

**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 recordsb. Infection Controlc. Resident Cared. Specialized Rehab Servicese. Smokingf. Employee health, including tuberculin testing and communicable disease information.g. Admission criteria, including whether specialized rehab services are available.h. Transfers and discharge planningi. Complaint/grievancej. Quality Improvement programk. Emergency care and disaster plansl. The handling and storing of oxygenm. Cleaning and sanitizing the ice machinesn. 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 Recommendation Review Summary/Comments:

Date

Surveyor Signature:

State Survey Agency Director/Administrator (or designee) Comments:

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

Date:

Signature: