R432-001 GENERAL HEALTH CARE FACILITY RULES

R432-1-4. Identification Badges.
(1) Health care facilities and agencies shall ensure that the following persons, shall wear an identification badge:
(a) professional and non-professional employees who provide direct care to patients; and
(b) volunteers.
(2) The identification badge shall include the following:
(a) the person's first or last name; however, the badge does not have to reveal the persons full name; and
(b) the person's title or position, in terms generally understood by the public.

R432-002 GENERAL LICENSING PROVISIONS

R432-2-6. Application.
...(3) The applicant shall submit the following:
(a) a list of all officers, members of the boards of directors, trustees, stockholders, partners, or other persons who have a greater than 25 percent interest in the facility;
(b) the name, address, percentage of stock, shares, partnership, or other equity interest of each person; and
(c) a list, of all persons, of all health care facilities in the state or other states in which they are officers, directors, trustees, stockholders, partners, or in which they hold any interest.

(1) As used in this section, an "owner" is any person or entity:
(a) ultimately responsible for operating a health care facility; or
(b) legally responsible for decisions and liabilities in a business management sense or that bears the final responsibility for operating decisions made in the capacity of a governing body.
(2) The owner of the health care facility does not need to own the real property or building where the facility operates.
(3) A property owner is also an owner of the facility if he:
(a) retains the right or participates in the operation or business decisions of the enterprise;
(b) has engaged the services of a management company to operate the facility; or
(c) takes over the operation of the facility.
(4) A licensed provider whose ownership or controlling ownership interest has changed must submit a Request for Agency Action/License Application and fees to the department 30 days prior to the proposed change.

R432-004 GENERAL CONSTRUCTION

R432-4-4. Site Location.
(1) The site of the licensed health care facility shall be accessible to both community and service vehicles, including fire protection apparatus.
(2) Facilities shall ensure that public utilities are available.
R432-4-12. Mixed Occupancies.
(1) Health care occupancies must be separated from non-health care occupancies in accordance with requirements of the local jurisdiction.
(2) If separation of occupancies is not practical, the most restrictive occupancy requirements apply to the building.

R432-150. NURSING CARE FACILITY

R432-150-5. Scope of Services.
...(3) Respite services may be provided in nursing care facilities.
...(f) The facility must have written respite care policies and procedures that are available to staff.
(4) Hospice care may only be arranged and provided by a licensed hospice agency in accordance with R432-750. The facility shall be licensed as a hospice if it provides hospice care.
(5) A nursing care facility may provide terminal care.

R432-150-6. Adult Day Care Services.
(1) Nursing Care Facilities may offer adult day care and are not required to obtain a license from Utah Department of Human Services. If a facility provides adult day care, it shall submit policies and procedures for Department approval.

The facility must have a governing body, or designated persons functioning as a governing body.
(1) The governing body must establish and implement policies regarding the management and operation of the facility.
(2) The governing body shall institute bylaws, policies and procedures relative to the general operation of all facility services including the health care of the residents and the protection of resident rights.
(3) The governing body must appoint the administrator in writing.

(1) The administrator must comply with the following requirements.
(a) The administrator must be licensed as a health facility administrator by the Utah Department of Commerce pursuant to Title 58, Chapter 15.
(b) The administrator’s license shall be posted in a place readily visible to the public.
(c) The administrator may supervise no more than one nursing care facility.
(d) The administrator shall have sufficient freedom from other responsibilities to permit attention to the management and administration of the facility.
(e) 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 resident safety and wellbeing. It is not the intent of this paragraph to permit an unlicensed de facto administrator to supplant or replace the designated, licensed administrator.
(2) The administrator’s responsibilities must be defined in a written job description on file in the facility. The job description shall include at least the following responsibilities:
(a) complete, submit, and file all records and reports required by the Department;
(b) act as a liaison between the licensee, medical and nursing staffs, and other supervisory staff of the facility;
(c) respond to recommendations made by the quality assurance committee;
(d) implement policies and procedures governing the operation of all functions of the facility; and
(e) review all incident and accident reports and document the action taken or reason for no action.
(3) The administrator shall ensure that facility policies and procedures reflect current facility practice, and are revised and updated as needed.
(4) The administrator shall secure and update contracts for required professional services not provided directly by the facility.
(a) Contracts shall document the following:
(i) the effective and expiration date of contract;
(ii) a description of goods or services provided by the contractor to the facility;
(iii) a statement that the contractor shall conform to the standards required by Utah law or rules;
(iv) a provision to terminate the contract with advance notice;
(v) the financial terms of the contract;
(vi) a copy of the business or professional license of the contractor; and
(vii) a provision to report findings, observations, and recommendations to the administrator on a regular basis.
(b) Contracts shall be signed, dated and maintained for review by the Department.
(5) The administrator shall maintain a written transfer agreement with one or more hospitals to facilitate the transfer of residents and essential resident information. The transfer agreement must include:
(a) criteria for transfer;
(b) method of transfer;
(c) transfer of information needed for proper care and treatment of the resident transferred;
(d) security and accountability of personal property of the resident transferred;
(e) proper notification of hospital and responsible person before transfer;
(f) the facility responsible for resident care during the transfer; and
(g) resident confidentiality.

R432-150-9. Medical Director.
(1) The administrator must retain by formal agreement a licensed physician to serve as medical director or advisory physician according to resident and facility needs.
(2) The medical director or advisory physician shall:
(a) be responsible for the development of resident care policies and procedures including the delineation of responsibilities of attending physicians;
(b) review current resident care policies and procedures with the administrator;
(c) serve as a liaison between resident physicians and the administrator;
(d) review incident and accident reports at the request of the administrator to identify health hazards to residents and employees and;
(e) act as consultant to the director of nursing or the health services supervisor in matters relating to resident care policies.
R432-150-10. Staff and Personnel.

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

(a) The administrator, director of nursing or health services supervisor, and department supervisors shall develop job descriptions for each position including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements.

(b) All personnel must have access to facility policy and procedure manuals and other information necessary to effectively perform duties and carry out responsibilities.

(c) All personnel must be licensed, certified or registered as required by the Utah Department of Commerce. A copy of the license, certification or registration shall be maintained for Department review.

(2) The facility shall maintain staffing records, including employee performance evaluations, for the preceding 12 months.

...(5) The facility shall plan and document in-service training for all personnel.

(a) The following topics shall be addressed at least annually:

(i) fire prevention;

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

(iii) the reporting of resident abuse, neglect or exploitation to the proper authorities;

(iv) prevention and control of infections;

(v) accident prevention and safety procedures including instruction in body mechanics for all employees required to lift, turn, position, or ambulate residents; and proper safety precautions when floors are wet or waxed;

(vi) training in Cardiopulmonary Resuscitation (CPR) for licensed nursing personnel and others as appropriate;

(vii) proper use and documentation of restraints;

(viii) resident rights;

(ix) A basic understanding of the various types of mental illness, including symptoms, expected behaviors and intervention approaches; and

(x) confidentiality of resident information.

(6) Any person who provides nursing care, including nurse aides and orderlies, must work under the supervision of an RN or LPN and shall demonstrate competency and dependability in resident care.

(a) A facility may not have an employee working in the facility as a nurse aide for more than four months, on full-time, temporary, per diem, or other basis, unless that individual has successfully completed a State Department of Education-approved training and testing program.

(b) The facility shall verify through the nurse aide registry prior to employment that nurse aide applicants do not have a verified report of abuse, neglect, or exploitation. If such a verified report exists, the facility may not hire the applicant.

(c) If an individual has not performed paid nursing or nursing related services for a continuous period of 24 consecutive months since the most recent completion of a training and competency evaluation program, the facility shall require the individual to complete a new training and competency evaluation program.
(d) The facility shall conduct regular performance reviews and regular in-service education to ensure that individuals used as nurse aides are competent to perform services as nurse aides.

(7) The facility may utilize volunteers in the daily activities of the facility provided that volunteers are not included in the facility’s staffing plan in lieu of facility employees.
(a) Volunteers shall be supervised and familiar with resident’s rights and the facility’s policies and procedures.
(b) Volunteers who provide personal care to residents shall be screened according to facility policy and under the direct supervision of a qualified employee.

(8) An employee who reports suspected abuse, neglect, or exploitation shall not be subject to retaliation, disciplinary action, or termination by the facility for making the report.

(1) The administrator must implement a well-defined quality assurance plan designed to improve resident care. The plan must:
(a) include a system for the collection of data indicators;
(b) include an incident reporting system to identify problems, concerns, and opportunities for improvement of resident care;
(c) implement a system to assess identified problems, concerns and opportunities for improvement; and
(d) implement actions that are designed to eliminate identified problems and improve resident care.

(2) The plan must include a quality assurance committee that functions as follows:
(a) documents committee meeting minutes including all corrective actions and results;
(b) conducts quarterly meetings and reports findings, concerns and actions to the administrator and governing body; and
(c) coordinates input of data indicators from all provided services and other departments as determined by the resident plan of care and facility scope of services.

(3) Incident and accident reports shall:
(a) be available for Department review;
(b) be numbered and logged in a manner to account for all filed reports; and
(c) have space for written comments by the administrator or medical director.

(4) Infection reporting must be integrated into the quality assurance plan and must be reported to the Department in accordance with R386-702, Communicable Disease Rule.

...(2) The facility must have written policies and procedures regarding the proper use of restraints.
...(c) Restraints must not unduly hinder evacuation of the resident in the event of fire or other emergency.

...(14) The quality assurance committee must monitor medication errors to ensure that:
(a) the facility does not have medication error rates of five percent or greater;
(b) residents are free of any significant medication errors.
R432-150-18. Laboratory Services.
(1) The facility must provide laboratory services in accordance with the size and needs of the facility.
(2) Laboratory services must comply with the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA). CLIA inspection reports shall be available for Department review.

(1) If the nursing care facility provides its own radiology services, these facility must comply with R432-100-21, Radiology Services, in the General Acute Hospital Rule.
...(b) Specialized rehabilitative services may only be provided by therapists licensed in accordance with Utah law.
...(3) The facility must provide or arrange for regular and emergency dental care for residents.
(a) Dental care provisions shall include:
... (c) presentation of oral hygiene in-service programs by knowledgeable persons...

(1) The facility must implement a medical records system to ensure complete and accurate retrieval and compilation of information.
(2) The administrator must designate an employee to be responsible and accountable for the processing of medical records.
(a) The medical records department must be under the direction of a registered record administrator, RRA, or an accredited record technician, ART.
(b) If an RRA or ART is not employed at least part time, the facility must consult with an RRA or ART according to the needs of the facility, but not less than semi-annually.
(3) The resident medical record and its contents must be retained, stored and safeguarded from loss, defacement, tampering, and damage from fires and floods.
(a) Medical records must be protected against access by unauthorized individuals.
(b) Medical records must be retained for at least seven years. Medical records of minors must be kept until the age of eighteen plus four years, but in no case less than seven years.
(4) The facility must maintain an individual medical record for each resident. The medical record must contain written documentation of the following:
(a) records made by staff regarding daily care of the resident;
(b) informative progress notes by staff to record changes in the resident's condition and response to care and treatment in accordance with the care plan;
(c) a pre-admission screening;
(d) an admission record with demographic information and resident identification data;
(e) a history and physical examination up-to-date at the time of the resident's admission;
(f) written and signed informed consent;
(g) orders by clinical staff members;
(h) a record of assessments, including the comprehensive resident assessment, care plan, and services provided;
(i) nursing notes;
(j) monthly nursing summaries;
(k) quarterly resident assessments;
(l) a record of medications and treatments administered;
(m) laboratory and radiology reports;
(n) a discharge summary for the resident to include a note of condition, instructions given, and referral as appropriate;
(o) a service agreement if respite services are provided;
(p) physician treatment orders; and
(q) information pertaining to incidents, accidents and injuries.
(r) If a resident has an advanced directive, the resident’s record must contain a copy of the advanced directive.
(5) All entries into the medical record must be authenticated including date, name or identifier initials, and title of the person making the entries
(6) Resident respite records must be maintained within the facility.

(1) The facility must ensure the safety and well-being of residents and make provisions for a safe environment in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.
(2) The facility must develop an emergency and disaster plan that is approved by the governing board.
   (a) The facility’s emergency plan shall delineate:
       (i) the person or persons with decision-making authority for fiscal, medical, and personnel management;
       (ii) on-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster;
       (iii) assignment of personnel to specific tasks during an emergency;
       (iv) methods of communicating with local emergency agencies, authorities, and other appropriate individuals;
       (v) individuals who shall be notified in an emergency in order of priority; and
       (vi) methods of transporting and evacuating residents and staff to other locations.
   (b) The facility must have available at each nursing station emergency telephone numbers including responsible staff persons in the order of priority.
   (c) The facility must document resident emergencies and responses, emergency events and responses, and the location of residents and staff evacuated from the facility during an emergency.
   (d) The facility must conduct and document simulated disaster drills semi-annually.
(3) The administrator must develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel.
   (a) The evacuation plan must delineate evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department.
   (b) The facility must post the evacuation plan in prominent locations in exit access ways throughout the building.
   (c) The written fire or emergency plan must include fire containment procedures and how to use the facility alarm systems and signals.
   (d) Fire drills and fire drill documentation must be in accordance with the State of Utah Fire Prevention Board, R710-4.
R432-200-2. PURPOSE. [SMALL HEALTH CARE FACILITIES]

This rule allows services at varying levels of health care intensity to be provided in structures that depart from the traditional institutional setting. Health care may be delivered in a less restrictive, residential, or home-like setting. Small health care facilities are categorized as Level I, Level II, Level III, or Level IV according to the resident’s ability or capability for self-preservation.

R432-200-3. Compliance. [small health care facilities]
All small health care facilities shall be in full compliance at the time of licensure. All Medicare and Medicaid certified facilities must comply with Title XVIII and Title XIX regulations.

R432-200-7. Administration and Organization. [small health care facilities]
(1) Organization. Each facility shall be operated by a licensee.
(2) Duties and Responsibilities.
The licensee shall be responsible for compliance with Utah law and licensure requirements and for the organization, management, operation, and control of the facility.
Responsibilities shall include at least the following:
(a) Comply with all federal, state and local laws, rules, and regulations;
(b) Adopt and institute by-laws, policies and procedures relative to the general operation of the facility including the health care of the residents and the protection of their rights;
(c) Adopt a policy that states the facility will not discriminate on the basis of race, color, sex, religion, ancestry or national origin in accordance with Section 13-7-1;
(d) Appoint, in writing, a qualified administrator to be responsible for the implementation of facility by-laws and policies and procedures, and for the overall management of the facility;
(e) Secure and update contracts for professional and other services;
(f) Receive and respond, as appropriate, to the annual licensure inspection report by the Department;
(g) Notify the Department, in writing, at least 30 days prior to, but not later than five days after, a change of administrator. The notice shall include the name of the new administrator and the effective date of the change.
(3) Administrator.
(a) Administrator’s Appointment.
Each facility shall appoint, in writing, an administrator professionally licensed by the Utah Department of Commerce in a health care field.
(b) A copy of the administrator’s license or credentials shall be posted alongside the facility’s license in a place readily visible to the public.
(c) The administrator shall act as the administrator of no more than four small health care facilities (or a maximum of 60 beds) at any one time.
(d) The administrator shall have sufficient freedom from other responsibilities and shall be on the premises of the facility a sufficient number of hours in the business day (at least four hours per week for each six residents) and as necessary to properly manage the facility and respond to appropriate requests by the Department.
(e) The administrator shall designate, in writing, the name and title of the person who shall act as administrator in his absence. This person shall have sufficient power, authority, and freedom to act in the best interests of resident safety and well-being. It is not the intent of
this paragraph to permit an unlicensed de facto administrator to supplant or replace the designated, licensed administrator.

(4) Administrator Responsibilities. The administrator shall have the following responsibilities:
(a) Complete, submit and file all records and reports required by the Department;
(b) Act as a liaison among the licensee, medical and nursing staff, and other supervisory staff of the facility, as appropriate, and respond to recommendations of the quality assurance committee;
(c) Assure that employees are oriented to their job functions and receive appropriate in-service training;
(d) Implement policies and procedures for the operation of the facility;
(e) Hire and maintain the required number of licensed and non-licensed staff as specified in these rules to meet the needs of residents;
(f) Maintain facility staffing records for 12 months;
(g) Secure and update contracts required for professional and other services not provided directly by the facility;
(h) Verify all required licenses and permits of staff and consultants at the time of hire and effective date of contract;
(i) Review all incident and accident reports and take appropriate action.

(5) Medical Director.
The administrator of each facility shall retain, by formal agreement, a licensed physician to serve as medical director or advisory physician on a consulting basis according to the residents’ and facility’s needs.

(6) Medical Director Responsibilities.
The medical director or advisory physician shall have responsibility for at least the following:
(a) Review or develop written resident-care policies and procedures including the delineation of responsibilities of attending physicians;
(b) Review resident-care policies and procedures annually with the administrator;
(c) Serve as liaison between the resident’s physician and the administrator;
(d) Serve as a member of the quality assurance committee (see R432-200-10);
(e) Review incident and accident reports at the request of the administrator to identify health hazards to residents and employees;
(f) Act as consultant to the health services supervisor in matters relating to resident-care policies.

(7) Staff and Personnel.
(a) Organization.
The administrator shall employ qualified personnel who are able and competent to perform their respective duties, services, and functions.
(b) Qualifications and Orientation.
(i) The administrator shall develop job descriptions including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements for each position or employee.
(ii) Periodic employee performance evaluations shall be documented.
(iii) All personnel shall have access to the facility’s policies and procedures manuals, resident-care policies, therapeutic manuals, and other information necessary to effectively perform their duties and carry out their responsibilities.
... (9) In-service Training.
There shall be planned and documented in-service training for all facility personnel. The following topics shall be addressed annually:
(a) Fire prevention (see R432-200-11);
(b) Accident prevention and safety procedures including instruction in the following:
(i) Body mechanics for all employees required to lift, turn, position, or ambulate residents;
(ii) Proper safety precautions when floors are wet or waxed;
(iii) Safety precautions and procedures for heat lamps, hot water bottles, bathing and showering temperatures;
(c) Review and drill of emergency procedures and evacuation plan (See R432-20011);
(d) Prevention and control of infections (see R432-150-25);
(e) Confidentiality of resident information;
(f) Residents' rights;
(g) Behavior Management and proper use and documentation of restraints;
(h) Oral hygiene and first aid; and
(i) Training in the principles of Cardiopulmonary Resuscitation (CPR) for licensed nursing personnel and others as appropriate;
(j) Training in habilitative care;
(k) Reporting abuse, neglect and exploitation.

R432-200-9. Contracts and Agreements.[small health care facilities]
(2) Transfer Agreements.
(a) The licensee shall maintain, a written transfer agreement with one or more hospitals (or nearby health facilities) to facilitate the transfer of residents and essential resident information.
(b) The transfer agreement shall include provisions for:
(i) Criteria for transfer;
(ii) Appropriate methods of transfer;
(iii) Transfer of information needed for proper care and treatment of the individual being transferred;
(iv) Security and accountability of the personal property of the individual being transferred;
(v) Proper notification of the hospital and next of kin or responsible person before transfer.

R432-200-10. Quality Assurance. [small health care facilities]
(1) The administrator shall monitor the quality of services offered by the facility through the formation of a committee that addresses infection control, pharmacy, therapy, resident care, and safety, as applicable.
(2) The committee shall include the administrator, consulting physician or medical director, health services supervisor, and consulting pharmacist. Special program directors and maintenance and housekeeping personnel shall serve as necessary.
(3) The committee shall meet quarterly and keep minutes of the proceedings.
(4) Infection Control Requirements. See R432-150-11.
(5) Pharmacy Requirements. Based on the services offered, the committee shall:
(a) Monitor the pharmaceutical services in the facility;
(b) Recommend changes to improve pharmaceutical services;
(c) Evaluate medication usage; and
(d) Develop and review pharmacy policies and procedures annually, and recommend changes to the administrator and licensee.

(6) Resident Care Requirements. Based on the services offered, the committee shall address the following:
(a) Review, at least annually, the facility's resident care policies including rehabilitative and habilitative programs, as appropriate.
(b) Make recommendations to the medical director and advisory physician as appropriate;
(c) Review recommendations from other facility committees to improve resident care.

(7) Safety Requirements. Based on the services offered, the committee shall address the following:
(a) Review all incident and accident reports and recommend changes to the administrator to prevent or reduce their reoccurrence;
(b) Review facility safety policies and procedures, at least annually, and make recommendations;
(c) Establish a procedure to inspect the facility periodically for hazards. An inspection report shall be filed with the Committee.

R432-200-11. Emergency and Disaster.[ small health care facilities]
(1) Facilities have the responsibility to assure the safety and well-being of their residents in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, or epidemic.

(2) Policies and Procedures.
(a) The licensee and the administrator shall be responsible for the development of a plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters.
(b) The written plan shall be distributed to all facility staff to assure prompt and efficient implementation.
(c) The plan shall be reviewed and updated to conform with local emergency plans, at least annually, by the administrator and the licensee.
(d) The plan shall be available for review by the Department.
(3) Staff and residents shall receive education, training, and drills to respond in an emergency.
(a) Drills and training shall be documented and comply with applicable laws and regulations.
(b) The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and emergency transport systems shall be posted.
(4) Emergency Procedures. The facility's response procedures shall address the following:
(a) Evacuation of occupants to a safe place within the facility or to another location;
(b) Delivery of essential care and services to facility occupants by alternate means;
(c) Delivery of essential care and services when additional persons are housed in the facility during an emergency;
(d) Delivery of essential care and services to facility occupants when staff is reduced by an emergency;
(e) Maintenance of safe ambient air temperatures within the facility;
(i) Emergency heating plans must have the approval of the local fire department.
An ambient air temperature of 58 degrees F (14 degrees C) or less constitutes an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate and appropriate action in the best interests of the resident.

(5) Emergency Plan.
(a) The facility's emergency plan shall delineate:
   (i) The person or persons with decision-making authority for fiscal, medical, and personnel management;
   (ii) On-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster;
   (iii) Assignment of personnel to specific tasks during an emergency;
   (iv) Methods of communicating with local emergency agencies, authorities, and other appropriate individuals;
   (v) The individuals who shall be notified in an emergency in the order of priority. Telephone numbers shall be accessible to staff at each nurse's station;
   (vi) Methods of transporting and evacuating residents and staff to other locations;
   (vii) Conversion of facility for emergency use.
(b) Documentation of emergency events and responses and a record of residents and staff evacuated from the facility to another location shall be kept. Any resident emergency shall be documented in the resident's record.
(c) Drills shall be held semi-annually for all residents and staff.
(d) There shall be regular in-service training on disaster preparedness.

(6) Fire Emergencies.
(a) The licensee and administrator shall develop a written fire-emergency and evacuation plan in consultation with qualified fire safety personnel.
(b) An evacuation plan delineating evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department shall be posted throughout the facility.
(c) The written fire-emergency plan shall include fire-containment procedures and how to use alarm systems and signals.
(d) Fire and internal disaster drills shall be held, at least quarterly, under varied conditions for each shift.

(i) The actual evacuation of residents during a drill is optional except in a facility caring for residents who are capable of self-preservation.
(ii) The actual evacuation of residents during a drill on the night shift is optional.

R432-200-15. Nursing Care. [small health care facilities]
(b) All licensed nursing personnel shall maintain current Utah licenses to practice nursing.

2) Responsibilities of the Health Services Supervisor.
The health services supervisor shall have the following responsibilities and comply with R432-1-3(55):
...(j) Coordinate resident services through the quality assurance committees (see R432-200-10);
...(n) Plan and conduct documented orientation and in-service programs for staff.

R432-200-25. Laboratory and Radiology Services. [small health care facilities]
(1) The facility shall make provision for laboratory and radiology services.
(2) See R432-150-18, Laboratory Services, and R432-150-23, Ancillary Health Services.
R432-200-26. Dental Services. [small health care facilities]
The facility shall make provision for annual and emergency dental care for residents. Such provisions shall include:
...(2) Presenting oral hygiene in-service programs by knowledgeable persons to both staff and residents...

R432-200-27. Specialized Rehabilitative Services. [small health care facilities]
...(2) Personnel.
(a) Specialized rehabilitative services shall be provided by qualified licensed therapists in accordance with Utah law and accepted practices.

R432-200-28. Medical Records. [small health care facilities]
(1) Organization
(a) Medical records shall be complete, accurately documented, and systematically organized to facilitate retrieval and compilation.
(b) There shall be written policies and procedures to accomplish these purposes.
(c) The medical record service shall be under the direction of a registered record administrator (RRA) or an accredited record technician (ART).
(d) If an RRA or an ART is not employed at least part-time, the facility shall consult at least annually with an RRA or ART according to the needs of the facility.
(e) A designated individual in the facility shall be responsible for day-to-day record keeping.

(2) Retention and Storage.
(a) Provision shall be made for the filing, safe storage, and easy accessibility of medical records.
(i) The record and its contents shall be safeguarded from loss, defacement, tampering, fires, and floods.
(ii) Records shall be protected against access by unauthorized individuals.
(b) Medical records shall be retained for at least seven years after the last date of resident care. Records of minors shall be retained until the minor reaches age 18 or the age of majority plus an additional two years. In no case shall the record be retained less than seven years.
(c) All resident records shall be retained within the facility upon change of ownership.
(d) When a facility ceases operation, provision shall be made for appropriate safe storage and prompt retrieval of all medical records.

(3) Release of Information.
(a) There shall be written procedures for the use and removal of medical records and the release of information.
(b) Medical records shall be confidential.
(i) Information may be disclosed only to authorized persons in accordance with federal, state, and local laws.
(ii) Requests for other information which may identify the resident (including photographs) shall require the written consent of the resident or guardian if the resident is judged incompetent.
(c) Authorized representatives of the Department may review records to determine compliance with licensure rules and standards.
(4) Physician or Licensed Practitioner Documentation
Rubber-stamp signatures may be used in lieu of the written signature of the physician or licensed practitioner if the facility retains the signator's signed statement acknowledging ultimate responsibility for the use of the stamp and specifying the conditions for its use.

(5) Medical Record.
(a) Records shall be permanent (typewritten or hand written legibly in ink) and capable of being photocopied.
(b) Records shall be kept for all residents admitted or accepted for treatment and care.
(c) Records shall be kept current and shall conform to good medical and professional practice based on the service provided to each resident.
(d) All records of discharged residents shall be completed and filed within 60 days of discharge.
(e) All entries shall be authenticated including date, name or identified initials, and title of persons making entries.

(6) Contents of the Medical Record
A facility shall maintain an individual medical record for each resident which shall include:
(a) Admission record (face sheet) including the resident's name; social security number; age at admission; birth date; date of admission; name, address, telephone number of spouse, guardian, authorized representative, person or agency responsible for the resident; and name, address, and telephone number of the attending physician;
(b) Admission and subsequent diagnoses and any allergies;
(c) Reports of physical examinations signed and dated by the physician;
(d) Signed and dated physician orders for drugs, treatments, and diet;
(e) Signed and dated progress notes including but not limited to:
   (i) Records made by staff regarding the daily care of the resident;
   (ii) Informative progress notes by appropriate staff recording changes in the resident's condition. Progress notes shall describe the resident's needs and response to care and treatment, and shall be in accord with the plan of care;
   (iii) Documentation of administration of all "PRN" medications and the reason for withholding scheduled medications;
   (iv) Documentation of use of restraints in accordance with facility policy including type of restraint, reason for use, time of application, and removal;
   (v) Documentation of oxygen administration;
   (vi) Temperature, pulse, respiration, blood pressure, height, and weight notations, when required;
   (vii) Laboratory reports of all tests prescribed and completed;
   (viii) Reports of all x-rays prescribed and completed;
   (ix) Records of the course of all therapeutic treatments;
   (x) Discharge summary including a brief narrative of conditions and diagnoses of the resident and final disposition;
   (xi) A copy of the transfer form when the resident is transferred to another health care facility;
   (xii) Resident-care plan.