



FOR DEPARTMENT USE ONLY
Date Stamp Here
Fee Received: _____
Check #: _____
Initials _____

NURSING HOME ALTERNATIVE 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.

Alternate Use Bed Banking 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 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:

Invoice for Submission of Alternate Use Bed Banking Notice

1. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
2. 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
Tumwater, Washington 98501**

To mail overnight, UPS or FedEx:

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

6. Is the existing licensee the building owner? _____ Yes _____ No. **(If yes, go to question 8)**

7. 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 reduction,

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 reduction.

8. Proposed Timetables for Project Implementation. Fill in those fields appropriate to this project.

Activity	Date
Funds necessary to undertake the project obtained	
Preliminary drawings submitted to Department of Health’s Consultation and Construction Review program	
Final drawings and specifications submitted to Department of Health’s Consultation and Construction Review program	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction Completed	
Licensure Approval Obtained	
Facility Operating-serving residents	

NOTE: If the above table does not identify correct project events in the change from nursing home beds to the proposed alternate use, please provide a listing of those project events with the projected completion dates. This information is used when evaluating future extension requests.

By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided that the facility has remained in continuous operation, the facility has not been purchased or leased and has otherwise continued to qualify for bed banking. I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in WAC 246-310-395 or request an extension as outlined in WAC 246-310-580 for one an additional four year period.

To effectuate this banking, the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS). The Department of Health will bank the eligible beds as of the effective date of the license modification from DSHS.