California Department of PublicHealth

Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

Congregate Living Health Facility (CLHF) and Pediatric Day Health and Respite Care Facility (PDHRC) Report of Change Application Checklist for Change of Bed

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

Check all that apply: ☐ **Add/Reactivate** ☐ **Remove** ☐ **Suspend**

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

REQUIED DOCUMENTS TO ADD/REACTIVATE/ REMOVE A BED(S)

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number • Facility name and address • Facility ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • 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: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 200	**LICENSURE & CERTIFICATION APPLICATION** **CLHF and PDHRC:** [Title 22 of the California Code of Regulations (CCR) section 72201(b)(2), 72201(b)(6), and 7221(a)] **PDHRC:** [Health and Safety Code (HSC) section 1267.13(n) and 1760.4(c)] **Tips:** • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a social security number in this field)
	Supporting Documents	**A.8 - BED CAPACITY** **CHLF:** [HSC section 1250(i) and 1267.16(c)] For a CLHF with more than six beds for persons who are terminally ill and for persons who are catastrophically and severely disabled: • Submit a **Conditional Use Permit** • The Conditional Use Permit must meet the requirements of the City or County in which it is located unless those requirements are waived by the City or County **Note:** for PDHRCs a conditional use permit is not needed

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**A.11 – CONSTRUCTION** **CLHF Only:** [HSC section 1267.19] **PDHRC Only:** [HSC section 1761.8] Submit **evidence of compliance** with local building code requirements whether or not construction occurred **Note:** CLHFs are not subject to architectural plan review by the Office of Statewide Health Planning and Development.
	Supporting Documents	**FLOOR PLAN** **CLHF and PDHRC:** [HSC section 1267.13 and 1761.8] Submit a floor plan that describes the requested change of beds including a schematic of the room(s)
	STD 850	**FIRE SAFETY INSPECTION REQUEST (if applicable)** **CLHF Only:** [22 CCR section 72505] [HSC section 1267.13(a)(b)] **PDHRC Only**: [HSC section 1761.2] If there is any construction, 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 & Safety (FLS) Inspection approval does not replace this form