

INSTRUCTIONS

For Completion of the Ohio Department of Health HEALTH CARE ISOLATION CENTER/SURGE FACILITY REQUEST FORM

This form is for facilities that desire to: (1) utilize an entire new or existing facility as a Health Care Isolation Center; (2) utilize part of an existing facility as a Health Care Isolation Center; (3) expand its capacity or surge into un-certified space or a new building to support an HCIC; and (4) expand its capacity or surge into un-certified space or a new building to meet the needs of the facility and its residents. For purposes of this form, the latter two will be requested under Facility Surge.

Instructions

1. Complete every section of the Health Care Isolation Center/Surge Facility Request Form by typing. Incomplete or illegible forms will be returned.
2. Falsification or misrepresentation is prohibited by state law.
3. If there is insufficient space to complete an answer, continue the answer on an additional separate sheet. If multiple answers are listed on an additional separate sheet(s), please number your responses according to the question being answered.
4. Indicate if attaching supporting documentation.
5. The following **must** be included in order to be recommended for approval:
 - a. A floor plan of the facility detailing where Health Care Isolation Center/Surge Facility, as applicable, including beds, will be located;
 - b. A letter signed by the facility and the regional hospital zone documenting the need for the isolation and/or quarantine capacity (*HCIC only*); and
 - c. A letter of readiness to ODH indicating that the facility is prepared for a survey of the facility or unit, if applicable.
6. Return this, along with any supporting documentation and your request to liccert@odh.ohio.gov and james.hodge@odh.ohio.gov.

**Ohio Department of Health
Bureau of Regulatory Operations**

**Nursing Home/Residential Care Facility
Health Care Isolation Center/Surge Facility Request Form**

Facility Name:		License Number (if applicable):	
Street Address:		Facility CCN	
City:	Zip:	County:	
Telephone (including Area Code):	E-mail of Administrator:		Public Health Emergency Zone:
Name of Administrator:		LNHA Number (if applicable):	

If Different Than Above

Isolation Center Name:		Include Licensed/Certified Space within Last 12 Months? <div style="text-align: center;">YES NO</div>	
Street Address:		Telephone (including Area Code):	
City:	Zip:	County:	

<u>Type of Surge Facility (select only one):</u>		<u>Type of HCIC (Choose One)</u>	
1	Use Entire Building as Isolation Center (select sub-type) Existing Nursing Home New Surge Building		HCIC-Q HCIC- I HCIC-IQ
2	Use Area Within Existing Nursing Home		HCIC-Q HCIC- I HCIC-IQ
3	Facility Surge Over Capacity or Into Non-Certified Space		(Not Applicable)
Licensed Capacity:	Certified Capacity:	Current Certified Bed Utilization:	
		HCIC-Q	HCIC-I
Additional Certified Beds Requested:			
HCIC-Q:	HCIC-I:	Non-COVID Surge Over Capacity or Into Non-Certified Space:	

Attestation of Administrator

1. If requesting to be a Health Care Isolation Center, I meet the requirements:
 - a. For federal certification as a nursing facility; and
 - b. Outlined in the Novel Coronavirus-19 (COVID-19) Health Care Isolation Centers Plan, including that it is part of public health zone planning and what zone.
2. I have the requisite financial ability to operate the Health Care Isolation Center or Surge Facility.
3. I have the ability to properly staff the Health Care Isolation Center or Surge Facility, as applicable.
4. I acknowledge that any certified beds are temporary and will cease to exist when the facility no longer operates as a Health Care Isolation Center or Surge Facility, as applicable.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE TRUE, CORRECT, AND COMPLETE.

Administrator's Signature:

Date:

Administrator's Name: