

**NURSING CARE 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:

CHECK OFF	ITEM
	1. A completed license application form and required fee.
	2. Administrator's Wyoming Administrator License Number.
	3. 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.
	4. Copy of policies and procedures related to: <ul style="list-style-type: none"> a. Job descriptions/personnel records b. Infection Control c. Resident Care d. Specialized Rehab Services e. Smoking f. Employee health, including tuberculin testing and communicable disease information. g. Admission criteria, including whether specialized rehab services are available. h. Transfers and discharge planning i. Complaint/grievance j. Quality Improvement program k. Emergency care and disaster plans l. The handling and storing of oxygen m. Cleaning and sanitizing the ice machines n. Emergency water source

	5. Copy of resident rights.
	6. Qualifications of Dietary Manager.
	7. Copy of contract with Registered Dietitian.
	8. Copy of contract with Pharmacist.
	9. Members of the pharmaceutical committee.
	10. Copy of contract with advisory Dentist.
	11. Name of Social worker and credentials.
	12. Name of responsible party for plant maintenance, laundry, and housekeeping.

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY

Date:

Surveyor Assigned to Review:

Surveyor Review Summary and Comments:

Healthcare Surveillance Branch Chief Comments:

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

Date: _____ **Signature:** _____