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## Required Facility Information

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The following must be submitted with your application:

1. Table of Organization. Please specify the number of full time equivalents in each position.
2. Job descriptions for the positions identified in the Table of Organization.
3. Evidence verifying that professionals to be utilized are currently licensed and/or certified in Idaho as applicable.
4. Evidence of the establishment of a Human Rights Committee.
5. Contracts for physician, registered nurse, pharmacy, occupational therapy, physical therapy, speech therapy, audiology, and dietary services.
6. A sample client record, either actual or simulated. Please ensure that the forms to be used are actually completed with real or fictitious information.
7. Policies and Procedures applicable to:
  - Admissions and Discharge **(W198 – W205)**
  - Control of Client Financial Affairs **(W140 – W142)**
  - Control, Storage, and Distribution of Medication **(W267 – W392)**
  - Fire and Disaster Preparedness **(W438 - W451)**
  - Structural Preventative Maintenance of the facility **(W407- W435)**
  - Personnel Rules
  - Provisions of Health care services, infection control, and sanitation **(W454- W458)**
  - Confidentiality and Release of Client Information **(W110- W113)**
  - Prohibiting Mistreatment, Abuse, and Neglect **(W127 and W149 – W157)**
  - Conduct Between Staff and Clients **(W267– W273)**
  - Management of Inappropriate Behavior **(W274 – W285)**

*\*\*\* For additional information related to these policies please refer to the federal regulations as indicated above.*

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