident prior to admission and at least every six months thereafter.	Assessment forms may be updated for 6 month assessments, but should be signed and dated each time. All changes should be noted each time an assessment is done, i.e. vital signs. If the form becomes too cluttered with changes, new forms should be used to avoid confusion.
A4100	270-13(1) Individualized service plan	One of the most important documents which instruct the staff regarding the care needs of the resident. A sample of service plans will be compared to the actual delivery of services. Make sure that service plan has documented date of review and revisions.
A4110	270-13(2) The facility shall use the resident assessment to develop, review, and revise the service plan for each resident.	Deficits in the review of systems would trigger care needs that must be included on the service plan i.e. oxygen, assistive devices, ted hose , braces etc
A4120	270-13(3) Service plan must be prepared by the administrator or a designated facility service coordinator	The service plan may also be prepared by the registered nurse who has completed the assessment. The staff must be instructed on implementation of the plan.



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A4130- A4134	270-13(4) Service plan shall include a written description of (a) through (e)	The Service plan must be current. It needs to be integrated with services provided from Home Health, Hospice, Family and volunteers.
A4300	270-15(1) Written policies and procedures defining the level of nursing services provided by the facility.	Each facility should develop specific definitions of care by nurses, including all services provided by the facility or other providers. Refer to nursing service policy guidelines on the web cite. <a href="http://www.health.utah.gov/hflcra">www.health.utah.gov/hflcra</a>
A4310	270-15(2) AL-I's who have residents who are unable to self medicate must have a RN employee or contract to provide or delegate.	Surveyors will observe medication pass to document the level of assistance provided, and resident's awareness to his/her medication regime. Evaluate the delegation training provided through interview with the RN. Refer to R432-270-15(4).
A4320	270-15(3)(a) AL-II must employ or contract with RN to provide or supervise nursing services.	CNA's may under the direction of RN take vital signs, weights, etc. , which is considered "general" health monitoring.
A4322	270-15(3)(c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with the Utah Nurse Practice Act.	Sliding scale insulin and injectable medications may not be delegated to unlicensed personnel.
A4340	270-15(5) Type I and II shall not provide skilled nursing care but must assist the resident in obtaining required services.	Skilled nursing services may be provided by the facility for up to 60 days in the event of an acute illness or recovery. A 30 day discharge notice is required during the 60 day limit so that skilled nursing services do not exceed 60 days. The resident assessment shall document the day of onset and conclusion of care. The resident may secure home health service for ongoing skilled nursing services without a variance, if the resident continues to meet the admission and retention criteria for theAL. For additional information regarding specific nursing tasks, see Nursing Service Policy Guidelines.
A4350	270-15(6) At least one certified nurse aide must be on duty in a Type II facility 24 hours per day.	If the facility has an LPN, the intent of the rule is met. The facility must have a "certified aide" not an aide who is in training on duty.
A4400	270-16(1) Type II with approved secure unit may admit residents with a diagnosis of Alzheimer's/dementia if the resident is able to exit the facility with limited assistance from one person.	This rule prohibits a person from being dragged, pushed, pulled, etc, but suggests a leading by one hand to the available exit and continual progression to the evacuation location. A resident who is resistant to being directed needs to be evaluated for appropriateness.



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A4411	270-16(2)(a) The secure unit admission agreement must document a Department approved wander risk management agreement has been negotiated with the resident or resident's responsible person.	Document will be reviewed at the survey and Department shall provide a template or review and approve all facilities who have secure units. Secure units must have access to day space (dining and lounge area).
A4420	270-16(3) There shall be at least one staff with documented training in Alzheimer's/ dementia care in the secure unit at all times	This does not mean a closed circuit TV system, but a trained staff 24 hours per day.
A4430	270-16(4) Each secure unit must have an emergency evacuation plan that addresses how staff evacuate residents	Evacuation plan must be posted in the secure unit showing evacuation route. The plan must be part of the facilities overall disaster plan. It may include how other facility staff assist in the emergency to protect the residents.
A4600	270-18(1) Residents shall be encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreation programs.	An array of programs is available to the residents. Secure units must have an activity program throughout the day which is appropriate to the needs of the dementia residents.
A4610- A4613	270-18(2) Facility shall provide opportunities for the following (a) through (d)	Surveyors will interview residents for likes and dislikes of the array of activities and observe staff interaction during an activity to see the encouragement offered for independent living.
A4620- A4622	270-18(3) Administrator shall designate an activity coordinator to direct the program	Surveyor will review the appointment and training that the activity coordinator has for coordination, planning and implementing an activity program.
A4622	270-18(3)(c) Develop and post monthly calendar, including information on community activities based on residents needs and interest.	The activity calendar is current for the Month and includes community activities. Interview of residents revealed their interests are reflected in planned monthly activities.
A4717	270-19(2)(c) Family members or a designated responsible person may administer medications from a package set up by a licensed practitioner or pharmacist...	If the family chooses to administer the medications, then they must take total responsibility for the administration. They may not administer some of the time while the facility or other staff administer other times. Family member or designated person must sign a waiver.



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A4718	270-19(2)(d) For residents who are unable to self-administer or self-direct medications, facility staff may administer medications only after delegation by a licensed health care professional under the scope of their practice.	The residents' level of medication assistance must be assessed using the following categories: 1. Self-Administer 2. Self-Direct 3. Family/Designated Person 4. Significant (Total) Assist
A4719	270-19(2)(d)(i) If a licensed health care professional delegates the task of medication administration...	Facility personnel to determine their level of competency.
A4750	270-19(5) Each facility must have a licensed health care professional or licensed pharmacist document any change in the dosage or schedule of medication in the medication record.	If a licensed health care professional is not available to make changes to the resident MAR, then any staff can document the change and immediately notify the health care professional. Survey enforcement will allow for 72 hours to have the change co-signed by a licensed health care professional. A pharmacy label that accompanies a change to the MAR will meet the intent of this rule.
A4760	270-19(6) Each resident's MAR must contain a list of possible reactions and precautions for prescribed medications.	The facility will be allowed to have a current drug reference book available to staff, on site, to meet this rule.
A4803	270-19(10)(c) Facility shall develop and implement policies for the security and disposal of narcotics.	Any disposal of controlled substances by a licensee or facility staff must be consistent with the provisions of 21 CFR 1307.21.
A5000	270-21(1) The facility must maintain accurate and complete records. Records shall be filed, stored safely and be easily accessible to staff and the Dept.	The records shall be available for all staff to access 24 hours per day. If they are locked in a secure area, the key must be available for access in case of emergency.
A5040	270-21(5) Resident records must be retained for at least 3 years following discharge.	The facility may archive the records off-site; however, they must be readily available within 3 working days for Dept. review.
A5120	270-22(3) A different menu shall be planned and followed for each day of the week.	The current menu may be purchased from an approved source. Many of the retail menus may be designed for a specific cultural area and will need to be carefully reviewed for the specific likes and dislikes of the resident population. Menus should not be substituted or altered frequently.



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A5190	270-22(10) If food service personnel also work in housekeeping or provide direct services the facility must develop and implement employee hygiene and infection control measures to maintain a safe and sanitary food service.	The intent of the rule was to apply to smallALfacilities. The Local Health Dept. may have an exception to this rule.
A5210	270-23(2)(a) Post routine laundry, maintenance and cleaning schedules for housekeeping staff.	Surveyors will look for outcomes in housekeeping and cleanliness.
A5240	270-23(5) All cleaning agents, bleaches, insecticides, or poisonous, dangerous, flammable materials shall be stored in locked area to prevent unauthorized access.	Secure all items out of reach or secure in a locked area - this may include child safety locks. Soaps such as hand soap, shampoo, and laundry detergents, will not be required to be secured. Bleach is considered a toxic item and must be secured.
A5300- A5331	270-24. Facility shall provide laundry services to meet the needs of the residents, including sufficient linen supply.	If the facility allows residents to bring in linens, the facility is still required to have sufficient linen supply to change bedding in case of unexpected accidents.
A5401	270-25(1)(a) Fire rated construction and assemblies must be maintained in accordance with R710-3.	This rule will be cited if fire suppression systems are not tagged current, sprinkler heads are not free from corrosion and debris, and if fire doors have been altered etc. The facility is required to have a sprinkler head wrench and 2 replacement sprinkler heads for <b>each</b> type of sprinkler head used in the facility with a <b>minimum</b> of 6 replacement heads.
A5430	270-25(4) Hot water temperature controls shall automatically regulate temperatures of hot water delivered to "plumbing fixtures used by residents". Hot water shall be maintained between 105 and 120 degrees Fahrenheit.	Resident care areas are considered the living unit, bedroom, bathroom and common areas. Public area would be considered common areas and bathrooms. Surveyors will cite a Class II deficiency for hot water temperature between 120 and 125. Above 125 will be a Class I deficiency.



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A5510 - A5512	270-26(2) The licensee and the administrator are responsible to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters. The plan shall outline the protection or evacuation of all residents, and include arrangements for staff response or provisions of additional staff to ensure the safety of any resident with physical or mental limitations.	Facility call down list must be current. Community emergency contact information must be current.
A5570	270-26(7) The facility shall provide in-house all equipment and supplies in an emergency....	Emergency equipment must be maintained in good operating condition at all times. Food and water supplies must be rotated to maintain quality and nutritional value.
A5580- A5581	270-26(8) The following information shall be posted in prominent locations....	Post information on each floor or wing of multiple level or wing facilities. Surveyor will observe for document posting.
A5780	270-28(9) Pets are not permitted in central food preparation, storage, or dining areas or in any area where the presence creates a significant health or safety risk.	All residents and parties should be apprised of all pets in the facility due to some allergies for individuals.
A5820	270-29(3) Respite services may be provided on an hourly rate, shall not exceed 14 calendar days.	The intent of this rule is not to allow additional residents to come to the facility in lieu of obtaining an adult day care facility license from DHS. The facility is prohibited from exceeding the license capacity and shall staff appropriately to meet the scheduled and unscheduled needs of the residents.
A5860	270-29(7) Policies and procedures shall be approved by the Department	If respite services are provided, the facility must submit policies and procedures for Department review and approval.