

**Wyoming Department of Health
Office of Healthcare Licensing and Surveys**

Nursing Care Facility

Paperwork Requirements for State Licensure

Facility Name: _____ City: _____

- _____ 1. A completed license application form and appropriate 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 policy and procedure on employee health, including tuberculin testing and communicable disease information.
- _____ 5. Copy of policies and procedures on admission criteria, including whether specialized rehab services are available.
- _____ 6. Copy of resident rights.
- _____ 7. Qualifications of Dietary Manager.
- _____ 8. Copy of contract with Registered Dietitian.
- _____ 9. Copy of policies and procedures on transfers and discharge planning.
- _____ 10. Copy of grievance procedures.
- _____ 11. Copy of policy and procedure for the quality improvement program.
- _____ 12. Copy of policy and procedure on emergency care and disaster plans.
- _____ 13. Copy of contract with Pharmacist.
- _____ 14. Copy of contract with advisory Dentist.