



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building • Spring Grove Center
55 Wade Avenue • Catonsville, Maryland 21228

TO: NURSING HOMES
FROM: Carol Benner, Director, Office of Health Care Quality
SUBJECT: License Renewal
DATE: January 3, 2000

The Office of Health Care Quality is changing the method by which Maryland Nursing Homes renew their licenses. The changes are designed to expedite the renewal process and ensure nursing homes the ability to display up-to-date licenses for the confidence and security of residents and families.

The new process is simple:

- 1) Prior to the expiration of your current license, obtain the new Renewal Verification form from the Office of Health Care Quality or our web site (www.dhmh.state.md.us.ohcq).
- 2) Complete license application and renewal verification form and return to the Office of Health Care Quality, Long Term Care Division.
- 3) Upon receipt and review of the application and renewal verification form, the Office of Health Care Quality will send your facility an updated license.

If you have any questions regarding the license renewal process, please call your survey coordinator in the Office of Health Care Quality at (410) 402-8201.

NH: 00-001



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Renewal Verification

I, _____, Administrator of
_____ located at _____
_____ CITY/COUNTY _____
hereby apply for a renewal of State license to continue providing services and care for no more
than _____ residents. The attached application for State license has been completed and the
required fee enclosed with the application.

I certify that _____ is in full compliance with
COMAR 10.07.02 (Regulations Governing Comprehensive and Extended Care Facilities) as of
the date of my signature.

I further understand that an onsite visit may be made to the facility in order to verify
compliance with the regulations and that sanctions may be imposed, up to and including
revocation of any current license which may be in effect, if it is determined that the facility is
not in compliance with COMAR 10.07.02.

(Signature of Administrator)

(Date)

Sworn and subscribed to before me this _____ day of _____ a Notary Public for
the State of Maryland. My commission expires _____

NOTARY PUBLIC