

Health Care Facility Renewal Application

Ohio Department of Health - Office of Health Assurance and Licensing
Section 3701-83-04 of the Ohio Administrative Code

Facility ID #
0286AS

Facility Name PLANNED PARENTHOOD SOUTHWEST OHIO REGION		
Address 2314 AUBURN AVENUE		
Address2		
City CINCINNATI	Zip 45219	County HAMILTON
Phone Number (513)592-2828	Fax Number (513)592-2827	
E-mail Address sbertuleit@ppsw.org		

<input checked="" type="checkbox"/> Ambulatory surgical facility
Is this facility located in a building that houses in-patient care? <input type="checkbox"/> No <input type="checkbox"/> Yes
Operating Rooms 0
Procedure Rooms 3
Total Licensed Capacity 3

Mailing address, if different from above

Has there been a change in this facility's capacity? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, has a change of ownership application been submitted to our office?
If yes, explain N/A

Transfer Agreement

Is Ambulatory Surgical Facility a provider-based entity of a hospital? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a transfer agreement with a local hospital (within 30 miles) ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a Variance Request , in lieu of Transfer agreement ? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Business Entity Type

This business is a/an	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Government
	<input type="checkbox"/> Other:		

Business Entity Type Details

Business Entity Legal Name (Legal name as registered with the Secretary of State): Planned Parenthood Southwest Ohio Region
Address 2314 Auburn Ave. City Cincinnati State OH Zip 45219 Phone (513)721-7635

Statutory agent's name (As Registered with the Secretary of State)

Alphonse A. Gerhardstein

Address 441 Vine St., Ste. 3400, Cincinnati, OH 45202

Phone (513)621-9100

Business Activity

Tax Status Not for profit

Date Incorporated or Registered

Secretary of State Charter/Registration/Entity Number

Officers

Salutation:

First Name:

Middle Initial:

Last Name:

Title:

Address:

City:

State:

Zip:

Email:

Phone:

Fax:

Owners

Owner Type: Business Entity Owner

Start Date:

End Date:

Corporation Name: PLANNED PARENTHOOD OF SOUTHWEST OHIO & NORTHERN

Title:

Address:

City:

State:

Zip:

Email:

Phone:

Fax:

Percentage: 0%

Is your facility accredited?

No

Yes

If yes, has there been a change or update to this facility's most recent accreditation status report or findings?

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?

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

Yes

If yes, name Vanessa Hinsdale

Medical Director License #: <u>N/A</u>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain <u>N/A</u>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Has there been a change of medical director or individual responsible for the provision of health care services?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
If yes, name <u>Sharon Liner</u>	
License/certification # <u>35.082315</u>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain <u>N/A</u>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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
<u>Suzanne R. Bertuleit</u>	<u>Director of Quality & Risk Management</u>
Signature	Date
<u>(EIDC Online Submission)</u>	<u>5/7/2019 2:39:49PM</u>

ODH USE ONLY

Date received	Receipt number	Tracking number 123779	Fee amount	Renewal year 2019 - 2020
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Ohio Department of Health - Division of Quality Assurance

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(Addendum page)

New Administrator's Affiliations:

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New Medical Director's Affiliations:

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Accreditation Inspection Information:

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

Supporting Documentation:

<p>Document Type: 2019 Fire Marshal Inspection Report Method of Delivery Type: Upload Sent By: SUZANNE.BERTULEIT on 5/7/2019 2:37:29 PM *** Document attached to this Email ***</p> <p>Document Type: Variance Request Method of Delivery Type: Upload Sent By: SUZANNE.BERTULEIT on 5/7/2019 2:23:22 PM *** Document attached to this Email ***</p>
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