

# Utah

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**Licensure Term** Assisted Living Facilities

**Opening Statement** The Department of Health, Bureau of Health Facility Licensing and Certification, licenses two types of assisted living facilities (ALFs) according to the level of care required by residents. The following requirements apply to both types of ALFs unless otherwise noted.

The regulations establish assisted living as a place of residence where elderly and disabled persons can receive 24-hour individualized personal and health-related services to help maintain maximum independence, choice, dignity, privacy, and individuality in a home-like environment.

**Legislative and Regulatory Update** There are no recent regulatory licensure updates affecting assisted living. Regulations have been in effect since 1998. Revised regulations were adopted in 2001. The state updated its public safety fire marshal rules for assisted living facilities, effective May 3, 2017.

The 2018 Utah Legislature passed House Bill 263 to require that assisted living facilities notify the Ombudsman each time a facility initiates a discharge of a resident. It also requires the facility to notify the Ombudsman when there is a facility closure.

**Definition** Type I Assisted Living Facility: Provide assistance with activities of daily living (ADLs) and social care to two or more residents who are capable of achieving mobility sufficient to exit the facility without the assistance of another person.

Type II Assisted Living Facility: Are homelike and provide an array of 24-hour coordinated supportive personal and health care services, including full assistance with ADLs and general nursing care, to residents capable of achieving mobility sufficient to evacuate the facility with the assistance of one person.

Type I and Type II facilities are classified as large (17 or more residents), small (6-16 residents), and limited capacity (2-5 residents). Depending on their classification, facilities must comply with different building codes.

**Disclosure Items**

Upon admission, the facility must give the resident a written description of the resident's legal rights, including but not limited to: a description of the manner of protecting personal funds; a statement that the resident may file a complaint with the state long term care ombudsman or an advocacy group concern resident abuse, neglect, or misappropriation of property; and the resident's rights.

**Facility Scope of Care**

Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, administration, and assistance with self-administration of medication, and arrange for necessary medical and dental care. Facilities may provide intermittent nursing care.

**Third Party Scope of Care**

Residents have the right to arrange directly for medical and personal care with an outside agency. Facilities must assist residents in arranging access for ancillary services for medically related care, for example physician, dentist, and therapy services.

**Admission and Retention Policy**

Type I Assisted Living Facility: May accept and retain residents who meet the following criteria:

- (1) Be ambulatory or mobile and capable of taking life-saving action without the assistance of another person in an emergency;
- (2) Have stable health;
- (3) Require no assistance or only limited assistance from staff with ADLs; and
- (4) Do not require total assistance from staff or others with more than three ADLs.

Type 1 facilities may accept and retain residents who: (1) are cognitively impaired and physically disabled but are able to evacuate from the facility without the assistance of another person; and (2) require and receive regular or intermittent care or treatment in the facility from a licensed health professional.

Type I facilities must not accept or retain persons who: require significant assistance during the night; are unable to take life-saving action in an emergency without assistance; and require close

supervision and a controlled environment.

Type II Assisted Living Facility: May accept or retain residents who meet the following criteria:

- (1) Require total assistance from staff or others in more than three ADLs in certain circumstances;
- (2) Are physically disabled but able to direct their own care; and
- (3) Are cognitively impaired or physically disabled but can evacuate from the facility with limited assistance of one person.

Both Type I and II facilities must not admit or retain persons who:

- (1) Manifest behavior that is suicidal, sexually or socially inappropriate, assaultive, or poses a danger to self or others;
- (2) Have active tuberculosis or other chronic communicable diseases; or
- (3) Require inpatient hospital or nursing care.

For both Type I and Type II facilities, a resident may be discharged, transferred, or evicted if the facility is no longer able to meet the needs of the resident; the resident fails to pay for services as required by the admission agreement; and/or the resident fails to comply with policies or rules.

### **Resident Assessment**

A resident assessment must be completed prior to admission and at least every 6 months thereafter, or when there is a significant change in the resident's condition. There is a mandated assessment form that is available on the agency Web site. The form must be updated every six months.

### **Medication Management**

Licensed staff may administer medication and unlicensed staff may assist with self-medication. There are six appropriate scenarios for medication administration: 1) the resident may self-administer; 2) the resident may self-direct with staff assistance; 3) family members or a designated responsible person may administer, but must have total responsibility for all medications; 4) staff may administer with appropriate delegation from a licensed health care professional; (5) residents may independently administer their own personal insulin injections if they have been assessed to be independent in that process exclusively or in conjunction with one of the other five scenarios; and (6) home health or hospice agency staff may provide

medication administration exclusively or in conjunction with one of the other five scenarios.

A Type 1 facility must employ or contract with a registered nurse (RN) to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management.

**Square Feet Requirements**

Private resident units (without living rooms, dining areas, or kitchens) must be a minimum of 120 square feet and double-occupancy resident units must be a minimum of 200 square feet.

**Residents Allowed Per Room**

A maximum of two residents may share a unit upon written request of both residents.

**Bathroom Requirements**

Common toilet, lavatory, and bathing facilities are permitted. If facilities do not have private bathrooms, there must be a toilet and lavatory for every four residents, and a bathtub or shower for every 10 residents.

**Life Safety**

All facilities must be inspected annually and obtain a certificate of fire clearance signed by the State Fire Marshal, and all administrators must develop emergency plans as preparedness as required in the International Fire Code. An approved automatic fire detection system shall be installed in accordance with the provisions of this code and NFPA 72. Rule R710-3 specifies requirements for Type I and II assisted living facilities; the requirements vary based on both the licensed type of facility and the size of the facility. Generally, facilities must comply with the International Building Code for construction and the International Fire Code for fire safety maintenance.

**Unit and Staffing Requirements for Serving Persons with Dementia**

Type I Assisted Living Facility: None specified

Type II Assisted Living Facility: Those with approved secured units 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.

At least one staff with documented training in Alzheimer's/dementia care must be in the secured unit at all times.

**Staffing Requirements**

Facilities must employ an administrator. Direct care staff are required on site 24 hours per day to meet resident needs as determined by assessments and service plans. There are no minimum staffing ratios.

Type I Assisted Living Facility: All staff who provide personal care

must be at least 18 years of age or be a certified nurse aide and have related experience in the job to which they are assigned in the facility or receive on-the-job training.

Type II Assisted Living Facility: Staff providing personal care must be certified nursing assistants or complete this training and become certified within four months of date of hire. The facility must employ or contract with an RN to provide or supervise nursing services to include a nursing assessment on each resident, general health monitoring, and routine nursing tasks.

### **Administrator Education/Training**

Administrators must be 21 years of age and successfully complete criminal background screening.

Type I Assisted Living Facility: An associate's degree or two years experience in a health care facility is required.

Type II Assisted Living Facility: Administrators must complete a Department-approved, national certification program within six months of hire.

Administrators of Type II small or limited-capacity facilities must meet at least one of the following: (1) hold an associate's degree in the health care field; (2) have at least two years of management experience in the health care field; or (3) have one year experience in the health care field as a licensed health care professional.

Administrator of large Type II facilities must have at least one of the following: (1) A health facility administrator license; (2) A bachelor's degree in a health care field to include management training or one or more years of management experience; (3) A bachelor's degree in any field, to include management training or one or more years of management experience and one or more years experience in a health care field; or (4) An associate's degree and four years or more management experience in a health care field.

### **Staff Education/Training**

All staff must complete orientation to include: job descriptions; ethics, confidentiality, and resident rights; fire and disaster plan; policies and procedures; report responsibility for abuse, neglect, and exploitation; and dementia specific training including: communicating with dementia patients and their caregivers; communication methods and when they are appropriate; types and stages of dementia including information on the physical and cognitive declines as the disease progresses; person centered care principles; and how to maintain safety in the dementia patient environment. Staff must also complete extensive in-service training

to include specified topics.

**Entity Approving  
CE Program  
Medicaid Policy and  
Reimbursement**

None specified.

Utah's New Choices Waiver covers services in assisted living. It serves individuals 18 and older who meet a nursing facility level of care (both people who are aged and those with disabilities) and who have resided, at a minimum, in a nursing home for at least 90 days or an assisted living for at least one year.

**Citations**

Utah Administrative Code, Rule R432-270: Assisted Living Facilities. [April 1, 2017]

<https://rules.utah.gov/publicat/code/r432/r432-270.htm#/E1>

Utah Administrative Code, Rule R432-6: Assisted Living Facility General Construction. [May 1, 2016]

<https://rules.utah.gov/publicat/code/r432/r432-006.htm>

Utah Administrative Code, Rule R710-3: Public Safety, Fire Marshal, Assisted Living Facilities [May 3, 2017]

<https://rules.utah.gov/publicat/code/r710/r710-003.htm>

Assisted Living Facility Type I & II Resident Assessment  
<http://health.utah.gov/hflcra/forms/ALASSESSMENT.pdf>

Utah Department of Health. Utah Home and Community Based Services (HCBS) Waiver Programs, New Choices Waiver.  
<http://health.utah.gov/lc/NC/NCHome.htm>

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