

## Chronic Dialysis Clinic Report of Change Application Checklist for Change of Beds

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

**CHECKLIST AND INSTRUCTIONS-** *Please submit your documents in this order*

### REQUIRED DOCUMENTS FOR A CHANGE OF BEDS

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> <li>• License number</li> <li>• Facility name and address</li> <li>• Facility ID number (if known)</li> <li>• Brief description of request</li> <li>• Contact information (name, title, phone number, and email address)</li> <li>• Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: <a href="https://www.calhospitalprepare.org/cahan">CAHAN</a> (<a href="https://www.calhospitalprepare.org/cahan">https://www.calhospitalprepare.org/cahan</a>)</li> <li>• Signature</li> </ul>
	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Health and Safety Code (HSC) section 1212(a)] [Title 42 Code of Federal Regulation (CFR) section 494.60(c)]</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent</li> </ul>

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		<p>company. This parent company will have its own Employer Identification Number (EIN)</p> <ul style="list-style-type: none"> <li>Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)</li> </ul>
	Supporting Documents	<p><b>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING &amp; DEVELOPMENT (OSHPD) AND/ OR CERTIFICATE OF OCCUPANCY</b> [HSC section 1226]</p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility contact OSHPD or the local building authority for Title 24 clearance.</p> <ul style="list-style-type: none"> <li>Submit Certificate of Occupancy from local building authority</li> <li>OSHPD or local building authority may use the CDPH 270, <u>Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital</u>, to certify that the facility conforms to current applicable Title 24 California Building Standards Codes (OSHPD 3 Standards)</li> </ul>
	Supporting Documents	<p><b>D.1 – CONTROL OF PROPERTY</b> [HSC section 1212 (a)(9)]</p> <p>Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the facility for licensed facilities only.</p>
	Supporting Documents	<p><b>FLOOR PLAN</b> [HSC section 1212 (a)(9)]</p> <p>Submit a floor plan showing the dimensions of each room and the station placement within each room</p>
	STD 850	<p><b>FIRE SAFETY INSPECTION</b> [Health and Safety Code (HSC) section 1225(c)(1), 1267.13(b), 494.60 (d)(3)]</p>

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		<ul style="list-style-type: none"> <li>• Complete if construction has occurred</li> <li>• The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life &amp; Safety (FLS) Inspection approval does not replace this form</li> </ul>

**MEDICARE CERTIFICATION DOCUMENTS**

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions</b> <b>(Each form listed also has instructions on the form)</b>
	CMS 3427	<p><b>END STAGE RENAL DISEASE APPLICATION AND SURVEY AND CERTIFICATION REPORT</b> [State Operational Manual section 2274B]</p> <p>Complete and provide all information on section 1 thru 24 (except section 2).</p>