



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

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax

ASSISTED LIVING INTERPRETIVE GUIDELINES

TAG	RULE STANDARD	SURVEY GUIDELINES
	270-3(2)(a)- Assessment documentation	See Assessment form www.health.utah.gov/hflcra . Facilities must obtain pre-approval from the Bureau to use a different assessment form.
	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" means the resident can perform the ADL without help. "Assistance" means the resident can perform some part of an ADL, but cannot do it entirely alone. "Dependent" means the resident cannot perform any part of an ADL; it must be done entirely by someone else.
A0140	270-6(1)(f) The administrator shall have the following qualifications: for all Type II facilities, complete a Department approved national certification program within six months of hire.	Approved courses include: UALA certification - 4 courses AHCA certification - 2 or 3 day course Health Facility Administrator License AHA Hospital Administrator Certification Other courses may be approved by the Bureau
A0215	270-7(2)(e) The administrator is responsible to review at least quarterly every injury, accident, and incident to a resident or employee and document appropriate corrective action	The Department website has a sample form which includes a space for action and response and documentation of corrective action. Evaluate for documentation of corrective action.
A0220	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 the action and response of the staff at the facility.
A0235	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.
A0240	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.
A0245	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.



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A0260	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.
A0265 A0380	270-8 Personnel	A sample of personnel files will be requested and reviewed - criminal background screening authorization form, 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). Personnel who provide personal care to residents in a Type II facility must be certified nurse aides 270-8(4) and must be certified prior to the four month anniversary of hire.
A0265	270-8(1) Qualified competent direct care personnel shall be on the premises 24 hours a day to meet residents needs as determined by the resident's assessment and service plans.	Resident's needs must be met at all times and in all conditions. The facility is <u>ultimately responsible for the residents' quality of care even when receiving services from another provider type such as Home Health or Hospice.</u>
A0340	270-8(12) Employee Health Evaluation	The Department website has 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.
A0377	270-8(13)The facility shall develop and implement policies and procedures governing an infection control program to protect residents, family and personnel; which includes appropriate task related employee infection control procedures and practices.	Surveyors may review facility infection control policy and observe staff for implementation.
A0385 A0585	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.
A0420	270-9(5)(c) Resident rights include the right to be free of mental and physical abuse, and chemical and 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 side rails are considered to be restraints and are not allowed.



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A0500	270-9(5)(p) The right to leave the facility and not be locked into any room, building, or on the facility premises during the day or night.	Assisted living Type II residents who have been assessed to require a secure environment may be housed in a secure unit, provided the secure unit is approved by the fire authority having jurisdiction and is licensed as a secure unit. This right does not prohibit the locking of facility entrance doors if egress is maintained.
A0610	270-10(4)(a)(i) Type I - accept and retain residents who are ambulatory or mobile and are capable of taking lifesaving action in an emergency without the assistance of another person;	Surveyors will be observing that physical assistance is not required and each resident is able to make continual progress to the evacuation location. A fire drill may be necessary to assess compliance.
A0625	270-10(4)(a)(iv) Type I facilities shall accept and retain residents who do not require total assistance from staff or others with more than three ADLs	"Others" may include family members, volunteers, home health aides, etc. If the resident requires significant assistance with ADL's, it must be no more than three ADLs. Significant (Total) assistance with medications is considered an ADL.
A0635	270-10(4)(b)(ii) Type I -require and receive intermittent care or treatment in the facility from a licensed health care professional either through contract or by the facility, if permitted by facility policy.	"Intermittent care or treatment" is not considered to be ongoing skilled nursing treatment.
A0645	270-10(5)(a)(ii) A Type II facility may accept and retain residents who require total assistance from staff or others in more than three ADLs, provided that the resident is capable of evacuating the facility with the limited assistance of one person.	The resident shall not be "dependent". The resident must be capable of evacuating the facility with the <u>limited assistance</u> of one person.
A0670	270-10-(6)(c) Type I and Type II assisted living facilities shall not admit or retain a person who requires inpatient hospital, long-term nursing care or 24-hour continual nursing care that will last longer than 15 calendar days after the day on which the nursing care begins.	This refers to residents who don't meet admission and retention criteria for AL facilities and require a higher level of care (nursing care facility or inpatient hospital care).



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A0673	270-10 (7) Assisted living facilities shall not deny an individual admission to the facility for the sole reason that the individual or the individual's legal representative requests to install or operate a monitoring device in the individual's room in accordance with UCA Section 26-21-304.	
A0675	270-10(8) Written admission agreement prior to admission	The resident's record shall be reviewed for the signed copy of the admission agreement. All components shall be included.
A0680	270-10(8)(b) provision of 30-day notice prior to any change in established charges	Thirty days prior to a change on the facilities established charges the facility must notify the resident and responsible party of the change of established or base charges.
	432-270-10(9) A type I assisted living facility may accept and retain residents who have been admitted to a hospice program, under the following conditions:	Type I facilities may admit and retain residents hospice patients.
A0725	270-10(9)(a) the facility keeps a copy of the physician's diagnosis and orders for care;	Type I facilities
A0730	270-10(9)(b) the facility makes the hospice services part of the resident's service plan which shall explain who is responsible to meet the resident's needs.	Type I facilities
	270-10(9)(c) a facility may retain hospice patient residents who are not capable to exit the facility without assistance upon the following conditions:	Type I facilities. The intent is to not disrupt the resident's life and to allow them to be as comfortable as possible in familiar surroundings with dignity in their final days.
A0735	270-10(9)(c)(i) hospice patient residents who are not capable of exiting the facility without assistance, the facility must assure that a worker or an individual is assigned solely to each specific hospice patient is on-site to assist the resident in emergency evacuation 24 hours a day, seven days a week;	Type I facilities. The intent of this rule is that an individual is assigned to a hospice resident who may no longer be able to take lifesaving actions by exiting the building without assistance. The assigned individual shall be solely assigned to the resident and shall <u>not</u> have other responsibilities in the event of an emergency. The individual may be an employee of the facility, employee of an outside agency, a family member, a capable resident or a volunteer. An assigned individual shall be available at the facility 24 hours a day and may be more than one person.



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A0740	432-270-10(9)(c)(ii) the facility must train the assigned worker or individual to specifically assist in the emergency evacuation of the assigned hospice patient resident;	Type I facilities. Training should include the location of the nearest safe exits or safe zones and proper evacuation techniques or carries. The individual shall acknowledge through training their sole responsibility to assist the assigned hospice resident in the event of emergency evacuation. (see example form)
A0745	432-270-10(9)(c)(iii) the worker or individual must be physically capable of providing emergency evacuation assistance to the particular hospice patient resident;	Type I facilities. The assigned individual must have the physical capacity to assist the assigned hospice resident to evacuate in an emergency.
A0750	432-270-10(9)(c)(iv) hospice residents who are not capable to exit the facility without assistance comprise no more than 25 percent of the facility's resident census.	For Type I facilities the 25% applies to hospice residents who are no longer able to take lifesaving actions without assistance.
	432-270-10(10) A type II assisted living facility may accept and retain hospice patient residents under the following conditions:	Type II facilities may admit and retain residents on hospice
A0755	432-270-10(10)(a) the facility keeps a copy of the physician's diagnosis and orders for care;	Type II facilities
A0760	432-270-10(10)(b) the facility makes the hospice services part of the resident's service plan which shall explain who is responsible to meet the resident's needs; and	Type II facilities
	432-270-10(10)(c) if a resident becomes dependent while on hospice care and the facility wants to retain the resident in the facility, the facility must:	Type II facilities. The intent is to not disrupt the resident's life and to allow them to be as comfortable as possible in familiar surroundings with dignity in their final days.
A0765	432-270-10(10)(c)(i) develop an emergency plan to evacuate the hospice resident in the event of an emergency; and	Type II facilities. The intent is to not disrupt the resident's life and to allow them to be as comfortable as possible in familiar surroundings with dignity in their final days.



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A0770	432-270-10(10)(c)(ii) integrate the emergency plan into the resident's service plan.	Type II facilities must include an emergency evacuation plan for hospice residents who are no longer able to take lifesaving with the limited assistance. That plan MUST be part of the residents service plan.
A0780	270-11(2) Prior to transferring or discharging a resident, the facility shall serve a transfer or discharge notice upon the resident and the resident's responsible person.	The notice shall be either hand-delivered or sent by certified mail.
A0785	270-11(2)(b) The notice shall be made at least 30 days before the day on which the facility plans to transfer or discharge the resident, except that the notice may be made as soon as practicable before transfer or discharge	A 30 day notice is required except that the notice may be made <u>as soon as practicable</u> before transfer or discharge if the safety or health of persons in the facility is endangered or an immediate transfer or discharge is required by the resident's urgent medical needs.
A0790 A0830	270-11(3) The notice of transfer or discharge shall:	Survey staff will review discharge notice to ensure the facility followed a through g in the rule.
A0853	270-11(6) The facility may not discharge a resident for the sole reason that the resident or the resident's legal representative requests to install or operate a monitoring device in the individual's room in accordance with UCA Section 26-21-304.	
A0855	270-12(1) A signed and dated resident assessment shall be completed on each resident prior to admission and at least every six months thereafter.	Assessments must be completed and signed by a Licensed Health Care Professional prior to admission to determine if resident meets AL criteria. When a significant change occurs the assessment must be revised and updated.
A0862	270-12(3) The resident assessment must accurately reflect the resident's status at the time of assessment.	



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A0870	270-12(5) The facility shall use a resident assessment form that is approved and reviewed by the Department to document the resident assessments.	The assessment must include all items on the approved state form including a statement signed by the licensed health care professional completing the resident assessment that the resident meets the admission and level of assistance criteria for the facility. (State approved form is on the Website)
A0880	270-13(1) Individualized service plan that is consistent with the resident's unique cognitive, medical, physical, and social needs, and is developed within seven calendar days of the day of admit	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.
A0885	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
A0895 A0915	270-13(4) Service plan shall include a written description of (a) through (e)	Includes: what services are provided; who will provide the services, including the resident's significant others who may participate in the delivery of services; how the services are provided; the frequency of services; and changes in services and reasons for those changes. The Service plan must be current and include services provided from Home Health, Hospice, Family and volunteers.
A0940	270-15(1) The facility must develop 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 website. www.health.utah.gov/hflcra
A0945	270-15(2) A Type I must employ or contract with a registered nurse to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management.	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 and record review. Refer to R432-270-19(2) (d).
A0950	270-15(3) A Type II assisted living facility must employ or contract with a registered nurse to provide or supervise nursing services	Includes a nursing assessment on each resident; general health monitoring on each resident; and routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with the Utah Nurse Practice Act R156-31B-701.



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A0960	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.
A0970	270-15(5) Type I and II shall not provide skilled nursing care but must assist the resident in obtaining required services.	The resident may secure home health service for ongoing skilled nursing services if the resident continues to meet the admission and retention criteria for the AL. For additional information regarding specific nursing tasks, see Nursing Service Policy Guidelines.
A0915	270-15(6) At least one certified nurse aide must be on duty in a Type II facility 24 hours per day.	The facility must have a "certified aide" not an aide who is in training on duty.
A0980	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.
A0990	270-16(2)(a) Resident admitted to a secure unit must have an admission agreement that indicates placement in the secure unit, admission agreement must document that a wander risk management agreement has been negotiated with the resident or resident's responsible person.	Document will be reviewed at the survey. If a resident who is not cognitively impaired chooses to reside in a secure unit such as to live with a cognitively impaired spouse, the resident rights must be respected and be given unrestricted egress from the unit.
A1000	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.
A1005	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.



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A1025	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.
A1030 A1045	270-18(2) Facility shall provide opportunities for the following (a) through (d)	Socialization activities; independent living activities to foster and maintain independent functioning; physical activities; and community activities to promote resident participation in activities away from the facility. 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.
A1050	270-18(3)(a) 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.
A1060	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.
A1080	270-19(2) Each resident's medication program must be administered by means of one of the methods described in (a) through (f) in this section.	Self-Administer, Self-Direct, Family Delegation, Designated facility staff, Resident independent insulin injections, Home Health or Hospice.
A1115	270-19(2)(c) Family members or a designated responsible person may administer medications. They shall sign a waiver indicating that they agree to assume the responsibility to fill prescriptions, administer medication, and document that the medication has been administered.	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. Facility staff may not serve as the designated responsible person.
A1120	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



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A1135	270-19(2)(d)(iii) The delegating authority must provide and document supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration.	The surveyors may request the facilities documentation of supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration.
A1195	270-19(5) The licensed health care professional or licensed pharmacist should document any change in the dosage or schedule of medication in the medication record. When changes in the medication are documented by the facility staff the licensed health care professional must co-sign within 72 hours. The licensed health care professional must notify all unlicensed assistive personnel who administer medications of the medication change.	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.
A1200	270-19(6) The facility must have access to a reference for possible reactions and precautions for all prescribed medications in the facility.	The facility will be allowed to have a current drug reference book (hard copy or electronic) available to staff, on site, to meet this rule.
A1235	270-19(12)(a) Facility must develop and implement policies governing the security and disposal of controlled substances by the licensee or facility staff which shall be consistent with the provisions of 21 CFR 1307.21.	Any disposal of controlled substances by a licensee or facility staff must be consistent with the provisions of 21 CFR 1307.21.
A1335	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.



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A1390	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 for Department review.
A1430	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.
A1435	270-22(3)(a) All menus must be approved and signed by a certified dietitian.	
A1495	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.
A1505	270-23(2)(a) Post routine laundry, maintenance and cleaning schedules for housekeeping staff.	Surveyors will look for outcomes in housekeeping and cleanliness.
A1525	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 facility items out of reach or secure in a locked area. Bleach and many other laundry and cleaning supplies are considered toxic item and must be secured. Secure Units facilities are required to secure all items that may be harmful to residents with dementia.
A1545	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.
A1570	270-25(1)The facility shall conduct maintenance, including preventive maintenance, according to a written schedule to ensure that the facility equipment, buildings, fixtures, spaces, and grounds are safe, clean, operable, in good repair and in compliance with R432-6.	

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A1575	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.
A1605	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.
A1615 A1620	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. Emergencies and disasters include fire, severe weather, missing residents, death of a resident, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty.
A1725	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.
A1735	270-26(8) The following information shall be posted in prominent locations.	The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and evacuation routes, location of fire alarm boxes, and fire extinguishers. Post information on each floor or wing of multiple level or wing facilities. Surveyor will observe for document posting.
A1805	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.	



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A1820	270-29(3) Respite services may be provided on an hourly rate, shall not exceed 14 calendar days.	The facility is prohibited from exceeding the license capacity and shall staff appropriately to meet the scheduled and unscheduled needs of the residents.
A1840	The facility shall have written policies and procedures approved by the department prior to providing respite care.	If respite services are provided, the facility must submit policies and procedures for Department review and approval.
A1865	270-29b(1) Assisted Living Facilities Type I and II may offer adult day care services and are not required to obtain a license from Utah Department of Human Services. If facilities provide adult day care services, they shall submit policies and procedures for Department approval.	If adult day care services are provided, the facility must submit policies and procedures for Department review and approval.