

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION  
Capitol and Washington Streets, 1 Davis Square, Suite 101, Charleston, WV 25301-1799

**APPLICATION FOR INITIAL LICENSE TO CONDUCT A NURSING HOME**

**INSTRUCTIONS**

Please complete this application in full. Use typewriter or print legibly with ink.

Application for a nursing home license may be made by individual owner or administrative officer. An application on behalf of a corporation, or governmental unit shall be made by any two officers thereof or by its managing agents on whom rests responsibility for maintaining approved standards for the facility.

The application shall be verified before an officer of the State authorized to administer oaths, by the person, or a member of the firm or association or an officer of the corporation making this application.

A license fee of \$200.00 must be submitted with this application. Check or money order should be made payable to the Division of Health – OHFLAC. Cash cannot be accepted.

License fee and application form should be mailed to: Office of Health Facility Licensure and Certification, Capitol and Washington Streets, 1 Davis Square, Suite 101, Charleston, WV 25301-1799

**1. FACILITY IDENTIFICATION INFORMATION**

Exact Name: \_\_\_\_\_

Location: (Street, Route #) \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_

FEIN (Federal Employer Identification Number): \_\_\_\_\_

**2. LEVEL OF PARTICIPATION in the Medicare and Medicaid programs (e.g. skilled nursing facility, nursing facility).**

\_\_\_\_\_

**3. PROPOSED BED CAPACITY of the facility, by unit where units will be specialized**

Number of proposed beds: \_\_\_\_\_ Number of specialized units: \_\_\_\_\_ If specialized units are proposed, specify type(s):

\_\_\_\_\_

**4. ADMINISTRATOR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

WV Administrator's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. TYPE OF OWNERSHIP (Check only one):

Proprietary:    \_\_\_ Individual                    \_\_\_ Partnership                    \_\_\_ Corporation  
Non-Profit:    \_\_\_ Church-Related                    \_\_\_ Non-Profit Corporation                    \_\_\_ Other  
Government:    \_\_\_ State    \_\_\_ County    \_\_\_ City    \_\_\_ City/County                    \_\_\_ Other

6. OWNERSHIP

A. The name and address of the applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

A.1. The name, address, and principal occupation of each person, who as a stockholder or otherwise, has a **proprietary interest of ten (10) percent or more in the applicant**:

| Name  | Address | Principal Occupation |
|-------|---------|----------------------|
| _____ | _____   | _____                |
| _____ | _____   | _____                |
| _____ | _____   | _____                |

A.2. Each officer and director of a **corporate applicant**:

| Name  | Address | Principal Occupation |
|-------|---------|----------------------|
| _____ | _____   | _____                |
| _____ | _____   | _____                |
| _____ | _____   | _____                |

A.3. Each trustee and beneficiary of an **applicant which is a trust**:

| Name  | Address | Principal Occupation |
|-------|---------|----------------------|
| _____ | _____   | _____                |
| _____ | _____   | _____                |
| _____ | _____   | _____                |

A.4. Each officer and director of the corporation which has a proprietary interest of **twenty-five (25) percent or more in an applicant**:

| Name  | Address | Principal Occupation |
|-------|---------|----------------------|
| _____ | _____   | _____                |
| _____ | _____   | _____                |
| _____ | _____   | _____                |

B. The name and address of the **owner of the premises** of the nursing home, if he or she is a different person from the applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

B.1. The name and address of each person, who as a stockholder or otherwise, has a **proprietary interest of ten (10) percent or more in the owner:**

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

B.2. Each officer and director of a **corporate applicant:**

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

B.3. Each trustee and beneficiary of the **owner if it is a trust:**

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

B.4. Each officer and director of the corporation which has a **proprietary interest of twenty-five (25) percent or more in the owner:**

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

7. **IF APPLICANT IS THE LESSEE OR THE ASSIGNEE** of the facility or the premises of the proposed facility, a signed copy of the lease and any assignment thereof must be submitted with this initial application.

8. **ORGANIZATIONAL PLAN** for the facility indicating the number of employees and their positions and duties must be submitted with this initial application.

9. Evidence of compliance with applicable laws, rules and regulations governing zoning, buildings, safety, fire prevention, sanitation must be submitted with this initial application.

10. Evidence of approval by the Health Care Cost Review Authority, the state health planning and development agency must be submitted with this initial application.

11. **OTHER FACILITIES** which are or have been operated by the owner of manager, or for which one (1) of the individuals as a controlling person, including other states. (If more space is needed, please attach an addendum.)

Name

Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **SIGNATURE OF APPLICANT** (Legal entity to which the license is to be issued)

Name of Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Title or Position: \_\_\_\_\_

13. **VERIFICATION**

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being by me duly sworn on his/her oath, deposes and says that he/she has read the foregoing application and knows the content thereof, that the statements concerning the above named facility therein contained are correct and true of his/her knowledge.

SIGNED: \_\_\_\_\_

(Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SIGNED: \_\_\_\_\_

(Notary Public)

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_