



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
 502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

Nursing Home Bed Increase Request Form

Complete for addition of licensed beds when a Certificate of Need (CON) is not required. T.C.A. §68-11-1607(j)(1) & (2) permits a nursing home to increase its licensed beds by the lesser of ten (10) beds or 10% of its licensed bed capacity. Bed increase requests under this provision may not occur more than one (1) time every three (3) years. If a newly licensed nursing home, the ten (10) bed or 10% bed increase request must be made no earlier than one (1) year after the date of initial licensure. The addition of beds will require a life safety survey and may be subject to a health survey. Completion of this form serves as notice to the Health Facilities Commission.

Facility name: _____

License #: _____

1. Please list total number of currently licensed beds: _____

2. Please list number of currently licensed beds in the following previously approved categories:

<u>Total # of beds</u>	<u>Category</u>
	Secured Unit
	Alzheimer's Unit
	Ventilator Unit
	Dialysis Unit
	Other (beds not included in the specialized categories above)

3. Please list the total number of new requested beds that the facility wishes to add to its license in the following previously approved categories:

Total # of beds	Category
	Secured Unit
	Alzheimer's Unit
	Ventilator Unit
	Dialysis Unit
	Other (beds not included in the specialized categories above)

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4. Please list the physical address of the proposed additional beds:

5. Will construction or renovation be required? Circle one: Yes No.

If “yes”, please provide a brief description:

6. If you responded “yes” to question #5, please have the project architect or engineer submit the construction plans and specifications to the Plans Review Section for review and approval.

7. If you responded “no” to question #5, please provide a floor plan to the Plans Review Section which identifies the location of the proposed beds. Once received, the information will be shared with the appropriate regional office to schedule a survey of the dedicated space housing the requested additional beds. Please note: the proposed area will need to meet all code requirements for such use.

8. Please list the anticipated date of completion: _____