## OHIO DEPARTMENT OF HEALTH



246 North High Street Columbus, Ohio 43215 614/466-3543 www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

September 8, 2011

FACILITY ADMINISTRATOR/MEDICAL DIRECTOR WOMEN'S MED CENTER OF DAYTON PO BOX 43100 CINCINNATI, OH 45243

Re:

Facility ID #0600AS

WOMEN'S MED CENTER OF DAYTON

Dear Facility Administrator/Medical Director:

This letter is to inform you the health care facility license for WOMEN'S MED CENTER OF DAYTON, 1401 E. STROOP ROAD, DAYTON, expired on **August 31, 2011**. As of the present date, we have not received your renewal application or fee. Therefore, this location no longer has a valid Health Care Facility license. Without a valid license, you cannot operate as a health care facility.

This is a serious matter that requires your immediate attention. To avoid action against the facility for operating without a valid license, a completed license renewal application, fee, State Fire Marshal inspection, and a copy of the facility's current accreditation, if applicable, must be received in our office no later than September 18, 2011.

A renewal reminder notice was mailed to your facility approximately 45 days prior to your expiration date. Payment is due by **September 18, 2011**. The most efficient method to be in compliance with this process is to renew and pay electronically online at <a href="http://publicapps.odh.ohio.gov/EID">http://publicapps.odh.ohio.gov/EID</a>. Requests for a new account to use the online system or account changes can be submitted online by visiting <a href="http://publicapps.odh.ohio.gov/EID">http://publicapps.odh.ohio.gov/EID</a> and selecting "<a href="EIDC User Account Request">EIDC User Account Request</a>."

Also, if you fail to comply and your facility is certified by the Centers for Medicare and Medicaid Services (CMS), our office will notify CMS of the non-renewal of your license, which may lead to termination of your provider agreement.

If operation for this health care facility has ceased, please return your license to our office with a brief explanation for the closure and the closure date.

If you have questions regarding this letter, please do not hesitate to call our office at (614) 466-7713 or e-mail us at <u>liccert@odh.ohio.gov</u>. You may obtain the licensure process, rules and regulations, forms, by visiting our web site at <u>www.odh.ohio.gov</u>.

Sincerely,

Bridgette C. Smith

Licensure Program Administrator

Bureau of Information and Operational Support

Certificate of Mailing



To pay fee, affix stamps or meter postage here...

To pay fee, affix stamps or meter postage here...

To pay fee, affix stamps or meter postage here...

From: 	DQA-BIOS-LICENSURE DOH301830	
To:	#OLXX AS	Postmark Here

PS Form **3817**, April 2007 PSN 7530-02-000-9065

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