CHECKLIST FOR NEW FACILITY DOCUMENTATION

LOCATION OF THE FACILITY
PHILOSOPHY OF CARE AND OBJECTIVE OF SERVICES
MODALITY OF TREATMENT
NUMBER OF BEDS/STATIONS
NUMBER OF SHIFTS
ARCHITECTURAL PLANS
AGREEMENT WTH THE BACK-UP HOSPITAL FOR EMERGENCIES
AGREEMENT WITH THE TRANSPLANT CENTER
AGREEMENT WITH THE BACK-UP DIALYSIS FACILITY
LABORATORY AND WATER TREATMENT TESTING CONTRACTS
POLICY FOR THE MANAGEMENT OF ABUSIVE/DANGEROUS PATIENTS
CONTRACT WITH THE MEDICAL DIRECTOR
IDENTIFICATION OF THE OWNER OF THE FACILITY
CIRRICULA VITAE OF THE:
CHIEF EXECUTIVE OFFICER/ADMINISTRATOR MEDICAL DIRECTOR SOCIAL WORKER DIRECTOR OF NURSING DIETITIAN
☐ WATER AND/OR REUSE TECHNICIAN