

**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 12/6/2018

Today's Date: 12/19/2018

Agency: Ohio Department of Health

Rule Number(s): Long Term Care Facilities: 3701-64-01, 3701-64-02, 3701-64-03, 3701-64-04, 3701-64-05

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If no comments at the hearing, please check the box.

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List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Click here to enter text.
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Hearing Summary Report

**Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Click here to enter text.

## Hearing Summary Report

### **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s).  
If no comments were incorporated, explain why not.

Click here to enter text.