HOSPICE FACILITY
Checklist for State Licensure

FACILITY NAME: 

CITY: 

CONTACT PERSON: 

PHONE: 

EMAIL: 

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

<table>
<thead>
<tr>
<th>CHECK OFF</th>
<th>ITEM</th>
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<tbody>
<tr>
<td>1.</td>
<td>A completed license application form and required fee.</td>
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<tr>
<td>2.</td>
<td>Proof of a fidelity bond of no less than $2500 augmented in relation to the number of employees.</td>
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<tr>
<td>3.</td>
<td>Copy of policy or procedure for ensuring all employees will have a DFS central registry check. Please provide verification of the DFS screen for the manager and all current employees.</td>
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<tr>
<td>4.</td>
<td>Copy of personnel policy and procedure to include the frequency of evaluations and ensuring the confidentiality of central registry information checks.</td>
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<td>5.</td>
<td>Copy of organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the patient care level.</td>
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<td>6.</td>
<td>Copy of written grievance procedure.</td>
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<td>7.</td>
<td>Copy of policy and procedure indicating there shall be one person designated responsible for maintaining the confidentiality of personnel records.</td>
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<tr>
<td>8.</td>
<td>Copy of policy and procedure on employee health, including communicable disease information.</td>
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<td>9.</td>
<td>Copy of policy and procedures on advance directives.</td>
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<td>10.</td>
<td>Copy of policy and procedures patient rights.</td>
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<td>11.</td>
<td>Copy of policy and procedures on admission criteria.</td>
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<tr>
<td>12.</td>
<td>Copy of policy and procedure on the quality improvement program.</td>
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<tr>
<td>13.</td>
<td>Copy of policy and procedure on Hospice Day Care Services, if provided.</td>
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<tr>
<td>14.</td>
<td>Copy of policy and procedure on disaster and emergency preparedness.</td>
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### FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY

<table>
<thead>
<tr>
<th>Date:</th>
<th>Surveyor Assigned to Review:</th>
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**Surveyor Review Summary and Comments:**

**Healthcare Surveillance Branch Chief Comments:**

**Additional Information Needed:** □ Approved: □ Denied: □

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(08/06/2020-JV)