IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF NEED REDUCTION OF BED CAPACITY

Street	City		County	Zip
Contact Person		()	
Contact PersonName			Teleph	one
Email				
Date of reduction				
case of a health care facility, the name he facility. In the case of a hospit to the Department of Inspections a need total must be reported on the Section 135.63(2)g, Iowa Code.	al, the number of beds and Appeals for purpo	must be ses of lice	consistent with bensure and certifi	ed totals recation. The
Explain why the beds can be eliming	inated without creating	g a hardsł	nip for the facility	or the
<u> </u>	inated without creating	g a hardsh	nip for the facility	or the
<u> </u>	inated without creating	g a hardsh	nip for the facility	or the

•	ilization and describe additional pages as ne	how the reduced number of beds will accommodate ecessary.
		ntages to your patients, residents or institution which
1, C 11 ' .1	reduction of beds e	g. more flexible scheduling of staff, different
		ner revenue producing functions. Use additional page
reimbursement basi	is, use of space for oth	
reimbursement basi	is, use of space for oth	ner revenue producing functions. Use additional page
reimbursement basi	is, use of space for oth	ner revenue producing functions. Use additional page
reimbursement basinecessary. AUTHORIZATIO	is, use of space for oth	ministrator and Chairperson of the Board of Director

588-1030 BEDRED (11/18)