



TEXAS
Health and Human
Services

**General and Special Hospital Multiple Location
License Renewal Application**

Name of Main Hospital: _____

Hospital License Number: _____ Status: Profit Non-Profit

Name of Multiple Location Hospital: _____

Multiple Location Hospital Designation: General Special

Hospital within a hospital: Yes No

1. HOSPITAL SERVICES: *(Check all services offered)*

- Medical *(Special hospitals only)*
- Surgery *(General hospitals only)*
- Obstetrical Care *(General hospital only)*
- Clinical Laboratory Services *(contracted or onsite)*
- Diagnostic X-ray Services *(required)*
- Emergency Department** *(required)*
- Emergency Treatment Room *(required if no Emergency Department)*
- Pediatric *(if 15 or more pediatric beds)*
- Comprehensive Medical Rehabilitation
- ESRD – Acute Services* *(in an identifiable part of the hospital)*
- Mental Health Services *(in an identifiable part of the hospital)*
- Chemical Dependency *(in an identifiable part of the hospital)*
 - Inpatient
 - Outpatient
- Other Definitive Medical or Surgical Treatment: _____

***Answer the questions below if ESRD Stations are provided for treatment within a designated area of the hospital:**

What patient populations are being served? Pediatric Adult

Does the hospital provide peritoneal dialysis? Yes No

How many stations does the hospital have? _____ *(not included in bed count)*

2. Does this location currently have a waiver of any hospital regulations?

- Yes No

If yes was marked, provide a copy of the waiver.

3. OTHER SERVICES: *(Select one of the following)*

- Long Term Acute Care Hospital
- Critical Access Hospital
- Skilled Nursing Unit
- Children's Hospital
- None

4. LICENSED BEDS:

a. How many total licensed beds are at this hospital location? _____

Total bed design capacity of this hospital only.

A change in the bed design capacity requires prior approval and possible fees.

b. How many emergency treatment room beds and/or emergency department beds are at this hospital location? _____

This count is not included in the licensed bed count above.

A minimum of one bed is required.

c. Provide the total number of licensed beds in each unit or area of service at this hospital location:

- | | |
|---|---|
| _____ Medical/Surgical | |
| <i>(may include pediatric beds if pediatric bed count is less than 15 beds)</i> | |
| _____ ICU/CCU | _____ Postpartum |
| _____ Intermediate Care | _____ Adolescent |
| _____ Universal Care | _____ Pediatric <i>(if 15 or more beds)</i> |
| _____ Neonatal ICU | _____ Skilled Nursing |
| _____ Continuing Care Nursery | _____ Comprehensive Medical Rehabilitation |
| _____ Antepartum | _____ Mental Health |
| _____ Labor/Delivery/Recovery/Postpartum | |
| _____ Chemical Dependency | |

5. ACCREDITATION:

(Check the appropriate category)

Attach a copy of the most recent hospital letter or certificate of accreditation.

- Joint Commission (JC)
- American Osteopathic Association (AOA)
- DNV GL
- Center for Improvement in Healthcare Quality (CIHQ)
- Not accredited

6. SAFE-READY FACILITY

Is your facility a **SAFE-ready facility**? Yes No

"SAFE-ready facility" means a health care facility designated as a Sexual Assault Forensic Exam-ready facility under TX Health and Safety Code Section 323.0015. A SAFE-ready facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation to a licensed nurse or physician when conducting a sexual assault forensic medical examination.

7. SIGNATURE AND ATTESTATION:

I attest that the owner is capable of meeting the requirements of 25 Texas Administrative Code, Chapter 133, Hospital Licensing Rules. I attest that all information contained in this application is true and correct. I attest that all copies submitted with the application are original copies or copies of the original documents. In compliance with Health and Safety Code §241.022(c)(1) and the Hospital Licensing Rules, this is to attest that the physicians on the medical staff of this hospital are currently licensed by the Texas Medical Board and are qualified legally, professionally and ethically for the positions to which they are appointed.

Chief Executive Officer Signature

Date Signed

Printed Name of CEO

Title

Telephone Number

Email Address

8. HOSPITAL ADMINISTRATOR:

Onsite Administrator in charge of day-to-day operations Title

Telephone Number

Email Address