

## Hospital Capacity Change Form

### Notification of Bed Number Changes or Bed Relocation

This form only needs to be completed if you are reporting any construction, modernization, major acquisition, or significant alteration under OAC 3701-22-03(K) and there is a permanent change in bed count.

Main Hospital Name (DBA):		Main Hospital Address:		License Number:
Check the location this form applies to:	Main Hospital Location	Provider-based Location (If checked, list the location name and address on next line.)		
Location Name:		Location address:		

**Instructions:** Please submit (1) this form and (2) a floor plan illustrating the bed/capacity changes by email to: [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov)

**Note:** If beds are moving addresses, please attach a detailed explanation highlighting the old address and new address. If these capacity changes involve construction, modernization, major acquisition, or significant alteration as specified in OAC 3701-22-03(K), please also complete *Director Notifications* form available under [Applications and Forms on our website](#).

Hospital Bed Category	Current No. Beds	Current Floor/ Unit	New No. Beds	New Floor/Unit	Effective Date
Adult Medical/Surgical					
Adult Special Care (ICU/CCU)					
Alcohol or Drug Abuse Rehabilitation					
Burn					
Emergency Service Beds					
Hospice					
LTAC - LTA less than 30 days stay					
Pediatric - General					
Pediatric Intensive Care (PICU)					
Physical Rehabilitation					
Psychiatric - Not Licensed by MHAS					
Psychiatric - MHAS Licensed*					
Any other inpatient bed not listed above					
<b>Long Term Care</b>					
Skilled Nursing Facility (SNF) - Not Licensed					
Nursing Facility (NF) - Not Licensed					
SNF/NF Not Licensed					
Special Skilled (3702.521)					
<b>Obstetric/Neonatal</b>					
<b>Obstetric Capacity</b>					
Level I					
Level II					
Level III					
Special Delivery Beds					
Level IV					
Special Delivery Beds					
Level I					
Well Baby Beds					
Level II					
Well Baby Beds					
Special Care Nursery Beds					
Level III					
Well Baby Beds					
Special Care Nursery Beds					
Neonatal Intensive Care Unit Beds					
Level IV					
Well Baby Beds					
Special Care Nursery Beds					
Neonatal Intensive Care Unit Beds					

**Affirmation:** I hereby certify that the provisions of the Ohio Revised Code and the rules adopted under the Ohio Administrative Code relating to licensed hospitals will be faithfully observed and that this hospital will be maintained with due regard for the health, safety, and welfare of its respective patients or residents.

Name of Authorized Representative	Title	Email	Date
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