Health Care Facility Licensure Application As defined in section 3702.30 of the ORC and 3701-83-04 of the OAC

			ODH Use O	1214A	
			OHL #	4211	8
Print Legibly in Ink or Type 1. Application Type				ed opening date	or date of
■ Initial ☐ Change of Ow	nershlo	change of owner	5nip. /04/2018		
☐ Initial/Replacing existing facility,					
3. Licensure Type √ only one					
Ambulatory surgical facility	онномный <mark>жыны</mark> ны из женный, якженженный отканты народного онициона э ¹⁷ и ¹ Лед Сопуско затого	□ Fre	estanding dia	lysis center	- CO
# of operating rooms 2		# of he	modialysis stat	tions	BRO
Contract Con			ritoneal station		1 3
# of procedure rooms		•		"	200
		# 01 016	aining stations		0 3
Is this facility located in a building in-patient care? No Yes	that houses				2019 HAR 20 PM 1: 18
Freestanding inpatient reha	bliltation facility	☐ Fre	estanding bi	rthing center	= 9
# of patient care beds		# of bii	thing rooms		69 67
4. Facility name (DBA)			Telephone	number	
Capital Care Network of Toledo	i.			(419) 47	8-6801
6. Previous facility name, if applica	able				TO THE PERSON NAMED IN COLUMN TO THE
7. Address					
1160 West Sylvania Avenue					
City	Zip		County		
Toledo	43612		Luc	:85	
E-mail address 1160sylvania@gmail.com					00
Tradsylvanta@gman.com					
 Mailing address, if different from Name 	n above			33	
Notific					w ·
Address			A Angelonia		OI
				And the second s	
City	State		Zip		20
					<u>0</u>
10. Days and hours of operation f		Thursday	Friday	Saturday	Sunday
The same of the sa	The second secon	many and Additional State of the Assessment of the State			
A.M.					



850 Y8074 JUDSH 083

11. Is this health care fac	cility accredited or	certified?		No 📭	Yes		
If yes, type NAF							
If yes, enclose a copy the	current accreditat	on inspect	ion repor	t with this	app(ication	<u>. </u>	
12. This business is a/an		@Partners	ship [JLimited Li	ability Com	pany	,
	☐ Corporation	Associa	tion []Other:			
Our office of all controls are common or a	Skip gur	stions 19 t	heouah 2	9 only			,
Individual owner:	•				r secociatio	an ek	ip guestions 13 through 18 only ,
More than one owner, pa 13. Owner's name	rtnership, corporat	ion, ilmited	паршту	Company C	assuciation	<u> </u>	My Michael I Source I
Terrie Hubbard							•
14. Address							
			Sta	ta .	Zip		
City			ОН	ite	2.10		
Marengo 15. Phone number				Owner's	occupation		
(614) 251-1800			CEC				
L.							
17. Owner's business ad Address	dress, if different f	rom quest	on #7				
1243 East Broad Street							
City		State		Zip		18.	Phone number
Columbus		он		43205		(614) 251-1800
		_ 		I			
Multiple Owners, Part	nership, Limited	Liability C	ompany	, Corporal	don, Asso	ciatio	n, Other
19. Business entity nam							
17. Dusiness ender han	ic (asyst harris as			·	·		
20. Address							·
				· · · · · · · · · · · · · · · · · · ·			
City		State		Zip		21.	Phone number
Desire and Advisor				<u> </u>		<u> </u>	
22. Business Activity							
23. This business is a				f incorpore	ited or		25. Charter/registration number
☐ For profit ☐ Not for	r Profit Govern		gistration	1			
LI FOI PIOIR LI NOCIO				····			
26. List the name of 6	ach person who h	as an owne	ership int	erest of 59	6 or more i	n the	business (attach additional sheets if
necessary). Name				Name			
				i			
Name				Name			
Name				Name			
				I			

ritte	1 83	and phone numbers Address		Phone Number
	Remo	1.333.33		
				
		<u> </u>		
		Address		Phone Number
28. Statutory	agent's name (As th the Secretary of Stat			
ægsæren av	al die Someon à et ser	'		
		ent, the name, address and ph	one number of Individual au	thorized to enter into
29. If state a	gency or local governm behalf of state agency	ent, the tiding, address and pin or local government.	t Applicable	
Name	t October of Series officials	Address		Phone Kumber
Данга				
30 Or - 11	idministrator's name			
= = "				
Schuyler	Beckwith			32. License/Certification #
31. Medical d	Brector's name or indiv	iual responsible for the provisi	OU OL DESIGN CRUS SELAICES	32. Edelise Caralleada.
Lucy Nun	nnally MD			
fecilities	listed in rule 3701-83-4	ator or medical director been a K(A)(1)(c) of the OAC within fit	ic years prior as are seen a	
facilities No Y 34. Has the (administ responsi	listed in rule 3701-83-0 res If "yes", provide in owner(s), administrator trative adjudication rela billities he/she is to can	writing the individual's name(s or medical director bean convi ed to the provision of care or b out?	e) and address(es) of the fac cted of any criminal convict cearing a direct or substanti	cilities. ion, civil judgment or al relationship to the job
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facilities No Y 34. Has the administration of the occurrent and owner in the contract of the occurrent of	listed in rule 3701-83-4 res If "yes", provide in owner(s), administrator trative adjudication rela ibilities he/she is to care res If "yes", provide in). to the best of my known inderstand that section 3 we Code require the own from of the change. []	writing the individual's name(a or medical director been convised to the provision of care or be out? writing the individual's name, writing the individual's name, adge and belief, the enswers p 102.30 of the Chio Revised Coar to inform the Director, in with initial application and any climing application. That owner's notification that the individual is the individual is the content of the c	cted of any criminal convicts caring a direct or substantificating a direct or substantification stating the roylidad herein and all accepte and paragraph (E) of rule ting, of any changes in the hange in accreditation statu	chities. ion, civil judgment or all relationship to the job charge(s), date(s) and mpanying materials are true and a 3701-83-04 of the Ohio Information contained in the is, no later than 30 days after
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