

LOCATION ADDITION CHECKLIST



ASSISTED LIVING

Parent Company Information:

Legal Name: _____

DBA Name: _____

Instructions: Please complete this form and submit the documentation listed below for your organization's new location. When the requirements have been submitted in full to ACHC, they will be reviewed by the Regulatory Department and an accreditation decision will be made.

Please provide the following:

- Completed ACHC Additional Site Information Form for the new location.
- Copies of most recent licenses (business or state licenses).
- Copies of fire and state inspections.

Note: Additional information may be requested before a location addition is approved.

Attestation Statement:

I _____, hereby certify that all of the information on this request to Accreditation Commission for Health Care is true and correct. I certify the following in regard to this new location:

- New location will adhere to the accredited main location's policies and procedures.
- New location is in compliance with all ACHC Standards and federal, state, and local rules and regulations.
- New location is appropriate and equipped to provide service to residents in a timely manner.

Signature: _____ Date: _____

Title: _____

The usual unannounced survey scheduling process will apply, and organizations will be charged the current customary location addition fees. If it is determined that an on-site review is not necessary, the organization will be charged a fee based upon the signed accreditation agreement.

For ACHC Internal Use Only

ACHC Approval: _____ Date: _____

Company ID #: _____ Application #: _____

Site visit required: YES NO Number of Days Required for Survey: _____ Fee: _____

Accreditation Dates: _____ Services Approved: _____

Additional Site Information

Location Information:

Name to display on Accreditation Certificate: (check only one)

Legal Name DBA Name Both Legal and DBA Name

Legal Name: _____

DBA Name: _____

Location Phone #: _____ Location Fax #: _____

Physical Address:

Address: _____

City: _____ State: _____ Zip: _____

Location Contact Information:

Name: _____

Title: _____ Email: _____

Profile Information

Federal Tax ID #: _____

Services Being Provided from This Location

- Assisted Living Community (ALC)
- Life Safety Code (LSC)
- Memory Care Unit (MC)
- Distinction in Outcomes (ALO)