



Long-Term Care Facility - Approved Licensure Actions

3. Change of Facility Name - Effective Date of Change: _____ - _____ - _____

New Facility Name: _____

4. Change of Licensee Name - Effective Date of Change: _____ - _____ - _____

New Licensee Name: _____

5. Change of Address - Effective Date of Change: _____ - _____ - _____

New Address: _____

6. Capacity and/or Level of Care - Effective Date: _____ - _____ - _____

From:		To:	
Skilled	_____	Skilled	_____
Under Age 22	_____	Under Age 22	_____
Intermediate	_____	Intermediate	_____
ICF/DD	_____	ICF/DD	_____
ICF/DD > 16 Beds	_____	ICF/DD > 16 Beds	_____
Sheltered Care	_____	Sheltered Care	_____
Community Living	_____	Community Living	_____
TOTAL	_____	TOTAL	_____

7. Closure of Facility - Effective Date of Closure: _____ - _____ - _____

Reason for Closure: _____

Additional Notes:

*Joni Colón*¹⁶

Licensure Program Administrator

04/22/13

Date