Assisted Living License Relocation Checklist

EXISTING ASSISTED LIVING LICENSEES

This checklist provides guidance for gathering all items needed to submit a relocation application for an existing Assisted Living Facility (ALF) license or for an Assisted Living Facility with Dementia Care (ALFDC) license.

Information on the application and related documents must be relative to the proposed new or relocated address of the facility.

Instructions for attachments

Applicants must upload the application and required attachments to the Facility and Provider Licensing System (https://hrdlicensing.web.health.state.mn.us/#/).

The items on the checklist are organized by corresponding section from the relocation application and assisted living plan submittal form. If the applicant submits more than one attachment for the same section, the attachments should contain both its corresponding checklist section name and a letter. For example, if the applicant has two documents to attach for the **applicant information** section, the first document should be labeled "Applicant Information section Attachment A" and the second document should be labeled "Applicant Information section Attachment B."

Keep a copy of the application and attachments for your records. Application and attachment materials will not be returned to the applicant.

Attach the following items from the Relocation Application:

Applicant information

Item to Attach	Additional Information
☐ Executed Lease	**Only** if the proposed new physical address is rented or leased. If the terms of the lease are outlined in a management agreement, you only need to submit the management agreement as the attachment to satisfy this requirement.

Attach the following items from the Assisted Living Plan Submittal Form:

Project information

Item to Attach	Additional Information
☐ Certificate of occupancy	Issued by the Minnesota Department of Labor and Industry or a city with a delegation agreement for the new physical address.

Proposed facility type and resident capacity

For assisted living facilities with resident capacity of five or less

Item to Attach	Additional Information
☐ Site plan or map	Must show facility location on property, property boundaries, any outdoor areas for residents, and any other adjacent or connected buildings on or adjacent to the property.
☐ A PDF copy of clear, legible, and computer-drawn facility plans.	Must show the following information: ▪ Floorplan of each floor, with full dimensions and labeled use of each room. ▪ Location and size of all fire extinguishers. ▪ Location and interconnection of all smoke alarms and carbon monoxide detectors. ▪ Location and opening size of all emergency escape and rescue openings (egress windows).

For assisted living facilities with dementia care with resident capacity of five or less

Item to Attach	Additional Information
☐ NFPA code analysis	Must contain graphic code plan and narrative to the applicable chapters of the 2018 NFPA 101 Life Safety Code.
☐ Final plans and specifications	Must be prepared and signed by an architect or engineer registered in Minnesota and must include the following, but not limited to: ▪ Site plan. ▪ Architectural plans. ▪ Mechanical plans. ▪ Electrical plans. ▪ Plumbing plans. ▪ Fire protection plans.

Minnesota food code (required for both ALF and ALFDC)

Item to Attach	Additional Information
☐ A PDF copy of clear, legible, and computer-drawn kitchen plans drawn to scale.	Must include proposed layout of appliances/equipment, including all sinks.
☐ Finish schedule for all kitchen surfaces.	Must include floors, base cove, walls, and ceilings (may be indicated on plans).
☐ Appliance/equipment specifications for all food service equipment.	Must include sinks and range hoods. in compliance with Minnesota Food Code found in Minnesota Rules, part 4626.0506 (https://www.revisor.mn.gov/rules/4626.0506/).
☐ Proposed menu.	Foods prepared and served by the facility.
☐ Water and sewer information.	▪ If the facility is connected to city water and sewer, indicate on the plans. ▪ If the facility is served by well and septic, provide information on the well including well number and septic certificate of compliance.

Uniform Disclosure of Assisted Living Services & Amenities (UDALSA)

Item to Attach	Additional Information
☐ UDALSA	Attach a copy of the UDALSA the facility intends to use with prospective residents at the new physical location. The submitted UDALSA must be in a PDF format with facility-specific information but **must not contain signatures, dates, or other resident-specific information.** To save the UDALSA in a noneditable PDF, right-click on the file and open it with a browser and then print the file as a PDF. Upload the resulting file.

Workers' compensation insurance

Item to Attach	Additional Information
☐ Copy of Insurance Certificate	Verify insurance name, carrier name, policy number, and effective dates for proposed new physical address. **The insured entity listed on the liability certificate must match the legal name of the applicant business entity identified in this**

	application.

Liability coverage

Item to Attach	Additional Information
☐ Copy of Liability certificate	Verify insurance name, carrier name, policy number, and effective dates for proposed new physical address. **The insured entity listed on the liability certificate must match the legal name of the applicant business entity identified in this application.**

Questions

Email: health.assistedliving@state.mn.us
Call: 651-201-4200

Minnesota Department of Health
Assisted Living Licensure
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651-201-4200
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To obtain this information in a different format, call: 651-201-4101.