Health Care Facility Renewal Application

As defined in section 3701-83-04 of the Ohio Administrative Code

3/31/15

Facility ID # 0596AS

Please print legibly in ink or type

$300

1. Facility Name		
THE FOUNDER'S WOMEN'S HEALTH CENTER		
2. Address: 1243 EAST BROAD STREET		Suite:
3. City: COLUMBUS	4. Zip: 43205	5. County: FRANKLIN
6. Phone Number: (614) 251-1800	7. Fax Number: (614) 251-1126	
8. E-mail Address: terriehubbard@gmail.com		

510672 MAR-2 2015

Mailing address, if different from above

9. Name		
Same		
10. Address:		Suite:
11. City:	12. State:	13. Zip:

14. Renewal application type

- ☒ Ambulatory surgical facility
- ☐ Freestanding birthing center
- ☐ Freestanding dialysis center
- ☐ Freestanding inpatient rehabilitation facility

Question	No	Yes
15. Has there been a change in this facility's capacity? If yes, explain	☒ No	☐ Yes
16. Has there been a change or update to this facility's most recent accreditation status report or findings? If yes, explain and provide a copy of the most recent accreditation inspection report and findings, unless the department has been previously notified. Explanation:	☒ No	☐ Yes
17. Has there been a change in ownership?	☒ No	☐ Yes
18. Has there been a change of onsite administrator? If yes, name	☒ No	~~☒ Yes~~ error
19. Has there been a change of medical director or individual responsible for the provision of health care services? If yes, name ____________ License/certification #	☒ No	☐ Yes

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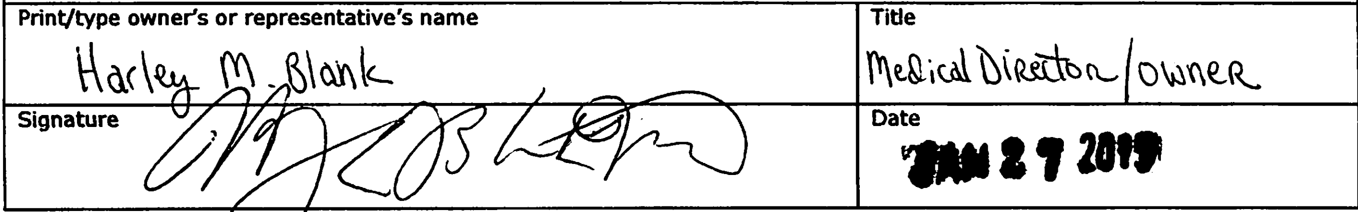
5/18/06

Question	Answer
20. If the owner(s), administrator or medical director has changed, has the new individual(s) 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, provide the individual's name and give a full explanation stating the charge(s), date(s) and disposition on a separate page.	☒ No ☐ Yes
21. Has the owner(s), administrator or 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? If yes, provide the individual's name and list the name(s) and address(es) of the facilities on a separate page.	☒ No ☐ 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
Harley M. Blank	Medical Director/owner
Signature	**Date**
	JAN 2 7 2019

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6/18/08

Ohio Department of Health, DQA/BIOS – Licensure Program, 246 N. High Street, Columbus, OH 43215
(614) 466-7713