

**ASSISTED LIVING 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:**

<b>CHECK OFF</b>	<b>ITEM</b>
	1. A completed license application form and required fee.
	2. Evidence of a State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening on all employees.
	3. Name and nursing license number of a qualified registered nurse.
	4. Qualifications of manager/administrator including documentation of successful completion of examination administered by Healthcare Licensing and Surveys.
	5. Qualifications of the Dietary Manager.
	6. Copy of contract with Registered Dietitian.
	7. Copy of policy and procedure for the quality improvement program.
	8. Copy of policy and procedure on employee health, including tuberculin testing and communicable disease information.
	9. Copy of policy and procedure on the reporting of incidents affecting the health, welfare, or safety of residents to Healthcare Licensing and Surveys.

	<p>10. Copies of policies and procedures for:</p> <ul style="list-style-type: none"> <li>a. Resident rights;</li> <li>b. Disciplinary procedures surrounding substantiated cases of resident abuse;</li> <li>c. Admission, transfer, bed hold days, and discharge of residents;</li> <li>d. Medication management;</li> <li>e. Emergency care of residents (including missing resident, blizzard, water outage, etc.);</li> <li>f. Fire/disaster plan;</li> <li>g. Departure and return;</li> <li>h. Smoking;</li> <li>i. Visiting hours;</li> <li>j. Activities;</li> <li>k. Management of resident trust accounts;</li> <li>l. Personnel policies;</li> <li>m. Grievance procedure;</li> <li>n. Per Diem rate/charges/fees, to include a listing of what is included in the established charges;</li> <li>o. Incident reports;</li> <li>p. Notification of change in established per diem rate/charges/fees;</li> <li>q. Outside contractual responsibilities, and</li> <li>r. Identification and notification of change in resident condition.</li> </ul>
	11. Copy of policy for Level 1 Admission and Discharge Criteria.
	<p>Are you applying for Level 2 Care?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>If yes, please also submit items 12-18 below.</p>
	12. Submit copies of additional qualification requirements of manager/administrator to meet Level 2 Core Management requirements.
	13. Copy of policy ensuring Administrator will meet the continuing education requirements.
	14. Copy of policy for Level 2 additional core services.
	15. Copy of policy for Level 2 Resident Assessments.
	16. Copy of policy for Level 2 Staffing Requirements.
	17. Copy of policy for the Level 2 Direct Care Staff Requirements.
	18. Copy of policy for Level 2 Admission and Discharge Criteria.

**FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY****Date:****Surveyor Assigned to Review:****Surveyor Recommendation Review Summary/Comments:****Date****Surveyor Signature:****State Survey Agency Director/Administrator (or designee) Comments:****Additional Information Needed:** ☐ **Approved:** ☐ **Denied:** ☐**Date:****Signature:**

(08/14/2025)