

HOSPITAL BED DESIGNATION APPENDIX E

Please complete this form when requesting a change of
bed designation for a Hospital or Psych Unit.

Facility Information (All new facilities will be considered licensed only until CMS approval)		
Facility Name		
Address	City	
Hospital (Acute) Bed Designation Change		
<i>* Bed type is a subcategory.</i>	Current # of Beds	Requested # of Beds
A. Medical/Surgical (includes Med/Surg, Rehab & ICU)		
* Rehabilitation Beds		
* Intensive Care Unit (ICU) Beds		
* Short Term Stay (Swing) Beds		
B. Obstetrical		
C. Pediatric (includes Pediatric & NICU)		
* Neonatal Intensive Care Unit (NICU) Beds		
Total Number of Licensed Beds (A+B+C):		
Brief description of bed designation change:		
Hospital (Psychiatric) Bed Designation Change		
<i>* Bed type is a subcategory.</i>	Current # of Beds	Requested # of Beds
A. Inpatient Psychiatric (includes Adult, Child, Flex)		
* Adult Beds		
* Flex Beds (Adult/Child)		
* Child Beds		
Total Number of Licensed Beds (A Only):		
Brief description of bed designation change:		