



Nursing or Specialized Facility Renewal Application Checklist

NOTICE OF CHANGE IN RENEWAL PERIOD!

Effective July 1, 2016, nursing facility licenses will be renewed every three years. The \$10 per bed fee remains the same but is paid for each of the three years in the renewal period:
Total fee = (number # of beds) x (\$10.00) x (3 years).

This checklist is to provide assistance to the applicant in completing the application. The checklist is not a form, nor does it need to be submitted to the Department with the renewal application.

The application forms shall provide for the facility to file an abbreviated report if no change has been made since the time of the last application. 310:675-3-4.1(2)

- ❑ **Fee.** Submit the licensed bed fee using the new formula. Total fee = (number of beds) x (\$10.00) x (3 years). The number of licensed beds is preprinted as item 6 on page 2 of the ODH Form 953-A, *License Application for a Nursing or Specialized Facility*. Applications are **not** considered filed until the fee is received. Make checks payable to the Oklahoma State Department of Health.
- ❑ The “applicant”, meaning the facility’s owner, receiver or lessee, must sign forms. If the lessor and lessee both have rights to participate in the facility’s operation, then the lessor and lessee must make joint application for the license. This requirement is provided in Oklahoma Administrative Code, Section 310:675-3-1.1. On forms submitted, the signature of a shareholder, partner, member or officer of the applying entity is acceptable. The signature of an employee of the applicant is **not** sufficient.
- ❑ Be certain that the applicant (including the licensee) and any management entity are in good standing with the Secretary of State. Licenses are issued to entities that are currently authorized to do business in Oklahoma.
- ❑ **ODH Form 958, *Notice of Change*** is required for any changes to information submitted in the previous application that is no longer correct, for the following information:
 - Facility identification including facility business name, mailing address, telephone number or facsimile number;
 - Licensed bed capacity, including proposed increases;
 - Administrator;
 - Owner, lessee or manager disclosure or detail information that does not otherwise necessitate an initial license;
 - Disclosure of persons or entities pursuant to 310:675-3-1.1(e).

- ❑ **ODH Form 953-A, *License Application for a Nursing or Specialized Facility*.** Review and attest to the preprinted ODH Form 953-A.
- ❑ For your reference, the Owner Information sheet included with your application summarizes the facility's ownership information in the Department's database.
- ❑ **ODH Form 953-E, *Staffing Projection and Professional Certification for a Nursing or Long Term Care Facility*.** The ODH Form 953-E is to be submitted for any facility information changed from the last filing that may include projected staffing pattern, registered nurse, physician, etc. The form does not need to be submitted in entirety, **only the portion that has changed from the previous year**. The name of the facility (item 1) is required for all forms submitted.
- ❑ **ODH Form 613, *Alzheimer's Disease or Related Disorders Special Care Disclosure Form*.** If the facility advertises a specialized unit or program for Alzheimer's patients, submit ODH Form 613 as an attachment to the application.
- ❑ **Ensure all forms submitted have been notarized.**

Additional forms can be obtained on the Department's website at: <http://hfs.health.ok.gov>.