

INDIANA SDEPARMENT OF HEALTH

Application for a Long Term Care Replacement Facility

An application for a Long Term Care replacement facility should include the following documentation.

- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana Department of Health. The plans approval information can be found at <http://www.in.gov/isdh/24386.htm>
- A cover letter specifically outlining the change being requested, including the facility number, name, current address and proposed address (include a contact name, phone number, and email) and proposed effective date.
- Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Transition plan for relocating the residents
- Written request for Life Safety Code and State Fire Code inspections

If you have any questions regarding the application process please contact Provider Services by email at ltproverservices@isdh.IN.gov .

Completed application packets should be sent to the following address.

Long Term Care Provider Services
Indiana Department of Health
2 N. Meridian St., Section 4B
Indianapolis, IN 46204