

CHANGE OF OWNERSHIP/ OWNERSHIP INFORMATION CHANGE CHECKLIST



ASSISTED LIVING

Accreditation Commission for Health Care (ACHC) requires organizations to provide written notification for any change of ownership (CHOW) or ownership information change of five percent or greater. Failure to notify ACHC within 30 days of the change may result in a gap in accreditation. ACHC will not backdate accreditation dates to when the change officially took place.

The following items must be submitted by the proposed new owner to the organization's assigned Account Advisor:

Letter of Attestation

Include the following:

- ☐ Type of change (e.g., acquisition, merger).
- ☐ Details of all changes, such as new management and list of new contacts, including:
 - » Owner, leader, and liaison.
 - » Names, phone numbers, and email addresses.
- ☐ Actual or proposed date of change.
- ☐ Statement that policies and procedures will not change, or statement that policies and procedures are changing and includes copies of policies and procedures of key standards.
- ☐ Previous and new federal tax ID numbers.
- ☐ Statement of whether the purchased company is accredited that includes the name of the accreditation organization and current accreditation dates.

Documentation

Include the following:

- ☐ Completed Site Information form. (See next page.)
- ☐ Proof that new owners/managers/organization is not on the Office of Inspector General (OIG) exclusion list.
- ☐ Pre-transaction and post-transaction organizational charts.

Submitted information will be reviewed and accreditation will be determined based on the date of submission. A site survey may be required; normal survey scheduling processes and fees would apply.

If it is determined a survey is not needed, the organization will be charged based on the signed accreditation agreement. If the organization is found to have substantial deficiencies during the on-site survey, a plan of correction will be required and a follow-up focus survey may be required.

Contact Name: _____

Company Name: _____

Contact Phone: _____ Contact Email: _____

Location Information

Legal Name: _____

DBA Name: _____

Location Phone: _____ Location Fax: _____

Physical Address

Address: _____

City: _____

State: _____ Zip: _____

Location Contact Information

Name: _____

Title: _____ Email: _____

Federal Tax ID #: _____

Name to display on accreditation certificate (choose one):

☐ Legal Name ☐ DBA Name ☐ Both legal and DBA names

Services Provided at This Location

Check all that apply:

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