



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: December 27, 2021

RE: CommuniCare Health Services Medication Aide Training

Attached, please find the application submitted by CommuniCare Health Services Medication Aide Training (Program), seeking the Board's approval.

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


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MEDICATION AIDE TRAINING PROGRAM APPLICATION
Program Contact Information

 Legal/Official name of Program CommuniCare Health Services Medication Aide Training

 Address 4700 Ashwood Drive City Blue Ash State OH Zip Code 45241

 Telephone Number 513.489.7100 Fax Number 513.489.7199 Email Address kryan@chs-corp.com

 Name of Organization Providing Program CommuniCare Health Services

 Address 4700 Ashwood Drive City Blue Ash State OH Zip Code 45241

 Telephone Number 513.489.7100 Fax Number 513.489.7100 Email Address kryan@chs-corp.com

 Anticipated Start Date: January 15, 2020
Program Administrator Contact Information

 Program Administrator (Must be an Ohio Registered Nurse) Kathleen Ryan RN

 Telephone Number 513.284.1014 Fax Number 513.489.7199 Email Address kryan@chs-corp.com
SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(C)(3), 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 Pebble Creek

 Contact Person Bethany Collingwood

 Address 670 Jarvis Road City Akron State OH Zip Code 44319

 Telephone Number 330.645.0200 Fax Number 330.645.0318 Email Address Bcollingwood@chs-corp.com



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Attestation:

The Applicant has reviewed Ohio law and rules relating to requirements for the administration of a Medication Aide Training Program and attests that the Training Program it proposes meets and will maintain these requirements. The information submitted in this Application is true and accurate.

Kathleen Ryan

Name

Corporate Director of Clinical Education

Title

Kathleen Ryan RN Digitally signed by Kathleen Ryan RN
Date: 2021.12.21 14:22:59 -0500

Signature

12/21/21

Date

Please submit the application, documents, and credit card authorization form in the amount of \$1000 to the Board.
Incomplete submissions will NOT be processed.

Name of Clinical Site Columbus Healthcare

Contact Person Rob Garrett

Address 4301 Clime Road N Columbus OH 43228

Telephone 614.276.4400 Fax 614.278.7645

Email Address Rogarrett@chs-corp.com

Name of Clinical Site Madeira Healthcare Center

Contact Person Valerie Wallen

Address 7885 Camargo Road Cincinnati, OH 45242

Telephone 513.561.6400 Fax 513.561.2450

Email Address vawallen@chs-corp.com