

## **72201 Application Required**

### **(a)**

Whenever either of the following circumstances occur, verified application for a new license completed on forms furnished by the Department shall be submitted to the Department. (1) Establishment of a skilled nursing facility. (2) Change of ownership.

#### **(1)**

Establishment of a skilled nursing facility.

#### **(2)**

Change of ownership.

### **(b)**

Whenever any of the following circumstances occur, the licensee shall submit to the Department a verified application for a corrected license completed on forms furnished by the Department. (1) Construction of new or replacement skilled nursing facility. (2) Increase in licensed bed capacity. (3) Change of name of facility. (4) Change of licensed category. (5) Change of location of facility. (6) Change in bed classification. (7) Addition or deletion of any special or optional units listed in Article 4.

#### **(1)**

Construction of new or replacement skilled nursing facility.

#### **(2)**

Increase in licensed bed capacity.

**(3)**

Change of name of facility.

**(4)**

Change of licensed category.

**(5)**

Change of location of facility.

**(6)**

Change in bed classification.

**(7)**

Addition or deletion of any special or optional units listed in Article 4.