

PERIODIC REPORT FOR SUSPENDED LICENSE For a Long-Term Care Facility

This report is being submitted for the following type of review:

___ Sixth Month Report ___ Amendment to previous filing ___ Extension

1. **Facility Identification:** Facility ID # _____

Name of Facility: _____
(Area Code) Telephone # (Area Code) Fax #

Location of Premises: _____
Street City State Zip

2. **Applicant: Owner information is attached as recorded in the Department's Licensure database. If the information is incorrect, submit ODH Form 958, *Notice of Change*.**

3. **Contact Person:**

Name: _____
(Area Code) Fax #

Street and Number City State Zip (Area Code) Telephone #

Email:

4. Attach a description of progress made during the last six months towards reopening the facility. Include documentation to support the claims made in the description. If no progress has been made in the preceding six months, attach a demonstration of extenuating circumstances, or a clear showing of good faith efforts towards the reopening of the facility. If no progress has been made, and if the applicant does not demonstrate extenuating circumstances or show good faith efforts, the Department may initiate a proceeding to revoke the license of the facility. [63 O.S. Section 1-1906(H)(3)]
5. If this is a request for an extension, attach a description of extenuating or unusual circumstances that warrant the extension. Include a clear showing of good faith efforts towards reopening the facility and a discussion of whether or not continued suspension of the license poses harm to the public. [63 O.S. Section 1-1906(H)(2)]
6. Affidavit Attesting to the Information Provided. Complete ODH Form 953-F, *Periodic Report for Suspended License*, page 2. Applicant is defined at 675-3-1.1(b)-(d).

Notice to Applicant: The Nursing Home, Continuum of Care and Assisted Living and Residential Care Act, requires the applicant to provide, under oath, true and complete information regarding the facility and the applicant. Willfully filing false, incomplete, or misleading information is a misdemeanor subject to prosecution by the District Attorney or the Attorney General. In addition, any person willfully providing false, incomplete, or misleading information is subject to a penalty and suspension, non-renewal or revocation of the facility's license.

By my signature below, I certify that the foregoing is true and correct to the best of my knowledge and belief and also to certify that I am not less than twenty-one (21) years of age; of reputable and responsible character; in sound physical and mental health; have not been convicted of a felony in connection with the management or operation of a home, or facility as defined in Section 1-1902 of Title 63 or in the care and treatment of the residents of a home, or facility as defined in Section 1-1902 of Title 63 of the Oklahoma Statutes. If the applicant is a firm, partnership, or corporation, the applicant shall not be eligible to be licensed if any member of the firm or partnership or any officer or major stockholder has been convicted of a felony as cited in the above-mentioned law.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____.

Name(s) of person(s) making statement.

Seal or Stamp

Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____