

**Rule Summary and Fiscal Analysis (Part A)****Department of Health**

Agency Name

Division

**Lance D. Himes**

Contact

**246 North High St. Columbus OH 43215-0000**

Agency Mailing Address (Plus Zip)

**614-466-4882**

Phone

Fax

**3701-17-06**

Rule Number

**RESCISSION**

TYPE of rule filing

Rule Title/Tag Line

**Responsibility of operator and nursing home administrator;  
quality assurance committee.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **3721.04**

5. Statute(s) the rule, as filed, amplifies or implements: **3721.01, 3721.011, 3721.012, 3721.02, 3721.021, 3721.022, 3721.023, 3721.024, 3721.026, 3721.027, 3721.03, 3721.031, 3721.032, 3721.04, 3721.041, 3721.05, 3721.051, 3721.06, 3721.07, 3721.071, 3721.08, 3721.09, 3721.10, 3721.11, 3721.12, 3721.121, 3721.13, 3721.14, 3721.15, 3721.16, 3721.161, 3721.162, 3721.17, 3721.18, 3721.19, 3721.21, 3721.22, 3721.23, 3721.24, 3721.25, 3721.26, 3721.28, 3721.29, 3721.30, 3721.31, 3721.32, 3721.33**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

With the approval of the Public Health Council, ODH is proposing to rescind and replace this rule as part of the five year review process.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule outlines the responsibilities of the nursing home administrator and the operator, as well as the composition of the quality assurance committee.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

*This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.*

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

*This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.*

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

*This response left blank because filer specified online that the rule does not incorporate a text or other materials by reference.*

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

2/3/2012: No changes were made to this rule subsequent to the original filing; the rule was TBRed following the December 1, 2011 Public Health Council meeting to keep it on the same filing schedule as a few of the rules Council thought needed

further consideration.

2/7/2012: At the request of JCARR, ODH TBRed this rule and is re-filing it today to put it on the March 8th JCARR agenda.

12. 119.032 Rule Review Date: **10/27/2011**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

**FISCAL ANALYSIS**

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0.00

Not applicable.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

Not applicable; this rule is proposed for rescission.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**