



FOR DEPARTMENT USE ONLY
<i>Date Stamp Here</i>
Fee Received: _____
Check #: _____
Initials _____

NURSING HOME ALTERNATIVE BED BANKING CONVERSION NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Alternate Use Bed Banking Conversion notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Nursing Home Bed Banking for Alternative Use Conversion in accordance with provisions in RCW 70.38 and WAC 246-310-395, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Name of the Nursing Home (facility)

Name of the facility's Licensee

Print Name of person making the request

Telephone Number

Title of person making the request

Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

Signature of Licensee

Date

Address:

Expected Date of Conversion

Invoice for Submission of Alternate Use Bed Banking-Conversion Notice

1. Submit two copies of the signed application with review fee to the Department
2. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
3. Complete the following prior to submission for review:

REVIEW FEE: \$_____ (refer to fee schedule)

APPLICANT NAME: _____

DATE OF SUBMISSION: _____ CHECK NUMBER: _____

4. Mail **ORIGINAL**, signed notice and payment to:

Physical Address:

**Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501**

Mailing Address:

**Department of Health
Certificate of Need Program
P O Box 47852
Olympia WA 98504-7852**

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

ALTERNATE USE BED BANKING CONVERSION NOTICE REQUIREMENTS

Note: Conversion notices shall be submitted to the Department of Health and a copy to the Department of Social and Health Services **a minimum of ninety days prior** to the effective date of the bed conversion unless construction is required to convert the beds back. In the event the beds are not converted back to nursing home beds **within sixty days** of the date stated in the notice, a new notice must be resubmitted a minimum of ninety days prior to the effective date of the licensure modification.

If construction is required to convert beds back to nursing home bed use, the notice shall be submitted to the Department of Health and a copy to the Department of Social and Health Services **a minimum of one year prior** to the effective date of the bed conversion. The same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds shall be complied with unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers. In the event the beds are not converted back to nursing home beds **within sixty days** of the date stated in the notice, a new notice of intent must be resubmitted a minimum of one year prior to the effective date of the licensure modification.

The term "construction," as used in relationship to Alternate Use Bed Banking Conversion, is limited to those projects that are expected to equal or exceed the expenditure minimum amount. Currently this figure is \$2,000,000.

Information Requirements:

1. Construction is: _____ is not _____ required to convert the beds.
2. For the entire facility, please provide a **current** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
3. For the entire facility, please provide a floor diagram of the **current** facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
4. For the entire facility, please provide a facility room listing showing each room and each one to be **converted**, its room number, its use, the number of beds in each room, and whether the room is to be Medicare certified.
5. For the entire facility, please provide a floor diagram of the facility showing each room and each one to be **converted**, its room number, its use, the number of beds in each room and whether the room is to be Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.

6. Please complete the table below for the beds proposed to be converted. (Attach additional pages as necessary)

Room Number	# of Beds in Room (Before Banking)	Current # of Beds in Room	Current use of the Room	# of Beds to Convert	# of Beds Remaining in Room (if any)
Total					

7. Is the existing licensee the building owner? ____ Yes ____ No.

8. Does the building owner have a secured interest in the nursing home bed rights? ____ Yes ____ No. In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

- a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner’s approval of the bed conversion,
- OR**
- b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed conversion.

I understand that the facility must continue to meet the eligibility requirements for bed banking conversion between the time of this notice and the effective date the license is modified. Failure of the facility to continue to meet the eligibility requirements during this time period will result in forfeiture of the bed allocations.

To effectuate this conversion (un-banking), the licensee must proceed with re-licensing the beds with the Department of Social and Health Services (DSHS).