



Ohio Board of Nursing

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17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

MEMORANDUM

To: Board Members

From: Lisa Hashemian, Education Regulatory Surveyor
Lisa Emrich, Program Manager

Date: November 4, 2021

RE: Bayley Medication Aide Training Program

Attached, please find the application submitted by Bayley Medication Aide Training Program seeking the Board's re-approval.

Board staff reviewed the application and documentation submitted by the Program. The Program has met the re-approval requirements in accordance with Rule 4723-27-07, Ohio Administrative Code.



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Medication Aide Training Program Re-Approval Application (2016)

Program Contact Information

Legal/Official Name of Program Bayley Medication Aide Training Program
 Address 990 Bayley Drive City Cincinnati State OH Zip Code 45233
 Telephone Number 513-347-5500 Fax Number 513-347-5553 Email Address karen.rowin@bayleylife.org
 Name of Organization Providing Program Bayley Senior Care
 Address 990 Bayley City Cincinnati State OH Zip Code 45233
 Telephone Number 513-347-5500 Fax Number 513-347-5553 Email Address karen.rowin@bayleylife.org

Program Administrator Contact Information

Program Administrator (Must be an Ohio Registered Nurse) Karen Rowin
 Telephone Number 513-347-5534 Fax Number 513-347-5553 Email Address karen.rowin@bayleylife.org

Instructors: Please attach a separate piece of paper for additional listings.

Name: Kelly Conley Credentials RN
 Name: Jane Karches Credentials RN
 Name: Colleen Graff Credentials RN

SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(C)(5), Ohio Administrative Code (OAC), the supervised clinical practice component shall be provided in a nursing home that the Ohio Department of Health has found to be free from deficiencies related to the administration of medications in the two most recent annual surveys, or in residential care facilities that the Ohio Department of Health has found to be free from deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys. Please list all facilities used. **Please attach a separate piece of paper for additional listings.**

Type of Facility: Nursing Home Residential Care Facility (RCF)

Name of Clinical Site Bayley Senior Care
 Contact Person Karen Rowin
 Address 990 Bayley Drive City Cincinnati State OH Zip Code 45233
 Telephone Number 513-347-5500 Fax Number 513-347-5553 Email Address karen.rowin@bayleylife.org



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Medication Aide Training Program Re-Approval Application

Legal/Official Name of Program Bayley Medication Aide Training Program
 Program Administrator Karen Rowin

Verification of Rule Compliance:

Please indicate that the above mentioned Medication Aide Training Program meets the following standards:

	YES	NO
A curriculum content that is a minimum of 80 clock hours of didactic classroom, including laboratory experience, and an additional 40 clock hours of supervised clinical practice, as required by Rule 4723-27-08(A)(3), OAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The program is administered by a registered nurse who meets the requirements as outlined in Rule 4723-27-07(C)(2)(a), OAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policies, which reflect the responsibilities of the nurse administrator as outlined in Rule 4723-27-07, OAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Qualifications of nurses as outlined in Rule 4723-27-07(C)(2), OAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program policies as outlined in Rule 4723-27-07, OAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervised clinical practice provided in clinical agencies that meet Rule 4723-27-07(C)(5) OAC.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I attest that the above information represents accurately the information on file for the specified medication aide training program.

Signature Karen Rowin Date 7/20/21

Please submit the application, documents and credit card authorization form in the amount of \$500 to the Board. Incomplete submissions will NOT be processed.