Health Care Facility Renewal Application

Ohio Department of Health - Division of Quality Assurance
Section 3701-83-04 of the Ohio Administrative Code

Facility ID #
1014AS

Facility Name
PLANNED PARENTHOOD BEDFORD HEIGHTS REGIONAL MED CE

Address
25350 ROCKSIDE ROAD

Address2

City	Zip	County
BEDFORD HEIGHTS	44146	CUYAHOGA

Phone Number	Fax Number
(440)232-5040	(440)232-9371

E-mail Address
miriam.hernandez@ppoh.org

Mailing address, if different from above

Attn: Regan Clawson
206 East Main St.
Columbus, OH 43213

Renewal application type

- [X] Ambulatory surgical facility
- [ ] Freestanding birthing center
- [ ] Freestanding dialysis center
- [ ] Freestanding inpatient rehabilitation facility

Has there been a change in this facility's capacity? [ ] No [X] Yes

If yes, explain
There are 3 operating rooms not 6. In the orginal application, 3 examination rooms were mistakenly listed as operating rooms increasing the number of operating rooms incorrectly.

Is your facility accredited? [ ] No [X] Yes

If yes, has there been a change or update to this facility's most recent accreditation status report or findings? [X] No [ ] Yes

If report changed, explain and provide a copy of the most recent accreditation inspection report and findings, unless the department has been previously notified.

Explanation:
N/A

Has there been a change in ownership? [X] No [ ] Yes

If yes, has a change of ownership application been submitted to our office? [ ] No [ ] Yes

Has there been a change of onsite administrator? [ ] No [X] Yes

If yes, name Miriam Hernandez

If the administrator has changed, has the new administrator been convicted of any criminal activity or been involved in a civil judgment or administrative adjudication for an offense related to the provision of care or bearing a direct or substantial relationship to the job responsibilities? [X] No [ ] Yes

If yes, explain
N/A

Has the new administrator been affiliated through ownership or employment with any of the facilities listed in rule 3701-83-04 (A)(1)(c) of the OAC within five years prior to the date of this application?	[X] No [ ] Yes
Has there been a change of medical director or individual responsible for the provision of health care services? **If yes, name** Michelle Isley MD **License/certification #** 35.085199	[ ] No [X] Yes
If the medical director has changed, has the new medical director been convicted of any criminal activity or been involved in a civil judgment or administrative adjudication for an offense related to the provision of care or bearing a direct or substantial relationship to the job responsibilities? **If yes, explain** N/A	[X] No [ ] Yes
Has the new medical director been affiliated through ownership or employment with any of the facilities listed in rule 3701-83-04 (A)(1)(c) of the OAC within five years prior to the date of this application? Please see the addendum page for the list of new medical director's facility affiliations	[ ] No [X] Yes

I affirm that to the best of my knowledge and belief, the answers provided herein and all accompanying materials are true and correct. I understand that section 3702.30 of the Ohio Revised Code and paragraph (E) of rule 3701-83-04 of the Ohio Administrative Code require the owner to inform the Director, in writing, of any changes in the information contained in the statement of ownership set forth in the initial application and any change in accreditation status, no later than 30 days after the change occurs.

I certify that I am an owner of the facility or the authorized representative of the owner.

Print/type owner's or representative's name	Title
Regan Clawson	
Signature	**Date**
(EIDC Online Submission)	11/7/2012 4:18:03PM

ODH USE ONLY

Date received	Receipt number	Tracking number	Fee amount	Renewal year
		40,308.00		2013 - 2013

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(Addendum page)

New Administrator's Affiliations:

New Medical Director's Affiliations:

Planned Parenthood East Health Center
3255 East Main St.
Columbus, OH 43213

Accreditation Inspection Information:

Means of Inspection being sent to ODH:
Date Sent:
Date of Inspection:
Number of Inspection Documents Sent/Attached: 0

State Fire Inspection Information:

Date of State Fire Marshal Inspection Report on file at ODH: 10/21/2011
Is a State Fire Marshal Inspection Required: Yes
Means of Inspection being sent to ODH: Upload
Date Sent: 11/07/2012
Date of Inspection: 08/21/2012
Number of Inspection Documents Sent/Attached: 1 (Attachments are included in Email)