【付表８の２　記入例】

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| 付表８の２  短期入所生活介護・介護予防短期入所生活介護事業者の指定に係る記載事項（空床利用型、併設事業所型）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 事業所 | | フリガナ | | | | | タンキニュウショセイカツカイゴマルマル | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 名　称 | | | | | 短期入所生活介護○○ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | （郵便番号　××－××　）大阪府◆◆市△△町2丁目5番 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 連絡先 | | | | | 電話番号 | | | | | | 000-000-0000 | | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | | | | | | | 000-0000-0000 | | | | | | | | | | | | 当該事業の実施について定めてある定款・寄附行為等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | | | | | | | | | | | 管　理　者 | | フリガナ | | | | | オオサカハナコ | | | | | | | | | | | | | | 住所･  連絡先 | | | | | （郵便番号　××　－　××　）□□市・・・・ | | | | | | | | | | | | | | | | | | | | | | | | | 氏　名 | | | | | | 大阪　花子 | | | | | | | | | | | | | | 生年月日 | | | | | | 昭和50年12月31日 | | | | | | | | | | | | | 電話番号 | | | | | | | | 090-000-00 | | | | | | | | FAX番号 | | |  | | | | | | 他の職務との兼務の状況（兼務がある場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 当該短期入所生活介護・介護予防短期入所生活介護事業所内での他の職務との兼務 | | | | | | | | | | | | | | | 職種 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 同一敷地内の他の事業所又は施設の職務との兼務 | | | | | | | | 事業所又は施設の名称及び事業又は施設の種類 | | | | | | | | | | | | | | | 特別養護老人ホーム○○／地域密着型介護老人福祉施設 | | | | | | | | | | | | | | | | | | | | | | | | | 兼務する職種及び勤務時間  併設ユニット型の場合は、ユニットごとの介護職員配置となるため、本体とショートで分けて記載（従来型の場合は区別不要） | | | | | | | | | | | | | | | 管理者　9:15～18:00　8時間/日勤務 | | | | | | | | | | | | | | | | | | | | | | | | | 空床型・併設型の別（該当に○） | | | | | | | | | | | | | | | 空床型（空床利用のみ） | | | | | | | | | | | | | |  | | | | 併設型 | | | | |  | | | 併設型（空床型も実施） | | | | | | | ○ | | | 本体施設の種別 | | | | | | | | | | 特別養護老人ホーム | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 利用者の推定数 | | | | | | 10　人 | | | | | | 入所者の定員 | | | | | | | 29人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | ※従業者 |  | | | | | | | | | | | | | 医師 | | | | | | 生活相談員 | | | | | | | | | | | 介護職員 | | | | | | | | | 看護師・准看護師 | | | | | | | 機能訓練指導員 | | | | 専従 | | 兼務 | | | | 専従 | | | | 兼務 | | | | | | | 専従 | | | | | 兼務 | | | | 専従 | | | 兼務 | | | | 専従 | | 兼務 | | 本体施設の施設等従事人数（人）  医師、栄養士及び機能訓練指導員は、本体施設と兼務配置の場合は「兼務」とする。 | | | | | | | | 常勤 | | | | |  | |  | | | | 1 | | | |  | | | | | | | 12 | | | | |  | | | | 1 | | |  | | | |  | | 1 | | 非常勤 | | | | |  | | 1 | | | |  | | | |  | | | | | | | 3 | | | | |  | | | | 3 | | | 2 | | | |  | | 2 | | 短期入所生活介護従事人数（人） | | | | | | | | 常勤 | | | | |  | | | | | |  | | | |  | | | | | | | 5 | | | | |  | | | |  | | |  | | | |  | |  | | 非常勤 | | | | |  | | | |  | | | | | | | 3 | | | | |  | | | |  | | |  | | | |  | |  | | 常勤換算後の人数 | | | | | | | | | | | | | | | | | | | 1.0 | | | | | | | | | | | 19.2 | | | | | | | | | 1.5  生活相談員、介護職員及び看護職員は、本体施設と短期入所の利用者合計に対する必要数を配置するため、「専従」とする。  （看護職員は本体施設の入所者に対して必要数配置し、短期入所は定員20人以上の場合に常勤1配置） | | | | | | |  | | | |  | | | | | | | | | | | | 栄養士 | | | | | | | 介護支援専門員 | | | | | | | | | | | 栄養士を配置しない場合の措置 | | | | | | | | | | | | | | | | | | | | 専従 | | | 兼務 | | | | 専従 | | | | 兼務 | | | | | | | | 本体施設の施設等従事人数（人） | | | | | | | | 常勤 | | | |  | | | 1 | | | | 1 | | | |  | | | | | | | | 非常勤 | | | |  | | |  | | | |  | | | | | | | | | | | | ※設備基準上の記載項目等 | 居室 | | | １室当たりの最大定員 | | | | | | | | | | | | | | | | | | 1人 | | | | | | 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | 240㎡ | | | | | 利用者１人当たりの最小床面積 | | | | | | | | | | | | | | | | | | 16㎡ | | | | | | 建物の構造概要 | | | | | | | | | | | | 鉄筋コンクリート造４階建  (耐火建築物) | | | | | | | | | | | 廊下 | | | 片廊下の幅 | | | | | | | | | | | | | | | | | | 1.8ｍ | | | | | | | 中廊下の幅 | | | | | | | | | | | | | | | | | | 2.7ｍ | | | | | | 全体の面積 | | | | | | | | | | | | 3400㎡ | | | | | | | | | | | 主な掲示事項 | 入所定員 | | | | | | | | | 29人 | | | | | | | | | | | 短期入所利用定員 | | | | | | | | | | | | | | 10人 | | | | | | | | |  | | | | | | | 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 | | | | | | | | | 運営規定に定める通り | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 通常の送迎の実施地域 | | | | | | | | | ①守口市 | | | | | | | ②門真市 | | | | | | | | | | ③ | | | | | | | | | | | ④ | | | | | | | ⑤ | | | | | | 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※  協力医療機関 | 名称 | | | | ●×病院 | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | 内科、外科、整形外科 | | | | | | | | | | | | | | 名称 | | | | ◇□歯科 | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | 歯科 | | | | | | | | | | | | | |

≪記入要領≫

看護師が機能訓練指導員を兼務するなど、他の職務との兼務は「兼務」

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| --- | --- | --- | --- |
| 事業所 | | | 事業所の名称・所在地・連絡先を記載します。（法人の名称・所在地と間違えないようにしてください。 |
| 管理者 | 氏名・生年月日・住所・連絡先 | | 管理者の氏名・生年月日・住所・連絡先（電話番号、ＦＡＸ番号）を記載します。経歴書に記載されている内容と一致するように記載してください。 |
| 同一事業所内での他の職務との兼務 | | 人員基準に定められている職種（例えば生活相談員等）を記載してください。　※法人内での役職（例えば、○○本部長、介護主任　等）は記載しないでください。 |
| 同一敷地内での他の事業所･施設の職務との兼務 | | 「名称」とは、当該事業所･施設等の名称を記載してください。法人の名称を記載しないでください。 　「種類」とは、訪問介護、指定介護老人福祉施設等のサービス種類及び病院･診療所等を指します。 　「兼務する職種」は、当該事業所･施設等の管理的業務に従事する職種を記載してください。 　「勤務時間」は、管理的業務同士の兼務で、並行的勤務となりますので、当該事業所と同じ勤務時間を記載してください。 　例）　9:15～18:00　8時間/日勤務 |
|  | 事業所･施設の名称、種類 |
|  | 兼務する職種・勤務時間 |
| 空床型・併設型の別 | | | 【空床型】 　　特別養護老人ホームであって、その全部又は一部が入所者に利用されていない居室を利用して指定短期入所生活介護の事業を行う場合をいいます。 【併設型】 　　特別養護老人ホーム等（特別養護老人ホーム、養護老人ホーム、病院、診療所、介護老人保健施設、特定施設入居者生活介護、地域密着型特定施設入居者生活介護又は介護予防特定施設入居者生活介護の指定を受けている施設）に併設されている指定短期入所生活介護であって、当該特別養護老人ホーム等と一体的に運営が行われている場合をいいます。 　◎なお、特別養護老人ホームに併設されている指定短期入所生活介護については、特別養護老人ホームに空所があれば利用するので、「併設型（空床型も実施）」に「○」をしてください。 |
| 本体施設の種別 | | | 【空床型】　　「特別養護老人ホーム」と記載してください。 【併設型】　　併設させている特別養護老人ホーム等の施設種別を記載してください。 　（施設種別） 　特別養護老人ホーム、養護老人ホーム、病院、診療所、介護老人保健施設、特定施設入居者生活介護、地域密着型特定施設入居者生活介護又は介護予防特定施設入居者　　生活介護 |
| 利用者の推定数 | | | 短期入所生活介護の利用定員数を記載してください。空床型の場合は、「０」と記載。 |
| 入所者の定員 | | | 本体施設の入所定員を記載してください。 |
| 主な掲示事項 | | | 主な掲示事項の内容は、事業所の運営規程の内容を転記してください。 |
|  | 入所定員 | | 本体施設の入所定員を記載してください。上記「入所者の定員」の数と一致すること。 |
| 短期入所利用定員 | | 短期入所生活介護の利用定員数を記載してください。空床型の場合は、「０」としてください。上記「利用者の推定数」の数と一致すること。 |
| 利用料 | | ここには、利用料の算定方法を記載します。 　介護報酬による場合には、「介護報酬の告示上の額」となります。 【法定代理受領分】　事業者が被保険者に介護サービスを提供する対価の9割を被保険者に代理して保険者に請求する場合のことです。 【法定代理受領分以外】　法定代理受領分以外の方法で、利用料を徴収する場合です。 |
| その他費用 | | 介護報酬以外に利用者から費用を徴収する場合（例えば、交通費等）には、その目的及び算定方法について記載する箇所です。複数ある場合には、運営規程に記載し、「運営規程に定めるとおり」としてください。 |
| 通常の実施地域 | | 通常の実施地域は、利用者からのサービス提供依頼があれば、正当な理由がなければ、提供拒否はできませんし、交通費について、別途利用者から徴収することはできません。 　実施地域以外でもサービス提供自体は可能です。 |