Wyoming Department of Health
Aging Division - Healthcare Licensing and Surveys
Hathaway Building, Suite 510, 2300 Capitol Avenue, Cheyenne, WY 82002
Fax: (307) 777-7127 - Telephone: (307) 777-7123
E-mail: WDH-OHLS@wyo.gov - Website: http://www.health.wyo.gov/ohls

REHABILITATION 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 $2500 augmented in relation to the number of employees.
	3. Qualifications of administrator including resume and supporting documentation.
	4. Verification of Department of Family Services central registry check on self and/or manager, and all employees hired.
	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 policies and procedures for services offered.
	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 procedure on the quality improvement program.

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:**	