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)

2. 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: _____

3. 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
Fax: (502) 564-6546