様式第23号（第19条関係）

|  |  |
| --- | --- |
| 介護医療院開設許可申請書 | 手数料欄 |
| 令和　　年　　月　　日 | |

広 島 県 知 事 様

郵便番号

　　　　申請者　法人の主たる事務所の所在地

　　　　　　　　　 法人の名称及び代表者の職氏名

　次のとおり，介護医療院の開設の許可を受けたいので，介護保険法（平成９年法律第

123号）第107条第１項の規定により，関係書類を添えて申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設予定年月日 | | | | | | | | 令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 敷地の面積 | | | | | ㎡(用途地域の別　　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物の構造概要 | | | | | 造　　　　　階建　　　　建築面積　　　　　　㎡  延べ面積　　　　　　㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養室 | | | | | 室名又は  部屋番号 | | | | | | | | 定員 | | 床面積 | | | | | | | | 1人当たり床面積 | | | | | | | | 場所 | | | | | | | | 設備 | | |
|  | | | | | | | | 人 | | ㎡ | | | | | | | | ㎡ | | | | | | | | 階 | | | | | | | |  | | |
| 共同生活室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | | 入所者等1人当たりの床面積 | | | | | | | | | | | | | | | | ㎡ | | |
| 主な器械・  器具・設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な器械・  器具・設備 | | | | | | | | 診察を行う施設：  臨床検査施設：  調剤を行う施設： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な器械・  器具・設備 | | | | | | | | エックス線装置： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 機能訓練室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | 入所者等1人当たりの床面積 | | | | | | | | | | | | | | | | | | | ㎡ | | | |
| 主な器械・  器具・設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 談話室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | 入所者等1人当たりの床面積 | | | | | | | | | | | | | | | | | | ㎡ | | | |
| 主な設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食堂 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | 入所者等1人当たりの床面積 | | | | | | | | | | | | | | | | | ㎡ | | | |
| 主な設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 浴室 | | | | | 種類 | | | | | | | | 一般浴室 | | | | | | | | | | | | | | | | | | | 特別浴室 | | | | | | | | | |
| 床面積 | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | |
| 主な設備  (構造設備上の配慮) | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| レクリエーション・ルーム | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | 入所者等1人当たりの床面積 | | | | | | | | | | | | | | | | | | ㎡ | |
| 主な設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 洗面所 | | | | | 床面積 | | | | | | | | 場所 | | | | | | | | | | | | 設備 | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | 階 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 便所 | | | | | 床面積 | | | | | | | | 場所 | | | | | | | | | | | | 設備 | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | 階 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| サービス・ステーション | | | | | 床面積 | | | | | | | | 場所 | | | | | | | | | | | | 主な器械・器具・設備 | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | 階 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 調理室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 防虫・防そ設備の状況 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食器消毒設備の状況 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食器・食品の保管設備の状況 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 洗濯室又は洗濯場 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な器械・  器具・設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 汚物処理室 | | | | | 床面積 | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な器械・  器具・設備 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 共用の有無 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の施設 | | | | | 家族相談室 | | | | | | | | 床面積 | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | |
| ボランティア・ルーム | | | | | | | | 床面積 | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | |
| 家族介護教室 | | | | | | | | 床面積 | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | |
| 通所リハビリテーション専用室 | | | | | | | | 床面積 | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | |
| 耐火構造・簡易耐火構造の別 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 廊下の幅 | | | | | 場所 | | | | | | | 片廊下 | | | | | 中廊下 | | | | | | | | | 設備 | | | | | | | | | | | | | | | |
| 階 | | | | | | | m | | | | | m | | | | | | | | |  | | | | | | | | | | | | | | | |
| 療養室のある最上階 | | | | | | | | | | | | | | | | | 階段の数 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 直通階段 | | | | | | | | | | | | | | | | | | | | | | エレベーター | | | | | | | | | | | 避難階段 | | | | | | | | |
| 幅 | | けり上げ | | | | 踏面 | | 踊り場の幅 | | | | | | 設備 | | | | | | | | 基数 | | | | | | | 定員 | | | | 数 | | | うち直通階段を代替するものの数 | | | | | |
| cm | | cm | | | | cm | | cm | | | | | |  | | | | | | | |  | | | | | | | 人 | | | |  | | |  | | | | | |
| 消防用設備その他非常災害設備 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察の用に供する電気，光線，熱，蒸気又はガスに関する危害防止上必要な措置及び放射線に関する医療法施行規則に準拠した構造設備 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所定員 | | | | | | | | | | | Ⅰ型療養床 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ⅱ型療養床 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所者の予定数 | | | | | | | | | | | Ⅰ型療養床 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ⅱ型療養床 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業員数 | 職名 | | | | | | | | | | 基準上の必要人数  (常勤換算) | | | | | | | | | | | | | 現員  (常勤換算) | | | | | | | 専任 | | | | | 兼務 | | | | | 非常勤 |
| 医師 | | | | | | | | | | 人 | | | | | | | | | | | | | 人 | | | | | | | 人 | | | | | 人 | | | | | 人 |
| 薬剤師 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 看護職員 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 介護職員 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 理学療法士，作業療法士又は言語聴覚士 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 栄養士 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 介護支援専門員 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 診療放射線技師 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 調理員 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 事務員 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| その他の従業員 | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  |
| 開設者  （代表者） | | | | 職氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | |  | | | | |
| 住　所 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | 住所 | | | | (〒　　　-　　　　) | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | |
| 兼務する同一敷地内の他の事業所又は施設（兼務の場合記入） | | | | | | | | | 事業所等名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 兼務する職種及び  勤務時間等 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 介護支援専門員氏名 | | | | | | |  | | | | | | | | | | | | | | | | | 登録番号 | | | | | |  | | | | | | | | | | | |
| 併設施設の概要 | | | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | 種別 | | | | | | |  | | | | | | | |
| ベッド数 | | | | | | 床 | | | | | | | | | | | | | | | | | | 病(居)室数 | | | | | | | | 室 | | | | | | |
| 職員の配置状況 | | | | | | 医師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 薬剤師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 看護職員 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 介護職員 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 理学療法士，作業療法士又は言語聴覚士 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 支援相談員 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 栄養士 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 介護支援専門員 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 協力病院 | | | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療科名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病床数 | | | | | | 床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 職員の配置状況  (併設の場合は省略可) | | | | | | 医師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 看護職員 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| その他 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | |
| 介護医療院からの距離 | | | | | | km　　　　　　徒歩　　　　　　分  車　　　　　　分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 契約内容 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

添付書類　１　申請者が法人であるときは，登記事項証明書又は条例等

　　　　　２　敷地の平面図

　　　　　３　敷地周囲の見取図

　　　　　４　建物の正面図等及び各階ごとの平面図

　　　　　５　施設が共用の場合の利用計画書

　　　　　６　管理者が医師であるときは，医師免許証の写し

　　　　　７　運営規程

　　　　　８　従業者の勤務の体制及び勤務形態を記載した書類

　　　　　９　業務予定表

　　　　　10　協力病院との契約書の写し

　　　　　11　入所者からの苦情を処理するために講じる措置の概要

　　　　　12　誓約書

　　　　　13　その他必要と認められる書類