

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:

CHECK OFF	ITEM
	1. A completed license application form and required fee.
	2. Proof of a fidelity bond of no less than \$5000 augmented in relation to the number of employees.
	3. 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.
	4. Copy of personnel policy and procedure to include the frequency of evaluations and ensuring the confidentiality of central registry information checks.
	5. 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.
	6. Copy of written grievance procedure.
	7. Copy of policy and procedure indicating there shall be one person designated responsible for maintaining the confidentiality of personnel records.
	8. Copy of policy and procedure on employee health, including communicable disease information.
	9. Copy of policy and procedures on advance directives.

	10. Copy of policy and procedures patient rights.
	11. Copy of policy and procedures on admission criteria.
	12. Copy of policy and procedure on the quality improvement program.
	13. Copy of policy and procedure on Hospice Day Care Services, if provided.
	14. Copy of policy and procedure on disaster and emergency preparedness.

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:**