付表９

(表)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 短期入所療養介護・介護予防短期入所療養介護事業者の指定に係る記載事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 事業所 | | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 名称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | (郵便番号　　―　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | | 電話番号 | | | | |  | | | | | | | | | | | | FAX番号 | | | | | | |  | | | | | | | | | | | | |
| 実施主体が地方公共団体である場合は、当該事業の実施について定めてある条例等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | | | | | | | |
| 事業所種別  (該当に○) | | ①介護老人保健施設 | | | | | | | | | | | | |  | | | | ④療養病床を有する病院・診療所 | | | | | | | | | | | | | | | | | | | | | | |  |
| ②介護医療院 | | | | | | | | | | | | |  | | | | ⑤老人性認知症疾患療養病棟を有する病院 | | | | | | | | | | | | | | | | | | | | | | |  |
| ③指定介護療養型医療施設 | | | | | | | | | | | | |  | | | | ⑥診療所(③④に該当するものを除く。) | | | | | | | | | | | | | | | | | | | | | | |  |
| 指定申請に係る病棟部分の入院患者又は入所者の定員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | |
| 指定申請に係る病棟部分の入院患者の推定数（上記⑤⑥に該当の場合記入。⑤については前年度の平均値、新規の場合は予測される数を記入。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | |
| 管理者 | | | | フリガナ | | |  | | | | | | | | | | | 住所・連絡先 | | | | | | (郵便番号　　　―　　　) | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | 電話番号 | | | | | | | |  | | | | FAX番号 | | | | |  | |
| 指定申請に係る病棟部分の従業者の職種・員数(⑤⑥の場合記入) | | | | | | | | 担当医師 | | 看護職員 | | | | 介護職員 | | | | | | | 作業療法士 | | | | | | | 精神保健福祉士等 | | | | | | | 栄養士 | | | | | 一看護単位当りの病床数 | | |
| 専従 | | 兼務 | | 専従 | | 兼務 | | | | | 専従 | | | | 兼務 | | | 専従 | | | | | 兼務 | | 専従 | | 兼務 | | |
|  | 常勤(人) | | | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | |  | | | | |  | |  | |  | | |  | | |
| 非常勤(人) | | | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | |  | | | | |  | |  | |  | | |
| 常勤換算後の人数(人) | | | | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |
| 指定申請に係る病棟(病室)部分の設備基準上の数値記載項目（⑤⑥の場合記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ⑤ | | 病室 | | １病室の病床数 | | | | | | | | | | | | 床 | | | | | ⑥ | | | | 入院患者１人当たり床面積 | | | | | | | | | | | | | m2 | | | |
| 入院患者１人あたり床面積 | | | | | | | | | | | | m2 | | | | | 廊下 | | | 片廊下の幅 | | | | | | | | | | m | | | |
| 老人性認知症疾患療養病棟の用に供される床面積 | | | | | | | | | | | | | | m2 | | | | | 中廊下の幅 | | | | | | | | | | m | | | |
| 廊下 | | 片廊下の幅 | | | | | | | | | | | | m | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 中廊下の幅 | | | | | | | | | | | | m | | | | |
| 生活機能回復訓練室面積 | | | | | | | | | | | | | | m2 | | | | |
| デイルームと面会室の合計面積 | | | | | | | | | | | | | | m2 | | | | |
| 建物の構造概要 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な掲示事項 | | | 利用料 | | | | | | 法定代理受領分　　　　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外　　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | 運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の送迎の実施地域 | | | | | | ① | | | | ② | | | | | | | ③ | | | | | | | | | | | ④ | | | | | | | ⑤ | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考　１　「指定申請に係る病棟部分の入院患者又は入所者の定員」の欄には、当該病棟部分のうち、短期入所療養型介護に供する部分の定員について記載すること。  　　　　２　記入欄が不足する場合は、別に記入した書類を添付すること。  （裏面に続く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |