

**BOARDING HOME**  
**Checklist for State Licensure**

FACILITY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please mail or E-mail the following items to Healthcare Licensing and Surveys:**

<b>CHECK OFF</b>	<b>ITEM</b>
	1. A completed license application form and required fee.
	2. Copy of policy and procedure on employee health, including tuberculin testing and communicable disease information.
	3. Verification of Department of Family Services central registry check on self and/or manager, and all employees hired.
	4. Copy of policy and procedures to include the following: a. Resident Rights b. Admission, transfer, and discharge of residents c. Medications and administration d. Departure from and return to facility e. House rules, to include freedom permitted and limitations necessary to protect the rights of others f. Visiting hours g. Religious services h. Notifications in change in resident status i. Resident records j. Emergency care k. Disaster plan l. Smoking policy m. Personnel policies n. Reporting of all complaints to the Long Term Care Ombudsman o. Grievance policy p. Quality assurance plan q. Infection control

	5. Qualifications of Director/Manager.
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<b>FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY</b>	
<b>Date:</b>	<b>Surveyor Assigned to Review:</b>
<b>Surveyor Review Summary and Comments:</b>	
<b>Healthcare Surveillance Branch Chief Comments:</b>	
<b>Additional Information Needed:</b> <input type="checkbox"/> <b>Approved:</b> <input type="checkbox"/> <b>Denied:</b> <input type="checkbox"/>	
<b>Date:</b>	<b>Signature:</b>