

**STATEMENT OF UNDERSTANDING AND AGREEMENT TO PARTICIPATE IN THE  
SMALL HOUSE SKILLED NURSING FACILITY PILOT PROGRAM**

I/We, \_\_\_\_\_, applicant(s), understand that:

1. The pilot facility must comply with all existing federal, state, and local laws, rules and regulations, and the conditions set forth in Health and Safety Code (HSC) section 1323.5.
2. The California Department of Public Health (CDPH or the Department) may require that additional information and documents be submitted with, or subsequently in support of, the application. Failure to provide any required information or documentation shall disqualify the applicant from the application process and from consideration for participation in the Small House Skilled Nursing Facility (SHSNF) Pilot Program.
3. If, at any time, a pilot facility fails to meet the criteria for licensure and operation as a pilot facility, or fails to safeguard patient health, safety, welfare, and security as determined by the Department, the Department will remove that pilot facility from participation in the pilot program.
4. The Department may inspect any pilot facility at any time.
5. The costs of the creation, administration, and evaluation of the SHSNF Pilot Program will be borne by the facilities participating in the pilot project.
6. The Department shall have authority to waive any standard for skilled nursing facilities (SNFs) established in Chapter 2 of Division 2 of the HSC, Chapter 2.4 of Division 2 of the HSC (commencing with section 1417), and all regulations adopted thereunder, if the health, safety, and quality of patient care will not be adversely affected. Applicants shall request the waiver in writing, accompanied by detailed, supporting documentation. Prior written approval from the Department, communicating the terms and conditions under which the waiver is granted, shall be required.
7. An applicant seeking a waiver must provide all documents that the Department deems necessary for modifications to the SHSNF Pilot Program and the standards or regulations governing SHSNF pilot facilities.

I/We agree to participate fully in the SHSNF Pilot Program and the pilot program evaluation under the direction of CDPH, any third-party representatives of the Department, and the Office of Statewide Health Planning and Development (OSHPD).

I/We agree that, unless otherwise operating on an existing SNF license, this pilot facility is subject to the Department's Licensing and Certification Program fee for SNFs pursuant to HSC section 1266, which must be paid within 30 days of the Department's notice of the amount due.

I/We declare under penalty of perjury that the statements contained in our SHSNF Pilot Program application and accompanying documents are true and correct to our knowledge.

**Signature** \_\_\_\_\_

**Printed name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_