Schedule 7C
Bed Capacity Increase

Instructions: Use this application to (1) request approval to add up to nine (9) beds to your ACF operating certificate no more than once in a five year period or (2) certify up to nine (9) of your ALR beds as additional EALR or SNALR beds in your approved EALR or SNALR.

Please note: The Department of Health reserves the right to deny applications for the addition of any beds if the applicant has submitted multiple applications that constitute a misuse of this expedited process. This form may be used for projects that require minor renovations to the existing building, but may not be used for construction projects.

Facility Information

FACILITY NAME _____ TYPE OF FACILITY _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

Operator Information

OPERATING CERTIFICATE NUMBER _____ OPERATOR _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

Contact Information

NAME AND TITLE _____

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ TELEPHONE _____ FAX _____

Program Configuration

Type	☐ AH	☐ EHP	☐ ALP	☐ ALR	☐ EALR	☐ SNALR
Current Number of Beds						
Proposed Number of Beds						

1. When was the date of your last DOH full survey? _____

2. Describe where the new residents will be housed, including the adequacy of the size of the bedrooms and common areas and any required renovation or construction[1]:

3. State the reason the operator is requesting this increase in ACF capacity or increased EALR or SNALR certification.

4. Will this change result in a change to your staffing schedule? ☐ Yes ☐ No If yes, attach a copy of the new staffing schedule.
☐ Attachment #_____.

5. Does your project involve renovations? ☐ Yes ☐ No If yes, attach a resident safety plan that describes the work to be completed, the duration of the project and the measures taken to protect residents during that time.
☐ Attachment #_____.

6. Will this increase require a change to the approved evacuation plan? ☐ Yes ☐ No If yes, attach the updated plan and a description of the changes.
☐ Attachment #_____.

Certification of Applicant

I declare that to the best of my knowledge all information provided herein is true, correct and complete. Further, if this application is approved, I agree to operate the facility in accordance with all Department regulations and the proposal contained herein.

SIGNATURE DATE

PRINT OR TYPE NAME

TITLE

[1]Applications involving construction may require the submission of additional information to the Department, such as the ACF Architectural Certification.