COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

OFFICE OF INSPECTOR GENERAL DIVISION OF CERTIFICATE OF NEED

NOTICE OF RELOCATION OF ACUTE CARE BEDS OR REDISTRIBUTION OF BEDS BY LICENSURE CATEGORY

Pursuant to 900 KAR 6:110, Sections 4 and 5, any acute care hospital that relocates acute care beds to another acute care hospital under common ownership in the same area development district, or that redistributes beds among its licensure categories within the same hospital shall notify this office within ten (10) days of the relocation or redistribution.

1. Name of Health Facility

License Number

Address of Facility

(City) (State) (Zip) (County)

1. If relocating beds:

Name of Health Facility Beds Will be Relocated to\_

License Number

Address of Facility

(City) (State) (Zip) (County)

Owner of Facility

Number of beds relocated:

Date that beds were relocated:

1. If redistributing beds:

Type and number of beds redistributed, and bed type, and bed capacity after redistribution:

Date that beds were redistributed:

(PRINTED NAME) (TITLE)

(EMAIL ADDRESS) (AREA CODE-TELEPHONE NO-EXT)

(Signature of Authorized Representative) (Date)

**COMPLETE AND RETURN TO**:

OFFICE OF INSPECTOR GENERAL DIVISION OF CERTIFICATE OF NEED 275 EAST MAIN STREET 5EA FRANKFORT, KY 40621

Phone: (502) 564-9592

Email: [CON@ky.gov](mailto:CON@ky.gov) Fax: (502) 564-6546