Office of Health Assurance and Licensing

Nursing Home
Initial Application Instructions

General Information and Instructions
Chapter 3721. of the Revised Code (RC) and Chapter 3701-17 of the Ohio Administrative Code (OAC) require nursing homes to be licensed and set forth requirements for licensure. A Nursing Home/Residential Care Facility Licensure Application and Notice of Readiness form are attached to this document.

For timely processing, you should submit your application along with the fee and the required documents no more than six months (180 days) and no less than two months (60 days) before the projected opening date you list on the application.

A check or money order, made payable to the Treasurer, State of Ohio in the amount of $320 for each 50 beds or part thereof must accompany your application. See example below.

1 - 50 beds	$320
51 - 100 beds	$640
101 - 150 beds	$960
151 - 200 beds	$1,280
201 - 250 beds	$1,600
251 - 300 beds	$1,920

Required Documents:
The following documents must be submitted with your "Nursing Home/Residential Care Facility Licensure Application" and fee:

1. A copy of an Ohio Department of Health letter granting the Certificate of Need (CON) for the home, which includes the ODH file number. An applicant seeking an initial nursing home license must have been granted a CON for the facility.

2. An 8½" x 11" schematic drawing of the facility that clearly shows the bath and toilet rooms, room numbers, dimensions of rooms and number of beds in each room.

3. A copy of the Certificate of Occupancy permit for the home. Nursing Homes are required to meet the I-2 use group occupancy requirements. See RC Chapter 4101:1-3 of the OAC for more information.

4. A copy of a current State Fire Marshal Inspection report documenting the home is in compliance with the state fire code.

5. A Notice of Readiness form.

Expedited Survey:
Rule 3701-17-03.1 of the Ohio Administrative Code allows a Nursing Home to request an expedited initial licensure inspection. To request an expedited licensure inspection, the applicant must submit a complete initial application requesting an expedited initial inspection, all required documents as set forth above, the application fee and a non-refundable fee of $2,250.00. Upon receipt of a completed application with a request for expedited initial inspection, the department will commence an inspection of the home not later than ten (10) business days from the date the Department deems the application complete.

Application Submission:
Submit the completed application form, check or money order in the correct amount, and the required documents listed above to the following address:

Ohio Department of Health
Revenue Processing #3212
PO Box 15278
Columbus, Ohio 43215

If the application is not complete or is not accompanied with the fee and required documents listed above, licensure approval may be delayed, your application may be returned to you or your application may be denied. Deposit of your fee does not mean that your application has been accepted and/or declared complete. In addition, if an inspection commences on or after the date indicated on the Notice of Readiness form and the surveyors determine the home is not ready for inspection, the inspection may be terminated and either a second inspection will be delayed or the application for a license may be denied.

Medicare and/or Medicaid Participation
A nursing home must be licensed before it can be certified to participate in the Medicare and/or Medicaid programs. If an application is made for Medicare/Medicaid participation and it is possible, the survey for Medicare and/or Medicaid certification inspection may be done on the same day or days as the inspection for the nursing home license, as long as all appropriate applications are received by the Ohio Department of Health.

If you wish to be certified to participate in the Medicaid program, you will need to apply with the Ohio Department of Medicaid. You can obtain information about enrolling as a Medicaid provider on the Ohio Department of Medicaid website, www.medicaid.ohio.gov under Provider Enrollment.

If you wish to be certified to participate in the Medicare program, you can obtain information about enrolling as a Medicare provider by going to the Ohio Department of Health website, www.odh.ohio.gov and going to the Nursing Homes/Facilities page or by sending an e-mail to liccert@odh.ohio.gov or calling (614) 644-8118.

If you have any questions regarding your nursing home licensure application, please e-mail the Licensure Program in the Division of Quality Assurance, Ohio Department of Health at liccert@odh.ohio.gov or call (614) 466-7713.

Office of Health Assurance and Licensing
Nursing Home/ Residential Care Facility
Licensure Application

ODH USE ONLY for New App
App #
OHL #

Submit Application to: Ohio Department of Health
Revenue Processing # 3212
PO Box 15278
Columbus, Ohio 43215

1. **Application Type** ○ Initial ○ Change Of Operator	2. Projected opening date or effective date of change of operator	3. Ohio Building Use Group ○ I-1 ○ I-2 ○ R-4
4. Licensure type ○ Nursing Home ○ Residential Care Facility	5. Capacity (# of Beds)	6. Operator Type ○ For Profit ○ Not For Profit
7. Building Information ○ New Construction ○ Existing Construction Converted		8. **Nursing Home Only** CON File Number(s)
9. Expedited Survey (for **Initial Application** only) ○ Yes Requires additional fee of $2,250.00 ○ No		

10. Facility Information

Facility Name (DBA)		
Previous facility name, if applicable		
Address		
City	Zip	County
Facility phone #	Fax #	
Facility e-mail address		
Administrator name		NHA license #
Administrator's business address, if different from operator ☐ Same as operator		
City	State	Zip

Ohio Department of Health

11. Individual Operator

Operator's Name		
Address		
City	State	Zip

12. Business Operator – Association, Corporation, Limited Liability Company, Partnership

Operator's Business Name			
Address			
City	State	Zip	Phone #
Business activity type	Charter/Registration #		Date incorporated

13. Business Operator officers/members/partners

President	Member	Partner
Vice President	Member	Partner
Secretary	Member	Partner
Treasurer	Member	Partner

14. Name of each person who has ownership interest of 5% or more in the Operator's business entity

Name	Name
Name	Name
Name	Name
Name	Name

15. Statutory agent of the operator (As Registered with the Secretary of State)

Name of Statutory Agent of Operator			
Address			
City	State	Zip	Phone #

Ohio Department of Health

16. If the Operator does not own the legal rights associated with the ownership and operation of the nursing home beds, enter the name of each person who has an ownership interest of 5 percent or more in the nursing home beds
☐ Not applicable

Name	Name
Name	Name
Name	Name
Name	Name

17. Statutory Agent of the owner of the legal rights associated with the ownership and operation of the nursing home beds
☐ Not applicable

Name of Statutory Agent of Owner of the Nursing Home Beds			
Address			
City	State	Zip	Phone #

18. Does the operator own the building housing this long-term care facility? ○ Yes ○ No
If no, name of business entity that owns building and each person who has an ownership interest of 5 percent or more in the building and an address for building owner.

Business Entity Name			
Address	City	State	Zip
Name	Name		
Name	Name		
Name	Name		

19. Loan Information

Does Operator or Building Owner have a loan with the United States Housing and Urban Development (HUD) for this home?
○ Yes, Name of Entity with HUD Loan ○ No

20. Management firm or business employed to manage this long-term care facility. ☐ **Not applicable**

Management firm/business name			
Address			
City	State	Zip	Phone #

Ohio Department of Health

21. Name and address of any nursing home or any facility described in 3721.01(A)(1)(a) or (A)(1)(c) of the Revised Code in which the operator or administrator, or both, have an ownership interest of 5 percent or more or with which the operator (including owners of 5 percent or more in the Operator entity) or administrator have been affiliated with through ownership or employment in the five years prior to the date of the application.

Name	Address
Name	Address
Name	Address
Name	Address

22. Additional Questions

	Yes	No
Have you or any partner, member or officer listed in this application been convicted of a felony or a crime of moral turpitude?	○	○
Are you or any member, partner or officer listed of this facility engaged in practices that could be construed as immoral?	○	○
Is there any reason why this facility will not be able to operate for the next 12 months?	○	○

If you or any partner or officer has answered "**YES**" to the questions above, please attach a separate document explaining.

23. **SPECIALIZED CARE PROGRAM** - Check what specialized care or services your facility provides: ☐N/A

	Coma treatment		Respirator or ventilator care		Specialized Alzheimer's Disease
	Neurological injury program for young adults		Traumatic brain injury program		Deaf or hearing impaired
	Pediatric care		Amyotrophic lateral sclerosis		Adult day care program
	Dialysis services		Hospice services		Other:

ATTESTATION

I, the undersigned, attest that:

- Operator has sufficient capital or financial reserve to cover not less than four months' operation and is financially able to operate the home in accordance with Chapter 3721. of the Revised Code and the applicable rules of the Ohio Administrative Code;
- Home is staffed, equipped and furnished to provide humane, kind and adequate treatment and care; and
- Home is in compliance with applicable zoning ordinances and rules.

By affixing my signature immediately below, I acknowledge awareness:

- Of the provisions of the Revised Code that provide that any person who knowingly makes a false statement or knowingly swears or affirms the truth of a false statement previously made when the statement is made with purpose to secure the issuance by a government agency of a license is guilty of falsification, a misdemeanor of the first degree (section 2921.13(A)(5) and (D)) of the Revised Code. A misdemeanor of the first degree is punishable by fine and/or imprisonment as provided in section 2929.21 of the Revised Code.
- That failure to timely provide all of the required information to the Ohio Department of Health will delay the on-site licensing inspection and issuance of my license, or void my application as being incomplete.
- That I cannot operate the home or admit more than two residents until I have been determined to be in compliance with the applicable licensing law and rules and have received my license.

Ohio Department of Health

I swear or affirm that the undersigned is:

- ☐ The operator, if the operator is an individual, or
- ☐ A duly authorized agent of the operator, if the operator is an association, partnership, limited liability company or corporation.

I further swear or affirm that the information provided herein, and any attachments hereto, have been prepared, or carefully reviewed, by me and constitute a truthful and correct disclosure of all information therein.

Name of undersigned: Title:

Signature:

Date:

Office of Health Assurance and Licensing

NURSING HOME
Initial Application – Notice of Readiness

Notice of Readiness for Nursing Home Licensure Inspection

The Ohio Department of Health, Office of Health Assurance and Licensing, will attempt to schedule an inspection within eight (8) weeks of receiving a complete application and a "Notice of Readiness" form. The home may admit up to, but no more than, two (2) residents before the home has received a nursing home license.

By completing this form, the operator attests to meeting all applicable nursing home licensure requirements set forth in Chapter 3721. of the Revised Code (RC) and Chapter 3701-17 of the Ohio Administrative Code (OAC). Below is a list of requirements. The list is not intended to be all inclusive:

Requirement	Law/ Rule Reference
Residents' rights notices/policies/postings	RC 3721.12 and 3721.13
Qualified staff	OAC 3701-17-06 & 3701-17-07
Licensed Nursing Home Administrator	OAC 3701-17-06
Medical Director	OAC 3701-17-13
Director of Nursing	OAC 3701-17-08
Food Service Manager and Dietician	OAC 3701-17-18
Direct care staff	OAC 3701-17-07.1
Activities Director and Social Services Director	OAC 3701-17-09
Quality Assurance Committee	OAC 3701-17-06
All policies and procedures, including, but not limited to:	
Infection control	OAC 3701-17-11
Food service policy to accommodate religious, ethnic and cultural/personal preferences	OAC 3701-17-18
Temperatures in resident areas outside acceptable temperature range	OAC 3701-17-24
Call signal system in good working order	OAC 3701-17-16
Functioning kitchen and food service facilities; planned menus; and sufficient food supplies	OAC 3701-17-18
Resident records and reports	OAC 3701-17-19
Written Disaster Preparedness Plan and postings	OAC 3701-17-25
Room/area suitable for dining and recreation	OAC 3701-17-21
Laundry facilities and supplies	OAC 3701-17-11 and 3701-17-21
Bathrooms and toilet rooms in compliance with Ohio building code; one toilet room directly accessible for each resident sleeping room	OAC 3701-17-21 and 3701-17-22
Bed, bedside table, bedside light, bureau or equivalent comfortable chair, waste basket and adequate closet space for each resident	OAC 3701-17-16 and 3701-17-23

Ohio Department of Health

Supplies and equipment necessary to provide services	OAC 3701-17-16 and 3701-17-17
Arrangement for pharmacy services	OAC 3701-17-17

Application has been submitted for:

- ☐ Medicaid participation
- ☐ Medicare participation
- ☐ Not Applicable

If an application has been submitted for Medicare and/or Medicaid participation, do you want the licensure inspection to occur on or about the same time as the Medicare/Medicaid certification survey?

- ☐ Yes. If yes, the licensure inspection will not be scheduled until a complete Medicare and/or Medicaid application is received by the Office of Health Assurance and Licensing.
- ☐ No. If no, the licensure inspection will be scheduled regardless of whether the Office of Health Assurance and Licensing has received a complete Medicare and/or Medicaid application.

Name of Home:

Address of Home:

By signing this document, I am stating that the home listed above is or will be ready for licensure inspection on . I understand that failure to be ready for inspection on this date may result in a denial of the license application.

Print/ type name and title of undersigned:

Signature: