**Department of Health Services State of Wisconsin**

Division of Quality Assurance Wis. Stat. § 50.03(4)2

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# Nursing Home – Bed Change Request

Instructions:

* This form is used by nursing facilities to request a bed change.
* Send any questions to the following email box: [dhsdqabnhrclicensing@dhs.wisconsin.gov](mailto:dhsdqabnhrclicensing@dhs.wisconsin.gov).
* Return this completed and signed form to: [dhsdqabnhrclicensing@dhs.wisconsin.gov](mailto:dhsdqabnhrclicensing@dhs.wisconsin.gov).

This approval may be rescinded at any time upon a determination by the Department.

### Facility information:

Name - Facility:       License number:

Name – Person completing form:       Title:

Phone number:       Email address:

Date:

### Bed change information:

Decrease

Breakdown Change

Increase

### Specific bed change request:

Current number of beds:       Number of beds to decrease or increase:

Number of private beds:       Number of non-private beds:

(New) Total number of beds:

Effective date (cannot be retroactive):

Comment(s):

### DQA use only

Bureau Director approval:       Date:

LPPA completion:       Date:

Comment(s):