



Office of Health Assurance and Licensing
Residential Care Facility
Initial Application Instructions

General Information and Instructions

Chapter 3721. of the Revised Code (RC) and Chapter 3701-16 of the Ohio Administrative Code (OAC) require nursing homes to be licensed and set forth requirements for licensure. A 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 "Residential Care Facility Licensure Application" and fee:

1. An 8 1/2" 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.
2. A copy of the Certificate of Occupancy permit for the home.
3. A copy of a current State Fire Marshal Inspection report documenting the home is in compliance with the state fire code.
4. A current central heating system inspection letter.
5. A Notice of Readiness form.



Expedited Survey:

Rule 3701-16-03.1 of the Ohio Administrative Code allows a Residential Care Facility 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.

If you have any questions regarding your Residential Care Facility Licensure Application, please e-mail the Licensure Program in the Office of Health Assurance and Licensing, Ohio Department of Health at liccert@odh.ohio.gov or call (614) 466-7713.



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 #



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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?
<input type="radio"/> Yes, Name of Entity with HUD Loan <input type="radio"/> 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 #



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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?	<input type="radio"/>	<input type="radio"/>
Are you or any member, partner or officer listed of this facility engaged in practices that could be construed as immoral?	<input type="radio"/>	<input type="radio"/>
Is there any reason why this facility will not be able to operate for the next 12 months?	<input type="radio"/>	<input type="radio"/>

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

<input type="checkbox"/>	Coma treatment	<input type="checkbox"/>	Respirator or ventilator care	<input type="checkbox"/>	Specialized Alzheimer's Disease
<input type="checkbox"/>	Neurological injury program for young adults	<input type="checkbox"/>	Traumatic brain injury program	<input type="checkbox"/>	Deaf or hearing impaired
<input type="checkbox"/>	Pediatric care	<input type="checkbox"/>	Amyotrophic lateral sclerosis	<input type="checkbox"/>	Adult day care program
<input type="checkbox"/>	Dialysis services	<input type="checkbox"/>	Hospice services	<input type="checkbox"/>	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.



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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
RESIDENTIAL CARE FACILITY
Initial Application – Notice of Readiness

Notice of Readiness for Residential Care Facility 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 residential care facility license.

By completing this form, the operator attests to meeting all applicable residential care facility licensure requirements set forth in Chapter 3721. of the Revised Code (RC) and Chapter 3701-16 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 & 3721.13
Personnel Qualifications	OAC 3701-16-05 & OAC 3701-16-06
Administrator	OAC 3701-16-05 & OAC 3701-16-06
Nursing Staff	OAC 3701-16-05
On-duty and sufficient staff	OAC 3701-16-05
Training and Education	OAC 3701-16-06
Resident Health Assessments	OAC 3701-16-08 & OAC 3701-16-12
All policies and procedures, including, but not limited to:	
Residents’ Rights	RC 3721.12 & OAC 3701-16-07
Advance Directives	OAC 3701-16-07
Smoking	OAC 3701-16-07 & OAC 3701-16-13
Risk Assessment Agreements	OAC 3701-16-07
Pets, if applicable	OAC 3701-16-11
Dietary Services	OAC 3701-16-10
Infection control	OAC 3701-16-12
Resident Activated Call System in good working order	OAC 3701-16-05 & OAC 3701-16-14
Personal Care and Skilled Care Services	OAC 3701-16-09
Handling and Administration of Medication	OAC 3701-16-09
Special Diets and Dietary Services	OAC 3701-16-09 & OAC 3701-16-10
Kitchen and food service facilities	OAC 3701-16-10
Social, Recreational and Leisure Activities	OAC 3701-16-11
Resident Finances	OAC 3701-16-11
Transfer Agreement	OAC 3701-16-13
Automatic Fire Extinguisher and Alarm System	OAC 3701-16-13
Written Disaster Preparedness Plan and postings	OAC 3701-16-13
Resident Unit Space; Dining Area; Bathrooms	OAC 3701-16-14
Building Heating, Electric and Maintenance; Furnishings; necessary supplies and equipment	OAC 3701-16-15
Temperature Regulation	OAC 3701-16-16



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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: