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

NURSING HOME MODIFICATION-ALT. USE BED BANKING 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.

Modification-Alternate Use Bed Banking notices must be submitted in accordance with WAC 246-310-395.

This notice is made for Modification-Nursing Home Bed Banking for Alternative Use 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:

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**

ALTERNATIVE USE BED BANKING-MODIFICATION

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.

Please note the following definition:

"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications **shall not include** those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010)

Information Requirements:

1. 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.
2. 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.
3. For the entire facility, please provide a **modified** 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.
4. For the entire facility, please provide a floor diagram of the **modified** 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.
5. Please complete the table on the following page for the modifications to the beds banked. Note that the purpose of the bed banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional pages as necessary)

