

Nursing Homes and Assisted Living Facilities in West Virginia

Annual Report
October 1, 201 — September 30, 201



Office of Health Facility Licensure & Certification 408 Leon Sullivan Way Charleston, West Virginia 25301

West Virginia Department of Health and Human Resources

Office of Inspector General Office of Health Facility Licensure and Certification

Nursing Home and Assisted Living Governor's Annual Report

October 1, 2014 - September 30, 2015

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West Virginia Department of Health and Human Resources

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Foreword

This report and the directories of licensed nursing homes and assisted living residences implement the requirements of Chapter 16, Article 5C, Section 3(q) and Article 5D, Section 3(q) of the West Virginia Code. In the administration of this article, the Director of the Office of Health Facility Licensure and Certification (OHFLAC), through delegated authority, submits an annual report to the Governor, the Legislature and the public. The report describes the licensing and investigatory activities of the Department during the year, the nature and status of other activities of the Department, and may include comments on the acts, policies, practices or procedures of any public or private agency that affect the rights, health or welfare of residents of nursing homes. The annual report includes a list of all nursing homes and assisted living residences in the state.

Nursing Home Report

Part

A

Office of Health Facility Licensure and Certification Nursing Home Program

The Office of Health Facility Licensure and Certification (OHFLAC) Nursing Home Program is responsible for determining the compliance with state licensure regulations of nursing homes in the State of West Virginia. It also determines facility compliance with standards for participation in the Medicare and Medicaid reimbursement programs.

Based on findings of on-site inspections (surveys), the Nursing Home Program licenses all nursing homes per state law. The program also makes recommendations to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for Medicare (Title XVIII) participation and to the West Virginia Bureau for Medical Services (BMS) for Medicaid (Title XIX) participation. Other responsibilities include complaint investigations, site approval for new construction, and in the case of facility certification, fire safety inspections. Licensure recommendations related to fire safety inspections are the responsibility of the State Fire Marshal's Office.

Nursing Homes and Inspections/Surveys

To operate a nursing home in West Virginia, state licensure and/or federal certification inspections or surveys must be completed which demonstrate compliance with regulations. A nursing home license is issued when a facility is in compliance with the Health Care Facility Financial Disclosure law, receives positive recommendations from the State Fire Marshal and the Office of Environmental Health Services and is in compliance with health, environmental and life safety requirements.

The average length of time for a survey is determined by the size of the facility, past history of compliance, the number of surveyors, travel time, and the number and types of citations written. The length of time required for the survey/resurvey process, particularly in nursing homes certified for Medicare and/or Medicaid, has been significantly impacted by federally legislated changes under the provisions of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87). These changes prescribed the methodology and criteria to be used in the long term care survey process. This is a direct result of efforts to review and preserve the rights and quality of life of elderly citizens. All certification surveys are unannounced and are, by design, required to be scheduled and completed within a nine (9) to fifteen (15) month time frame, with an average of twelve (12) months for all providers. OHFLAC, however, may conduct a survey or complaint investigation at any time, based on a facility's past noncompliance and/or allegations of mistreatment, abuse, neglect, misappropriation of property and/or poor care.

There are one hundred twenty-eight (128) nursing homes in West Virginia. One hundred ten (110) nursing homes are Medicare and Medicaid certified, six (6) are Medicare certified only, ten (10) are Medicaid certified only and two (2) are state licensed only.

During the reporting period of October 1, 2014 to September 30, 2015, OHFLAC performed one hundred seven (107) annual surveys and one hundred seventy-four (174) revisits as a result of annual surveys. There were no initial surveys performed.

During the same period, OHFLAC received one hundred forty-two (142) complaints resulting in five hundred eighty-three (583) allegations regarding nursing homes. One hundred twenty-six (126) allegations were substantiated and four hundred fifty-seven (457) allegations were unsubstantiated.

Under the Alzheimer's/Dementia Special Care Units and Programs legislative rule, there are eight (8) licensed special care units within West Virginia nursing homes. One new Alzheimer's/Dementia Special Care Unit opened during the reporting period.

West Virginia has six (6) state-owned nursing homes.

Regulation and Statute Revision

On July 1, 2002, the legislative rule; Alzheimer's/Dementia Special Care Units and Programs (64CSR-85, revised May 1, 2006) went into effect. This legislative rule prescribes specific standards and procedures to provide for the health, safety, and protection of the rights and dignity of individuals served by Alzheimer's/Dementia special care units and programs.

On July 1, 2003, the legislative rule for the Nurse Aide Abuse Registry went into effect (69CSR6, revised June 29, 2015). This rule established standards and procedures for maintaining the Nurse Aide Registry to protect certain rights of West Virginia nursing facility residents and nurse aides that are employed by these facilities.

According to the Code of Federal Regulations at 42 CFR 488.331 and 42 CFR 488.431, nursing homes have an opportunity to refute survey findings. The state must offer a facility an informal opportunity, at the facility's request, to dispute survey findings upon the facility's receipt of the official statement of deficiencies. This process is known as an informal dispute resolution (IDR). This process can be performed in writing, by telephone or in person.

Under West Virginia Code Section 16-5C-12, legislation was passed which made available an independent informal dispute resolution (IIDR) procedure for West Virginia nursing homes. This legislation ensured objectivity regarding the outcome of the IDR decisions by allowing this process to be completed by an independent review organization. A nursing home must make a request for an IDR, including the independent process, in writing during the same ten (10) calendar days they have for submitting a Plan of Correction (POC) for the deficient practices cited as a result of a survey event.

If the IIDR process is selected by a facility, the matter will be assigned to an independent review organization accredited by the Utilization Review Accreditation Committee. The facility may be subject to certain costs, such as the cost of a face-to-face conference, if one is requested, and the cost charged by the independent review organization, should the facility not be successful in its dispute.

During the reporting period of October 1, 2014 to September 30, 2015, OHFLAC received fifteen (15) dispute resolution requests that involved thirty-one (31) tags. Twenty-eight (28) tags were upheld, three (3) were reversed and two (2) were modified.

Dispute Resolutions	Facility Requests	Tags Disputed	Fully Upheld	Upheld with Modifications	Reversed
IDR	7	13	10	1	2
IIDR - State	5	8	8	1	1
IIDR - Federal	3	10	10	0	0

The CMS further allows facilities to request a federal IIDR prior to imposing civil monetary penalties for cited deficiencies. The process is required to be administered by the state. During the reporting period, three (3) federal IIDRs regarding ten (10) tags were requested. The independent review organization upheld tags requested under a federal IIDR. These numbers are reflected in the chart above.

During the 2015 West Virginia Legislative session, the state licensure rule for nursing homes was updated. This update was necessitated by changes in statute to the criminal background check process and requirements. In addition, the rule was updated to reflect current practices and standards.

Nursing Home Summary Information

Part

B

Nursing Home Program October 1, 2014 - September 30, 2015 Summary Information

	SWEM	SWE W. DUAL GOTHEO	W. Mexi	License	Nuo C. Peto,	
Total Number of Facilities	110	6	10	2	128	
Total Number of Beds	9566	86	705	123	10480	
						1
Facilities Opened	0	0	0	0	0	
Facilities Closed	0	0	0	0	0	
						1
	Surve	y Activity	У			
Intial	0	0	0	0	0	
Re-licensure	93	5	9	0	107	
Complaint	129	0	8	5	142	
Health Revisits	155	5	10	4	174	
Life Safety Revisits	32	0	2	0	34	
Total	409	10	29	9	457	
	Complai	nt Outco	mac			I
Allegation Substantiated	118	0	4	4	126	
Allegation Unsubstantiated	395	0	27	35	457	
Total Number of Allegations	513	0	31	39	583	
	525	ű	<u> </u>	55	555	l
	Enforce	ement Ca	ses			
Cases Initiated	Enforce 124	ement Ca	ses 9	0	135	

Nursing Home Directory

Part

C

Directory

The information contained in this directory has been gathered from several sources. Where possible, it has been taken from licensing and/or certification files. This information also includes number of beds; daily room rates; full time employees; and the services and programs available.

Some information, in particular the per diem rates, have been obtained directly from each facility. This information is not substantiated by on-site reviews.

An important caution in using this directory is that the per diem rate usually does not cover all services listed. In considering facilities, careful inquiry should be made as to what services are included in the basic per diem rate.

This directory does not include Medicare and/or Medicaid certified nursing facilities associated with hospitals. These nursing facilities are distinct parts of hospitals and are licensed under the West Virginia Hospital Licensure rule or certified by the Centers for Medicare and Medicaid Services (CMS), or both.

Ansted Center 106 Tyree Street Ansted, WV 25812

License # Administrator Facility Type Ownership	Skilled Nursir		•	Med	Fayette 304-658-5271 dicare/Medicaid Proprietary
	NI	JMBER OF BEDS	AND ROOMS		
Licensed Beds	60	Certified Beds	60	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	20	3 - 4 Bed Wards	4
		DAILY ROOM	IRATES		
Priva	te Room Rate	314.00		Medicaid Rate	303.00
Semi-	Private Room	303.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	7		Nurse Aides	22
	ctical Nurses			Other Personnel	27
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	1	Administration &	•	N/R
Outpatient Phy	sical Therapy	N/R		Dentistry	2
Occupat	ional Therapy	1		Podiatry	2
Spec	ech Pathology	1		Ophthalmology	2
Outpatient Spec	ch Pathology	N/R	Psycho	ological Services	2
Sc	cial Services	1		Dietary	1
Pati	ent Activities	1		Housekeeping	1
	D1	2		Other	0
	Pharmacy	2		Other	J

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Arthur B. Hodges, The 300 Baker Lane Charleston, WV 25302

License # Administrator Facility Type Ownership		110 George Barker Skilled Nursing Facility Edgewood Summit	Reimbursement		Kanawha 304-346-2323 Medicare Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	20 N/R	Certified Beds Semi-Private Rooms	20 N/R	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	RATES		
Priva	te Room Rate	N/R		Medicaid Rate	N/R
Semi-Private Room		N/R		Other	N/R
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	N/R		Nurse Aides	N/R
Licensed Practical Nurses		N/R		Other Personnel	N/R
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
Phy	sical Therapy	N/R	Administration &	Storage of Blood	N/R
Outpatient Physical P	sical Therapy	N/R		Dentistry	N/R
Occupati	onal Therapy	N/R		Podiatry	N/R
Spee	ch Pathology			Ophthalmology	N/R
Outpatient Spee		N/R	Psycho	ological Services	N/R
	cial Services	N/R		Dietary	N/R
Pati	ent Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

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Barbour County Good Samaritan Society Route 3, Box 15C Belington, WV 26250

License # Administrator Facility Type Ownership		64 Dion Wagoner ng Facility/Nursing Facility Lutheran Good Samaritan	Reimbursement		Barbour 304-823-2555 Medicare/Medicaid Non-Proprietary	
	N	JMBER OF BEDS	AND ROOMS			
Licensed Beds Private Rooms	57 0	Certified Beds Semi-Private Rooms	57 57	Respite Beds		
	0	Semi-Private Rooms	57	3 - 4 Bed Wards	i IN/PC	
		DAILY ROOM	RATES			
Priva	te Room Rate	N/A		Medicaid Rate	202.86	
Semi	-Private Room	230.00		Other	N/R	
	NU	MBER OF FULL-TI	ME EMPLOYE	ES		
Regi	stered Nurses	4		Nurse Aides	9	
Licensed Pra	5		Other Personnel	18		
	SER	/ICES AND PROGI	RAMS AVAILA	ABLE		
	Nursing	1		Diagnostic X-ray	2	
Phy	sical Therapy	1	Administration &	Storage of Blood	N/R	
Outpatient Phy	sical Therapy	2		Dentistry	2	
Occupat	ional Therapy	1		Podiatry	2	
•	ech Pathology			Ophthalmology	2	
Outpatient Spec			Psycho	ological Services	2	
	ocial Services	1		Dietary	1	
Pat	ient Activities	1		Housekeeping	1	
	Pharmacy	2		Other	N/R	
	Clinical Labs	2				

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Berkeley Springs Center 456 Autumn Acres Road Berkeley Springs, WV 25411

License # Administrator Facility Type Ownership	Skilled Nursir	Christina Bernsteir Gernsteir Stonerise Healthcare	Reimbursement	Med	Morgar 304-258-3673 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	120 0	Certified Beds Semi-Private Rooms	120 0	Respite Beds 3 - 4 Bed Wards	0 0
		DAILY ROOM	RATES		
	e Room Rate Private Room			Medicaid Rate Other	203.41 N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Regis Licensed Prac	tered Nurses ctical Nurses			Nurse Aides Other Personnel	44 56
	SER\	/ICES AND PROG	RAMS AVAILA	\BLE	
	Nursing	1		Diagnostic X-ray	2
Phys	ical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phys	ical Therapy	2		Dentistry	2
-	onal Therapy			Podiatry	2
	ch Pathology			Ophthalmology	2
Outpatient Speed			Psycho	ological Services	2
	cial Services	1		Dietary	1
Patie	ent Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	2 2		Other	N/R

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^{2 =} a service provided under arrangement with an outside agency resource; or 3 = a service provided by a combination of both 1 and 2.

Braxton Health Care Center 200 Days Drive **Sutton, WV 26601**

		103 Phillip Donnelly ng Facility/Nursing Facility cal Facilities Managemen	Reimbursement		Braxtor 304-765-2861 Medicare/Medicaic Proprietary	
	N	JMBER OF BEDS	AND ROOMS			
Licensed Bed	- 00	Certified Beds Semi-Private Rooms	65 23	Respite Beds 3 - 4 Bed Wards	0 4	
		DAILY ROOM	RATES			
	vate Room Rate ni-Private Room			Medicaid Rate Other	218.89 N/R	
	NU	MBER OF FULL-T	IME EMPLOYE	ES		
	gistered Nurses ractical Nurses			Nurse Aides Other Personnel	24 36	
	SER	/ICES AND PROG	RAMS AVAILA	ABLE		
Outpatient Pl Occup Sp Outpatient Sp	Nursing nysical Therapy nysical Therapy ational Therapy eech Pathology eech Pathology Social Services atient Activities	0 2 2	Administration &	Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology Diogical Services Dietary Housekeeping	2 0 2 2 2 2 1 1	

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Bridgeport Health Care Center Route 4, Box 17 Bridgeport, WV 26330

License #			7 County		Harrison	
Administrator	Rebecca Bramer-Di		n Phone#		304-842-4135	
Facility Type		Nursing Facili	y Reimbursemen	t	Medicaid	
Ownership	American Medi	cal Facilities Managemer	nt Type of		Proprietary	
	N	UMBER OF BEDS	AND ROOMS	;		
Licensed Beds	s 51	Certified Beds	51	Respite Beds	0	
Private Rooms	s N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R	
		DAILY ROOM	I RATES			
Priv	vate Room Rate	N/R		Medicaid Rate	N/R	
Sen	Semi-Private Room N/R			Other	N/R	
	NU	MBER OF FULL-1	IME EMPLOY	'EES		
Reg	gistered Nurses	N/R		Nurse Aides	27	
Licensed P	6		Other Personnel	N/R		
	SER	VICES AND PROG	RAMS AVAIL	.ABLE		
	Nursing	N/R		Diagnostic X-ray	N/R	
Pł	nysical Therapy	N/R	Administration	& Storage of Blood	N/R	
Outpatient Ph	hysical Therapy	N/R		Dentistry	N/R	
Occupa	ational Therapy	N/R		Podiatry	N/R	
Sp	eech Pathology	/ N/R		Ophthalmology	N/R	
Outpatient Sp	eech Pathology	N/R	Psyc	hological Services	N/R	
;	Social Services	N/R		Dietary	N/R	
Pa	atient Activities	N/R		Housekeeping	N/R	
	Pharmacy			Other	N/R	
	Clinical Labs	s N/R				

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Brightwood Center 840 Lee Road Follansbee, WV 26037

License #	109	County	Brooke
Administrator	Brandon George	Phone #	304-527-1100
Facility Type	Skilled Nursing Facility/Nursing Facility	Reimbursement	Medicare/Medicaid
Ownership	Genesis Healthcare	Type of	Proprietary

NUMBER OF BEDS AND ROOMS

Licensed Beds	128	Certified Beds	128	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R

DAILY ROOM RATES

Private Room Rate	N/R	Medicaid Rate	N/R
Semi-Private Room	N/R	Other	N/R

NUMBER OF FULL-TIME EMPLOYEES

Registered Nurses	N/R	Nurse Aides	N/R
Licensed Practical Nurses	N/R	Other Personnel	N/R

SERVICES AND PROGRAMS AVAILABLE

Nursing	N/R	Diagnostic X-ray	N/R
Physical Therapy	N/R	Administration & Storage of Blood	N/R
Outpatient Physical Therapy	N/R	Dentistry	N/R
Occupational Therapy	N/R	Podiatry	N/R
Speech Pathology	N/R	Ophthalmology	N/R
Outpatient Speech Pathology	N/R	Psychological Services	N/R
Social Services	N/R	Dietary	N/R
Patient Activities	N/R	Housekeeping	N/R
Pharmacy	N/R	Other	N/R
Clinical Labs	N/R		

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Cabell Health Care Center 30 Hidden Brook Way Culloden, WV 25510

License #	183	County	Cabell
Administrator	Michael Gore	Phone #	304-390-5709
Facility Type	Skilled Nursing Facility/Nursing Facility	Reimbursement	Medicare/Medicaid
Ownership	American Medical Facilities Management	Type of	Proprietary

NUMBER OF BEDS AND ROOMS

Licensed Beds	90	Certified Beds	90	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R

DAILY ROOM RATES

Private Room Rate	N/R	Medicaid Rate	N/R
Semi-Private Room	N/R	Other	N/R

NUMBER OF FULL-TIME EMPLOYEES

Registered Nurses	N/R	Nurse Aides	N/R
Licensed Practical Nurses	N/R	Other Personnel	N/R

SERVICES AND PROGRAMS AVAILABLE

Nursing	N/R	Diagnostic X-ray	N/R
Physical Therapy	N/R	Administration & Storage of Blood	N/R
Outpatient Physical Therapy	N/R	Dentistry	N/R
Occupational Therapy	N/R	Podiatry	N/R
Speech Pathology	N/R	Ophthalmology	N/R
Outpatient Speech Pathology	N/R	Psychological Services	N/R
Social Services	N/R	Dietary	N/R
Patient Activities	N/R	Housekeeping	N/R
Pharmacy	N/R	Other	N/R
Clinical Labs	N/R		

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Cameron Nursing and Rehabilitation Center Route 4, Box 20 Cameron, WV 26033

License # Administrator Facility Type Ownership		14 Tara Pletche ng Facility/Nursing Facility cal Facilities Managemen	Reimbursement	Ме	Marsha 304-686-331 dicare/Medica Proprieta
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	s 60	Certified Beds	60	Respite Beds	0
Private Rooms	s 2	Semi-Private Rooms	29	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priv	/ate Room Rate	307.00		Medicaid Rate	223.47
Sen	ni-Private Room	285.00		Other	N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Reg	gistered Nurses	5		Nurse Aides	13
Licensed Practical Nurses 7		7		Other Personnel	20
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
				Diamastis V	2
	Nursing	1		Diagnostic X-ray	_
Pi	Nursing nysical Therapy	1 2	Administration &	•	0
	_			•	
Outpatient Ph	nysical Therapy	2		Storage of Blood	0
Outpatient Ph Occupa	nysical Therapy nysical Therapy	2 0 2		Storage of Blood Dentistry	0 2
Outpatient Ph Occupa Sp	nysical Therapy nysical Therapy ational Therapy	2 0 2 2	Administration &	Storage of Blood Dentistry Podiatry	0 2 2
Outpatient Ph Occupa Sp Outpatient Sp	nysical Therapy nysical Therapy ational Therapy eech Pathology	2 0 2 2	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology	0 2 2 2
Outpatient Ph Occupa Sp Outpatient Sp	nysical Therapy nysical Therapy ational Therapy eech Pathology eech Pathology	2 0 2 2 0	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 2 2
Outpatient Ph Occupa Sp Outpatient Sp	nysical Therapy nysical Therapy ational Therapy eech Pathology eech Pathology Social Services	2 0 2 2 0 1	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology Diogical Services Dietary	0 2 2 2 2 2

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Canterbury Center 80 Maddex Drive Shepherdstown, WV 25443

License # Administrator Facility Type S Ownership	Skilled Nursir	1 Monica Lock ng Facility/Nursing Facil Genesis Healthca	ity Reimbursement	Med	Jefferso 304-876-942 dicare/Medica Proprieta
	NU	JMBER OF BEDS	S AND ROOMS		
Licensed Beds	62	Certified Beds	62	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	29	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
Private	Room Rate	302.00		Medicaid Rate	216.78
Semi-Pr	ivate Room	312.00		Other	225.00
	NU	MBER OF FULL-	TIME EMPLOYE	EES	
Registe	red Nurses	7		Nurse Aides	27
Licensed Pract	ical Nurses	12		Other Personnel	35
	SER\	/ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	3	I	Diagnostic X-rays	2
Physic	cal Therapy	2	Administration &	Storage of Blood	N/R
Outpatient Physic	al Therapy	N/R		Dentistry	2
Occupation	nal Therapy	2		Podiatry	2
Speech	n Pathology	2		Ophthalmology	2
Outpatient Speech	n Pathology	0	Psych	ological Services	2
Soci	al Services	1		Dietary	1
Patien	t Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
C	linical Labs	2			

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0 = a service not provided by the facility;

N/A - Not applicable

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Care Haven Center 2720 Charles Town Road Martinsburg, WV 25401

License # Administrator Facility Type Ownership	Skilled Nursi	177 Anthony Larson ng Facility/Nursing Facility Genesis Healthcare	Reimbursement	Med	Berkeley 304-263-0933 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	68	Certified Beds	68	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROOM	RATES		
Priva	ate Room Rate	N/R		Medicaid Rate	N/R
		N/R		Other	N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Regi	stered Nurses	N/R		Nurse Aides	N/R
Licensed Pra	actical Nurses	N/R		Other Personnel	N/R
	SER	VICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
Phy	sical Therapy	N/R	Administration &	Storage of Blood	N/R
Outpatient Phy	sical Therapy	N/R		Dentistry	N/R
Occupat	tional Therapy	N/R		Podiatry	N/R
•	ech Pathology			Ophthalmology	N/R
Outpatient Spec			Psycho	ological Services	N/R
	ocial Services			Dietary	N/R
Pat	ient Activities			Housekeeping	N/R
	Pharmacy			Other	N/R
	Clinical Labs	N/R			

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Care Haven of Pleasants 506 Riverview Drive Belmont, WV 26134

License # Administrator Facility Type Ownership	Skilled Nursi	Linda Si ng Facility/Nursing F Stonerise Healt	strunk acility			Pleasants 304-665-2065 Medicaid Proprietary
	NU	JMBER OF BE	DS A	AND ROOMS		
Licensed Beds	68	Certified Be	eds	68	Respite Beds	0
Private Rooms	10	Semi-Private Roo	ms	29	3 - 4 Bed Wards	N/R
		DAILY RC	OM	RATES		
Priva	ite Room Rate	275.00			Medicaid Rate	224.33
Semi	-Private Room	265.00			Other	N/R
	NU	MBER OF FUL	.L-TII	ME EMPLOYE	ES	
Regi	stered Nurses	6			Nurse Aides	37
Licensed Pra	Licensed Practical Nurses				Other Personnel	34
	SER	/ICES AND PR	ROGF	RAMS AVAILA	ABLE	
	Nursing	1			Diagnostic X-ray	2
Phy	sical Therapy	2		Administration &	Storage of Blood	3
	sical Therapy	N/A			Dentistry	2
Outpatient Phy					Podiatry	2
•	ional Therapy	2				
Occupat	ional Therapy ech Pathology				Ophthalmology	2
Occupat	ech Pathology	2		Psycho	Ophthalmology ological Services	2 2
Occupat Spe Outpatient Spec	ech Pathology	2 N/A		Psycho		
Occupat Spec Outpatient Spec Sc	ech Pathology ech Pathology	2 N/A 1		Psycho	ological Services	2
Occupat Spec Outpatient Spec Sc	ech Pathology ech Pathology ocial Services	2 N/A 1 1		Psycho	ological Services Dietary	2 2

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Cedar Ridge Center 302 Cedar Ridge Road Sissonville, WV 25320

License # Administrator Facility Type Ownership	Skilled Nursii			Med	Kanawha 304-984-0046 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	119	Certified Beds	119	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROOM	RATES		
Priva	ite Room Rate	280.00		Medicaid Rate	191.84
Semi-Private Room		270.00		Other	N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Regi	stered Nurses	12		Nurse Aides	53
Licensed Pra	actical Nurses	24		Other Personnel	52
	SER	/ICES AND PROG	RAMS AVAILA	\BLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psycho	ological Services	2
Sc	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
	DI	0		Other	N/R
	Pharmacy	2		Other	14/13

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Clarksburg Nursing and Rehabilitation Center 801 Davisson Run Road Clarksburg, WV 26301

License # Administrator		Tricia Calemine-I	124 County Dolan Phone #		Harrison 304-624-6500
Facility Type	Skilled Nursi	ng Facility/Nursing Fa	acility Reimbursement	: Med	dicare/Medicaid
Ownership	American Medi	cal Facilities Manage	ment Type of		Proprietary
	N	UMBER OF BE	DS AND ROOMS		
Licensed Beds	s 98	Certified Be	ds 98	Respite Beds	0
Private Rooms	8	Semi-Private Roon	n s 55	3 - 4 Bed Wards	N/R
		DAILY RO	OM RATES		
Priv	ate Room Rate	319.00		Medicaid Rate	209.08
Sen	ni-Private Room	n 299.00		Other	N/R
	NU	MBER OF FUL	L-TIME EMPLOY	EES	
Red	gistered Nurses	6		Nurse Aides	37
	ractical Nurses			Other Personnel	35
	SER	VICES AND PR	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Pł	ysical Therapy	2	Administration 8	Storage of Blood	2
Outpatient Ph	ysical Therapy	0		Dentistry	2
Occupa	ational Therapy	2		Podiatry	2
Sp	eech Pathology	, 2		Ophthalmology	2
Outpatient Sp	eech Pathology	0	Psych	nological Services	2
;	Social Services	1		Dietary	3
Pa	atient Activities	1		Housekeeping	1
• •				0.1	NI/D
	Pharmacy	2		Other	N/R

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Clary Grove 209 Clover Street Martinsburg, WV 25404

License # Administrator Facility Type Ownership	Skilled Nursi	52 Nancy Masor ng Facility/Nursing Facility Stonerise Healthcare	/ Reimbursement	Med	Berkeley 304-263-8922 dicare/Medicaid
Ownership		Storierise Healtricare	e Type of		Proprietary
	N	UMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROOM	RATES		
Priva	ate Room Rate	N/R		Medicaid Rate	N/R
Semi	-Private Room	n N/R		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regi	stered Nurses	N/R		Nurse Aides	N/R
Licensed Pra	actical Nurses	N/R		Other Personnel	N/R
	SER	VICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
Phy	sical Therapy	N/R	Administration &	Storage of Blood	N/R
Outpatient Phy	sical Therapy	N/R		Dentistry	N/R
Occupat	ional Therapy	N/R		Podiatry	N/R
Spe	ech Pathology	/ N/R		Ophthalmology	N/R
Outpatient Spec	ech Pathology	N/R	Psycho	ological Services	N/R
Sc	ocial Services			Dietary	N/R
Pat	ient Activities			Housekeeping	N/R
	Pharmacy			Other	N/R
	Clinical Labs	N/R			

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Clay Health Care Center 1053 Clinic Drive Ivydale, WV 25113

License #	137	County	Clay
Administrator	Jessica Fowler	Phone #	304-286-4204
Facility Type	Skilled Nursing Facility/Nursing Facility	Reimbursement	Medicare/Medicaid
Ownership	Sterling Health Care Management, Inc.	Type of	Proprietary

NUMBER OF BEDS AND ROOMS

Licensed Beds	60	Certified Beds	60	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R

DAILY ROOM RATES

Private Room Rate	N/R	Medicaid Rate	N/R
Semi-Private Room	N/R	Other	N/R

NUMBER OF FULL-TIME EMPLOYEES

Registered Nurses	N/R	Nurse Aides	N/R
Licensed Practical Nurses	N/R	Other Personnel	N/R

SERVICES AND PROGRAMS AVAILABLE

Nursing	N/R	Diagnostic X-ray	N/R
Physical Therapy	N/R	Administration & Storage of Blood	N/A
Outpatient Physical Therapy	N/A	Dentistry	N/R
Occupational Therapy	N/R	Podiatry	N/R
Speech Pathology	N/R	Ophthalmology	N/R
Outpatient Speech Pathology	N/A	Psychological Services	N/R
Social Services	N/R	Dietary	N/R
Patient Activities	N/R	Housekeeping	N/R
Pharmacy	N/R	Other	N/R
Clinical Labs	N/R		

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Cortland Acres Nursing Home HC 60, Box 98 Thomas, WV 26292

· · · · · ·		7 Beth Cleveng g Facility/Nursing Facili d Acres Association, In	Reimbursement		Tucker 304-463-4181 Medicare/Medicaid Non-Proprietary	
	NU	MBER OF BEDS	AND ROOMS			
Licensed Beds Private Rooms	94 6	Certified Beds Semi-Private Rooms	94 44	Respite Beds 3 - 4 Bed Wards		
		DAILY ROOM	I RATES			
	Room Rate rivate Room	227.00 218.00		Medicaid Rate Other	213.19 N/A	
	NUN	MBER OF FULL-1	TIME EMPLOYE	ES		
Registe Licensed Pract	ered Nurses tical Nurses	6 8		Nurse Aides Other Personnel	29 28	
	SERV	ICES AND PROC	RAMS AVAILA	ABLE		
	Nursing	1		Diagnostic X-ray	2	
Physic	cal Therapy	1	Administration &	-	2	
Outpatient Physic	cal Therapy	1		Dentistry	2	
Occupation	nal Therapy	1		Podiatry	2	
•	h Pathology	1		Ophthalmology	2	
Outpatient Speecl		1	Psych	ological Services	2	
	ial Services	1		Dietary	1	
Patier	nt Activities	1		Housekeeping	1	
•	Pharmacy linical Labs	2		Other	0	

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Crestview Manor Nursing and Rehabilitation PO Box 967 Jane Lew, WV 26378

License # Administrator			B4 County ce Phone#		Lewis 304-884-7811
Facility Type	Skillad Nureir	Ashley in ng Facility/Nursing Facil		t Ma	ا 304-664-761 dicare/Medicaid
Ownership		unity Progress Committe	•		Non-Proprietary
<u> </u>		unity i regrees committee	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- Topriotary
	NU	JMBER OF BEDS	S AND ROOMS	,	
Licensed Beds	72	Certified Beds	72	Respite Beds	0
Private Rooms	10	Semi-Private Rooms	23	3 - 4 Bed Wards	4
-					
		DAILY ROOF	M RATES		
	te Room Rate			Medicaid Rate	196.16
Semi-	Private Room	215.00		Other	N/R
	stered Nurses	MBER OF FULL-	I IIVIL LIVII LOT	Nurse Aides	20
Licensed Pra	ctical Nurses	9		Other Personnel	20
	SER\	/ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
-	sical Therapy		Administration 8	& Storage of Blood	0
Outpatient Phy		0		Dentistry	2
•	ional Therapy			Podiatry	2
•	ech Pathology			Ophthalmology	2
Outpatient Spec			Psycl	hological Services	2
	ocial Services	1		Dietary	1
Pati	ient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Dawn View Center Diane Drive, Box 686 Fort Ashby, WV 26719

License # Administrator Facility Type Ownership	Skilled Nursir	8 Cynthia Wagone ng Facility/Nursing Facilit Genesis Healthcar	y Reimbursement	Мес	Mineral 304-298-3602 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	66	Certified Beds	66	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	27	3 - 4 Bed Wards	N/R
		DAILY ROOM	I RATES		
Privat	e Room Rate	292.00		Medicaid Rate	211.18
Semi-l	Private Room	282.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	tered Nurses	12		Nurse Aides	40
Licensed Pra		8		Other Personnel	28
	SER\	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Physical Therapy		0		Dentistry	2
Outpatient Phys	Occupational Therapy			Podiatry	2
	onal Therapy	2			
Occupation	onal Therapy ch Pathology			Ophthalmology	2
Occupation	ch Pathology	2	Psycho	Ophthalmology ological Services	2 2
Occupati Spee Outpatient Spee	ch Pathology	2	Psycho		
Occupati Spee Outpatient Spee So	ch Pathology ch Pathology	2 0	Psycho	ological Services	2
Occupati Spee Outpatient Spee So	ch Pathology ch Pathology cial Services	2 0 1	Psycho	ological Services Dietary	2 1

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Dunbar Center 501 Caldwell Lane Dunbar, WV 25064

License # Administrator Facility Type Ownership	Skilled Nursir	8. Greg Hamake ng Facility/Nursing Facilit Genesis Healthcar	y Reimbursement	Med	Kanawha 304-744-4761 licare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	120 4	Certified Beds Semi-Private Rooms	120 58	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	IRATES		
	ate Room Rate -Private Room			Medicaid Rate Other	N/R N/R
	NU	MBER OF FULL-T	IME EMPLOYE	EES	
Regi	stered Nurses	13		Nurse Aides	49
	actical Nurses			Other Personnel	43
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	3		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	N/R
Outpatient Phy				Dentistry	2
•	ional Therapy			Podiatry	2
-	ech Pathology			Ophthalmology	2
Outpatient Spec			Psycho	ological Services	2
-	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	2		Other	N/R
	Cimical Labs	2			

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

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^{3 =} a service provided by a combination of both 1 and 2.

E.A. Hawse Nursing and Rehabilitation Center PO Box 70 Baker, WV 26801

License # Administrator			08 County ace Phone #		Hardy
Facility Type	Skilled Nursi	Pauline var ng Facility/Nursing Faci		Mod	304-897-5903 dicare/Medicaid
Ownership		cal Facilities Manageme	•	. ivied	Proprietary
	American Medi	cai racililles Manageme	ent Type of		Proprietary
	N	UMBER OF BEDS	S AND ROOMS		
Licensed Beds	s 60	Certified Beds	60	Respite Beds	0
Private Rooms	s 4	Semi-Private Rooms	28	3 - 4 Bed Wards	0
		DAILY ROO	M RATES		
Priv	vate Room Rate	249.00		Medicaid Rate	198.66
Sen	ni-Private Room	234.00		Other	N/R
_		MBER OF FULL-	TIME EMPLOY		
Re	gistered Nurses	8		Nurse Aides	24
	Practical Nurses			Other Personnel	28
		VICES AND PRO	GRAMS AVAIL		
	Nursing			Diagnostic X-ray	2
	nysical Therapy		Administration 8	Storage of Blood	0
•	hysical Therapy			Dentistry	2
-	ational Therapy			Podiatry	2
•	eech Pathology			Ophthalmology	2
·	eech Pathology		Psych	nological Services	2
	Social Services	· ·		Dietary	1
Pa	atient Activities			Housekeeping	1
	Pharmacy			Other	0
	Clinical Labs	3 2			

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Eagle Pointe 1600 27th Street Parkersburg, WV 26101

License # Administrator Facility Type Ownership	Skilled Nursir	Randy Wri ng Facility/Nursing Fac Stonerise Healthc	•	ent Me	Wood 304-485-6476 dicare/Medicaid Proprietary
	NU	JMBER OF BED	S AND ROOM	S	
Licensed Beds Private Rooms	164 4	Certified Beds Semi-Private Rooms		Respite Beds 3 - 4 Bed Wards	0 13
		DAILY ROO	M RATES		
Private Room Rate Semi-Private Room		213.00 205.00		Medicaid Rate Other	173.60 N/A
	NUI	MBER OF FULL	TIME EMPLO	YEES	
Registered Nurses Licensed Practical Nurses		8 26		Nurse Aides Other Personnel	50 64
	SER\	ICES AND PRO	GRAMS AVAI	LABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	ical Therapy	1	Administration	& Storage of Blood	0
Outpatient Phys	ical Therapy	0		Dentistry	2
Occupation	onal Therapy	1		Podiatry	2
Speech Pathology		1		Ophthalmology	2
•	Outpatient Speech Pathology		Psy	chological Services	2
	Social Services			Dietary	1
Patie	ent Activities	1		Housekeeping	1
_	Pharmacy	2		Other	N/R
(Clinical Labs	2			

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Eastbrook Center 3819 Chesterfield Avenue Charleston, WV 25304

License # Administrator Facility Type Ownership		Robin Sutphir ng Facility/Nursing Facility Stonerise Healthcare	Reimbursement Type of	Мес	Kanawha 304-925-4771 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	184	Certified Beds	184	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	36	3 - 4 Bed Wards	36
		DAILY ROOM	RATES		
Private Room Rate		289.75		Medicaid Rate	202.96
Semi-Private Room		268.00		Other	N/R
Registered Nurses Licensed Practical Nurses		MBER OF FULL-T 13 14		Nurse Aides Other Personnel	38 38
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing			Diagnostic X-ray	2
Phy	sical Therapy	1	Administration &	Storage of Blood	2
Outpatient Phy	Outpatient Physical Therapy			Dentistry	2
Occupat	Occupational Therapy		Podiatry		2
Speech Pathology		1	Ophthalmology		2
•	Outpatient Speech Pathology		Psycho	ological Services	2
Social Services		1	Dietary		1
Pati	ent Activities	1	Housekeeping		1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Eldercare Health and Rehabilitation 107 Miller Drive Ripley, WV 25271

License # Administrator Facility Type Ownership		7 Jennifer Jeffer g Facility/Nursing Facilit ercare of Jackson Count	y Reimbursement	Me	Jackso 304-372-511 dicare/Medicai Proprietar
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	2	Semi-Private Rooms	59	3 - 4 Bed Wards	0
		DAILY ROOM	IRATES		
Private Room Rate		212.00		Medicaid Rate	189.63
Semi-Private Room		185.00		Other	N/A
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	20		Nurse Aides	46
Licensed Practical Nurses		16		Other Personnel	39
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing			Diagnostic X-ray	2
Phy	Physical Therapy		Administration &	Storage of Blood	0
Outpatient Physical Therapy		0		Dentistry	2
•	Occupational Therapy			Podiatry	2
Occupat				Ophthalmology	2
Occupati Spec	ech Pathology	2			
Occupati Spec Outpatient Spec	ech Pathology ech Pathology	2 0	Psycho	ological Services	2
Occupati Spee Outpatient Spee Sc	ech Pathology ech Pathology ocial Services	0 1	Psycho	ological Services Dietary	2 1
Occupati Spee Outpatient Spee Sc	ech Pathology ech Pathology ocial Services ient Activities	0 1 1	Psycho	ological Services Dietary Housekeeping	2 1 1
Occupati Spee Outpatient Spee Sc	ech Pathology ech Pathology ocial Services	0 1	Psycho	ological Services Dietary	2 1

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable N/R - Not reported by facility

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Elkins Regional Convalescent Care Center 1175 Beverly Pike **Elkins, WV 26241**

		Patricia Summerfield Phone led Nursing Facility/Nursing Facility kins Regional Convalescent Center Type of		Randol 304-636-13 it Medicare/Medica Non-Proprieta	
	N	UMBER OF BEI	OS AND ROOMS	3	
Licensed Beds Private Rooms	111 17	Certified Bed Semi-Private Room		Respite Beds 3 - 4 Bed Wards	0 0
		DAILY RO	OM RATES		
Private Room Rate Semi-Private Room				Medicaid Rate Other	204.68 N/R
	NU	MBER OF FULI	L-TIME EMPLOY	'EES	
Registered Nurses Licensed Practical Nurses				Nurse Aides Other Personnel	44 63
	SER	VICES AND PR	OGRAMS AVAIL	.ABLE	
	Nursing	, 1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration	& Storage of Blood	2
Outpatient Phy	sical Therapy	2		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	Speech Pathology			Ophthalmology	2
Outpatient Spec	ech Pathology	2	Psyc	Psychological Services	
Sc	Social Services			Dietary	1
Pati	Patient Activities			Housekeeping	1
	Pharmacy	2		Other	2

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Fairmont Health and Rehabilitation Center 130 Kaufman Drive Fairmont, WV 26554

License # Administrator Facility Type S Ownership			-	ent Med	Marior 304-363-563 dicare/Medicaid Proprietary
	NU	MBER OF BED	S AND ROOM	IS	
Licensed Beds	120	Certified Bed	s 120	Respite Beds	0
Private Rooms	8	Semi-Private Rooms	s 56	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
Private	Room Rate	177.00		Medicaid Rate	159.30
Semi-P	rivate Room	169.00		Other	415.54
	NUN	MBER OF FULL	-TIME EMPLO	YEES	
Regist	ered Nurses	8		Nurse Aides	49
Licensed Pract	tical Nurses	19		Other Personnel	30
	SERV	ICES AND PRO	GRAMS AVA	ILABLE	
	Nursing	1		Diagnostic X-ray	2
Physi	cal Therapy	2	Administratio	n & Storage of Blood	2
Outpatient Physi	cal Therapy	0		Dentistry	2
Occupation	nal Therapy	2		Podiatry	2
Speec	h Pathology	2		Ophthalmology	2
Outpatient Speec		0	Ps	ychological Services	2
	ial Services	1		Dietary	1
Patier	nt Activities	1		Housekeeping	2
	Pharmacy	2		Other	2
C	linical Labs	2			

Definitions of 0, 1, 2, or 3 for services and programs available:

N/A - Not applicable

^{0 =} a service not provided by the facility; 1 = a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or 3 = a service provided by a combination of both 1 and 2.

Fayette Nursing and Rehabilitation Center 100 Hresan Boulevard Fayetteville, WV 25840

License #	48	3 County		Fayette
Administrator	Bonnie Sue Coga	r Phone #		304-574-077
Facility Type Skilled Nursin	ng Facility/Nursing Facility	/ Reimbursement	Me	dicare/Medicai
Ownership American Medi	cal Facilities Managemen	t Type of		Proprietar
N	UMBER OF BEDS	AND ROOMS		
Licensed Beds 60	Certified Beds	60	Respite Beds	0
Private Rooms 4	Semi-Private Rooms	28	3 - 4 Bed Wards	0
	DAILY ROOM	RATES		
		INAILO		
Private Room Rate			Medicaid Rate	229.05
Semi-Private Room	291.00		Other	N/R
NU	MBFR OF FULL-T	IMF FMPI OYF	FS	
	MBER OF FULL-T	IME EMPLOYE	EES Nurse Aides	26
NU Registered Nurses Licensed Practical Nurses	8	IME EMPLOYE		26 20
Registered Nurses Licensed Practical Nurses	8 7		Nurse Aides Other Personnel	
Registered Nurses Licensed Practical Nurses	VICES AND PROG		Nurse Aides Other Personnel	20
Registered Nurses Licensed Practical Nurses SERV	VICES AND PROG	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray	20
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy	VICES AND PROG		Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood	20
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy Outpatient Physical Therapy	8 7 VICES AND PROG	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry	20 20 2 0 2
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy Outpatient Physical Therapy Occupational Therapy	8 7 VICES AND PROG 1 1 3 0 3 3	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	2 0 2 2 2 2
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy Outpatient Physical Therapy	8 7 VICES AND PROG 1 1 3 7 0 3 7 3 3	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry	20 20 2 0 2
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy Occupational Therapy Speech Pathology	8 7 VICES AND PROG	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	2 0 2 0 2 2 2 2
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy Outpatient Physical Therapy Occupational Therapy Speech Pathology Outpatient Speech Pathology	8 7 VICES AND PROG 1 1 3 0 3 3 7 0 1 3 7 0	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	2 0 2 2 2 2 2 2
Registered Nurses Licensed Practical Nurses SERV Nursing Physical Therapy Outpatient Physical Therapy Occupational Therapy Speech Pathology Outpatient Speech Pathology Social Services	8 7 VICES AND PROG 1 1 3 0 3 7 0 3 7 0 1 1 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary	2 0 2 2 2 2 2 2 2

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N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Glenville Center 111 Fairground Road Glenville, WV 26351

License # Administrator Facility Type Ownership	Skilled Nursir	94 Julie Brennemar ng Facility/Nursing Facility Genesis Healthcare	Reimbursement	Me	Gilme 304-462-571 dicare/Medicai Proprietai
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	65 3	Certified Beds Semi-Private Rooms	65 25	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	RATES		
	e Room Rate Private Room	_00.00		Medicaid Rate Other	173.65 243.00
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Regis Licensed Prac	tered Nurses ctical Nurses	9 7		Nurse Aides Other Personnel	23 23
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	sical Therapy		Administration &	_	0
Outpatient Phys		0		Dentistry	2
=	onal Therapy ch Pathology	2		Podiatry Ophthalmology	2 2
Outpatient Spee		=	Pevch	ological Services	2
	cial Services	1	. Syon	Dietary	1
Patie	ent Activities	1		Housekeeping	2
,	Pharmacy Clinical Labs	2 2		Other	0

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Golden Living Center Glasgow PO Box 350 Glasgow, WV 25086

License #					
			3 County		Glasgo
Administrator	01:11 1.11	Patricia Roar			304-595-11
Facility Type	Skilled Nursir	ng Facility/Nursing Facility		Med	dicare/Medica
Ownership		Beverly Healthcare	e Type of		Proprieta
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	108	Certified Beds	108	Respite Beds	0
Private Rooms	6	Semi-Private Rooms	51	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Privat	te Room Rate	246.80		Medicaid Rate	235.22
Semi-I	Private Room	201.46		Other	N/R
	NU	MBER OF FULL-T	IME EMDI OVE	:EQ	
		MIDEN OF 1 OFF-1	IIVIL LIVIFLOIL	.LJ	
Regis	stered Nurses		INIC CIVIF COTE	Nurse Aides	30
Regis Licensed Prac	stered Nurses	13			30 34
•	stered Nurses ctical Nurses	13		Nurse Aides Other Personnel	
•	stered Nurses ctical Nurses	13 14 /ICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel	
Licensed Prac	stered Nurses ctical Nurses SER\	13 14 /ICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray	34
Licensed Prac	stered Nurses ctical Nurses SER\ Nursing sical Therapy	13 14 /ICES AND PROG 1 1	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray	2
Licensed Prac	stered Nurses ctical Nurses SER\ Nursing sical Therapy	13 14 /ICES AND PROG 1 1 1 0	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood	2 0
Physical Process of the Control of t	SER\ Nursing Sical Therapy onal Therapy sch Pathology	13 14 /ICES AND PROG 1 1 0 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	2 0 2 2 2 2
Physical Process of the Physical Physic	SER\ Nursing sical Therapy onal Therapy och Pathology	13 14 /ICES AND PROG 1 1 0 1 0 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	2 0 2 2 2 2
Phys Outpatient Phys Occupatie Spee Outpatient Spee	SER\ Nursing sical Therapy onal Therapy och Pathology ocial Services	13 14 /ICES AND PROG 1 1 0 1 0 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 0 2 2 2 2 2
Phys Outpatient Phys Occupatie Spee Outpatient Spee	SER\ Nursing sical Therapy onal Therapy och Pathology och Services ent Activities	13 14 /ICES AND PROG 1 1 0 1 0 1 0	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary Housekeeping	2 0 2 2 2 2 2 1 2
Physical Process of Pr	SER\ Nursing sical Therapy onal Therapy och Pathology ocial Services	13 14 /ICES AND PROG 1 1 0 1 0 1 0 1 1 0	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 0 2 2 2 2 2

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Golden Living Center Morgantown 1379 Van Voorhis Road Morgantown, WV 26505

Administrator Facility Type	Skilled Nursin	58 Linda Dailey g Facility/Nursing Facility		Med	Monongal 304-599-948 dicare/Medica
Ownership		Beverly Healthcare			Proprieta
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds	100	Certified Beds	100	Respite Beds	0
Private Rooms	0	Semi-Private Rooms	50	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
	e Room Rate	N/R		Medicaid Rate	214.98
Semi-P	Private Room	193.97		Other	N/R
	NII II				
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
	tered Nurses	MBER OF FULL-T	IME EMPLOYE	ES Nurse Aides	32
Regist Licensed Prac	tered Nurses				32 26
	tered Nurses ctical Nurses	15		Nurse Aides Other Personnel	
	tered Nurses ctical Nurses	15 6	RAMS AVAILA	Nurse Aides Other Personnel	
Licensed Prac	tered Nurses ctical Nurses SERV	15 6 VICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray	26
Licensed Prac	tered Nurses ctical Nurses SERV Nursing ical Therapy	15 6 VICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray	26
Licensed Prace Phys Outpatient Phys	tered Nurses ctical Nurses SERV Nursing ical Therapy	15 6 VICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood	26 2 N/R
Phys Outpatient Phys Occupation	SERV Nursing ical Therapy ical Therapy onal Therapy ch Pathology	15 6 ZICES AND PROG 1 1 0	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	26 N/R 2
Phys Outpatient Phys Occupation Speed	SERV Nursing ical Therapy ical Therapy onal Therapy ch Pathology	15 6 VICES AND PROG 1 1 0 1 1 0	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	26 N/R 2 2
Phys Outpatient Phys Occupation Speed Outpatient Speed Soc	SERV Nursing ical Therapy ical Therapy onal Therapy ch Pathology ch Pathology cial Services	15 6 VICES AND PROG 1 1 0 1 0 1	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	26 N/R 2 2 2
Phys Outpatient Phys Occupation Speed Outpatient Speed Soc	SERV Nursing ical Therapy ical Therapy onal Therapy ch Pathology ch Pathology chal Services ent Activities	15 6 ICES AND PROG 1 1 0 1 0 1 1	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary Housekeeping	2 N/R 2 2 2 2 2 1 1
Phys Outpatient Phys Occupation Speed Outpatient Speed Soc	SERV Nursing ical Therapy ical Therapy onal Therapy ch Pathology ch Pathology cial Services	15 6 VICES AND PROG 1 1 0 1 0 1	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 N/R 2 2 2 2 2 2

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^{3 =} a service provided by a combination of both 1 and 2.

Golden Living Center Riverside 6500 MacCorkle Avenue, SW St. Albans, WV 25177

icense #		4	County		Kanaw
Administrator		Michael Laugher	/ Phone #		304-768-00
Facility Type	Skilled Nursin	g Facility/Nursing Facility	/ Reimbursement	Me	dicare/Medic
Ownership ————————————————————————————————————		Beverly Healthcare	Type of		Proprieta
	NU	MBER OF BEDS	AND ROOMS		
Licensed Beds	102	Certified Beds	102	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	23	3 - 4 Bed Wards	13
		DAILY ROOM	RATES		
Privat	te Room Rate	226.26		Medicaid Rate	194.29
Sami-	Private Room	214.96		Other	248.98
- Jeilli-				Other	240.90
	NUN	MBER OF FULL-T	IME EMPLOYE	EES	
	NUN		IME EMPLOYE		39 31
Regis	NUN stered Nurses octical Nurses	#BER OF FULL-T 14 14		Nurse Aides Other Personnel	39
Regis	NUN stered Nurses actical Nurses SERV	MBER OF FULL-T 14 14 14 TICES AND PROG		Nurse Aides Other Personnel	39 31
Regis Licensed Pra	NUN stered Nurses octical Nurses SERV Nursing	MBER OF FULL-T 14 14 14 (ICES AND PROG	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray	39 31
Regis Licensed Pra Phys	NUN stered Nurses actical Nurses SERV Nursing sical Therapy	MBER OF FULL-T 14 14 14 TICES AND PROG		Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood	39 31 2 0
Regis Licensed Pra Phys Outpatient Phys	NUN stered Nurses actical Nurses SERV Nursing sical Therapy sical Therapy	MBER OF FULL-T 14 14 14 TICES AND PROG 1 2 2	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry	39 31 2 0 2
Regis Licensed Pra Phys Outpatient Phys Occupati	NUN stered Nurses ectical Nurses SERV Nursing sical Therapy sical Therapy	MBER OF FULL-T 14 14 14 CICES AND PROG 1 2 2 2 2	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	39 31 2 0 2 2
Regis Licensed Pra Phys Outpatient Phys Occupati Spee	NUN stered Nurses sectical Nurses SERV Nursing sical Therapy sical Therapy ional Therapy	MBER OF FULL-T 14 14 14 11 ICES AND PROG 1 2 2 2 2 2	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	39 31 2 0 2 2 2
Regis Licensed Pra Phys Outpatient Phys Occupati Spee Outpatient Spee	NUN stered Nurses ctical Nurses SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	ABER OF FULL-T 14 14 14 TICES AND PROG 1 2 2 2 2 2	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	39 31 2 0 2 2 2 2
Regis Licensed Pra Phys Outpatient Phys Occupati Spee Outpatient Spee	NUM stered Nurses ctical Nurses SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology ocial Services	## 14 14 14 14 14 14 14 14 14 14 14 14 14	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary	39 31 2 0 2 2 2 2 2
Regis Licensed Pra Phys Outpatient Phys Occupati Spee Outpatient Spee	NUN stered Nurses ctical Nurses SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	ABER OF FULL-T 14 14 14 TICES AND PROG 1 2 2 2 2 2	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	39 31 2 0 2 2 2 2

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Good Shepherd Nursing Home 159 Edgington Lane Wheeling, WV 26003

License # Administrator Facility Type Ownership		50 Donald R. Kirsch ng Facility/Nursing Facility Shepherd Nursing Home	Reimbursement		Ohio 304-242-1093 dicare/Medicaid Non-Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	192 54	Certified Beds Semi-Private Rooms	192 45	Respite Beds 3 - 4 Bed Wards	0 16
		DAILY ROOM	RATES		
Priva	te Room Rate	170.00		Medicaid Rate	177.63
Semi-	-Private Room	165.00		Other	129.72
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	15		Nurse Aides	49
Licensed Pra	actical Nurses	17		Other Personnel	81
	SERV	ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	3	Administration &	Storage of Blood	2
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	1		Podiatry	2
Spee	ech Pathology	2		Ophthalmology	2
Outpatient Spee		0	Psycho	ological Services	2
-	ocial Services	1		Dietary	1
Pati	ient Activities	1		Housekeeping	1
	Pharmacy	3		Other	N/A
	Clinical Labs	2			

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Grant County Nursing Home 27 Early Avenue Petersburg, WV 26847

	Terry Shobeing Facility/Nursing Facility	Phone # Reimbursement		Grant 304-257-4233 dicare/Medicaid Non-Proprietary
NII.		AND DOOMS		
	_		B	0
			-	0 N/R
	Semi-Private Rooms	52	3 - 4 Bed Wards	IN/R
	DAILY ROOM	RATES		
te Room Rate	195.00		Medicaid Rate	188.09
Private Room	185.00		Other	208.67
stered Nurses			Nurse Aides	42
ctical Nurses	12		Other Personnel	50
SERV	ICES AND PROG	RAMS AVAILA	ABLE	
Nursing	1		Diagnostic X-ray	2
sical Therapy	2	Administration &	Storage of Blood	0
sical Therapy	0		Dentistry	2
onal Therapy	2		Podiatry	0
•				2
		Psycho	_	2
			•	1
	1		Housekeeping	1
ent Activities Pharmacy	1 2		Other	N/R
	NU 110 6 te Room Rate Private Room NUI stered Nurses ctical Nurses ctical Therapy sical Therapy onal Therapy sch Pathology	Terry Shobe Skilled Nursing Facility/Nursing Facility Grant County Commission NUMBER OF BEDS 110 Certified Beds 6 Semi-Private Rooms DAILY ROOM te Room Rate 195.00 Private Room 185.00 NUMBER OF FULL-Tile stered Nurses 10 ctical Nurses 12 SERVICES AND PROG Nursing 1 sical Therapy 2 sical Therapy 2 sical Therapy 0 onal Therapy 2 ch Pathology 2 ch Pathology 0	DAILY ROOM RATES te Room Rate 195.00 Private Room 185.00 NUMBER OF FULL-TIME EMPLOYE stered Nurses 10 ctical Nurses 12 SERVICES AND PROGRAMS AVAILA Nursing 1 sical Therapy 2 sical Therapy 0 onal Therapy 2 onal Therapy 3 onal Therapy 4 onal Therapy 4 onal Therapy 4 onal Therapy 5 onal Therapy 5 onal Therapy 6 onal Therapy 6 onal Therapy 7 onal Therapy 9 onal Th	Terry Shobe Skilled Nursing Facility/Nursing Facility Grant County Commission Type of Skilled Nursing Facility/Nursing Facility Grant County Commission Type of Skilled Nursing Facility Grant County Commission Type of Skilled Nurses Skilled Beds 110 Respite Beds 6 Semi-Private Rooms 52 3 - 4 Bed Wards DAILY ROOM RATES

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

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^{3 =} a service provided by a combination of both 1 and 2.

Greenbrier Manor Route 2, Box 159-A Lewisburg, WV 24901

License # Administrator Facility Type Ownership		45 Catherine Hill ng Facility/Nursing Facility rier County Nursing Home	Reimbursement		Greenbrier 304-645-3076 dicare/Medicaid Non-Proprietary
	N	JMBER OF BEDS	AND ROOMS		
Licensed Beds	100	Certified Beds	100	Respite Beds	0
Private Rooms	0	Semi-Private Rooms	20	3 - 4 Bed Wards	20
		DAILY ROOM	RATES		
Priva	te Room Rate	N/A		Medicaid Rate	219.77
Semi-	Private Room	221.00		Other	N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	7		Nurse Aides	38
Licensed Pra	ctical Nurses	16		Other Personnel	56
	SER	/ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
Phy	Nursing sical Therapy		Administration &	•	2 0
Phy Outpatient Phy	sical Therapy	2		•	
Outpatient Phy	sical Therapy	2 0		Storage of Blood	0
Outpatient Phy Occupati	sical Therapy sical Therapy	2 0 2		Storage of Blood Dentistry	0 2
Outpatient Phy Occupati	sical Therapy sical Therapy ional Therapy ech Pathology	2 0 2 2	Administration & S	Storage of Blood Dentistry Podiatry	0 2 2
Outpatient Phy Occupati Spec Outpatient Spec	sical Therapy sical Therapy ional Therapy ech Pathology	2 0 2 2 2 0	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology	0 2 2 2
Outpatient Phy Occupati Spec Outpatient Spec Sc	sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	2 0 2 2 2 0	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 2 2
Outpatient Phy Occupati Spec Outpatient Spec Sc	sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology ocial Services	2 0 2 2 0 1 1	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	0 2 2 2 2 2

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Hampshire Center HC 63, Box 2580 Romney, WV 26757

License # Administrator		136 Michelle Abruzzing	County		Hampshire 304-822-7527
Facility Type	Skilled Nursing	g Facility/Nursing Facility		Med	dicare/Medicaid
Ownership	Okilica Harsing	Genesis Healthcare		Wick	Proprietary
	NU	MBER OF BEDS	AND ROOMS		
Licensed Beds	62	Certified Beds	60	Respite Beds	2
Private Rooms	4	Semi-Private Rooms	29	3 - 4 Bed Wards	N/R
			DATEC		
		DAILY ROOM	KAIES		
Priva	te Room Rate	302.00		Medicaid Rate	N/R
Semi	-Private Room	291.00		Other	N/R
	NUN	MBER OF FULL-T	IME EMPLOYI	EES	
Regi	stered Nurses	8		Nurse Aides	40
Licensed Pra	actical Nurses	7		Other Personnel	N/R
	SERV	ICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
Phy	sical Therapy	N/R	Administration &		N/R
Outpatient Phy	sical Therapy	N/R		Dentistry	N/R
Occupat	ional Therapy	N/R		Podiatry	N/R
Spec	ech Pathology	N/R		Ophthalmology	N/R
Outpatient Spec	ech Pathology	N/R	Psych	ological Services	N/R
Sc	ocial Services	N/R		Dietary	N/R
Pat	ient Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

Definitions of 0, 1, 2, or 3 for services and programs available:

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N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Harper Mills 100 Heartland Drive Beckley, WV 25801

NUMBER OF BEDS AND ROOMS Licensed Beds Private Rooms 201 Semi-Private Rooms Respite Beds 201 Respite Beds 3 - 4 Bed Wards 0 DAILY ROOM RATES Private Room Rate Semi-Private Room 270.80 Perivate Room 216.00 Medicaid Rate N/R N/R N/R NUMBER OF FULL-TIME EMPLOYEES Registered Nurses 21 Nurse Aides 64	
Private Rooms 9 Semi-Private Rooms 96 3 - 4 Bed Wards 0	
Private Rooms 9 Semi-Private Rooms 96 3 - 4 Bed Wards 0 DAILY ROOM RATES Private Room Rate 270.80 Medicaid Rate N/R Semi-Private Room 216.00 Other N/R NUMBER OF FULL-TIME EMPLOYEES	
Private Room Rate 270.80 Medicaid Rate N/R Semi-Private Room 216.00 Other N/R NUMBER OF FULL-TIME EMPLOYEES	
Semi-Private Room 216.00 Other N/R NUMBER OF FULL-TIME EMPLOYEES	
NUMBER OF FULL-TIME EMPLOYEES	
Licensed Practical Nurses 15 Other Personnel 50	
SERVICES AND PROGRAMS AVAILABLE	
Nursing 1 Diagnostic X-ray 2	
Physical Therapy 1 Administration & Storage of Blood 2	
Outpatient Physical Therapy 0 Dentistry 2	
Occupational Therapy 1 Podiatry 2	
Speech Pathology 1 Ophthalmology 2	
Outpatient Speech Pathology 0 Psychological Services 2	
Social Services 1 Dietary 1	
Patient Activities 1 Housekeeping 1	
Pharmacy 2 Other N/R Clinical Labs 2	

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Heritage Center 101 13th Street **Huntington, WV 25701**

License # Administrator Facility Type Ownership	Skilled Nursin	Anthony Mollica g Facility/Nursing Facility Genesis Healthcare	Reimbursement	Med	Cabel 304-525-7622 dicare/Medicaid Proprietary
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds	160	Certified Beds	160	Respite Beds	0
Private Rooms	28	Semi-Private Rooms	66	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Private	e Room Rate	308.00		Medicaid Rate	176.45
Semi-F	Private Room	297.00		Other	318.00
	NUM	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	tered Nurses	21		Nurse Aides	57
Licensed Prac	tical Nurses	24		Other Personnel	63
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	ical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phys	ical Therapy	2		Dentistry	2
Occupation	onal Therapy	2		Podiatry	2
Speed	ch Pathology	2		Ophthalmology	2
Outpatient Speed	-	0	Psycho	ological Services	2
	cial Services	1		Dietary	1
Patie	ent Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	2 2		Other	0

N/A - Not applicable

Definitions of 0, 1, 2, or 3 for services and programs available:
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2 = a service provided under arrangement with an outside agency resource; or

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Hidden Valley Center 422 23rd Street Oak Hill, WV 25901

Skilled Nursir	Brian Chapmai ng Facility/Nursing Facility	/ Reimbursement	Med	Fay 304-465-1 dicare/Medic Proprie
NU	JMBER OF BEDS	AND ROOMS		
80	Certified Beds	80	Respite Beds	0
22	Semi-Private Rooms	29	3 - 4 Bed Wards	0
	DAILY ROOM	RATES		
te Room Rate	290.00		Medicaid Rate	202.51
Private Room	280.00		Other	N/R
			Nurse Aides Other Personnel	33 40
SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
Nursing	1		Diagnostic X-ray	2
_	2	Administration &	Storage of Blood	0
sical Therapy	0		Dentistry	2
ional Therapy	2		Podiatry	2
ech Pathology	2		Ophthalmology	2
ech Pathology		Psycho	ological Services	2
! . 1	1		Dietary	1
ocial Services				
ient Activities Pharmacy	1 2		Housekeeping Other	1 0
	80 22 te Room Rate Private Room NUI stered Nurses actical Nurses ictical Therapy sical Therapy sical Therapy sical Therapy	Brian Chapmar Skilled Nursing Facility/Nursing Facility Genesis Healthcare NUMBER OF BEDS 80 Certified Beds 22 Semi-Private Rooms DAILY ROOM te Room Rate 290.00 Private Room 280.00 NUMBER OF FULL-T stered Nurses 13 actical Nurses 16 SERVICES AND PROG Nursing 1 sical Therapy 2 sical Therapy 0 ional Therapy 2 ech Pathology 2	Brian Chapman Phone # Skilled Nursing Facility/Nursing Facility Genesis Healthcare NUMBER OF BEDS AND ROOMS 80 Certified Beds 80 22 Semi-Private Rooms 29 DAILY ROOM RATES te Room Rate 290.00 Private Room 280.00 NUMBER OF FULL-TIME EMPLOYE stered Nurses 13 actical Nurses 16 SERVICES AND PROGRAMS AVAILA Nursing 1 sical Therapy 2 sical Therapy 0 ional Therapy 2 ach Pathology 2 ach Pathology 2	Brian Chapman Fhone # Skilled Nursing Facility/Nursing Facility Genesis Healthcare NUMBER OF BEDS AND ROOMS 80 Certified Beds 80 Respite Beds 22 Semi-Private Rooms 29 3 - 4 Bed Wards DAILY ROOM RATES te Room Rate 290.00 Medicaid Rate Private Room 280.00 Other NUMBER OF FULL-TIME EMPLOYEES stered Nurses 13 Nurse Aides Other Personnel SERVICES AND PROGRAMS AVAILABLE Nursing 1 Diagnostic X-ray Administration & Storage of Blood sical Therapy 2 Administration & Storage of Blood sical Therapy 2 Podiatry ophthalmology 2 Ophthalmology

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

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^{3 =} a service provided by a combination of both 1 and 2.

Hillcrest Health Care Center PO Box 605 Danville, WV 25053

Administrator		135 Matthew Poorman	County Phone #		Bo 304-369-0	one
Facility Type	Skilled Nursin	g Facility/Nursing Facility		Me	dicare/Medi	
Ownership	American Medic	al Facilities Management	Type of		Proprie	tary
	NU	IMBER OF BEDS	AND ROOMS			
Licensed Beds	s 90	Certified Beds	90	Respite Beds	0	
Private Rooms	30	Semi-Private Rooms	30	3 - 4 Bed Wards	N/R	
		DAILY ROOM	RATES			
Priv	ate Room Rate	180.00		Medicaid Rate	176.59	
Sem	ni-Private Room	175.00		Other	N/R	
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES		
Reg	gistered Nurses	11		Nurse Aides	43	
_	wastisal Nivesas					
Licensed P	ractical nurses	16		Other Personnel	40	
Licensed P		ICES AND PROG	RAMS AVAILA		40	
Licensed P					2	
	SERV	ICES AND PROG		ABLE Diagnostic X-ray		
Ph	SER V	ICES AND PROG		ABLE Diagnostic X-ray	2	
Ph Outpatient Ph	SER\ Nursing nysical Therapy	/ICES AND PROGI		ABLE Diagnostic X-ray Storage of Blood	2 2	
Ph Outpatient Ph Occupa	SERV Nursing nysical Therapy nysical Therapy	I 1 0		ABLE Diagnostic X-ray Storage of Blood Dentistry	2 2 2	
Ph Outpatient Ph Occupa Spo	SERV Nursing nysical Therapy nysical Therapy ational Therapy	ICES AND PROGI	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	2 2 2 2	
Ph Outpatient Ph Occupa Sp Outpatient Spe	SERV Nursing nysical Therapy nysical Therapy ational Therapy eech Pathology	7ICES AND PROGI	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	2 2 2 2 2	
Ph Outpatient Ph Occupa Sp Outpatient Sp	SERV Nursing nysical Therapy nysical Therapy ational Therapy eech Pathology eech Pathology	7ICES AND PROGI	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	2 2 2 2 2 2 0	
Ph Outpatient Ph Occupa Sp Outpatient Sp	SERN Nursing nysical Therapy nysical Therapy ational Therapy eech Pathology eech Pathology Social Services	7ICES AND PROGI	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 2 2 2 2 2 0 1	

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3 = a service provided by a combination of both 1 and 2.

N/A - Not applicable

Hilltop Center PO Box 125 Hilltop, WV 25855

License # Administrator Facility Type Ownership	Skilled Nursir	Christopher Mars ng Facility/Nursing Fac Genesis Health	cility Reimbursement	Мес	Fayette 304-469-2966 dicare/Medicaid Proprietary
	NU	JMBER OF BED	S AND ROOMS		
Licensed Beds	120	Certified Bed	s 120	Respite Beds	0
Private Rooms	4	Semi-Private Room	s 58	3 - 4 Bed Wards	0
		DAILY ROO	OM RATES		
Priva	te Room Rate	233.00		Medicaid Rate	N/R
Semi	-Private Room	228.00		Other	N/R
	NUI	MBER OF FULL	-TIME EMPLOY	EES	
	stered Nurses	12		Nurse Aides	40
Licensed Pra	actical Nurses	23		Other Personnel	37
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	2	Psych	ological Services	2
Sc	ocial Services	1		Dietary	3
Pati	ient Activities	1		Housekeeping	1
i at					_
1 40	Pharmacy	2		Other	0

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Holbrook Nursing Home 346 S. Florida Street Buckhannon, WV 26201

License # Administrator Facility Type Ownership		76 Bonnie L. Hitt g Facility/Nursing Facility prook Nursing Home, Inc.	Reimbursement	Me	Upshu 304-472-328/ dicare/Medical Proprietar
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	6	Semi-Private Rooms	49	3 - 4 Bed Wards	4
		DAILY ROOM	RATES		
Priva	te Room Rate	170.00		Medicaid Rate	159.03
Semi-	Private Room	165.00		Other	160.00
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	10		Nurse Aides	64
Licensed Pra	ctical Nurses	23		Other Personnel	55
	SERV	ICES AND PROG	RAMS AVAILA	BLE	
				5 1 41 14	•
	Nursing	1		Diagnostic X-ray	2
Phy	Nursing sical Therapy	1 2	Administration &	,	0
Phy Outpatient Phy	sical Therapy			,	
Outpatient Phy	sical Therapy	2		Storage of Blood	0
Outpatient Phy Occupat	sical Therapy sical Therapy	2 2		Storage of Blood Dentistry	0 2
Outpatient Phy Occupat	sical Therapy sical Therapy ional Therapy ech Pathology	2 2 2	Administration &	Storage of Blood Dentistry Podiatry	0 2 2
Outpatient Phy Occupati Spec Outpatient Spec	sical Therapy sical Therapy ional Therapy ech Pathology	2 2 2 2	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology	0 2 2 0
Outpatient Phy Occupat Spec Outpatient Spec Sc	sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	2 2 2 2 0	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 0 2
Outpatient Phy Occupati Spec Outpatient Spec Sc	sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology ocial Services	2 2 2 2 0 1	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	0 2 2 0 2 1

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3 = a service provided by a combination of both 1 and 2.

N/A - Not applicable

Hopemont Hospital Route 3, Box 330 Terra Alta, WV 26764

	Mark Neslar Nursing Facili	ty Reimbursement		Prestor 304-789-2411 Medicaid State Owned
NU	JMBER OF BEDS	AND ROOMS		
98	Certified Beds	98	Respite Beds	0
4	Semi-Private Rooms	47	3 - 4 Bed Wards	N/R
	DAILY ROOM	/I RATES		
Room Rate	255.00		Medicaid Rate	255.00
rivate Room	255.00		Other	255.00
ered Nurses ical Nurses	8 11		Nurse Aides Other Personnel	70 81
SER\	/ICES AND PROC	GRAMS AVAIL	ABLE	
Nursing	1		Diagnostic X-ray	2
cal Therapy	1	Administration &	Storage of Blood	0
cal Therapy	0		Dentistry	2
nal Therapy	0		Podiatry	2
h Pathology	0		Ophthalmology	2
		Psych	-	3
	1		Dietary	1
	•			1
Pharmacy	2		Other	0
	Room Rate rivate Room NUI Pred Nurses ical Nurses Cal Therapy cal Therapy th Pathology	Mark Neslar Nursing Facili State of West Virgin NUMBER OF BEDS 98 Certified Beds 4 Semi-Private Rooms DAILY ROOM Room Rate 255.00 rivate Room 255.00 NUMBER OF FULL-1 ered Nurses 8 ical Nurses 11 SERVICES AND PROC Nursing 1 cal Therapy 1 cal Therapy 1 cal Therapy 0 hal Therapy 0 h Pathology 1 h Pathology 0 h Pathology 1 h Pathology 0 h Pathology 1	Mark Nesland Nursing Facility State of West Virginia Type of NUMBER OF BEDS AND ROOMS 98 Certified Beds 98 4 Semi-Private Rooms 47 DAILY ROOM RATES Room Rate 255.00 rivate Room 255.00 NUMBER OF FULL-TIME EMPLOYER Pered Nurses 8 Ical Nurses 11 SERVICES AND PROGRAMS AVAILA Nursing 1 Cal Therapy 1 Cal Therapy 0 Cal Services 1	Mark Nesland Nursing Facility Reimbursement State of West Virginia Type of NUMBER OF BEDS AND ROOMS 98 Certified Beds 98 Respite Beds 4 Semi-Private Rooms 47 3 - 4 Bed Wards DAILY ROOM RATES Room Rate 255.00 Medicaid Rate rivate Room 255.00 Other NUMBER OF FULL-TIME EMPLOYEES Pered Nurses 8 Nurse Aides of the Personnel SERVICES AND PROGRAMS AVAILABLE Nursing 1 Other Personnel SERVICES AND PROGRAMS AVAILABLE Nursing 1 Diagnostic X-ray and Therapy 1 Administration & Storage of Blood and Therapy 0 Dentistry and Therapy 0 Podiatry of Pathology 0 Psychological Services all Services 1 Dietary the Activities 1 Housekeeping

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

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Huntington Health and Rehabilitation Center 1720 17th Street **Huntington, WV 25701**

License # Administrator Facility Type Ownership		Annica Stansberring Facility/Nursing Facilit th Street Associates, LL	y Reimbursement	Ме	Ca 304-529-6 dicare/Medi Proprie	caid
	NU	JMBER OF BEDS	AND ROOMS			
Licensed Beds	186	Certified Beds	186	Respite Beds	0	
Private Rooms	13	Semi-Private Rooms	85	3 - 4 Bed Wards	1	
		DAILY ROOM	I RATES			
Priva	te Room Rate	230.00		Medicaid Rate	191.73	
Semi-	Private Room	220.50		Other	N/R	
	NU	MBER OF FULL-1	IME EMPLOYE	ES		
Regis	stered Nurses	12		Nurse Aides	59	
Licensed Pra	ctical Nurses	35		Other Personnel	83	
	SER	/ICES AND PROG	RAMS AVAILA	ABLE		
	Nursing	1		Diagnostic X-ray	2	
Phy	sical Therapy	1	Administration &	Storage of Blood	2	
Outpatient Physical P	sical Therapy	0		Dentistry	2	
	ional Therapy	1		Podiatry	2	
•				Ophthalmology	2	
Occupati	ech Pathology	1		- 1		
Occupati	•		Psycho	ological Services	2	
Occupati Spec Outpatient Spec	•		Psycho		2 1	
Occupati Spee Outpatient Spee Sc	ch Pathology	0	Psycho	ological Services		
Occupati Spee Outpatient Spee Sc	ech Pathology ocial Services	0 1	Psycho	ological Services Dietary	1	

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N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Jackie Withrow Hospital 105 South Eisenhower Drive Beckley, WV 25801

License # Administrator Facility Type Ownership		Angela Booke	Reimbursement		Raleigh 304-256-6600 Medicaid State Owned
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	199	Certified Beds	199	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROOM	RATES		
Privat	e Room Rate	N/R		Medicaid Rate	N/R
Semi-	Private Room	N/R		Other	N/R
	NUI	MBER OF FULL-T	ME EMPLOYE	ES	
Regis	tered Nurses	13		Nurse Aides	57
Licensed Pra		23		Other Personnel	N/R
	SER\	/ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
Phys	Nursing sical Therapy		Administration & S	•	2 N/R
Phys Outpatient Phys	sical Therapy			•	
Outpatient Phys	sical Therapy	0 0		Storage of Blood	N/R
Outpatient Phys Occupati	sical Therapy sical Therapy	0 0 0		Storage of Blood Dentistry	N/R 2
Outpatient Phys Occupati	sical Therapy sical Therapy onal Therapy ch Pathology	0 0 0 2	Administration & S	Storage of Blood Dentistry Podiatry	N/R 2 2
Outpatient Phys Occupati Spee Outpatient Spee	sical Therapy sical Therapy onal Therapy ch Pathology	0 0 0 2	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology	N/R 2 2 2
Outpatient Phys Occupati Spee Outpatient Spee So	sical Therapy sical Therapy onal Therapy ch Pathology ch Pathology	0 0 0 2 0	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	N/R 2 2 2 2
Outpatient Phys Occupati Spee Outpatient Spee So	sical Therapy sical Therapy onal Therapy ch Pathology ch Pathology cial Services	0 0 0 2 0 1	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	N/R 2 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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John Manchin Sr. Health Care Center **401 Guffey Street** Fairmont, WV 26554

License #		170	County		Marion
Administrator		Carol Merril	-		304-363-2500
Facility Type	Skilled Nursir	ng Facility/Nursing Facility		Med	dicare/Medicaid
Ownership		State of West Virginia			State Owned
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	41	Certified Beds	41	Respite Beds	0
Private Rooms	1	Semi-Private Rooms	20	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priva	te Room Rate	N/R		Medicaid Rate	200.00
Semi-	Private Room			Other	215.00
Regis	stered Nurses	5		Nurse Aides	19
	NUI	MBER OF FULL-T	IMF FMPI OYI	FFS	
	ctical Nurses	5		Other Personnel	0
		"0-0 AND DOO			
	SERV	ICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	1
	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Physical P		0		Dentistry	0
-	onal Therapy	0		Podiatry	0
•	ech Pathology		<u> </u>	Ophthalmology	0
Outpatient Spee	•		Psych	ological Services	0
	cial Services	1		Dietary	1
Pati	ent Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	2		Other	0
	Cillical Labs	U			

Definitions of 0, 1, 2, or 3 for services and programs available:

N/A - Not applicable

^{0 =} a service not provided by the facility; 1 = a service provided directly by the facility; 2 = a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Lakin Hospital 11522 Ohio River Road West Columbia, WV 25287

License # Administrator Facility Type Ownership		Mathew Keefe	Reimbursement		Mason 304-675-0860 Medicaid State Owned
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	114 0	Certified Beds Semi-Private Rooms	114 0	Respite Beds 3 - 4 Bed Wards	0 38
		DAILY ROOM	RATES		
Privat	e Room Rate	300.00		Medicaid Rate	250.00
Semi-l	Private Room	N/A		Other	N/A
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	tered Nurses	10		Nurse Aides	71
Licensed Pra		19		Other Personnel	66
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	OLIV	HOLO AND I NOO			
	Nursing	1		Diagnostic X-ray	2
Phys				•	2 N/A
Phys Outpatient Phys	Nursing sical Therapy	1		•	
Outpatient Phys	Nursing sical Therapy	1 2		Storage of Blood	N/A
Outpatient Phys Occupation	Nursing sical Therapy sical Therapy	1 2 0 2		Storage of Blood Dentistry	N/A 2
Outpatient Phys Occupation	Nursing sical Therapy sical Therapy onal Therapy ch Pathology	1 2 0 2 2	Administration &	Storage of Blood Dentistry Podiatry	N/A 2 2
Outpatient Phys Occupati Spee Outpatient Spee	Nursing sical Therapy sical Therapy onal Therapy ch Pathology	1 2 0 2 2	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology	N/A 2 2 2
Outpatient Phys Occupatien Spee Outpatient Spee So	Nursing sical Therapy sical Therapy onal Therapy och Pathology ch Pathology	1 2 0 2 2 2	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	N/A 2 2 2 2
Outpatient Phys Occupatien Spee Outpatient Spee So	Nursing sical Therapy sical Therapy onal Therapy och Pathology ch Pathology cial Services	1 2 0 2 2 2 0 1	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology Diogical Services Dietary	N/A 2 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Lewisburg Center 601 Rocky Hill Road Ronceverte, WV 24970

License # Administrator Facility Type Ownership	Skilled Nursir	80 Robert McClintic Ing Facility/Nursing Facility Stonerise Healthcard	/ Reimbursement	Med	Greenbrier 304-645-7270 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	90 10	Certified Beds Semi-Private Rooms	90 40	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	RATES		
	te Room Rate Private Room	_00.00		Medicaid Rate Other	214.91 N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
	stered Nurses ectical Nurses	10 20		Nurse Aides Other Personnel	34 52
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	3
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	2		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spee	ch Pathology	2		Ophthalmology	2
Outpatient Spee		2	Psycho	ological Services	2
•	cial Services	1		Dietary	3
Pati	ent Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	2		Other	0

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Lincoln Nursing and Rehabilitation Center 200 Monday Drive Hamlin, WV 25523

License # Administrator Facility Type Ownership		117 Matt Tucke og Facility/Nursing Facility al Facilities Managemen	Reimbursement	Ме	Lincoln 304-824-3133 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms		Certified Beds Semi-Private Rooms	60 60	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	RATES		
	ate Room Rate i-Private Room	299.00 278.00		Medicaid Rate Other	N/R N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
_	istered Nurses actical Nurses	6 10		Nurse Aides Other Personnel	35 26
	SERV	ICES AND PROG	RAMS AVAILA	BLE	
				Diagnostic V rov	2
	Nursing	1		Diagnostic X-ray	2
Ph	Nursing ysical Therapy	1 1	Administration &	•	0
	_			•	
Outpatient Ph	ysical Therapy	1		Storage of Blood	0 2 2
Outpatient Ph Occupa Spe	ysical Therapy ysical Therapy tional Therapy ecch Pathology	1 0 1 1	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology	0 2 2 2
Outpatient Ph Occupa Spe Outpatient Spe	ysical Therapy ysical Therapy tional Therapy ech Pathology ech Pathology	1 0 1 1 0	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 2 2
Outpatient Ph Occupa Spe Outpatient Spe S	ysical Therapy ysical Therapy tional Therapy ech Pathology ech Pathology ocial Services	1 0 1 1 0	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology Diogical Services Dietary	0 2 2 2 2 1
Outpatient Ph Occupa Spe Outpatient Spe S	ysical Therapy ysical Therapy tional Therapy ech Pathology ech Pathology	1 0 1 1 0	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Logan Center PO Box 540, Route 10 Logan, WV 25601

License # Administrator	Chilled Novein	Lora Dawso		Ma	Logan 304-752-2273 dicare/Medicaid
Facility Type Ownership	Skilled Nursin	g Facility/Nursing Facili Genesis Healthcar	-	ivied	Proprietary
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds	66	Certified Beds	66	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	31	3 - 4 Bed Wards	0
		DAILY ROOM	I RATES		
Priva	te Room Rate	260.00		Medicaid Rate	N/R
Semi-	Private Room	250.00		Other	N/R
	stered Nurses	10		Nurse Aides Other Personnel	24 27
Licensed Pra	ectical Nurses	7		Other Personnel	27
	SERV	ICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
	ional Therapy	2		Podiatry	2
-	ech Pathology	2		Ophthalmology	2
Outpatient Spec		0	Psych	ological Services	2
•	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

Definitions of 0, 1, 2, or 3 for services and programs available:

N/A - Not applicable

^{0 =} a service not provided by the facility; 1 = a service provided directly by the facility; 2 = a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Madison, The 161 Bakers Ridge Road Morgantown, WV 26508

License Adminis Facility Owners	strator Type	Skilled Nurs	13 Jennifer Padliar sing Facility/Nursing Facilit Genesis Healthcar	y Reimbursement	Med	Monogalia 304-285-0692 dicare/Medicaid Proprietary
		N	IUMBER OF BEDS	AND ROOMS		
ı	Licensed Beds	62	Certified Beds	62	Respite Beds	0
I	Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		te Room Ra Private Roo		RATES	Medicaid Rate Other	N/R N/R
		NU	JMBER OF FULL-T	IME EMPLOYE	ES	
	Regis	stered Nurse	es N/R		Nurse Aides	N/R
	Licensed Pra	ctical Nurse	s N/R		Other Personnel	N/R
		_	RVICES AND PROG	_		
	Disc	Nursin	•		Diagnostic X-ray	N/R
	Outpatient Phy	sical Therap	=	Administration &	Storage of Blood Dentistry	N/R N/R
	Outpatient Fily	sicai illetap	ואיוג עי		Dentisti y	IN/IX

Definitions of 0, 1, 2, or 3 for services and programs available:

Occupational Therapy

Outpatient Speech Pathology

Speech Pathology

Social Services

Pharmacy

Clinical Labs

Patient Activities

N/R

N/R

N/R

N/R

N/R

N/R

N/R

0 = a service not provided by the facility;

N/A - Not applicable N/R - Not reported by facility

Podiatry

Dietary

Other

Ophthalmology

Housekeeping

Psychological Services

N/R

N/R

N/R

N/R

N/R

N/R

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Madison Park Healthcare 700 Madison Avenue Huntington, WV 25701

Administrator Facility Type Ownership		2 Barbara McCal ng Facility/Nursing Facility airhaven Rest Home, Inc.	Reimbursement	Med	Cabe 304-522-003 dicare/Medica Proprieta
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	41	Certified Beds	41	Respite Beds	0
Private Rooms	15	Semi-Private Rooms	13	3 - 4 Bed Wards	N/A
		DAILY ROOM	RATES		
Priva	te Room Rate	180.00		Medicaid Rate	173.73
Semi-	Private Room	180.00		Other	N/R
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	4		Nurse Aides	17
	stered Nurses actical Nurses	9		Nurse Aides Other Personnel	17 25
	actical Nurses			Other Personnel	
	actical Nurses	9	RAMS AVAILA	Other Personnel	
Licensed Pra	setical Nurses	9 /ICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray	25
Licensed Pra	SER\ Nursing	9 /ICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray	25
Licensed Pra Phy Outpatient Phy	SER\ Nursing	9 /ICES AND PROG 1 3	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood	25 2 0
Licensed Pra Phy Outpatient Phy Occupati	SER\ Nursing sical Therapy sical Therapy	9 /ICES AND PROG 1 3 2 3	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry	2 0 2
Licensed Pra Phy Outpatient Phy Occupati	SER\ Nursing sical Therapy sical Therapy ional Therapy ech Pathology	9 /ICES AND PROG 1 3 2 3 3 3	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	2 0 2 2 2
Licensed Pra Phy Outpatient Phy Occupati Spec	SER\ Nursing sical Therapy sical Therapy ional Therapy ech Pathology	9 /ICES AND PROG 1 3 2 3 3 3	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 0 2 2 2 2
Phy Outpatient Phy Occupati Spee Outpatient Spee	SER\ Nursing sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	9 //ICES AND PROG 1 3 2 3 3 2 3 2	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	2 0 2 2 2 2 2
Phy Outpatient Phy Occupati Spee Outpatient Spee	SER\ Nursing Sical Therapy Isical Services	9 /ICES AND PROG 1 3 2 3 3 2 1 1 1 3	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 0 2 2 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available:

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Main Street Care PO Box 7 Hinton, WV 25951

License #	184	County	Summers
Administrator	Rick Shrewsbury	Phone #	304-466-6090
Facility Type	Nursing Facility	Reimbursement	Medicaid
Ownership	Main Street Hinton	Type of	Non-Proprietary

NUMBER OF BEDS AND ROOMS

Licensed Beds 34 Certified Beds 34 Respite Beds 0
Private Rooms N/R Semi-Private Rooms N/R 3 - 4 Bed Wards N/R

DAILY ROOM RATES

Private Room RateN/RMedicaid RateN/RSemi-Private RoomN/ROtherN/R

NUMBER OF FULL-TIME EMPLOYEES

Registered Nurses N/R Nurse Aides N/R Licensed Practical Nurses N/R Other Personnel N/R

SERVICES AND PROGRAMS AVAILABLE

Nursing	N/R	Diagnostic X-ray	N/R
Physical Therapy	N/R	Administration & Storage of Blood	N/R
Outpatient Physical Therapy	N/R	Dentistry	N/R
Occupational Therapy	N/R	Podiatry	N/R
Speech Pathology	N/R	Ophthalmology	N/R
Outpatient Speech Pathology	N/R	Psychological Services	N/R
Social Services	N/R	Dietary	N/R
Patient Activities	N/R	Housekeeping	N/R
Pharmacy	N/R	Other	N/R
Clinical Labs	N/R		

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Maples Nursing Home 1600 Bland Street Bluefield, WV 24701

License # Administrator Facility Type Ownership	Skilled Nursir	5 Elizabeth Locke ng Facility/Nursing Facilit Maples Health Care, Ind	Reimbursement	Med	Mero 304-327-24 dicare/Medica Proprieta
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	60	Certified Beds	60	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	28	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priva	te Room Rate	225.00		Medicaid Rate	196.19
Semi-	Private Room	215.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	6		Nurse Aides	23
Licensed Pra	ectical Nurses	14		Other Personnel	47
	SERV	/ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
	sical Therapy	2	Administration &	Storage of Blood	0
Phy		_		Dentistry	2
Phy Outpatient Phy	sical Therapy	0		Dentistry	
Outpatient Phy Occupati	ional Therapy	2		Podiatry	2
Outpatient Phy Occupati Spee	ional Therapy ech Pathology	2 2		Podiatry Ophthalmology	2
Outpatient Phy Occupati Spec Outpatient Spec	ional Therapy ech Pathology ech Pathology	2 2	Psycho	Podiatry	
Outpatient Phy Occupati Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology ocial Services	2 2 0 1	Psycho	Podiatry Ophthalmology ological Services Dietary	2 2 3
Outpatient Phy Occupati Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology ocial Services ent Activities	2 2 0 1 1	Psycho	Podiatry Ophthalmology Diogical Services Dietary Housekeeping	2 2 3 1
Outpatient Phy Occupati Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology ocial Services	2 2 0 1	Psycho	Podiatry Ophthalmology ological Services Dietary	2 2 3

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Mapleshire Nursing and Rehabilitation Center 30 Mon General Drive Morgantown, WV 26505

License # Administrator Facility Type Ownership	Skilled Nursii				Monongalia 304-285-2720 dicare/Medicaio Non-Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	120 8	Certified Beds Semi-Private Rooms	120 52	Respite Beds 3 - 4 Bed Wards	0 2
		DAILY ROOM	RATES		
Priva	te Room Rate	265.00		Medicaid Rate	212.96
Semi-	Private Room	275.00		Other	N/A
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	9		Nurse Aides	45
	ctical Nurses			Other Personnel	40
	SER	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	3		Diagnostic X-ray	2
Phy	sical Therapy		Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spee	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psycho	ological Services	2
	ocial Services	1		Dietary	1
Sc		1		Housekeeping	1
	ent Activities	I .			
	ent Activities Pharmacy	•		Other	0

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Marmet Center 1 Sutphin Drive Marmet, WV 25315

License # Administrator Facility Type Ownership	Skilled Nursir	12 Jeffery Smit ng Facility/Nursing Facilit Genesis Healthcar	y Reimbursement	Med	Kanawha 304-949-1580 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	90	Certified Beds	90	Respite Beds	0
Private Rooms	14	Semi-Private Rooms	38	3 - 4 Bed Wards	0
		DAILY ROOM	I RATES		
Priva	ite Room Rate	250.00		Medicaid Rate	198.80
Semi	-Private Room	246.00		Other	254.00
	NUI	MBER OF FULL-1	IME EMPLOYE	EES	
Regi	stered Nurses	8		Nurse Aides	44
Licensed Pra	actical Nurses	14		Other Personnel	41
	SERV	ICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	2
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psych	ological Services	2
Sc	ocial Services	1		Dietary	1
	ient Activities	1		Housekeeping	1
Pat	ient Activities				
Pat	Pharmacy	2		Other	0

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McDowell Nursing and Rehabilitation Center PO Box 220 Gary, WV 24836

License # Administrator Facility Type Ownership			•	Ме	McDowel 304-448-2121 dicare/Medicaid Proprietary
	N	JMBER OF BEDS	S AND ROOMS		
Licensed Beds	s 120	Certified Beds	120	Respite Beds	0
Private Rooms	8	Semi-Private Rooms	58	3 - 4 Bed Wards	0
		DAILY ROO	M RATES		
Priv	/ate Room Rate	232.90		Medicaid Rate	190.76
Sen	ni-Private Room	224.90		Other	N/R
	NU	MBER OF FULL-	TIME EMPLOYE	ES	
Reg	gistered Nurses	7		Nurse Aides	50
Licensed P	ractical Nurses	18		Other Personnel	42
	SER	/ICES AND PRO	GRAMS AVAILA	\BLE	
	Nursing	1		Diagnostic X-ray	2
Pł	ysical Therapy	2	Administration &	Storage of Blood	N/A
Outpatient Ph	nysical Therapy	N/A		Dentistry	2
Occupa	ational Therapy	2		Podiatry	2
Sp	eech Pathology	N/R		Ophthalmology	N/A
Outpatient Sp	eech Pathology	2	Psycho	ological Services	3
= = =	Social Services	1		Dietary	1
:		4		Housekeeping	1
	atient Activities	1			· ·
	atient Activities Pharmacy Clinical Labs	2		Other	N/A

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Meadow Garden 606 Pennsylvania Avenue Rainelle, WV 25962

License # Administrator Facility Type Ownership	Skilled Nursir	John Zolto ng Facility/Nursing Fa Stonerise Health	•	ent Med	Greenbrier 304-438-6127 dicare/Medicaid Proprietary
	NU	JMBER OF BEI	S AND ROOM	IIS	
Licensed Beds	60	Certified Bed	ls 60	Respite Beds	0
Private Rooms	2	Semi-Private Room	s 21	3 - 4 Bed Wards	4
		DAILY RO	OM RATES		
Priva	ate Room Rate	248.91		Medicaid Rate	203.64
Semi	-Private Room	237.07		Other	N/R
	NU stered Nurses actical Nurses		-TIME EMPLO	OYEES Nurse Aides Other Personnel	18 23
	SER\	/ICES AND PRO	OGRAMS AVA	ILABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	1	Administratio	n & Storage of Blood	2
Outpatient Phy	sical Therapy	N/R		Dentistry	2
Occupat	ional Therapy	1		Podiatry	2
Spe	ech Pathology	1		Ophthalmology	2
Outpatient Spec	ech Pathology	N/R	Ps	ychological Services	2
Sc	ocial Services	1		Dietary	1
Dat	ient Activities	1		Housekeeping	1
Pat					
Pat	Pharmacy Clinical Labs			Other	N/R

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Meadowbrook Acres 2149 Greenbrier Street Charleston, WV 25311

License # Administrator Facility Type Ownership			•	Ме	Kanawha 304-344-4268 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	60 4	Certified Beds Semi-Private Rooms	60 56	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOF	M RATES		
	te Room Rate Private Room			Medicaid Rate Other	216.51 N/R
	NUI	MBER OF FULL-	TIME EMPLOYE	EES	
Regis Licensed Pra	stered Nurses ctical Nurses	4 12		Nurse Aides Other Personnel	22 0
	SER\	ICES AND PRO	GRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	3
Phys	sical Therapy	1	Administration &	Storage of Blood	2
Outpatient Phys	sical Therapy	1		Dentistry	2
Occupati	onal Therapy	1		Podiatry	3
•	ch Pathology			Ophthalmology	2
Outpatient Spee		0	Psych	ological Services	2
-	cial Services	1		Dietary	1
Pati	ent Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	1 3		Other	1

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^{3 =} a service provided by a combination of both 1 and 2.

Meadowview Manor Health Care Center 41 Crestview Terrace Bridgeport, WV 26330

License #		10	4 County		Harrison
Administrator		Teresa McCormic	k Phone#		304-842-7101
Facility Type		ng Facility/Nursing Facilit	=	Me	dicare/Medicaid
Ownership	Meadowvie	w Manor Health Care, Inc	. Type of		Proprietary
	N	JMBER OF BEDS	AND ROOMS		
Licensed Beds	60	Certified Beds	60	Respite Beds	0
Private Rooms	5	Semi-Private Rooms	28	3 - 4 Bed Wards	0
		DAILY ROOM	IRATES		
Privo	ite Room Rate			Medicaid Rate	227.65
	-Private Room			Other	227.03 N/R
	NU	MBER OF FULL-T	IME EMPLOYI	EES	
Regi	stered Nurses	7		Nurse Aides	31
Licensed Pra	actical Nurses	9		Other Personnel	31
	SER	VICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
•	ional Therapy			Podiatry	2
_	ech Pathology			Ophthalmology	2
Outpatient Spec	-		Psych	ological Services	0
	ocial Services	•		Dietary	1
Pat	ient Activities			Housekeeping	1
	Pharmacy Clinical Labs			Other	0
		• • •			

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N/A - Not applicable

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Mercer Nursing and Rehabilitation Center PO Box 410 Bluefield, WV 24701

Administrator Facility Type Ownership		60 Calvin Lucas ng Facility/Nursing Facility nal Facilities Management	Reimbursement	Me	Mercer 304-325-5448 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms		Certified Beds Semi-Private Rooms	60 20	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	RATES		
	ate Room Rate i-Private Room	244.00 229.00		Medicaid Rate Other	N/R N/R
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Rea	istered Nurses	6		Nurse Aides	27
	actical Nurses	20		Other Personnel	21
	actical Nurses	-		Other Personnel	- -
	actical Nurses	20	RAMS AVAILA	Other Personnel	- -
Licensed Pr	actical Nurses	/ICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray	21
Licensed Pr	sactical Nurses SERV Nursing	ZICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray	21
Licensed Pr Ph Outpatient Ph	SERV Nursing ysical Therapy	ZICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood	21 2 0 2 2 2
Ph Outpatient Ph Occupa Spe	SERV Nursing ysical Therapy ysical Therapy tional Therapy eech Pathology	20 /ICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	21 2 0 2 2 2 2
Ph Outpatient Ph Occupa Spe Outpatient Spe	SERV Nursing ysical Therapy ysical Therapy tional Therapy eech Pathology	20 /ICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	21 2 0 2 2 2 2 2
Ph Outpatient Ph Occupa Spe Outpatient Spe	SERV Nursing ysical Therapy ysical Therapy tional Therapy tech Pathology ech Pathology ocial Services	20 /ICES AND PROGI	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology Dlogical Services Dietary	21 2 0 2 2 2 2 2 1
Ph Outpatient Ph Occupa Spe Outpatient Spe	SERV Nursing ysical Therapy ysical Therapy tional Therapy eech Pathology	20 /ICES AND PROG	RAMS AVAILA	Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	21 2 0 2 2 2 2 2

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^{3 =} a service provided by a combination of both 1 and 2.

Miletree Center 825 Summit Street Spencer, WV 25276

License # Administrator Facility Type Ownership	Skilled Nursir	132 Brenda Holste ng Facility/Nursing Facility Genesis Healthcard	Reimbursement	Med	Roane 304-927-1007 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	62 4	Certified Beds Semi-Private Rooms	62 29	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	RATES		
Private Room Rate Semi-Private Room		330.00 320.00		Medicaid Rate Other	260.61 N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Registered Nurses Licensed Practical Nurses		7 8		Nurse Aides Other Personnel	27 28
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
Nursing		1		Diagnostic X-ray	3
Physical Therapy 1		Administration &	Storage of Blood	0	
Outpatient Physical Therapy 0				Dentistry	2
Occupational Therapy 1		1		Podiatry	2
Speech Pathology				Ophthalmology	2
Outpatient Speech Pathology			Psycho	ological Services	2
Social Services		1		Dietary	1
Patient Activities		1		Housekeeping	1
	Pharmacy Clinical Labs	2 3		Other	N/A

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Montgomery General Elderly Care PO Box 1010 Montgomery, WV 25136

License # Administrator Facility Type Ownership					Fayett 304-442-246 dicare/Medicai Non-Proprietar
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	60 6	Certified Beds Semi-Private Rooms	60 27	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	RATES		
	e Room Rate Private Room	0.00		Medicaid Rate Other	244.11 N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Regis Licensed Prac	tered Nurses ctical Nurses	4 10		Nurse Aides Other Personnel	25 24
	SER\	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phys	sical Therapy	0		Dentistry	2
Occupation	onal Therapy	2		Podiatry	2
	ch Pathology			Ophthalmology	2
Outpatient Speed	ch Pathology	2	Psycho	ological Services	2
-	cial Services	1		Dietary	1
Patie	ent Activities	0		Housekeeping	1
	Pharmacy Clinical Labs	1 1		Other	0

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^{3 =} a service provided by a combination of both 1 and 2.

Mound View Health Care 2200 Floral Street Moundsville, WV 26041

License # Administrator Facility Type Ownership		79 Konstantin Dolgovsk ng Facility/Nursing Facility nd View Health Care, Inc	Reimbursement	Me	Marshall 304-843-1035 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	129	Certified Beds	129	Respite Beds	0
Private Rooms	21	Semi-Private Rooms	42	3 - 4 Bed Wards	6
		DAILY ROOM	RATES		
Priva	te Room Rate	210.00		Medicaid Rate	196.51
Semi-	-Private Room	200.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regi	stered Nurses	16		Nurse Aides	59
	actical Nurses	20		Other Personnel	N/R
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Dhy	sical Therapy	2	Administration &	Storage of Blood	0
Pny	cical Thorany	2		Dentistry	2
Outpatient Phy	Sicai inerapy	_			_
Outpatient Phy	ional Therapy			Podiatry	3
Outpatient Phy Occupat		2		Podiatry Ophthalmology	3 2
Outpatient Phy Occupat	ional Therapy ech Pathology	2 2	Psycho	•	_
Outpatient Phy Occupat Spec Outpatient Spec	ional Therapy ech Pathology	2 2	Psycho	Ophthalmology	2
Outpatient Phy Occupat Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology	2 2 2	Psycho	Ophthalmology ological Services	2
Outpatient Phy Occupat Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology ocial Services	2 2 2 1	Psycho	Ophthalmology ological Services Dietary	2 3 1

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Nella's Inc. 399 Ferguson Road **Elkins, WV 26241**

License # Administrator Facility Type Ownership	Thomas Eidell, Sr.	Reimbursement		Randolph 304-636-1008 Medicaid Proprietary
N	UMBER OF BEDS	AND ROOMS		
Licensed Beds 102 Private Rooms 4	Certified Beds Semi-Private Rooms	102 47	Respite Beds 3 - 4 Bed Wards	0 1
	DAILY ROOM	RATES		
Private Room Rate	165.00		Medicaid Rate	161.49
Semi-Private Roon	n 160.00		Other	N/R
NU	MBER OF FULL-T	IME EMPLOYE	ES	
Registered Nurses	s 4		Nurse Aides	23
Licensed Practical Nurses			Other Personnel	27
SER	VICES AND PROG	RAMS AVAILA	ABLE	
Nursing	j 1		Diagnostic X-ray	2
Physical Therapy	, 2	Administration &	Storage of Blood	0
				_
Outpatient Physical Therapy			Dentistry	2
Outpatient Physical Therapy Occupational Therapy	2		Dentistry Podiatry	2 2
	2 2		•	
Occupational Therapy	2 , 2 , 2	Psycho	Podiatry	2
Occupational Therapy Speech Patholog	2 2 7 2 7 2	Psycho	Podiatry Ophthalmology	2 2
Occupational Therapy Speech Patholog Outpatient Speech Pathology	2 2 y 2 1 2 1 1	Psycho	Podiatry Ophthalmology blogical Services	2 2 2
Occupational Therapy Speech Pathology Outpatient Speech Pathology Social Services	2 2 7 2 7 2 1 1 1 1	Psycho	Podiatry Ophthalmology Diogical Services Dietary	2 2 2 3

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Nella's Nursing Home PO Box 1399 **Elkins, WV 26241**

License # Administrator Facility Type Ownership	N	Shasta Eidell-Hysor	/ Reimbursement		Randolph 304-636-2033 Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	84 8	Certified Beds Semi-Private Rooms	84 38	Respite Beds 3 - 4 Bed Wards	0 N/A
		DAILY ROOM	RATES		
	e Room Rate Private Room			Medicaid Rate Other	170.09 N/R
Regist Licensed Prac	ered Nurses	MBER OF FULL-T 6 17	IME EMPLOYE	Nurse Aides Other Personnel	25 N/R
	SERV	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	ical Therapy	2	Administration &	•	2
Outpatient Phys	ical Therapy	2		Dentistry	2
Occupation	nal Therapy	2		Podiatry	2
•	h Pathology	2		Ophthalmology	2
Outpatient Speed		2	Psych	ological Services	2
	ial Services	1		Dietary	1
Patie	nt Activities	1		Housekeeping	1
C	Pharmacy Clinical Labs	2 2		Other	1

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New Martinsville Center 225 Russell Avenue New Martinsville, WV 26155

Administrator Facility Type Ownership	Skilled Nursin	9 Chanda Sprag g Facility/Nursing Facilit Genesis Healthcar	y Reimbursement	Med	Wetzel 304-455-2600 dicare/Medicaid Proprietary
	NL	IMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROOM	I RATES		
Priva	te Room Rate	N/R		Medicaid Rate	N/R
Semi-	Private Room	N/R		Other	N/R
	NUI	MBER OF FULL-1	IME EMPLOYE	ES	
Regis	stered Nurses	N/R		Nurse Aides	41
	ctical Nurses	9		Other Personnel	N/R
	SERV	ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	N/R		Diagnostic X-ray	N/R
	_	11/5	A dualisia tuatia a O	Storage of Blood	N/R
Phy	sical Therapy	N/R	Administration &	Storage or blood	1 1/1 1
Phy Outpatient Phy		N/R N/R	Administration &	Dentistry	N/R
Outpatient Phy			Administration &	•	
Outpatient Phy Occupati	sical Therapy	N/R	Administration &	Dentistry	N/R
Outpatient Phy Occupati	sical Therapy ional Therapy ech Pathology	N/R N/R		Dentistry Podiatry	N/R N/R
Outpatient Phy Occupati Spec Outpatient Spec	sical Therapy ional Therapy ech Pathology	N/R N/R N/R		Dentistry Podiatry Ophthalmology	N/R N/R N/R
Outpatient Phy Occupati Spec Outpatient Spec Sc	sical Therapy ional Therapy ech Pathology ech Pathology	N/R N/R N/R N/R		Dentistry Podiatry Ophthalmology Diogical Services	N/R N/R N/R N/R
Outpatient Phy Occupati Spec Outpatient Spec Sc	sical Therapy ional Therapy ech Pathology ech Pathology ocial Services	N/R N/R N/R N/R N/R		Dentistry Podiatry Ophthalmology ological Services Dietary	N/R N/R N/R N/R N/R

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Nicholas County Nursing and Rehabilitation Center 18 Fourth Street Richwood, WV 26261

License # Administrator Facility Type Ownership	Skilled Nursir	Belinda ng Facility/Nursing Facility/Nursing Facility/Nursing Facility/Nursing Facility	<u>-</u>	n ent Med	Nichola 304-846-266 dicare/Medicai Proprietar
	NU	JMBER OF BE	DS AND ROOM	MS	
Licensed Beds	97	Certified Be	ds 97	Respite Beds	0
Private Rooms	27	Semi-Private Roor	ns 35	3 - 4 Bed Wards	0
		DAILY RO	OM RATES		
Priva	te Room Rate	215.00		Medicaid Rate	191.27
Semi-	-Private Room	210.00		Other	N/R
	NU!	MBER OF FUL	L-TIME EMPLO	DYEES	
Regis	stered Nurses	7		Nurse Aides	22
Licensed Pra	actical Nurses	15		Other Personnel	N/R
	SERV	/ICES AND PR	OGRAMS AVA	AILABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration	n & Storage of Blood	0
Phy Outpatient Phy	sical Therapy		Administration	on & Storage of Blood Dentistry	0 2
Outpatient Phy	sical Therapy	0	Administratio		_
Outpatient Phy Occupat	sical Therapy sical Therapy	0 2	Administratio	Dentistry	2
Outpatient Phy Occupat	rsical Therapy rsical Therapy ional Therapy ech Pathology	0 2 2		Dentistry Podiatry	2
Outpatient Phy Occupat Spec Outpatient Spec	rsical Therapy rsical Therapy ional Therapy ech Pathology	0 2 2		Dentistry Podiatry Ophthalmology	2 2 2
Outpatient Phy Occupat Spec Outpatient Spec Sc	rsical Therapy rsical Therapy ional Therapy ech Pathology ech Pathology	0 2 2 0		Dentistry Podiatry Ophthalmology ychological Services	2 2 2 2
Outpatient Phy Occupat Spec Outpatient Spec Sc	rsical Therapy rsical Therapy ional Therapy ech Pathology ech Pathology ocial Services	0 2 2 0 1		Dentistry Podiatry Ophthalmology ychological Services Dietary	2 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available:

0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Oak Ridge Center 1000 Association Drive, North Gate Business Park Charleston, WV 25311

License # Administrator Facility Type Ownership	Skilled Nursin		=	Med	Kanawha 304-347-4372 dicare/Medicaid Proprietary
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	74 12	Certified Beds Semi-Private Rooms	74 3	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	IRATES		
	e Room Rate Private Room	317.02 307.00		Medicaid Rate Other	322.00 N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	EES	
Regis	tered Nurses ctical Nurses	11 11		Nurse Aides Other Personnel	30 34
	SERV	ICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	ical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phys	ical Therapy	0		Dentistry	2
Occupation	onal Therapy	2		Podiatry	2
Speed	ch Pathology	2		Ophthalmology	2
Outpatient Speed	•	0	Psych	ological Services	2
Soc	cial Services	1		Dietary	1
Patie	ent Activities	1		Housekeeping	1
•	Pharmacy Clinical Labs	2 2		Other	0

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility;

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Ohio Valley Health Care 222 Nicolett Road Parkersburg, WV 26104

License # Administrator Facility Type Ownership		4 Michael Mille ng Facility/Nursing Facilit /alley Nursing Home, Ind	y Reimbursement	Med	Woo 304-485-513 dicare/Medicai Proprietar
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	66	Certified Beds	66	Respite Beds	0
Private Rooms	19	Semi-Private Rooms	24	3 - 4 Bed Wards	0
		DAILY ROOM	I RATES		
Priva	te Room Rate	205.00		Medicaid Rate	210.69
Semi-	Private Room	195.00		Other	N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	EES	
	NUI stered Nurses actical Nurses	MBER OF FULL-T 8 12	IME EMPLOYE	EES Nurse Aides Other Personnel	30 25
	stered Nurses actical Nurses	8		Nurse Aides Other Personnel	
	stered Nurses actical Nurses	8 12		Nurse Aides Other Personnel	
Licensed Pra	stered Nurses actical Nurses SER\	8 12 VICES AND PROG	RAMS AVAIL	Nurse Aides Other Personnel	25
Licensed Pra	stered Nurses actical Nurses SERV Nursing sical Therapy	8 12 /ICES AND PROG	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray	25
Licensed Pra Phys Outpatient Phys	stered Nurses actical Nurses SERV Nursing sical Therapy	8 12 /ICES AND PROG 1 2 N/R 2	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood	25 2 N/R
Physical Procupation of the Control	SERV Nursing Sical Therapy sical Therapy sional Therapy ech Pathology	8 12 /ICES AND PROG 1 2 N/R 2 2	GRAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	2 N/R 2 2 2 2
Physical Properties of the Pro	SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	8 12 /ICES AND PROG 1 2 N/R 2 2 N/R	GRAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	2 N/R 2 2 2 2
Physical Properties of the Control o	SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	8 12 /ICES AND PROG 1 2 N/R 2 2 N/R 1	GRAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary	2 N/R 2 2 2 2 2 2
Physical Properties of the Control o	SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	8 12 /ICES AND PROG 1 2 N/R 2 2 N/R	GRAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	2 N/R 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Parkersburg Center 1716 Gihon Road Parkersburg, WV 26101

License # Administrator Facility Type Ownership	Skilled Nursir	71 Matthew Rutherford ng Facility/Nursing Facility Genesis Healthcare	Reimbursement	Ме	Wood 304-485-5511 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	66 N/R	Certified Beds Semi-Private Rooms	66 N/R	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	RATES		
	ate Room Rate -Private Room			Medicaid Rate Other	N/R N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Regi	stered Nurses	N/R		Nurse Aides	N/R
Licensed Pra	actical Nurses	N/R		Other Personnel	N/R
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
Phy	sical Therapy	N/R	Administration &	Storage of Blood	N/R
Outpatient Phy	sical Therapy	N/R		Dentistry	N/R
Occupat	ional Therapy			Podiatry	N/R
	ech Pathology			Ophthalmology	N/R
Outpatient Spec			Psycho	ological Services	N/R
	ocial Services			Dietary	N/R
Pat	ient Activities			Housekeeping	N/R
	Pharmacy			Other	N/R
	Clinical Labs	N/R			

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Pendleton Manor PO Box 700 Franklin, WV 26807

License # Administrator Facility Type Ownership		66 David O'Boyle ng Facility/Nursing Facility Manor Board of Directors	Reimbursement		Pendler 304-358-23 dicare/Medic Non-Propriet
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	91	Certified Beds	91	Respite Beds	0
Private Rooms	15	Semi-Private Rooms	38	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priva	te Room Rate	224.00		Medicaid Rate	218.28
Semi-	-Private Room	214.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regi	stered Nurses	9		Nurse Aides	36
Licensed Pra	actical Nurses	9		Other Personnel	37
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	3
Outpatient Phy	sical Therapy	2		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	2	Psycho	ological Services	2
Sc	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
		•		Other	N/R
	Pharmacy	2		Other	IN/IK

Definitions of 0, 1, 2, or 3 for services and programs available:0 = a service not provided by the facility; 1 = a service provided directly by the facility;

N/A - Not applicable

^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Pierpont Center at Fairmont Campus 1543 Country Club Road Fairmont, WV 26554

License # Administrator Facility Type Ownership	Skilled Nursir	59 Cathy Fleece ng Facility/Nursing Facility Genesis Healthcare	Reimbursement	Med	Mario 304-363-227 dicare/Medica Proprieta
	NU	JMBER OF BEDS A	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	8	Semi-Private Rooms	56	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priva	te Room Rate	268.00		Medicaid Rate	196.95
Semi-	Private Room	257.00		Other	N/R
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	10		Nurse Aides	25
Licensed Pra	ctical Nurses	14		Other Personnel	53
	SER\	ICES AND PROGI	RAMS AVAILA	BLE	
	Malma	1		Diagnostic X-ray	2
	Nursing				
Phy	Nursing sical Therapy	·	Administration &	Storage of Blood	0
Phy: Outpatient Phy:	sical Therapy	·		Storage of Blood Dentistry	0 0
Outpatient Physical P	sical Therapy	1		•	_
Outpatient Phys Occupati	sical Therapy sical Therapy	1 0 1		Dentistry	0
Outpatient Phys Occupati	sical Therapy sical Therapy ional Therapy ech Pathology	1 0 1	Administration &	Dentistry Podiatry	0 2
Outpatient Phys Occupati Spee Outpatient Spee	sical Therapy sical Therapy ional Therapy ech Pathology	1 0 1 1	Administration &	Dentistry Podiatry Ophthalmology	0 2 0
Outpatient Physocopation Occupation Spee Outpatient Spee Sc	sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	1 0 1 1 0	Administration &	Dentistry Podiatry Ophthalmology ological Services	0 2 0 2
Outpatient Physocopy Occupati Spee Outpatient Spee Sc	sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology ocial Services	1 0 1 1 0	Administration &	Dentistry Podiatry Ophthalmology ological Services Dietary	0 2 0 2 0

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^{3 =} a service provided by a combination of both 1 and 2.

Pine Lodge 405 Stanaford Road Beckley, WV 25801

License # Administrator Facility Type Ownership	Skilled Nursir	1 Jo Clare Hansheving Facility/Nursing Facility Genesis Healthcar	y Reimbursement	Med	Ralei 304-252-63 dicare/Medica Proprieta
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	10	Semi-Private Rooms	55	3 - 4 Bed Wards	N/R
		DAILY ROOM	IRATES		
Priva	te Room Rate	268.00		Medicaid Rate	201.43
Semi-	Private Room	263.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	12		Nurse Aides	41
Licensed Pra	ctical Nurses	13		Other Personnel	29
	SER\	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
	sical Therapy	N/A		Dentistry	2
Outpatient Phy	ional Therapy	2		Podiatry	2
				Ophthalmology	2
Occupati Spec	ech Pathology	2			
Occupati Spec Outpatient Spec	ech Pathology ech Pathology	2 N/A	Psycho	ological Services	2
Occupati Spee Outpatient Spee Sc	ech Pathology ech Pathology ocial Services	N/A 1	Psycho	ological Services Dietary	2 1
Occupati Spee Outpatient Spee Sc	ech Pathology ech Pathology ocial Services ent Activities	N/A 1 1	Psycho	ological Services Dietary Housekeeping	1 1
Occupati Spee Outpatient Spee Sc	ech Pathology ech Pathology ocial Services	N/A 1	Psycho	ological Services Dietary	1

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N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Pineridge 300 Miller Road Kingwood, WV 26537

License # Administrator Facility Type S Ownership	Skilled Nursii	9 Joseph Sees ng Facility/Nursing Facilit Stonerise Healthcar	y Reimbursement	Med	Presto 304-329-319 dicare/Medicai Proprietar
	N	JMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	58	3 - 4 Bed Wards	N/R
		DAILY ROOM	IRATES		
Private	Room Rate	246.35		Medicaid Rate	198.29
Semi-Pr	rivate Room	231.37		Other	N/A
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Registe	ered Nurses	5		Nurse Aides	50
Licensed Pract	ical Nurses	12		Other Personnel	40
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	aal Thanasa.	1	Administration &	Storage of Blood	0
Physic	cal Therapy	•			
Physic Outpatient Physic				Dentistry	3
Outpatient Physic		0		Dentistry Podiatry	3 3
Outpatient Physic Occupation	cal Therapy	0 1		_	
Outpatient Physic Occupation Speecl Outpatient Speech	cal Therapy nal Therapy h Pathology n Pathology	0 1 , 1	Psycho	Podiatry	3
Outpatient Physic Occupation Speecl Outpatient Speecl Soci	cal Therapy nal Therapy h Pathology n Pathology ial Services	0 1 1 0 1	Psycho	Podiatry Ophthalmology Diogical Services Dietary	3 0
Outpatient Physic Occupation Speecl Outpatient Speecl Soci	cal Therapy nal Therapy h Pathology n Pathology ial Services nt Activities	0 1 1 0 1 1	Psycho	Podiatry Ophthalmology Diogical Services Dietary Housekeeping	3 0 3 1
Outpatient Physic Occupation Speecl Outpatient Speech Soci Patier	cal Therapy nal Therapy h Pathology n Pathology ial Services	0 1 1 0 1 1 2	Psycho	Podiatry Ophthalmology Diogical Services Dietary	3 0 3 1

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N/A - Not applicable

N/R - Not reported by facility

Pine View Nursing and Rehabilitation Center 400 McKinley Avenue Harrisville, WV 26362

N ds 56 ns 6	UMBER OF BEDS Certified Beds Semi-Private Rooms	S AND ROOMS		
		56		
		30	Respite Beds 3 - 4 Bed Wards	0
	DAILY ROO	M RATES		
			Medicaid Rate Other	212.37 N/R
NU	MBER OF FULL-	TIME EMPLOY	EES	
_			Nurse Aides Other Personnel	27 42
SER	VICES AND PRO	GRAMS AVAIL	ABLE	
Physical Therapy Physical Therapy pational Therapy peech Pathology peech Pathology Social Services Patient Activities	1 1 N/R 1 1 Y 2 Y N/R 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Storage of Blood Dentistry Podiatry Ophthalmology	2 2 1 2 2 1 1 1 N/R
FF	emi-Private Roon NU egistered Nurses Practical Nurses SER' Nursing Physical Therapy Physical Therapy pational Therapy pational Therapy Speech Pathology Social Services Patient Activities	rivate Room Rate 222.00 emi-Private Room 221.00 NUMBER OF FULL- egistered Nurses 8 Practical Nurses 8 SERVICES AND PROO Nursing 1 Physical Therapy 1 Physical Therapy 1 Physical Therapy 1 Speech Pathology 2 Speech Pathology 2 Speech Pathology N/R Social Services 1 Patient Activities 1	NUMBER OF FULL-TIME EMPLOY egistered Nurses 8 Practical Nurses 8 SERVICES AND PROGRAMS AVAIL Nursing 1 Physical Therapy 1 Administration 8 Physical Therapy 1 Speech Pathology 2 Speech Pathology 2 Speech Pathology N/R Social Services 1 Patient Activities 1 Pharmacy 2	rivate Room Rate 222.00 221.00 Medicaid Rate emi-Private Room 221.00 Other NUMBER OF FULL-TIME EMPLOYEES registered Nurses 8 Nurse Aides Other Personnel SERVICES AND PROGRAMS AVAILABLE Nursing 1 Diagnostic X- ray Physical Therapy 1 Administration & Storage of Blood Physical Therapy N/R Dentistry repational Therapy 1 Podiatry Speech Pathology 2 Ophthalmology Speech Pathology N/R Psychological Services Social Services 1 Dietary Patient Activities 1 Housekeeping Pharmacy 2 Other

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N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Piney Valley 135 Southern Drive Keyser, WV 26726

License # Administrator Facility Type Ownership	Skilled Nursir	Sue J. Hamps ng Facility/Nursing Facil Stonerise Healthca	ity Reimbursement	Med	Mineral 304-788-3415 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	S AND ROOMS		
Licensed Beds Private Rooms	122 6	Certified Beds Semi-Private Rooms	122 58	Respite Beds 3 - 4 Bed Wards	0
		DAILY ROOI	M RATES		
	te Room Rate Private Room			Medicaid Rate Other	205.38 N/R
	NUI	MBER OF FULL-	TIME EMPLOY	EES	
	stered Nurses actical Nurses	14 8		Nurse Aides Other Personnel	46 45
	SER\	ICES AND PRO	GRAMS AVAIL	ABLE	
Outpatient Phy Occupat Spec Outpatient Spec Sc	ional Therapy ech Pathology	N/R 1 1 2		Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology cological Services Dietary Housekeeping Other	2 2 2 2 2 2 2 1 N/R

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N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Pocahontas Center Route 1, Box 500 Marlinton, WV 24954

License # Administrator Facility Type Ownership	Skilled Nursin	10 Judson Wortl g Facility/Nursing Facility Genesis Healthcard	/ Reimbursement	Med	Pocahonta 304-799-737 dicare/Medicai Proprietar
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	68 4	Certified Beds Semi-Private Rooms	68 32	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	RATES		
	te Room Rate Private Room	320.00 310.00		Medicaid Rate Other	178.63 N/R
	NUM	MBER OF FULL-T	IME EMPLOYE	ES	
	NUN stered Nurses actical Nurses	MBER OF FULL-T	IME EMPLOYE	Nurse Aides Other Personnel	41 31
	stered Nurses actical Nurses	10		Nurse Aides Other Personnel	
	stered Nurses actical Nurses SERV	10 7	RAMS AVAILA	Nurse Aides Other Personnel	
Licensed Pra	stered Nurses actical Nurses	10 7 ICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray	31
Licensed Pra	stered Nurses actical Nurses SERV Nursing sical Therapy	10 7 VICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray	31
Licensed Pra Phys Outpatient Phys	stered Nurses actical Nurses SERV Nursing sical Therapy	10 7 ICES AND PROG	RAMS AVAILA	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood	2 0
Licensed Pra Physical Properties of the Physical Physical Properties of the Physical Physical Properties of the Physical Properties of the Physical Properties of the Physical Properties of the Physical Physica	SERV Nurses SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	10 7 ICES AND PROG 1 1 0 1 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	2 0 2 2 2 2
Physical Practical Practic	SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	10 7 ZICES AND PROG 1 1 0 1 1 0	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	2 0 2 2 2 2 2
Physical Properties of the Control o	SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology ocial Services	10 7 ZICES AND PROG 1 1 0 1 0 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	2 0 2 2 2 2 2 1
Physical Properties of the Control o	SERV Nursing sical Therapy sical Therapy ional Therapy ech Pathology	10 7 ZICES AND PROG 1 1 0 1 1 0	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	2 0 2 2 2 2 2

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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Princeton Center 1924 Glen Wood Park Road Princeton, WV 24740

License # Administrator Facility Type Ownership	Skilled Nursii	Lynn Whittek ng Facility/Nursing Facil Stonerise Healthca	ity Reimbursement	Ме	Me 304-425-a edicare/Med Non-Proprie	icaid
	NU	JMBER OF BEDS	S AND ROOMS			
Licensed Beds Private Rooms	67 4	Certified Beds Semi-Private Rooms	67 27	Respite Beds		
		Seilli-Filvate Rooms	21	3 - 4 Deu Warus		
		DAILY ROOI	M RATES			
Priva	te Room Rate	292.00		Medicaid Rate	222.85	
Semi-	Private Room	274.00		Other	N/R	
	NU	MBER OF FULL-	TIME EMPLOYE	EES		
Regis	stered Nurses	6		Nurse Aides	38	
Licensed Pra	actical Nurses	14		Other Personnel	50	
	SER	/ICES AND PRO	GRAMS AVAILA	ABLE		
	Nursing	1		Diagnostic X-ray	2	
Phy	sical Therapy	2	Administration &	Storage of Blood	N/R	
Outpatient Phy	sical Therapy	N/R		Dentistry	2	
Occupat	ional Therapy	2		Podiatry	2	
Spec	ech Pathology	2		Ophthalmology	2	
Outpatient Spec	ech Pathology	N/R	Psych	ological Services	2	
Sc	ocial Services	1		Dietary	1	
Pati	ient Activities	1		Housekeeping	1	
		•		041	NI/D	
	Pharmacy Clinical Labs			Other	N/R	

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

^{1 =} a service provided directly by the facility; 2 = a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Princeton Health Care Center 315 Court House Road Princeton, WV 24740

License # Administrator Facility Type Ownership		8 Roger Toppin ng Facility/Nursing Facilit ceton Memorial Compan	y Reimbursement	Мє	Me 304-487-3 edicare/Medi Non-Proprie	caid
	NU	JMBER OF BEDS	AND ROOMS			
Licensed Beds	120	Certified Beds	120	Respite Beds	s 0	
Private Rooms	4	Semi-Private Rooms	58	3 - 4 Bed Wards	0	
		DAILY ROOM	IRATES			
Priva	ite Room Rate	230.00		Medicaid Rate	209.91	
Semi-	-Private Room	220.00		Other	N/R	
	NU	MBER OF FULL-T	IME EMPLOYE	ES		
Regi	stered Nurses	9		Nurse Aides	50	
Licensed Pra	actical Nurses	16		Other Personnel	39	
	SERV	ICES AND PROG	RAMS AVAILA	BLE		
	Nursing	1		Diagnostic X-ray	2	
	sical Therapy	2	Administration &	Storage of Blood	0	
Phy				B	2	
Phy Outpatient Phy	sical Therapy	2		Dentistry	_	
Outpatient Phy	sical Therapy ional Therapy	2 2		Podiatry	2	
Outpatient Phy Occupat		2		•		
Outpatient Phy Occupat	ional Therapy ech Pathology	2 2	Psycho	Podiatry	2	
Outpatient Phy Occupat Spec Outpatient Spec	ional Therapy ech Pathology	2 2	Psycho	Podiatry Ophthalmology	2 2	
Outpatient Phy Occupat Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology	2 2 2	Psycho	Podiatry Ophthalmology blogical Services	2 2 2	
Outpatient Phy Occupat Spec Outpatient Spec Sc	ional Therapy ech Pathology ech Pathology ocial Services	2 2 2 1	Psycho	Podiatry Ophthalmology blogical Services Dietary	2 2 2 1	

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Putnam Center 300 Seville Road Hurricane, WV 25526

License # Administrator Facility Type Ownership	Skilled Nursii	Michael Hong Facility/Nursing Fa Genesis Health	cility Rei	one # mbursement	Ме	Putna 304-757-68 dicare/Medica Proprieta
	NU	JMBER OF BEI	OS AND	ROOMS		
Licensed Beds	120	Certified Bed	ds 120)	Respite Beds	0
Private Rooms	8	Semi-Private Room	is 56		3 - 4 Bed Wards	0
		DAILY RO	OM RA	TES		
Priva	te Room Rate	213.17			Medicaid Rate	186.20
Semi	-Private Room	207.91			Other	214.41
	NU	MBER OF FULI	TIME	EMPLOYE	ES	
Regi	stered Nurses	8			Nurse Aides	43
	actical Nurses				Other Personnel	47
	SER	/ICES AND PR	OGRAN	IS AVAILA	BLE	
	Nursing	1			Diagnostic X-ray	2
Phy	sical Therapy	2	Adm	inistration &	Storage of Blood	0
	sical Therapy	2			Dentistry	2
Outpatient Phy					Podiatry	2
	ional Therapy	_			0	0
Occupat	ionai Therapy ech Pathology				Ophthalmology	2
Occupat	ech Pathology	2		Psycho	Opninalmology ological Services	2
Occupat Spec Outpatient Spec	ech Pathology	2		Psycho		
Occupat Spec Outpatient Spec Sc	ech Pathology ech Pathology	2 2		Psycho	ological Services	2
Occupat Spec Outpatient Spec Sc	ech Pathology ech Pathology ocial Services	2 2 1 1		Psycho	ological Services Dietary	2 1

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Raleigh Center PO Box 741 Daniels, WV 25832

License # Administrator Facility Type Ownership	Skilled Nursir			Med	Raleigh 304-763-3051 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	S AND ROOMS		
Licensed Beds	68	Certified Beds	68	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	32	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
Priva	te Room Rate	301.00		Medicaid Rate	210.10
Semi-	Private Room	291.00		Other	N/R
	NU	MBER OF FULL-	TIME EMPLOYE	EES	
Regis	stered Nurses	9		Nurse Aides	29
	ctical Nurses	11		Other Personnel	28
	SER\	/ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	N/A
Outpatient Phy	sical Therapy	2		Dentistry	2
Occupati	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outnationt Spec	ch Pathology	2	Psych	ological Services	2
Outpatient open	cial Services	1		Dietary	1
	70.a. 00. 1.000			Housekeeping	1
Sc	ent Activities	1		nousekeeping	1
Sc		1 2		Other	N/R

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Ravenswood Village 200 South Ritchie Avenue Ravenswood, WV 26164

License # Administrator Facility Type Ownership	Skilled Nursir			Ме	Jackson 304-273-9385 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	S AND ROOMS		
Licensed Beds Private Rooms	62 N/R	Certified Beds Semi-Private Rooms	62 N/R	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROO	M RATES		
	te Room Rate Private Room	0.0.00		Medicaid Rate Other	197.25 N/R
	NU	MBER OF FULL-	TIME EMPLOYI	EES	
	stered Nurses actical Nurses			Nurse Aides Other Personnel	30 27
	SER\	/ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	1	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
•	ional Therapy			Podiatry	2
_	ech Pathology			Ophthalmology	2
Outpatient Spec			Psych	ological Services	2
-	ocial Services	1		Dietary	1
Pati	ient Activities	1		Housekeeping	1
	Pharmacy Clinical Labs			Other	N/R

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River Oaks 100 Parkway Drive Clarksburg, WV 26301

Administrator Facility Type Ownership	Skilled Nursin	Diana Crickard Diana Crickard ng Facility/Nursing Facility Stonerise Healthcard	Reimbursement	Med	Harrison 304-624-6401 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	120	Respite Beds	0
Private Rooms	2	Semi-Private Rooms	58	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Privat	te Room Rate	N/R		Medicaid Rate	N/R
Semi-I	Private Room	N/R		Other	N/A
_	stered Nurses	MBER OF FULL-T	IME EMPLOYE	Nurse Aides	N/R
Regis Licensed Prac	stered Nurses		IME EMPLOYE	_	N/R N/R
	stered Nurses ctical Nurses	N/R		Nurse Aides Other Personnel	
	stered Nurses ctical Nurses	N/R N/R		Nurse Aides Other Personnel	
Licensed Prac	stered Nurses ctical Nurses SERV Nursing sical Therapy	N/R N/R VICES AND PROG		Nurse Aides Other Personnel ABLE Diagnostic X-ray	N/R
Licensed Prace	SERV Nursing Sical Therapy Sical Therapy	N/R N/R /ICES AND PROG	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry	N/R 2 0 2
Phys Outpatient Phys	SERV Nurses Nursing sical Therapy onal Therapy	N/R N/R /ICES AND PROG 1 1 1 1	RAMS AVAIL	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	N/R 2 0 2 2 2
Physical Process of the Control of t	SERV Nurses SERV Nursing sical Therapy sical Therapy onal Therapy och Pathology	N/R N/R /ICES AND PROG 1 1 1 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	N/R 2 0 2 2 2 2
Physical Process of the Company of t	SERV Nursing sical Therapy onal Therapy och Pathology ch Pathology	N/R N/R /ICES AND PROG 1 1 1 1 1 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	N/R 2 0 2 2 2 2 2
Physical Process of the Companies of the	SERV Nursing sical Therapy sical Therapy onal Therapy och Pathology ch Pathology cial Services	N/R N/R /ICES AND PROG 1 1 1 1 1 1 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary	N/R 2 0 2 2 2 2 1
Physical Process of the Companies of the	SERV Nursing sical Therapy onal Therapy och Pathology ch Pathology	N/R N/R /ICES AND PROG 1 1 1 1 1 1	RAMS AVAILA Administration &	Nurse Aides Other Personnel ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services	N/R 2 0 2 2 2 2 2

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N/A - Not applicable

Rosewood Center 8 Rose Street Grafton, WV 26354

License # Administrator Facility Type Ownership	Skilled Nursinç	Tammy Keo	112 County ugh Phone # cility Reimbursemer care Type of	nt Med	Taylor 304-265-0095 dicare/Medicaid Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed Beds Private Rooms	69 7 \$	Certified Bed Semi-Private Rooms		Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROC	M RATES		
	te Room Rate Private Room	301.00 291.00		Medicaid Rate Other	204.93 N/A
	NUM	IBER OF FULL	-TIME EMPLOY	'EES	
	stered Nurses ectical Nurses	8 9		Nurse Aides Other Personnel	32 30
	SERV	ICES AND PRO	OGRAMS AVAIL	.ABLE	
Outpatient Physocopy Occupati Spee Outpatient Spee Sc	ional Therapy ech Pathology	1 1 0 1 1 1 1 1 2		Diagnostic X-ray & Storage of Blood Dentistry Podiatry Ophthalmology chological Services Dietary Housekeeping Other	2 2 2 2 2 2 1 1 0

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Salem Center 146 Water Street **Salem, WV 26426**

License # Administrator Facility Type Ownership	Skilled Nursing	9 Sheila Jone g Facility/Nursing Facilit Genesis Healthcar	y Reimbursement	Med	Harrison 304-782-3000 dicare/Medicaid Proprietary
	NU	MBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	112 14 \$	Certified Beds Semi-Private Rooms	112 49	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	IRATES		
	e Room Rate Private Room	273.00 257.00		Medicaid Rate Other	174.74 N/R
	NUM	IBER OF FULL-T	IME EMPLOYE	EES	
Regis Licensed Prac	tered Nurses ctical Nurses	6 9		Nurse Aides Other Personnel	40 39
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phys	sical Therapy	0		Dentistry	2
	onal Therapy	2		Podiatry	2
•	ch Pathology	2		Ophthalmology	2
Outpatient Speed		0	Psych	ological Services	2
-	cial Services	1		Dietary	1
Patie	ent Activities	1		Housekeeping	2
	Pharmacy Clinical Labs	2 2		Other	0

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Shenandoah Center 50 Mulberry Tree Street Charles Town, WV 25414

License # Administrator Facility Type Ownership	Skilled Nursir	13 Michele L. Cornwing Facili Genesis Healthca	ty Reimbursement	Мес	Jefferson 304-724-1101 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	78	Certified Beds	78	Respite Beds	0
Private Rooms	8	Semi-Private Rooms	35	3 - 4 Bed Wards	N/R
		DAILY ROOM	/I RATES		
Priva	te Room Rate	332.00		Medicaid Rate	N/R
Semi-	-Private Room	322.00		Other	N/R
	NU	MBER OF FULL-	TIME EMPLOYE	ES	
Regi	stered Nurses	16		Nurse Aides	33
Licensed Pra	actical Nurses	7		Other Personnel	29
	SER\	/ICES AND PRO	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psych	ological Services	2
Sc	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0

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Sistersville Center 201 Wood Street Sistersville, WV 26175

License # Administrator Facility Type Ownership	Skilled Nursir	1 Brandon Willia ng Facility/Nursing Faci Genesis Healthca	lity Reimbursement	Me	Tyle 304-652-103 dicare/Medica Proprieta
	NU	JMBER OF BED	S AND ROOMS		
Licensed Beds	68	Certified Beds	68	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	32	3 - 4 Bed Wards	0
		DAILY ROO	M RATES		
Priva	te Room Rate	275.00		Medicaid Rate	216.54
Semi-	Private Room	265.00		Other	378.75
	NU	MBER OF FULL-	TIME EMPLOY	EES	
Regi	stered Nurses	9		Nurse Aides	18
Licensed Pra	ctical Nurses	6		Other Personnel	35
	SER\	/ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ch Pathology	0	Psych	ological Services	2
Sc	ocial Services	1		Dietary	1
Pat	ent Activities	1		Housekeeping	1
	Pharmacy	2		Other	3
	Clinical Labs	2			

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Springfield Center Route 1, Box 101-A Lindside, WV 24951

License # Administrator		126 Angel Williams	County		Monroe 304-753-4332
Facility Type Ownership	Skilled Nursir	Angel Williams ng Facility/Nursing Facility Stonerise Healthcare	Reimbursement		edicare/Medicaid
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	60 N/R	Certified Beds Semi-Private Rooms	60 N/R	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	RATES		
	te Room Rate Private Room			Medicaid Rate Other	N/R N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	N/R		Nurse Aides	33
Licensed Pra	ctical Nurses	16		Other Personnel	N/R
	SER\	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
Phy	sical Therapy	N/R	Administration &	Storage of Blood	N/R
Outpatient Physical P	sical Therapy	N/R		Dentistry	N/R
	ional Therapy	N/R		Podiatry	N/R
-					
Spee	ech Pathology			Ophthalmology	N/R
Spee Outpatient Spee	ech Pathology ech Pathology	N/R	Psycho	ological Services	N/R
Spee Outpatient Spee So	ech Pathology ech Pathology ocial Services	N/R N/R	Psycho	ological Services Dietary	N/R N/R
Spee Outpatient Spee So	ech Pathology ech Pathology	N/R	Psycho	ological Services	N/R

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St. Barbara's Memorial Nursing Home PO Box 9066 Monongah, WV 26555

License # Administrator Facility Type Ownership		34 Kay Cottrill ng Facility/Nursing Facility morial Nursing Home, Inc.	Reimbursement	Ме	Maric 304-534-522 edicare/Medica Non-Proprieta
	N	JMBER OF BEDS /	AND ROOMS		
Licensed Be Private Roor		Certified Beds Semi-Private Rooms	57 24	Respite Beds	
——————————————————————————————————————	115 0	Seill-Pilvate Rooms		3 - 4 Deu Warus	· I
		DAILY ROOM	RATES		
P	rivate Room Rate	155.00		Medicaid Rate	201.46
Se	emi-Private Room	150.00		Other	N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
R	egistered Nurses	4		Nurse Aides	32
Licensed	Practical Nurses	10		Other Personnel	37
	SER	/ICES AND PROGI	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
I	Nursing Physical Therapy		Administration &	•	2 0
	_	3		•	
Outpatient l	Physical Therapy	3		Storage of Blood	0
Outpatient l Occu	Physical Therapy Physical Therapy	3 0 2		Storage of Blood Dentistry	0 2
Outpatient Occu S	Physical Therapy Physical Therapy pational Therapy	3 0 2 2	Administration & S	Storage of Blood Dentistry Podiatry	0 2 2
Outpatient Occu S	Physical Therapy Physical Therapy pational Therapy Speech Pathology	3 0 2 2	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology	0 2 2 0
Outpatient Occu S Outpatient S	Physical Therapy Physical Therapy pational Therapy Speech Pathology Speech Pathology	3 0 2 2 0	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 0 2
Outpatient l Occu S Outpatient S	Physical Therapy Physical Therapy pational Therapy Speech Pathology Speech Pathology Social Services	3 0 2 2 2 0 1	Administration & S	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	0 2 2 0 2 3

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Stone Pear Pavilion 125 Fox Lane Chester, WV 26032

License # Administrator Facility Type Ownership	Skilled Nursir	James D. Fo ng Facility/Nursing Facility Fox Nursing Home, Inc	Reimbursement	Ме	Hancock 304-387-0101 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	60 4	Certified Beds Semi-Private Rooms	60 28	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	RATES		
Priva	te Room Rate	275.00		Medicaid Rate	233.75
Semi-	Private Room	240.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regi	stered Nurses	7		Nurse Aides	33
Licensed Pra	actical Nurses	11		Other Personnel	N/R
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	N/R
Outpatient Phy	sical Therapy	2		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	2	Psycho	ological Services	2
<u> </u>	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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^{2 =} a service provided under arrangement with an outside agency resource; or

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Summers Nursing and Rehabilitation Center PO Box 1240 Hinton, WV 25951

License # Administrator Facility Type Ownership A				Ме	Summer 304-466-033 edicare/Medicaid Proprietar
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	120 8	Certified Beds Semi-Private Rooms	120 56	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOF	M RATES		
	e Room Rate Private Room			Medicaid Rate Other	207.77 N/R
	NU	MBER OF FULL-	TIME EMPLOYE	EES	
Regis Licensed Prac	tered Nurses ctical Nurses			Nurse Aides Other Personnel	47 30
	SER	/ICES AND PRO	GRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phys	ical Therapy	N/A		Dentistry	2
Occupation	onal Therapy			Podiatry	2
•	ch Pathology			Ophthalmology	2
Outpatient Speed			Psych	ological Services	2
	cial Services	1		Dietary	1
Patie	ent Activities	•		Housekeeping	1
	Pharmacy Clinical Labs			Other	N/R

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^{3 =} a service provided by a combination of both 1 and 2.

Sundale Nursing Home 800 J.D. Anderson Drive Morgantown, WV 26505

License # Administrator Facility Type Ownership	Skilled Nursi	2 Lisa Gallien-Whit ng Facility/Nursing Facilit Monongalia Home Corp	y Reimbursement		Monongalia 304-599-0497 dicare/Medicaid Non-Proprietary
	N	JMBER OF BEDS	AND ROOMS		
Licensed Beds	115	Certified Beds	115	Respite Beds	0
Private Rooms	13	Semi-Private Rooms	51	3 - 4 Bed Wards	0
		DAILY ROOM	IRATES		
Priva	te Room Rate	260.00		Medicaid Rate	220.28
Semi-	-Private Room	250.00		Other	270.00
	NU	MBER OF FULL-T	IME EMPLOYE	EES	
Regi	stered Nurses	8		Nurse Aides	47
Licensed Pra	actical Nurses	23		Other Personnel	52
	SER	VICES AND PROG	RAMS AVAIL	ABLE	
	Nursing	3		Diagnostic X-ray	2
Phy	sical Therapy	3	Administration &	Storage of Blood	N/A
Outpatient Phy	sical Therapy	N/A		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	, 2		Ophthalmology	2
Outpatient Spec	ech Pathology	N/A	Psych	ological Services	2
Sc	ocial Services	3		Dietary	3
Pati	ient Activities	3		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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N/A - Not applicable

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^{2 =} a service provided under arrangement with an outside agency resource; or

^{3 =} a service provided by a combination of both 1 and 2.

Teays Valley Center 590 North Poplar Fork Road Hurricane, WV 25526

License #			County		Putna
Administrator		James McBurney			304-757-78
Facility Type	Skilled Nursing Facility/Nursing Facili			Me	edicare/Medic
Ownership		Genesis Healthcare	Type of		Propriet
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	124	Certified Beds	124	Respite Beds	0
Private Rooms	40	Semi-Private Rooms	82	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priva	te Room Rate	242.00		Medicaid Rate	191.54
Semi-	-Private Room	232.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	17		Nurse Aides	50
Licensed Pra	actical Nurses	22		Other Personnel	49
	SFR\	/ICES AND PROG	RAMS AVAILA	ABLE	
	U	HOLO AND I NOO			
	Nursing	1		Diagnostic X-ray	2
Phy		1		,	2 0
Phy Outpatient Phy	Nursing sical Therapy	1 2		,	
Outpatient Phy	Nursing sical Therapy	1 2 0		Storage of Blood	0
Outpatient Phy Occupat	Nursing sical Therapy sical Therapy	1 2 0 2		Storage of Blood Dentistry	0 2
Outpatient Phy Occupat Spec Outpatient Spec	Nursing sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	1 2 0 2 2	Administration &	Storage of Blood Dentistry Podiatry	0 2 2
Outpatient Phy Occupat Spec Outpatient Spec	Nursing sical Therapy sical Therapy ional Therapy ech Pathology	1 2 0 2 2	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology	0 2 2 2
Outpatient Phy Occupat Spec Outpatient Spec Sc	Nursing sical Therapy sical Therapy ional Therapy ech Pathology ech Pathology	1 2 0 2 2 2	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services	0 2 2 2 2
Outpatient Phy Occupat Spec Outpatient Spec Sc	Nursing rsical Therapy rsical Therapy ional Therapy ech Pathology ech Pathology ocial Services	1 2 0 2 2 2 0 1	Administration &	Storage of Blood Dentistry Podiatry Ophthalmology blogical Services Dietary	0 2 2 2 2 1

Definitions of 0, 1, 2, or 3 for services and programs available: 0 = a service not provided by the facility;

N/A - Not applicable

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^{3 =} a service provided by a combination of both 1 and 2.

Trinity Health Care of Logan 1000 West Park Avenue Logan, WV 25601

License # Administrator Facility Type Ownership				Med	Logan 304-752-8724 dicare/Medicaid Proprietary
	NU	IMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	120 7	Certified Beds Semi-Private Rooms	120 55	Respite Beds 3 - 4 Bed Wards	0 N/R
		DAILY ROOM	RATES		
Priva	te Room Rate	225.00		Medicaid Rate	215.57
Semi-	Private Room	220.00		Other	N/R
	NUI	MBER OF FULL-T	IME EMPLOYE	ES	
Regis	stered Nurses	7		Nurse Aides	40
Licensed Pra	ectical Nurses	22		Other Personnel	54
	SERV	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spee	ech Pathology	2		Ophthalmology	2
Outpatient Spec	•	0	Psycho	ological Services	2
-	ocial Services	1		Dietary	1
Pati	ent Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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^{3 =} a service provided by a combination of both 1 and 2.

Trinity Health Care of Mingo 100 Hill Crest Drive Williamson, WV 25661

License # Administrator Facility Type Ownership			•	Med	Mingo 304-235-7005 dicare/Medicaio Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	90	Certified Beds	90	Respite Beds	0
Private Rooms	10	Semi-Private Rooms	39	3 - 4 Bed Wards	0
		DAILY ROOM	/I RATES		
Priva	te Room Rate	200.00		Medicaid Rate	182.85
Semi-	Private Room	190.00		Other	N/R
	NU	MBER OF FULL-	TIME EMPLOYE	EES	
Regis	stered Nurses	4		Nurse Aides	21
Licensed Pra	actical Nurses	24		Other Personnel	28
	SER\	/ICES AND PRO	RAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spee	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psych	ological Services	2
Sc	ocial Services	1		Dietary	1
Pati	ient Activities	1		Housekeeping	1
	Pharmacy	2		Other	1
	Clinical Labs	2			

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Tygart Center at Fairmont Campus 1539 Country Club Road Fairmont, WV 26554

Administrator Facility Type Ownership	Skilled Nursin			Me	Mar 304-366-91 dicare/Medic Propriet
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	119 7	Certified Beds Semi-Private Rooms	119 50	Respite Beds 3 - 4 Bed Wards	
		DAILY ROOM	IRATES		
Priva	te Room Rate	225.00		Medicaid Rate	289.50
Semi-	-Private Room	215.00		Other	208.00
	NUI	MBER OF FULL-T	IME EMPLOYE	EES	
Regi	stered Nurses	15		Nurse Aides	55
Licensed Bro	actical Nurses	17		Other Personnel	55
Licensed Fra				Outlot 1 disconnici	
Licenseu Fra	SERV	/ICES AND PROG	RAMS AVAILA		
Licenseu Fra	SER\ Nursing		RAMS AVAILA		2
	_	ICES AND PROG	RAMS AVAILA	ABLE Diagnostic X-ray	
	Nursing sical Therapy	/ICES AND PROG	_	ABLE Diagnostic X-ray	2
Phy Outpatient Phy	Nursing sical Therapy	/ICES AND PROG	_	ABLE Diagnostic X-ray Storage of Blood	2 N/A
Phy Outpatient Phy Occupat Spec	Nursing vsical Therapy vsical Therapy ional Therapy ech Pathology	/ICES AND PROG 1 2 N/A 2	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology	2 N/A 2
Phy Outpatient Phy Occupat Spec Outpatient Spec	Nursing vsical Therapy vsical Therapy ional Therapy ech Pathology ech Pathology	/ICES AND PROG 1 2 N/A 2	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry	2 N/A 2 2
Phy Outpatient Phy Occupat Spec Outpatient Spec Sc	Nursing vsical Therapy vsical Therapy cional Therapy ech Pathology ech Pathology ocial Services	/ICES AND PROG 1 2 N/A 2 2 N/A 1	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary	2 N/A 2 2 2 2 2
Phy Outpatient Phy Occupat Spec Outpatient Spec Sc	Nursing visical Therapy visical Therapy visional Therapy ech Pathology ech Pathology ocial Services ient Activities	/ICES AND PROG 1 2 N/A 2 2 N/A 1 1	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary Housekeeping	2 N/A 2 2 2 2 2 1 1
Phy Outpatient Phy Occupat Spec Outpatient Spec Sc	Nursing vsical Therapy vsical Therapy cional Therapy ech Pathology ech Pathology ocial Services	/ICES AND PROG 1 2 N/A 2 2 N/A 1	Administration &	ABLE Diagnostic X-ray Storage of Blood Dentistry Podiatry Ophthalmology ological Services Dietary	2 N/A 2 2 2 2 2

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Valley Center 1000 Lincoln Drive South Charleston, WV 25309

License # Administrator Facility Type Ownership	Skilled Nursir	128 Kimberly Mitchell ng Facility/Nursing Facility Genesis Healthcare	Reimbursement	Med	Kanawha 304-768-4400 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS /	AND ROOMS		
Licensed Beds	130	Certified Beds	130	Respite Beds	0
Private Rooms	12	Semi-Private Rooms	59	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Priva	ite Room Rate	321.00		Medicaid Rate	194.14
Semi	-Private Room	310.00		Other	249.00
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Regi	stered Nurses	21		Nurse Aides	62
	actical Nurses	23		Other Personnel	44
	SER\	/ICES AND PROGI	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psycho	ological Services	2
Sc	ocial Services	1		Dietary	1
Pat	ient Activities	1		Housekeeping	1
		_		041	•
	Pharmacy	2		Other	0

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Wayne Nursing and Rehabilitation Center 6999 Route 152 Wayne, WV 25570

License # Administrator Facility Type Ownership		Cindy C ng Facility/Nursing F cal Facilities Manage	ooper acility		Ме	Wayn 304-697-700 dicare/Medicai Proprietar
	N	UMBER OF BE	DS A	ND ROOMS		
Licensed Bed	s 60	Certified Be	ds	60	Respite Beds	0
Private Rooms	s 4	Semi-Private Roor	ns	28	3 - 4 Bed Wards	N/R
		DAILY RO	OM F	RATES		
Pri	vate Room Rate	3 13.00			Medicaid Rate	111.86
Sen	ni-Private Roon	n 291.00			Other	N/R
	NU	MBER OF FUL	L-TIN	ME EMPLOYE	ES	
Re	gistered Nurses	s 4			Nurse Aides	28
Licensed P	Practical Nurses	s 12			Other Personnel	28
	SER	VICES AND PR	OGR	AMS AVAILA	ABLE	
	Nursing	j 1			Diagnostic X-ray	3
PI	hysical Therapy	, 3	A	Administration &	Storage of Blood	N/R
Outpatient Pl	hysical Therapy	0			Dentistry	3
Occup	ational Therapy	3			Podiatry	3
Sp	eech Patholog	y 3			Ophthalmology	3
Outpatient Sp	eech Pathology	, 0		Psycho	ological Services	2
:	Social Services	; 1			Dietary	1
P	atient Activities	: 1			Housekeeping	1
		•			Other	N/R
	Pharmacy	3			Other	IN/PC

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Webster Nursing and Rehabilitation Center PO Box 989 **Cowen, WV 26206**

	107 June Hutchinson g Facility/Nursing Facility al Facilities Management	Reimbursement	Med	Webster 304-226-5301 dicare/Medicaid Proprietary
NU	IMBER OF BEDS /	AND ROOMS		
Licensed Beds 60	Certified Beds	60	Respite Beds	0
Private Rooms 4	Semi-Private Rooms	28	3 - 4 Bed Wards	0
	DAILY ROOM	RATES		
Private Room Rate	299.00		Medicaid Rate	219.36
Semi-Private Room	278.00		Other	N/R
NUN	MBER OF FULL-TI	ME EMPLOYE	ES	
Registered Nurses	7		Nurse Aides	30
Licensed Practical Nurses	13		Other Personnel	21
SERV	ICES AND PROGE	RAMS AVAILA	ABLE	
Nursing	1		Diagnostic X-ray	2
Physical Therapy	2	Administration &	-	0
Outpatient Physical Therapy	0		Dentistry	2
Occupational Therapy	2		Podiatry	2
Speech Pathology	2		Ophthalmology	2
Outpatient Speech Pathology	0	Psycho	ological Services	2
Social Services	1		Dietary	1
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	0
Clinical Labs	2			

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Weirton Geriatric Center 2525 Pennsylvania Avenue Weirton, WV 26062

License # Administrator Facility Type Ownership	Skilled Nursir	Rhonda Quattro ng Facility/Nursing Faci Weirton Geriatric Cen	ity Reimbursement	Me	Hancoc 304-723-430 dicare/Medicai Proprietar
	NU	JMBER OF BEDS	S AND ROOMS		
Licensed Beds	137	Certified Beds	137	Respite Beds	0
Private Rooms	77	Semi-Private Rooms	30	3 - 4 Bed Wards	0
		DAILY ROO	W RATES		
Priva	ite Room Rate	200.00		Medicaid Rate	212.60
Semi	-Private Room	215.00		Other	N/A
	NU	MBER OF FULL-	TIME EMPLOYE	ES	
Regi	stered Nurses	17		Nurse Aides	114
	actical Nurses			Other Personnel	77
	SER\	/ICES AND PRO	GRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	2
Outpatient Phy	sical Therapy	1		Dentistry	2
Occupat	ional Therapy	2		Podiatry	2
Spec	ech Pathology	2		Ophthalmology	2
Outpatient Speech Pathology		2	Psycho	ological Services	2
Outpatient Spec	ocial Services	1		Dietary	1
	ociai Sei vices				
So	ient Activities	1		Housekeeping	1
So				Housekeeping Other	1 N/R

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Wellsburg Center RD 2, Box 44 Wellsburg, WV 26070

License # Administrator Facility Type Ownership	Skilled Nursir	113 Kristen Stotler ng Facility/Nursing Facility Stonerise Healthcare	Reimbursement	Med	Brooke 304-394-5322 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	60	Certified Beds	60	Respite Beds	0
Private Rooms	4	Semi-Private Rooms	4	3 - 4 Bed Wards	12
		DAILY ROOM	RATES		
Priva	te Room Rate	N/R		Medicaid Rate	N/R
Semi-	Private Room	N/R		Other	N/R
	NUI	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	9		Nurse Aides	22
	ctical Nurses	4		Other Personnel	25
	SERV	ICES AND PROG	RAMS AVAILA	\BLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	2
Occupati	ional Therapy	2	Podiat		2
Spec	ch Pathology	2		Ophthalmology	2
Outpatient Spee	ch Pathology	0	Psycho	ological Services	2
Sc	cial Services	3		Dietary	1
	ent Activities	1		Housekeeping	1
Pati	CITE ACTIVITIES				
Pati	Pharmacy	2		Other	N/R

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West Virginia Veterans Nursing Facility One Freedoms Way Clarksburg, WV 26301

License # Administrator Facility Type Ownership		Kevin Crickard	Reimbursement		Harrison 304-626-1600 Veterans Affairs Non-Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	120	Certified Beds	0	Respite Beds	s 0
Private Rooms	40	Semi-Private Rooms	40	3 - 4 Bed Wards	s 4
		DAILY ROOM	RATES		
Priva	te Room Rate	322.20		Medicaid Rate	N/A
Semi-	Private Room	322.20		Other	N/A
	NU	MBER OF FULL-T	ME EMPLOYE	ES	
Regis	stered Nurses	17		Nurse Aides	53
Licensed Pra				Other Personnel	52
	SER\	/ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
Phys	sical Therapy	2	Administration &	Storage of Blood	N/A
Outpatient Phys	sical Therapy	N/A		Dentistry	3
Occupati	onal Therapy	2		Podiatry	3
Spee	ch Pathology	2	Ophthalmolog		3
Outpatient Spee	ch Pathology	N/A	Psychological Service		N/A
So	cial Services	1		Dietary	3
Pati	ent Activities	1		Housekeeping	1
	DI	1		Other	0
	Pharmacy	ı		Other	O

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White Sulphur Springs Center Route 92, PO Box 249 White Sulphur Springs, WV 24986

License # Administrator Facility Type Ownership	Skilled Nursir	123 Cary Cartering Facility/Nursing Facility Genesis Healthcare	Reimbursement	Med	Greenbrier 304-536-4661 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	68	Certified Beds	68	Respite Beds	0
Private Rooms	18	Semi-Private Rooms	25	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Privat	te Room Rate	303.00		Medicaid Rate	210.59
Semi-	Private Room	297.00		Other	N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Regis	stered Nurses	12		Nurse Aides	28
Licensed Pra		8		Other Personnel	30
	SER\	ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	3
Phys	sical Therapy	3	Administration &	Storage of Blood	2
Outpatient Phys	sical Therapy	0		Dentistry	2
Occupational Therapy		3		Podiatry	2
	Speech Pathology			Ophthalmology	2
Occupati	ch Pathology	3		- p	
Occupati			Psycho	ological Services	3
Occupati Spee Outpatient Spee			Psycho		3 1
Occupati Spee Outpatient Spee So	ch Pathology	0	Psycho	ological Services	
Occupati Spee Outpatient Spee So	ch Pathology cial Services	0 1	Psycho	ological Services Dietary	1

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Willow Tree Manor 1263 S. George Street Charles Town, WV 25414

License # Administrator Facility Type Ownership	Skilled Nursir	2 Rusty Mitche ng Facility/Nursing Facilit Blue Ridge Nursing, LL	y Reimbursement	Me	Jefferson 304-725-6575 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	104	Certified Beds	104	Respite Beds	0
Private Rooms	18	Semi-Private Rooms	23	3 - 4 Bed Wards	11
		DAILY ROOM	I RATES		
Priva	ite Room Rate	200.00		Medicaid Rate	270.00
Semi	-Private Room	195.00		Other	N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regi	stered Nurses	6		Nurse Aides	29
	actical Nurses			Other Personnel	37
	SER\	/ICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	1	Administration &	Storage of Blood	0
Outpatient Phy	sical Therapy	0		Dentistry	0
Occupat	ional Therapy	1		Podiatry	2
Spec	ech Pathology	1		Ophthalmology	2
Outpatient Spec	ech Pathology	0	Psycho	ological Services	0
	ocial Services	1		Dietary	1
•				Housekeeping	1
So	ient Activities	1		nousekeeping	1
So	ient Activities Pharmacy	1 2		Other	0

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Willows Center 723 Summers Street Parkersburg, WV 26101

License # Administrator Facility Type Ownership	Skilled Nursir	Aaron Snodgra Agron Snodgra ng Facility/Nursing Facili Genesis Healthca	ty Reimbursement	Мес	Wood 304-428-5573 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds	97	Certified Beds	97	Respite Beds	0
Private Rooms	13	Semi-Private Rooms	42	3 - 4 Bed Wards	0
		DAILY ROOM	M RATES		
Priva	te Room Rate	301.00		Medicaid Rate	207.16
Semi-	Private Room	290.00		Other	134.26
	NU	MBER OF FULL-	TIME EMPLOYE	EES	
Regis	stered Nurses	10		Nurse Aides	54
	ctical Nurses	16		Other Personnel	50
	SER\	ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phy	sical Therapy	2	Administration &	Storage of Blood	0
Outpatient Physical	sical Therapy	0		Dentistry	2
Occupati	ional Therapy	2		Podiatry	2
Spee	ech Pathology	2		Ophthalmology	2
	ch Pathology	0	Psych	ological Services	2
Outpatient Spee		4		Dietary	1
Outpatient Spee	cial Services	1			
Outpatient Spee	ocial Services ent Activities	1 1		Housekeeping	1
Outpatient Spee				_	1 N/R

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N/A - Not applicable
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Woodlands Retirement Village One Bradley Foster Drive Huntington, WV 25701

License # Administrator Facility Type Ownership	Christopher Blair Licensed Only	County Phone # Reimbursement Type of		Cabell 304-697-1620 Private Pay Non-Proprietary
NU	MBER OF BEDS	AND ROOMS		
Licensed Beds 3	Certified Beds	0	Respite Beds	0
Private Rooms 3	Semi-Private Rooms	0	3 - 4 Bed Wards	0
	DAILY ROOM	RATES		
Private Room Rate	142.00		Medicaid Rate	N/A
Semi-Private Room	N/A		Other	N/R
NUM	MBER OF FULL-TI	ME EMPLOYE	ES	
Registered Nurses	2		Nurse Aides	5
Licensed Practical Nurses	4		Other Personnel	7
SERV	ICES AND PROGE	RAMS AVAILA	BLE	
Nursing	1		Diagnostic X-ray	2
Physical Therapy	2	Administration &	Storage of Blood	2
Outpatient Physical Therapy	2		Dentistry	2
Occupational Therapy	2		Podiatry	2
Speech Pathology	2		Ophthalmology	2
Outpatient Speech Pathology	2	Psycho	ological Services	2
Social Services	2		Dietary	3
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	1
Clinical Labs	2			

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Worthington Nursing & Rehabilitation Center PO Box 4010 Parkersburg, WV 26104

License # Administrator Facility Type Ownership	Skilled Nursir	56 Charlene Kimberly ng Facility/Nursing Facility PWNR, LLC	/ Reimbursement	Med	Wood 304-485-7447 dicare/Medicaid Proprietary
	NU	JMBER OF BEDS	AND ROOMS		
Licensed Beds Private Rooms	105 11	Certified Beds Semi-Private Rooms	105 41	Respite Beds 3 - 4 Bed Wards	0 3
		DAILY ROOM	RATES		
	te Room Rate Private Room			Medicaid Rate Other	202.81 N/R
	NU	MBER OF FULL-T	IME EMPLOYE	ES	
Regis Licensed Pra	stered Nurses ctical Nurses	10 18		Nurse Aides Other Personnel	53 51
	SER\	/ICES AND PROG	RAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
Phys	sical Therapy	2	Administration &	Storage of Blood	N/A
Outpatient Phys	sical Therapy	0		Dentistry	2
Occupati	onal Therapy	2		Podiatry	2
Spee	ch Pathology	2		Ophthalmology	2
Outpatient Spee		0	Psychological Services		2
	cial Services	1		Dietary	1
Pati	ent Activities	1		Housekeeping	1
	Pharmacy Clinical Labs	2 2		Other	N/A

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Wyoming Nursing and Rehabilitation Center PO Box 149 New Richmond, WV 24867

License # Administrator Facility Type Ownership		115 Patsy Webb ng Facility/Nursing Facility cal Facilities Management	Reimbursement	Me	Wyoming 304-294-7584 dicare/Medicaid Proprietary
	N	JMBER OF BEDS	AND ROOMS		
Licensed Bed	s 60	Certified Beds	60	Respite Beds	0
Private Room	s 4	Semi-Private Rooms	28	3 - 4 Bed Wards	0
		DAILY ROOM	RATES		
Pri	vate Room Rate	249.00		Medicaid Rate	195.40
Ser	ni-Private Room	234.00		Other	N/R
	NU	MBER OF FULL-TI	ME EMPLOYE	ES	
Re	gistered Nurses	4		Nurse Aides	23
	Practical Nurses			Other Personnel	18
	SER	VICES AND PROG	RAMS AVAILA	BLE	
	Nursing	1		Diagnostic X-ray	2
P	hysical Therapy	2	Administration &	Storage of Blood	0
Outpatient P	hysical Therapy	0		Dentistry	2
Occup	ational Therapy	2		Podiatry	1
Sp	eech Pathology	, 2		Ophthalmology	1
Outpatient Sp	eech Pathology	0	Psycho	ological Services	2
	Social Services	1		Dietary	1
		1		Housekeeping	1
	atient Activities	ı			
	atient Activities Pharmacy	-		Other	0

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Assisted Living Report

Part

D

Office of Health Facility Licensure and Certification Assisted Living Program

The Office of Health Facility Licensure and Certification (OHFLAC) Assisted Living Program maintains oversight of Assisted Living Residences (ALR), Residential Care Communities (RCC), and Legally Unlicensed Care Homes (L/U). The Assisted Living Program maintains oversight of Medical Adult Day Care (MADC) programs; however, there are no licensed MADC programs operating in West Virginia at this time. Regulatory oversight is maintained through evaluation of compliance with licensure standards for ALRs, RCCs, and L/Us.

Assisted Living and Inspections/Surveys

Licensure surveys are conducted approximately three (3) months prior to the annual license expiration date. Surveys are performed by a team of professionals including registered nurses, social workers, and life safety/environmental inspectors who have systematically evaluated the facilities' ability to deliver and provide safe care and services to residents in these settings. The average length of time typically required for conducting a survey in a facility is approximately 1.5 - 2 days. All surveys are unannounced with the exception of an initial or change of ownership (CHOW) survey. Those surveys are scheduled only after the facility has provided verification that substantial compliance with licensing standards can be met. During this reporting period, four (4) initial surveys and eight (8) CHOW surveys have been conducted.

There are currently forty-six (46) Small ALRs, fifty-seven (57) Large ALRs and two (2) RCCs licensed in West Virginia. These facilities offer a variety of services including limited and intermittent nursing care, and through the waiver approval process, may provide limited ongoing nursing care allowing residents to remain in the assisted living setting for a longer period of time. Seven (7) ALRs have licensed Alzheimer's Units.

One hundred twenty-two (122) L/U homes are registered with OHFLAC. These homes can admit and provide services to a maximum of three (3) residents after the registration process is completed. Legally Unlicensed Care Homes have no routine annual inspection and are only reviewed or entered when a complaint is reported to OHFLAC.

Complaint Investigations

The Assisted Living Program is responsible for receiving and conducting complaint investigations in ALRs, RCCs, and L/Us. Complaints may be lodged anonymously and are received and prioritized for investigation based on the nature and severity of allegations. Complaints are assigned or prioritized for investigation within two (2) days to forty-five (45) days, depending on the severity of the allegations, or in certain situations, no action or investigation may be warranted.

Complaint investigations are always conducted without prior notice to the facility and are focused specifically on violations of licensing standards. The average length of time from the date of intake to the date of investigation is 7.57 days. Once complaint allegations are investigated and violations of licensing standards are found, the complainant and facility receive written notification of the investigation results and any action that must be taken to correct the violation of standards.

In this reporting period, ninety-nine (99) complaint intakes were received in the Assisted Living Program. Fifty-seven (57) complaints were filed against Large ALRs; twenty (20) were filed against Small ALRs; twenty (20) were filed against L/Us; one (1) was filed against an Alzheimer's Unit; and one (1) complaint was filed against a RCC. There were four hundred ten (410) allegations of violations against regulatory standards with ninety-two (92) allegations substantiated and three hundred eighteen (318) allegations unsubstantiated.

Enforcement

There was one (1) L/U and five (5) ALRs placed in enforcement during this time period for violations of non-compliance with the regulations. Five (5) facilities paid a total of \$1,237.75 in civil monetary penalties to OHFLAC.

Reimbursement

There are no federal or state reimbursement funds available for resident care in Assisted Living. Approximately forty-three (43) ALRs provide personal care and services to low-income residents with a total of four hundred seventy-two (472) beds. The primary source of income for these individuals is Supplemental Security Income (SSI). These low income individuals may also qualify for a supplemental income through the Bureau for Children and Families within the Department of Health and Human Resources.

Summary

OHFLAC continues to place emphasis on the systems and processes that assist facilities in complying with licensure standards. Providing opportunities for education and knowledge that will enable the provider to gain more knowledge and a clearer understanding of licensure standards remains the primary goal. Fifty-four (54) facilities received deficiency-free annual surveys for this period.

Regulatory licensing staff continue to participate in educational conferences and seminars sponsored by the West Virginia Assisted Living Association and West Virginia Health Care Association. These conferences provide additional assistance in meeting regulatory standards and focus on cooperation and understanding, two key components necessary for continued improvement and regulatory compliance for the provider.

Assisted Living Summary Information

Part

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Assisted Living Program October 1, 2014 - September 30, 2015 Summary Information

	Alzheim	Large A Unit Dr. OBFar.	Small A	Legally,	Medics,	Resign Care	Potal Care Commun.	sə _{illi}
Total Number of Facilities	7	57	46	122	0	2	227	
Total Number of Beds	149	2780	567	54	0	86	3487	
Facilities Opened	1	2	1	17	0	0	20	
Facilities Closed	1	1	4	21	0	0	26	
Initial	1	Survey 2	Activity 1	0	0	0	4	
Re-licensure	8	62	48	0	0	1	119	
Complaint	1	57	20	20	0	1	99	
Health Revisits	2	40	34	13	0	0	89	
Life Safety Revisits	0	18	10	0	0	0	28	
Total	12	179	113	33	0	2	339	
	Coi	mplaint	Outcom	nes				
Allegation Substantiated	0	47	31	14	0	0	92	
Allegation Unsubstantiated	5	220	56	36	0	1	318	
Total Number of Allegations	5	267	87	50	0	1	410	
	Er	forcem	ent Cas	es				
Cases Initiated	0	3	2	1	0	0	6	
Cases Closed	0	3	2	1	0	0	6	

^{*} Alzheimer's Unit/Program totals represent licensed sub-units within licensed assisted living facilities

Assisted Living Directory

Part

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Directory

The information contained in this directory has been gathered from several sources. Where possible, it has been taken from licensing and/or certification files. This information also includes number of beds; daily room rates; full time employees; and the services and programs available.

Some information, in particular the per diem rates, have been obtained directly from each facility. This information is not substantiated by on-site reviews.

An important caution in using this directory is that the per diem rate usually does not cover all services listed. In considering facilities, careful inquiry should be made regarding what services are included in the basic per diem rate.

Facility Type: RESIDENTIAL CARE COMMUNITY

RIDGEMONT AT EDGEWOOD SUMMIT

License Type: ANNUAL

300 BAKER LANE Licensed Beds: 42

CHARLESTON, WV 25302 Number of Private Rooms: 40

Phone: (304) 346-2323 Cost Per Diem: \$142

County: KANAWHA Number of Semi Private Rooms: 2

Administrator: DIANE GOUHIN Cost Per Diem: \$160

Owner: EDGEWOOD SUMMIT, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (2) each: Activity Aides, Laundry, (6) each: Maintenance, Licensed Practical Nurses, (9) Nursing Assistants, (10) Housekeeping, (18) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration (additional cost), Limited and Intermittent Nursing Care (additional cost), Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (determined by Beautician), Assistance with making appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

SUITES AT HERITAGE POINT License Type: ANNUAL

ONE HERITAGE POINT

Licensed Beds: 44

MORGANTOWN, WV 26505

Number of Private Rooms: 36

Phone: (304) 285-1212 Cost Per Diem: \$154

County: MONONGALIA Number of Semi Private Rooms: 4

Administrator: WILMA STERNTHAL Cost Per Diem: \$143

Owner: MON ELDER SERVICES, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, Dining Services, Residential Care (Director of Residential Care, Resident Care Coordinator, Licensed Practical Nurses, Nursing Assistants), Secretary, Resident Wellness Coordinator, Housekeeping, Building Maintenance, Marketing, Resident Services, Security, Transportation

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities [bingo, cable/TV(additional cost), field trips, etc.]

Directory

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AGING WITH GRACE

License Type: ANNUAL

334 MAIN STREET Licensed Beds: 16

GRANTSVILLE, WV 26147 Number of Private Rooms: 14

Phone: (304) 354-6008 Cost Per Diem: \$66

County: CALHOUN Number of Semi Private Rooms: 1

Administrator: ARLENE SAMPSON Cost Per Diem: \$66

Owner: SAMPSON HOLDING, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse Consultant, (2) each: Dietary, Registered Nurses, (5) each: Activity Aides, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services (resident goes out for Appointments), Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

ANGEL AVENUE ASSISTED LIVING License Type: ANNUAL

3793 TEAYS VALLEY RD Licensed Beds: 16

HURRICANE, WV 25526 Number of Private Rooms: 4

Phone: (304) 757-7661 Cost Per Diem: \$102

County: PUTNAM Number of Semi Private Rooms: 12

Administrator: PAMELA DOLAN Cost Per Diem: \$117

Owner: PAMELA DOLAN Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, Registered Nurse Consultant, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Assistance with making appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, etc.)

BELLE'S ASSISTED LIVING License Type: ANNUAL

2619 ROOSEVELT AVENUE Licensed Beds: 10

SAINT ALBANS, WV 25177 Number of Private Rooms: 2

Phone: (304) 729-6516 Cost Per Diem: \$138

County: KANAWHA Number of Semi Private Rooms: 4

Administrator: SHARON DAILY Cost Per Diem: \$125

Owner: MARY BELLE DAILY

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Maintenance, Registered Nurse, (4) each: Housekeeping, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

BRALEY CARE HOMES, INC III License Type: ANNUAL

6192 US 60 Licensed Beds: 16

HURRICANE, WV 25526 Number of Private Rooms: 6

Phone: (304) 201-3677 Cost Per Diem: \$171

County: PUTNAM Number of Semi Private Rooms: 5

Administrator: CHRIS BRALEY Cost Per Diem: \$164

Owner: BRALEY CARE HOMES, INC

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Dietary, Housekeeping, (4) Licensed Practical Nurses, (6) each: Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

CANDLELIGHT COTTAGE

License Type: ANNUAL

133 DAMES ROAD Licensed Beds: 14
SAINT ALBANS, WV 25177 Number of Private Rooms: N/A

Phone: (304) 722-2355 Cost Per Diem: N/A

County: KANAWHA Number of Semi Private Rooms: 7

Administrator: DOLINA R WEEKS Cost Per Diem: \$67-83

Owner: DOLINA WEEKS

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Nursing Assistant

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (arranged), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

CARING PLACE License Type: ANNUAL

307 NORTH CHURCH ST Licensed Beds: 16

RIPLEY, WV 25271 Number of Private Rooms: 1

Phone: (304) 372-2193 Cost Per Diem: \$100

County: JACKSON Number of Semi Private Rooms: 7

Administrator: MARY L PAINTER Cost Per Diem: \$37-67

Owner: CARING PLACE, INC., THE Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Dietary, Housekeeping, Laundry, Registered Nurse Consultant, (2) Registered Nurses, (7) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing, Transport to/from appointments, Assistance making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

CASSELL'S BOARD AND CARE, L L C

1419 SOUTH AVENUE Licensed Beds: 16

PRINCETON, WV 24740 Number of Private Rooms: 2

Cost Per Diem: \$66 (304) 425-6900 Phone:

County: **MERCER** Number of Semi Private Rooms: 4

Administrator: SANDRA G CARTER Cost Per Diem: \$62

Owner: SANDRA G CARTER Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT Cost Per Diem: \$59

Number of Employees and Position Held:

Administrator, (8) Nursing Assistants (perform Activities, Dietary, Housekeeping)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

License Type: PROVISIONAL

License Type: ANNUAL **CENTRAL AVE ASSISTED LIVING**

1046 CENTRAL AVE Licensed Beds: 8 CHARLESTON, WV 25302 Number of Private Rooms: 6

Cost Per Diem: \$17-32 Phone: (304) 414-0135

KANAWHA Number of Semi Private Rooms: 1 County:

Administrator: TRACIE HALL Cost Per Diem: \$17-32

Owner: PRESTERA CENTER/ MENTAL HEALTH SER Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: **NON-PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (8) Activity Aides (also do Housekeeping, Laundry)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Assistance with making appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

License Type: ANNUAL **CLARK'S CHRISTIAN CARE, INC**

145 WALNUT STREET Licensed Beds: 12 EAST BANK, WV 25067 Number of Private Rooms: N/A

Cost Per Diem: N/A (304) 595-4171 Phone:

County: **KANAWHA** Number of Semi Private Rooms: 3 Administrator: REBEKAH L CLARK Cost Per Diem: \$90

LEONARD AND REBEKAH CLARK Owner:

Number of Rooms with 3 or 4 Beds: 2 Type of Ownership: PROFIT Cost Per Diem: \$90

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Maintenance, Registered Nurse, (7) each: Activity Aides, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (additional cost), Beauty shop/hair cutting services (additional cost), Housekeeping

CONCORD | License Type: ANNUAL

2218 WASHINGTON ST E Licensed Beds: 8

CHARLESTON, WV 25301 Number of Private Rooms: 8

Phone: (304) 342-5042 Cost Per Diem: \$300

County: KANAWHA Number of Semi Private Rooms: N/A

Administrator: TRACIE HALL Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Registered Nurse, (7) Housekeeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances (additional cost)

CONCORD | I License Type: ANNUAL

5511 NOYES AVENUE Licensed Beds: 8
CHARLESTON, WV 25304 Number of Private Rooms: 8

Phone: (304) 925-7728 **Cost Per Diem:** 30% of Income

County: KANAWHA Number of Semi Private Rooms: N/A

Administrator: TRACIE HALL Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH
Number of Rooms with 3 or 4 Beds: N/A
Type of Ownership: PROFIT
Cost Per Diem: N/A

Number of Employees and Position Held:

Admininstrator, (1) each: Activity Aide, Laundry, Registered Nurse, (4) Housekeeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Assistance with making appointments, Laundry Services, Dietary Services, Housekeeping, Housekeeping, Recreational Activities

COUNTRY COVE License Type: ANNUAL

137 WINE SAP LANE

DANIELS, WV 25832

Licensed Beds: 9

Number of Private Rooms: 3

Phone: (681) 238-5959 **Cost Per Diem:** \$120

County: RALEIGH Number of Semi Private Rooms: 3

Administrator: JEAN PRINCE Cost Per Diem: \$120

Owner: SHELTERING ARMS, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from appointments, Beauty ship/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

COUNTRY VILLA CARE, INC

License Type: ANNUAL

32 HIGH STREET Licensed Beds: 13

BUFFALO, WV 25033 Number of Private Rooms: 1

Phone: (304) 937-4110 Cost Per Diem: \$58

County: PUTNAM Number of Semi Private Rooms: 3

Administrator: CYNTHIA COBB Cost Per Diem: \$58

Owner: COUNTRY VILLA CARE, INC. Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT Cost Per Diem: \$58

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, Registered Nurse, (3) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Beauty shop/hair cutting services (additional cost), Laundry Services, Dietary Services, Housekeeping, Recreational Activities

COUNTRYSIDE ASSISTED LIVING

License Type: ANNUAL

1228 BERKELEY STATION ROAD Licensed Beds: 11

MARTINSBURG, WV 25404 Number of Private Rooms: 7

Phone: (304) 596-6227 Cost Per Diem: \$105-132

County: BERKELEY Number of Semi Private Rooms: 2

Administrator: CYNTHIA A THURSTON Cost Per Diem: \$95-122

Owner: COUNTRYSIDE ASSISTED LIVING Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (7) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

CYPRESS MANOR ASSISTED LIVING License Type: ANNUAL

1436 7TH AVENUE Licensed Beds: 8
HUNTINGTON, WV 25701 Number of Private Rooms: 2

Phone: (304) 399-1275 Cost Per Diem: \$300

County: CABELL Number of Semi Private Rooms: 3

Administrator: CHRISTI BLACK Cost Per Diem: \$300

Owner: PRESTERA CENTER/ MENTAL HEALTH SER Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (2) Laundry, (3) Activity Aides, (6) Housekeeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

FAZIO'S ELDER CARE

License Type: ANNUAL

156 STONEY LONESOME ROAD Licensed Beds: 14

FAIRMONT, WV 26554 Number of Private Rooms: 4

Phone: (304) 534-3139 Cost Per Diem: \$103

County: MARION Number of Semi Private Rooms: 2

Administrator: CORA FAZIO Cost Per Diem: \$95

Owner: CORA FAZIO Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Licensed Practical Nurse, (2) Registered Nurses, (5) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

License Type: ANNUAL

License Type: ANNUAL

FITZWATER ASSISTED LIVING THE CHANDLER HOUSE

219 LOCUST AVENUE Licensed Beds: 16

FAIRMONT, WV 26554 Number of Private Rooms: 2

Phone: (304) 363-1399 Cost Per Diem: \$130-165

County: MARION Number of Semi Private Rooms: 1

Administrator: HEATHER FITZWATER Cost Per Diem: \$130-165

Owner: CHANDLER PRIVATE CARE LLC Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT Cost Per Diem: \$130-165

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, Registered Nurse, (7) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and Intermittent Care, Beauty Shop (additional cost), Assitance with appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

FITZWATER ASSISTED LIVING THE STERLING PLACE

213 LOCUST AVENUE Licensed Beds: 11

FAIRMONT, WV 26554 Number of Private Rooms: 3

Phone: (304) 363-1398 Cost Per Diem: \$130

County: MARION Number of Semi Private Rooms: 4

Administrator: HEATHER FITZWATER Cost Per Diem: \$130

Owner: CHANDLER PRIVATE CARE LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing care, Beauty shop/hair cutting services (additional cost), Assistance with Making appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

GAULEY RIVER ASSISTED LIVING License Type: ANNUAL

RT 39 BELVA Licensed Beds: 16

GAULEY BRIDGE, WV 25085 Number of Private Rooms: 2

Phone: (304) 632-1654 Cost Per Diem: \$103

County: FAYETTE Number of Semi Private Rooms: 7

Administrator: LEREMY JOHNSON Cost Per Diem: \$103

Owner: LEREMY JOHNSON Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (5) Nursing Assistants

Services and Programs Available and Costs thereof:

(304) 257-4233

TERRY E SHOBE

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

GRANT COUNTY ASSISTED LIVING License Type: ANNUAL

127 EARLY AVENUE Licensed Beds: 9

PETERSBURG, WV 26847 Number of Private Rooms: 1

Cost Per Diem: \$67

County: GRANT Number of Semi Private Rooms: 4

Cost Per Diem: \$60

Owner: GRANT COUNTY ASSISTED LIVING Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Phone:

Administrator:

Administrator, (3) Maintenance, (4) Activity Aides, (5) Laundry, (6) Housekeeping, (9) Dietary, (10) Registered Nurses, (12) Licensed Practical Nurses, (46) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

GRANVILLE MANOR License Type: ANNUAL

413 CHESTNUT STREET

Licensed Beds: 16

PARSONS, WV 26287

Number of Private Rooms: 16

Phone: (304) 478-1003 Cost Per Diem: \$102

County: TUCKER Number of Semi Private Rooms: N/A

Administrator: SHEILA C MARSHALL Cost Per Diem: N/A

Owner: SHEILA C RICE MARSHALL Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

GRAYSON ASSISTED LIVING License Type: ANNUAL

3455 STATE RT 75 Licensed Beds: 16

HUNTINGTON, WV 25704 Number of Private Rooms: 4

Phone: (304) 972-0815 Cost Per Diem: \$125

County: CABELL Number of Semi Private Rooms: 6

Administrator: ALISHA J GRAYSON Cost Per Diem: \$115

Owner: ALISHA GRAYSON Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Licensed Practical Nurse, Maintenance, Registered Nurse

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

GRENICH CARE HOME, LLC License Type: ANNUAL

67 GRENICH AVENUE

Licensed Beds: 10

BUNKER HILL, WV 25413

Number of Private Rooms: 8

Phone: (304) 229-3624 Cost Per Diem: \$93-133

County: BERKELEY Number of Semi Private Rooms: 1

Administrator: MELLISSA ROBINSON Cost Per Diem: \$93-133

Owner: VIRGINIA W ANDERSON TRUST

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (3) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

HARMONY HOUSE OF WEST VIRGINIA License Type: ANNUAL

6813 HINTON ROAD

Licensed Beds: 12

LERONA, WV 25971

Number of Private Rooms: 4

Phone: (304) 384-4219 Cost Per Diem: \$57-70

County: MERCER Number of Semi Private Rooms: 2

Administrator: LISA KESNER Cost Per Diem: \$57-70

Owner: DAVID L MORGAN Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing, Assistance with making Appointments, Laundry Services, Housekeeping, Recreational Activities

JOHNNY'S ASSISTED LIVING License Type: ANNUAL

1007 EAST MAIN STREET Licensed Beds: 11

OAK HILL, WV 25901 Number of Private Rooms: 3

Phone: (304) 469-6339 Cost Per Diem: \$105

County: FAYETTE Number of Semi Private Rooms: 4

Administrator: SANDRA L STEELE Cost Per Diem: \$105

Owner: JOHNNYS ASSISTED LIVING Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Laundry, Maintenance, Registered Nurse, (4) each: Activity Aides, Dietary, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Transportation to/from Appointments (billed to Medicaid), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

JUDGES PRIVATE CARE

License Type: ANNUAL

212 FAIR STREET

Licensed Beds: 8

MIDDLEBOURNE, WV 26149

Number of Private Rooms: N/A

Phone: (304) 758-4397 Cost Per Diem: N/A

County: TYLER Number of Semi Private Rooms: 4

Administrator: VIOLA K JUDGE Cost Per Diem: \$71

Owner: JUDGES ASSISTED LIVING Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Maintenance, Registered Nurse, (2) each: Housekeeping, Laundry, (3) Activity Aides, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

LAVENDER FIELDS ASSISTED LIVING License Type: ANNUAL

COURTS AND WATER STREET

Licensed Beds: 10

BEVERLY, WV 26253 Number of Private Rooms: 10

Phone: (304) 630-1100 **Cost Per Diem:** \$89

County: RANDOLPH Number of Semi Private Rooms: N/A

Administrator: JUDI J ROSE Cost Per Diem: N/A

Owner: BRETT MCCLAIN AND JUDI ROSE

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, (2) Registered Nurses, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

LOVING HANDS ADULT CARE License Type: ANNUAL

402 AIRPORT ROAD Licensed Beds: 16

BLUEFIELD, WV 24701 Number of Private Rooms: 4

Cost Per Diem: \$90 (304) 327-8206 Phone:

County: **MERCER** Number of Semi Private Rooms: 6

Administrator: MELISSA LUCADO Cost Per Diem: \$77

Owner: MELISSA LUCADO Number of Rooms with 3 or 4 Beds: N/A

PROFIT Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Housekeeping, Licensed Practical Nurse, Maintenance, Registered Nurse, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, **Recreational Activities**

License Type: ANNUAL MAMA'S PLACE. L L C

306 DOUGLAS STREET Licensed Beds: 8

INSTITUTE, WV 25112 Number of Private Rooms: 6

Cost Per Diem: \$82 Phone: (304) 768-4686

Number of Semi Private Rooms: 1 County: **KANAWHA**

SANDRA PRICE Administrator: Cost Per Diem: \$99

Owner: SANDRA N PRICE Number of Rooms with 3 or 4 Beds: N/A **PROFIT**

Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Approved Medication Assistive Personnel (AMAP) Certified/Residential Asstant, Resident Assistant

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

License Type: ANNUAL MARY ANN MANOR

2525 ELDERSVILLE ROAD Licensed Beds: 11 FOLLANSBEE, WV 26037 Number of Private Rooms: 1

Cost Per Diem: \$91 (304) 527-0940 Phone:

BROOKE Number of Semi Private Rooms: 5 County:

CHRISTINE PICCIRILLO Administrator: Cost Per Diem: \$91

Owner: MARY ANN MANOR Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (3) each: Activity Aides, Housekeeping, Maintenance, (7) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Assistance with Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities, Mobile Lab (additional cost)

MARY WOELFEL ASSISTED LIVING License Type: ANNUAL

921 23RD STREET Licensed Beds: 6

HUNTINGTON, WV 25701 Number of Private Rooms: 6

Cost Per Diem: \$50 (304) 697-1270 Phone:

Number of Semi Private Rooms: N/A County: **CABELL**

Administrator: CHRISTI BLACK Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Laundry, Registered Nurse, (3) Housekeeping, (6) Activity Aides

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

License Type: ANNUAL

MEADOW BROOK ASSISTANCE WITH LIVING

5700 CAMP CREEK ROAD Licensed Beds: 16

JULIAN, WV 25529 Number of Private Rooms: N/A

Cost Per Diem: N/A Phone: (304) 369-0038

County: BOONE Number of Semi Private Rooms: 8

DEBRA K HUFFMAN Administrator: Cost Per Diem: \$89-118

Owner: MEADOW BROOK PERSONAL CARE HOME, Number of Rooms with 3 or 4 Beds: N/A **PROFIT** Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Dietary, Housekeeping, Laundry, Registered Nurse, (9) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

License Type: INITIAL MULLENS MANOR ASSISTED LIVING, INC

1238 GUYANDOTTE AVE Licensed Beds: 12

MULLENS, WV 25882 Number of Private Rooms: 2

Cost Per Diem: \$105 Phone: (304) 294-7591

WYOMING Number of Semi Private Rooms: 5 County:

REBECCA LOVEJOY BUZZO Administrator: Cost Per Diem: \$105 REBECCA LOVEJOY

Number of Rooms with 3 or 4 Beds: N/A **PROFIT** Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Owner:

Administrator, (1) each: Licensed Practical Nurse, Maintenance, Registered Nurse, (3) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services. Assisstance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

PLEASANT ACRES License Type: ANNUAL

41 PLEASANT ACRES DRIVE Licensed Beds: 14

FAIRMONT, WV 26554 Number of Private Rooms: 4

Cost Per Diem: \$106 (304) 366-0816 Phone:

Number of Semi Private Rooms: 5 County: **MARION**

Administrator: ANDREA KING Cost Per Diem: \$86

Owner: PLEASANT ACRES CHRISTIAN HAVEN ASS Number of Rooms with 3 or 4 Beds: N/A

NON-PROFIT Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Registered Nurse, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (per beautician pricing), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/ TV, field trips, etc.)

License Type: ANNUAL RHODODENDRON COTTAGE

4017 SALINAS DRIVE Licensed Beds: 12 **MALDEN, WV 25306**

Number of Private Rooms: 10

Cost Per Diem: \$108 Phone: (304) 925-6568

Number of Semi Private Rooms: 1 County: **KANAWHA**

KAREN GLAZIER Administrator: Cost Per Diem: \$97

GOOD LIVING-KAREN GLAZIER Owner: Number of Rooms with 3 or 4 Beds: N/A **PROFIT** Type of Ownership:

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Registered Nurse Consultant, (4) Approved Medication Assistive Personnel (AMAPs)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities, Podiatrist

License Type: ANNUAL **RIDGE CARE**

135 ANTELOPE LANE Licensed Beds: 16 PRINCETON, WV 24740 Number of Private Rooms: 12

Cost Per Diem: \$73 Phone: (304) 487-1278

County: **MERCER** Number of Semi Private Rooms: 2

Administrator: **BURETTA K DAVIS** Cost Per Diem: \$39

Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: **NON-PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Owner:

Administrator, (1) Licensed Practical Nurse, (5) Dietary

BURETTA KAY DAVIS

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

ROCKIN CHAIR RESIDENTIAL CARE

License Type: ANNUAL

2103 PINEGROVE ROAD Licensed Beds: 16

LERONA, WV 25971 Number of Private Rooms: 4

Phone: (304) 384-4299 Cost Per Diem: \$73-90

County: MERCER Number of Semi Private Rooms: 6

Administrator: AIRWANA ARNETT Cost Per Diem: \$60-83

Owner: AIRWANA ARNETT Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Dietary, Housekeeping, Laundry, Maintenance, (2) Licensed Practical Nurses, (9) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

SERENITY HOPE License Type: ANNUAL

RT 1 BOX 153-D Licensed Beds: 8
LOST CREEK, WV 26385 Number of Private Rooms: 4

Phone: (304) 745-3554 Cost Per Diem: \$113

County: HARRISON Number of Semi Private Rooms: 2

Administrator: DEBORAH JENKINS Cost Per Diem: \$90

Owner: SERENITY HOPE Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Maintenance, Registered Nurse, (2) Dietary, (6) each: Activity Aides, Housekeeping, Laundry

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

SERENITY PLACE License Type: ANNUAL

369 BROWNS RIDGE ROAD Licensed Beds: 16

LERONA, WV 25971 Number of Private Rooms: 4

Phone: (304) 384-3570 Cost Per Diem: \$79

County: MERCER Number of Semi Private Rooms: 12

Administrator: REGINA G BROWN Cost Per Diem: \$59-66

Owner: REGINA BROWN Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (9) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Assistance with making Appointments, Laundry Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

JOYCE SHAFER

SHAFER'S ROOM AND BOARD, L L C

212 KOONTZ AVENUE

CLENDENIN, WV 25045

Administrator:

Phone: (304) 548-7709

County: KANAWHA

Owner: JOYCE AND BOBBY SHAFER

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Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 3

Cost Per Diem: \$67-130

Cost Per Diem: \$67-130

Number of Semi Private Rooms: 5

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Number of Rooms with 3 or 4 Beds: 1

Cost Per Diem: \$57-63

Cost Per Diem: \$63-73

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (7) Caregivers

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care (Insurance pays), Beauty shop/hair cutting services (additional cost), Assistance making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

SILVER AGE SERVICES, LLC

1000 N HIGH STREET

MARTINSBURG, WV 25404

Phone: (304) 267-1717

County: BERKELEY

Administrator: ELAINE C MAUCK

Owner: SILVER AGE SERVICES

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 15

Number of Private Rooms: 2

Cost Per Diem: \$103

Number of Semi Private Rooms: 5

Cost Per Diem: \$103

Number of Rooms with 3 or 4 Beds: 1

Cost Per Diem: \$103

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Maintenance, Manager, Registered Nurse Consultant, (7) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

VICTORIA MANOR

22 ELIZABETH STREET

BUCKHANNON, WV 26201

Phone: (304) 473-0913

County: UPSHUR

Type of Ownership: PROFIT

Administrator: CAROLYN RIFFLE

Owner: VICTORIA MANOR

License Type: ANNUAL

Licensed Beds: 10

Number of Private Rooms: N/A

Cost Per Diem: N/A

Number of Semi Private Rooms: 5

Cost Per Diem: \$67-93

Number of Rooms with 3 or 4 Beds: N/A

Coot Box Diom. N/A

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (2) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

VIRGINIA MANOR License Type: ANNUAL

1112 WASHINGTON STREET Licensed Beds: 10

RAVENSWOOD, WV 26164 Number of Private Rooms: 8

Phone: (304) 273-9482 Cost Per Diem: \$100

County: JACKSON Number of Semi Private Rooms: 1

Administrator: PHYLLIS MYERS Cost Per Diem: \$73

Owner: GENERATIONS, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, (3) each: Dietary, Houskeeping, Laundry, Nursing Assistants, (2) Registered Nurses, (4) Licensed Practical Nurses

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, (additional cost), Beauty shop/hair cutting services, (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

WALNUT PLACE License Type: ANNUAL

2603 KNOX AVENUE Licensed Beds: 4
SAINT ALBANS, WV 25177 Number of Private Rooms: 4

Phone: (304) 721-8915 **Cost Per Diem:** \$22-29

County: KANAWHA Number of Semi Private Rooms: N/A

Administrator: TRACIE HALL Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH SER Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Maintenance, Registered Nurse, (5) Housekeeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

WHITMAN ADULT LIVING License Type: ANNUAL

2375 WHITMAN CREEK ROAD Licensed Beds: 16
WHITMAN, WV 25652 Number of Private Rooms: 2

Phone: (304) 239-2004 **Cost Per Diem:** \$66

County: LOGAN Number of Semi Private Rooms: 7

Administrator: LISA BIAS Cost Per Diem: \$39

Owner: ROBERTA JOHNSON Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (3) each: Activity Aides, Caregivers, Dietary, Housekeeping, Laundry, Maintenance

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities (bingo, cable/TV, field trips, etc.)

License Type: ANNUAL **WILLOW BAY**

126 SHUMATE STREET Licensed Beds: 14

OAK HILL, WV 25901 Number of Private Rooms: N/A

Cost Per Diem: N/A (304) 465-5400 Phone:

County: **FAYETTE** Number of Semi Private Rooms: 4

Administrator: JEAN PRINCE Cost Per Diem: \$80

Owner: SHELTERING ARMS, INC. Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT Cost Per Diem: \$80

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Maintenance, Registered Nurse Consultant, (5) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional charge), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities, Management of Personal Finances

WOODLAND HILLS COTTAGE License Type: ANNUAL

608 N 10TH STREET Licensed Beds: 15

WEIRTON, WV 26062 Number of Private Rooms: 5

Cost Per Diem: \$105 Phone: (304) 748-2273

Number of Semi Private Rooms: 5 County: **HANCOCK**

TAMELA MCQUISTON Administrator: Cost Per Diem: \$95

JAYWYN LLC Owner: Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (2) Licensed Practical Nurses, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

WOODLAND HILLS MANOR License Type: ANNUAL

610 N 10TH STREET Licensed Beds: 16 WEIRTON, WV 26062 Number of Private Rooms: 2

Cost Per Diem: \$105

(304) 748-3943 Phone: **HANCOCK** Number of Semi Private Rooms: 7

Administrator: TAMELA MCQUISTON Cost Per Diem: \$95

Owner: JAYWYN LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

County:

Administrator, (2) Licensed Practical Nurses, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

Facility Type: SMALL ASSISTED LIVING

WOODSIDE MANOR License Type: ANNUAL

8134 SCITES STREET Licensed Beds: 6

WEST HAMLIN, WV 25571 Number of Private Rooms: 6

Cost Per Diem: \$50 (304) 824-7015 Phone:

County: LINCOLN Number of Semi Private Rooms: N/A

Administrator: CHRISTI BLACK Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Laundry, Registered Nurse, (6) each: Activity Aides, Housekeeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

License Type: ANNUAL YOUNG'S CARE HOME I

1205 2ND STREET Licensed Beds: 16

MOUNDSVILLE, WV 26041 Number of Private Rooms: 2

Cost Per Diem: \$36-59 Phone: (304) 845-7694

Number of Semi Private Rooms: 7 County: MARSHALL

CONNIE YOUNG Administrator: Cost Per Diem: \$36-59

YOUNG'S CARE HOME I Owner: Number of Rooms with 3 or 4 Beds: N/A **PROFIT**

Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Registered Nurse, (6) each: Activity Aides, Housekeeping, Laundry

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

ANN'S COUNTRY RETREAT License Type: ANNUAL

1439 WASHINGTON PIKE Licensed Beds: 22

WELLSBURG, WV 26070 Number of Private Rooms: 2

Phone: (304) 737-0248 Cost Per Diem: \$108

County: BROOKE Number of Semi Private Rooms: 7

Administrator: CAROLYN MASON Cost Per Diem: \$92

Owner: ANN'S COUNTRY RETREAT Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse Consultant, (2) Registered Nurses, (4) Laundry

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Recreational Activities (bingo, TV, field trips, etc.)

ARTHUR B HODGES CENTER AT EDGEWOOD SUMMIT License Type: ANNUAL

300 BAKER LANE

CHARLESTON, WV 25302

Licensed Beds: 18

Number of Private Rooms: 18

Phone: (304) 346-2323 Cost Per Diem: \$178-195

County: KANAWHA Number of Semi Private Rooms: N/A

Administrator: GEORGE BARKER Cost Per Diem: N/A

Owner: EDGEWOOD SUMMIT, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, Registered Nurse Consultant, (2) each: Activity Aides, Laundry, Housekeeping, (4) Licensed Practical Nurses, (6) Dietary, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care (additional cost), Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

ASSISTED LIVING AT EVERGREEN License Type: ANNUAL

3705 COLLINS FERRY ROAD Licensed Beds: 48

MORGANTOWN, WV 26501 Number of Private Rooms: 8

Phone: (304) 598-8401 Cost Per Diem: \$118-132

County: MONONGALIA Number of Semi Private Rooms: 16

Administrator: JESSIE BLANEY Cost Per Diem: \$66-82

Owner: KEMPER COMPANY, MANAGERS

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Housekeeping, Registered Nurse, (9) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

AUTUMN WAY ASSISTED LIVING HOME

408 NICHOLAS STREET

RUPERT, WV 25984

Phone: (304) 392-5566

County: **GREENBRIER**

Administrator: NANCY ROBINSON Owner: MIKE AND NANCY ROBINSON

PROFIT Type of Ownership:

License Type: ANNUAL

Licensed Beds: 24

Number of Private Rooms: 7

Cost Per Diem: \$60

Number of Semi Private Rooms: 7

Cost Per Diem: \$60

Number of Rooms with 3 or 4 Beds: 1

Cost Per Diem: \$60

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Registered Nurse, Registered Nurse Consultant, (2) each: Activity Aides, Dietary, Maintenance, (5) each: Housekeeping, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing care (additional cost), Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities, Management of Personal Finances

BELLAIRE AT DEVONSHIRE

License Type: ANNUAL

5 BEXLEY DRIVE SCOTT DEPOT, WV 25560

County:

Number of Private Rooms: 86

Cost Per Diem: \$135

Licensed Beds: 90

Phone: (304) 760-5290 **PUTNAM**

Number of Semi Private Rooms: 4

DREMA THOMPSON Administrator:

Cost Per Diem: \$76

Owner: DEVONSHIRE AL OPERATIONS, LLLC

Number of Rooms with 3 or 4 Beds: N/A

PROFIT Type of Ownership:

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Licensed Practical Nurse, Maintenance, Registered Nurse, (25) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

BERKELEY SPRINGS CENTER

License Type: INITIAL

456 AUTUMN ACRES ROAD

Licensed Beds: 56

BERKELEY SPRINGS, WV 25411

Number of Private Rooms: 2

Phone: (304) 258-4330 Cost Per Diem: \$135

MORGAN County:

Number of Semi Private Rooms: 27

CHRISTINA BERNSTEIN Administrator:

Cost Per Diem: \$110

BERKELEY SPRINGS CENTER LLC Owner:

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, (2) each: Housekeeping, Laundry, Licensed Practical Nurses, (3) Dietary, (12) Nursing **Assistants**

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities, Personal Finance Management, In-house: Physical and Occupational Therapy (copay, after insurance)

BEULAHLAND ASSISTED LIVING License Type: ANNUAL

ROUTE 1 BOX 439A Licensed Beds: 26

GRAFTON, WV 26354 Number of Private Rooms: 2

Cost Per Diem: \$87 (304) 265-2874 Phone:

County: **TAYLOR** Number of Semi Private Rooms: 12

Administrator: **BOBBIE ROSIER-MONTGOMERY** Cost Per Diem: \$57

Owner: BEULAH LAND ASSISTED LIVING Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (2) each: Activity Aides, Dietary, (3) each: Housekeeping, Laundry, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

License Type: ANNUAL **BROADMORE ASSISTED LIVING**

4000 OUTLOOK DRIVE Licensed Beds: 54

HURRICANE, WV 25526 Number of Private Rooms: 42

Cost Per Diem: \$120 (304) 757-4778 Phone:

PUTNAM Number of Semi Private Rooms: 6 County:

Administrator: CASSIE CAIN Cost Per Diem: \$100 SENIOR SERVICES OF AMERICA

Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Owner:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse, (2) Activity Aides, (6) each: Dietary, Licensed Practical Nurses, (20) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

BROOKDALE CHARLESTON GARDENS License Type: ANNUAL

800 ASSOCIATION DRIVE Licensed Beds: 106 CHARLESTON, WV 25311 Number of Private Rooms: 50

Cost Per Diem: \$120-179 (304) 343-6600 Phone:

KANAWHA Number of Semi Private Rooms: 28 County:

Administrator: DONNA PROWSE Cost Per Diem: \$30-88

BROOKDALE SENIOR LIVING Owner: Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (2) Housekeeping, (8) Licensed Practical Nurses, (10) Dietary, (22) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services (additional cost), Dietary Services (additional cost), Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.), Other: Occupational, Speech, and Physical Therapy

BROOKDALE MAPLEWOOD License Type: ANNUAL

1000 S MAPLEWOOD DRIVE Licensed Beds: 56

BRIDGEPORT, WV 26330 Number of Private Rooms: 44

Phone: (304) 848-0556 Cost Per Diem: \$107-131

County: HARRISON Number of Semi Private Rooms: N/A

Administrator: CRAIG WAGONER Cost Per Diem: N/A

Owner: BROOKDALE SENIOR LIVING Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Laundry, Registered Nurse, (3) Maintenance, (4) Activity Aides, (8) Licensed Practical Nurses, (12) Dietary, (15) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, etc.)

CARING HANDS AND LOVING HEART License Type: ANNUAL

828 WASHINGTON AVE

Licensed Beds: 18

HUNTINGTON, WV 25704

Number of Private Rooms: 1

Phone: (304) 529-0466 Cost Per Diem: \$67

County: CABELL Number of Semi Private Rooms: 4

Administrator: ALISHA J GRAYSON Cost Per Diem: \$60

Owner: ALISHA GRAYSON Number of Rooms with 3 or 4 Beds: 3

Type of Ownership: PROFIT Cost Per Diem: \$60

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse, (7) each: Dietary, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

CEDAR GROVE ASSISTED LIVING

License Type: ANNUAL

110 NICOLETT ROAD Licensed Beds: 123

PARKERSBURG, WV 26104 Number of Private Rooms: 47

Phone: (304) 424-6023 Cost Per Diem: \$59-131

County: WOOD Number of Semi Private Rooms: 38

Administrator: TERESSA BAILEY Cost Per Diem: \$59-131

Owner: GREENWICH INVESTORS CEDAR GROVE Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (2) each: Activity Aides, Housekeeping, Laundry, (5) Dietary, (7) Licensed Practical Nurses, (24) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances, House Physician or use of alternate Pharmacy, O2 Nebulizer, Wound Care, Level of Care Fees, Technical Assistance or Behavioral Health Challenges, Behavioral Health with Technical Assistance (All services are additional cost)

CHATEAU GROVE SENIOR LIVING

License Type: ANNUAL

#6 CHATEAU GROVE LANE Licensed Beds: 80

BARBOURSVILLE, WV 25504 Number of Private Rooms: 30

Phone: (304) 736-3443 Cost Per Diem: \$107

County: CABELL Number of Semi Private Rooms: 50

Administrator: MARK A GROVE Cost Per Diem: \$97

Owner: CHATEAU GROVE PERSONAL CARE, INC. Number of Rooms with 3 or 4 Beds: 10

Type of Ownership: PROFIT Cost Per Diem: \$67

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (2) Housekeeping, (3) Dietary, (4) Licensed Practical Nurses, (30) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, etc.)

COLONIAL PLACE ASSISTED LIVING

301 WILSON LANE Licensed Beds: 65

ELKINS, WV 26241 Number of Private Rooms: 56

Phone: (304) 636-8600 Cost Per Diem: \$132-168

County: RANDOLPH Number of Semi Private Rooms: 25

Administrator: CHRISTINA MULLENAX Cost Per Diem: \$112-138

Owner: IPM COLONIAL PLACE SENIOR LIVING, LLC

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Registered Nurse, (2) Maintenance, (4) Housekeeping, (7) Dietary, (9) Licensed Practical Nurses, (39) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

COUNTRY VIEW ASSISTED LIVING, INC

2925 SENECA TRAIL SOUTH PETERSTOWN, WV 24963

Phone: (304) 753-4300

County: MONROE

Administrator: ANGELA MCKINNEY

LONZO AND SHARON CHRISTIAN

Type of Ownership: PROFIT

Owner:

License Type: ANNUAL

License Type: ANNUAL

Licensed Beds: 40

Number of Private Rooms: 16

Cost Per Diem: \$85-92

Number of Semi Private Rooms: 12

Cost Per Diem: \$66-72

Cost Per Diem: N/A

Number of Rooms with 3 or 4 Beds: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Laundry, Registered Nurse, (2) Dietary, (3) Licensed Practical Nurses, (13) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration (addidtional cost), Limited and Intermittent Nursing Care (additional cost) Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Housekeeping

DREAM HOME ASSISTED LIVING

5257 BIG TYLER ROAD

CROSS LANES, WV 25313

Phone: (304) 769-5614 **County:** KANAWHA

Administrator: JONATHAN C EYA

Owner: JONATHAN AND BLESSING, LLC

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 20

Number of Private Rooms: 2

Cost Per Diem: \$117

Number of Semi Private Rooms: 9

Cost Per Diem: \$97

Number of Rooms with 3 or 4 Beds: N/A

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Dietary, Laundry, Registered Nurse, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (depends on level of care), Medication Administration (additional cost), Limited and Intermittent Nursing Care (depends on level of care), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV field trips, etc.)

ELMCROFT OF MARTINSBURG License Type: ANNUAL

200 GLOUCESTER DRIVE Licensed Beds: 97

MARTINSBURG, WV 25402 Number of Private Rooms: 11

Phone: (304) 267-5800 Cost Per Diem: \$127-173

County: BERKELEY Number of Semi Private Rooms: 43

Administrator: CHARLENE MABE Cost Per Diem: \$90-136

Owner: BCC MARTINSBURG OPERATIONS, LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: \$136-182

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, (2) Registered Nurses, (3) Dietary, (6) Licensed Practical Nurses, (14) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.), Other (All services are based on level of care)

ELMHURST License Type: ANNUAL

1228 NATIONAL ROAD

Licensed Beds: 48

WHEELING, WV 26003

Number of Private Rooms: 46

Phone: (304) 242-0240 Cost Per Diem: \$127-173

County: OHIO Number of Semi Private Rooms: 1

Administrator: JAMIE CROW Cost Per Diem: \$90-136

Owner: ELMHURST, THE HOUSE OF FRIENDSHIP, Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, (2) Registered Nurses, (3) Dietary, (6) Licensed Practical Nurses, (14) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Service, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

GLEN ROGERS MANOR License Type: ANNUAL

ONE GLEN ROGERS ROAD Licensed Beds: 57

GLEN ROGERS, WV 25848 Number of Private Rooms: N/A

Phone: (304) 294-7003 Cost Per Diem: N/A

County: WYOMING Number of Semi Private Rooms: 20

Administrator: REBECCA LOVEJOY BUZZO Cost Per Diem: \$107

Owner: MULLENS MANOR Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (2) each: Dietary, Maintenance, (3) Licensed Practical Nurses, (12) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (bill Medicaid - van transportation), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

GOLDEN OAKS

License Type: ANNUAL

108 LEE ROAD Licensed Beds: 19

FOLLANSBEE, WV 26037 Number of Private Rooms: 9

Phone: (304) 527-2466 Cost Per Diem: \$93

County: BROOKE Number of Semi Private Rooms: 5

Administrator: CHRISTINE L PICCIRILLO Cost Per Diem: \$67

Owner: GOLDEN OAKS RESIDENTIAL BOARD Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Licensed Practical Nurse, Maintenance, Registered Nurse

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

HALLS ASSISTED LIVING License Type: ANNUAL

2910 3RD AVENUE

Licensed Beds: 18

HUNTINGTON, WV 25702

Number of Private Rooms: N/A

Phone: (304) 525-3062 Cost Per Diem: N/A

County: CABELL Number of Semi Private Rooms: 3

Administrator: EVA HALL Cost Per Diem: \$73

Owner: EVA AND DAVID HALL Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT Cost Per Diem: \$37

Number of Employees and Position Held:

Administrator, (2) Licensed Practical Nurses, (5) Nursing Assistant

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

HAVENS AT PRINCETON License Type: ANNUAL

2205 NEW HOPE ROAD Licensed Beds: 63

PRINCETON, WV 24740 Number of Private Rooms: 20

Phone: (304) 431-3544 Cost Per Diem: \$117-150

County: MERCER Number of Semi Private Rooms: 22

Administrator: TONYA GERBER Cost Per Diem: \$81-114

Owner: RIDGE CARE, INC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Director, Maintenance, Registered Nurse, (4) each: Dietary, Licensed Practical Nurses, (9) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (Reflects in level of care), Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities [bingo, cable/TV (addidtional cost), field trips (additional cost), etc.]

HERITAGE AT ST MARYS

License Type: ANNUAL

1809 NORTH PLEASANTS HIGHWAY

SAINT MARYS, WV 26170

Number of Private Rooms: 23

Phone: (304) 684-3200 Cost Per Diem: \$70

Phone: (304) 684-3200 Cost Per Diem: \$70

County: PLEASANTS Number of Semi Private Rooms: 3

Administrator: JAY A POWELL Cost Per Diem: \$50

Owner: THE HERITAGE AT ST. MARY'S INC

Number of Pooms with 3 or 4 Bods: N/A

Type of Ownership: PROFIT

Number of Rooms with 3 or 4 Beds: N/A

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration (additional cost), Limited and Intermittent Nursing Care (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

HOME AWAY FROM HOME License Type: ANNUAL

RT 3 BOX 254 Licensed Beds: 30

GRAFTON, WV 26354 Number of Private Rooms: N/A

Phone: (304) 265-4500 Cost Per Diem: N/A

County: TAYLOR Number of Semi Private Rooms: 15

Administrator: JENNIFER R ADKINS Cost Per Diem: \$83-100

Owner: DAVID W BOLYARD, JR. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Laundry, (2) each: Dietary, Licensed Practical Nurses, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration (additional cost for Insulin by RN), Limited and Intermittent Nursing Care (based on need), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities [basic cable (additional cost for upgrade)]

Number of Semi Private Rooms: N/A

INN AT WYNGATE License Type: ANNUAL

750 PEYTON STREET

Licensed Beds: 60

BARBOURSVILLE, WV 25504

Number of Private Rooms: 48

Phone: (204) 733 6800 Cost Per Diem: \$191

Phone: (304) 733-6800 **Cost Per Diem:** \$191

Administrator: MOLLY ELKINS Cost Per Diem: N/A

Owner: CHANCELLOR HEALTH PARTNERS Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

CABELL

County:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, (2) Registered Nurses, (4) Dietary, (7) Licensed Practical Nurses, (16) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

JOHN MANCHIN SR ASSISTED LIVING License Type: ANNUAL

3205 HUSKY HIGHWAY Licensed Beds: 20

FARMINGTON, WV 26571 Number of Private Rooms: 20

Phone: (304) 825-1900 Cost Per Diem: \$115

County: MARION Number of Semi Private Rooms: N/A

Administrator: JOHN MANCHIN Cost Per Diem: N/A

Owner: JOHN MANCHIN II DO Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Licensed Practical Nurse

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

KYLE'S PLACE

License Type: ANNUAL

113 SHUMATE STREET Licensed Beds: 31

OAK HILL, WV 25901 Number of Private Rooms: 1

Phone: (304) 469-6339 Cost Per Diem: \$105

County: FAYETTE Number of Semi Private Rooms: 6

Administrator: SANDRA L STEELE Cost Per Diem: \$105

Owner: LOVING ARMS LLC - SIDNEY COOK Number of Rooms with 3 or 4 Beds: 6

Type of Ownership: PROFIT Cost Per Diem: \$105

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (3) Dietary, (13) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Transportation to/from Appointments (billed to medicaid), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

LOVE AND CARE License Type: ANNUAL

5368 DUPONT ROAD

Licensed Beds: 30

PARKERSBURG, WV 26102

Number of Private Rooms: 12

Phone: (304) 863-8950 Cost Per Diem: \$86

County: WOOD Number of Semi Private Rooms: 3

Administrator: DEADRA COOK Cost Per Diem: \$47

Owner: CAMDEN AVENUE CHURCH OF CHRIST

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Maintenance, Registered Nurse, Registered Nurse Consultant, (2) each: Licensed Practical Nurses, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Nebulizer Treatments, Oxygen, Injections, (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

MADISON PARK HEALTHCARE License Type: ANNUAL

700 MADISON AVENUE Licensed Beds: 26
HUNTINGTON, WV 25704 Number of Private Rooms: 8

Phone: (304) 522-0032 Cost Per Diem: \$150

County: CABELL Number of Semi Private Rooms: 18

Administrator: BARBARA MCCALL Cost Per Diem: \$150

Owner: FAIRHAVEN OPCO, LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Registered Nurse, (2) Housekeeping, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

MAPLES ASSISTED LIVING

License Type: ANNUAL

1600 BLAND STREET Licensed Beds: 28

BLUEFIELD, WV 24701 Number of Private Rooms: 28

Phone: (304) 327-2485 Cost Per Diem: \$41

County: MERCER Number of Semi Private Rooms: N/A

Administrator: ELIZABETH LOCKETT Cost Per Diem: N/A

Owner: MAPLES HEALTH CARE, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Housekeeping, (2) each: Licensed Practical Nurses, Maintenance, (3) each: Activity Aides, Laundry, (4) Nursing Assistants, (6) Registered Nurses, (9) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities [bingo, cable/TV(additional cost), field trips, etc.], Management of Personal Finances

PASSAGE MIDLAND MEADOWS OPERATIONS, LLC License Type: ANNUAL

100 WEATHERHOLT DR Licensed Beds: 72
ONA, WV 25545 Number of Private Rooms: 72

Phone: (304) 743-8904 Cost Per Diem: \$112-212

County: CABELL Number of Semi Private Rooms: N/A

Administrator: ROSALENE BLACK Cost Per Diem: N/A

Owner: PASSAGE MIDLAND MEADOWS OPERATIO Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, Registered Nurse, (2) Housekeeping, (9) Dietary, (19) Licensed Practical Nurses, (44) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Other: Private Sitting (additional cost)

PATTY'S HOME AWAY FROM HOME License Type: ANNUAL

5333 WHITMAN CREEK ROAD

WHITMAN, WV 25652 Number of Private Rooms: 1

Cost Per Diem: \$99 (304) 239-2860 Phone:

Number of Semi Private Rooms: 10 County: **LOGAN**

Administrator: MARK LESTER

Owner: PATTY RUNYON Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Maintenance, Registered Nurse, (4) each: Activity Aides, Housekeeping, Laundry, **Nursing Assistants**

Licensed Beds: 21

Cost Per Diem: \$66

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

License Type: ANNUAL **PEPPERBERRY SUITES**

144 FOX LANE Licensed Beds: 35 CHESTER, WV 26034 Number of Private Rooms: 5

Cost Per Diem: \$111 (304) 387-0101 Phone:

HANCOCK Number of Semi Private Rooms: 15 County:

Administrator: JAMIE SPIVAK Cost Per Diem: \$78

Owner: FOXCREST, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Activity Aide, Dietary, Licensed Practical Nurse, Registered Nurse, (2) Maintenance, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

License Type: ANNUAL PINEVILLE MANOR

198 PARK AVENUE Licensed Beds: 35

PINEVILLE, WV 24874 Number of Private Rooms: 1

Cost Per Diem: \$107 (304) 732-8503 Phone:

County: **WYOMING** Number of Semi Private Rooms: 17

Administrator: REBECCA LOVEJOY BUZZO Cost Per Diem: \$107

MULLENS MANOR Owner: Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Assistant Administrator, Licensed Practical Nurse, Maintenance, Registered Nurse, (2) Dietary, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care (injections only), Transportation to/from A ppointments (bill Medicaid), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

PRINCETON CENTER LLC License Type: ANNUAL

1924 GLENWOOD PARK RD

PRINCETON, WV 24739 Number of Private Rooms: 37

Phone: (304) 425-8128 Cost Per Diem: \$93

County: MERCER Number of Semi Private Rooms: 18

Administrator: JOHN R TUCKER Cost Per Diem: \$75-120

Owner: PRINCETON CENTER LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, Registered Nurse, (6) Licensed Practical Nurses, (7) Housekeeping, (19) Nursing Assistants, (Contracted Dietary Services)

Licensed Beds: 73

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (additional cost), and Management of Personal Finances

QUARRY MANOR License Type: ANNUAL

699 SOUTH PARK ROAD

Licensed Beds: 68

CHARLESTON, WV 25304

Number of Private Rooms: 46

Phone: (304) 925-4663 Cost Per Diem: \$113-158

County: KANAWHA Number of Semi Private Rooms: 11

Administrator: JACKIE ALLEN Cost Per Diem: \$84-112

Owner: CHARLESTON ALF OPERATIONS, LLC

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (4) Housekeeping, (6) Licensed Practical Nurses, (8) Dietary, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

RAVENSWOOD CARE CENTER License Type: ANNUAL

1113 WASHINGTON STREET Licensed Beds: 82

RAVENSWOOD, WV 26164 Number of Private Rooms: 8

Phone: (304) 273-9482 Cost Per Diem: \$113-147

County: JACKSON Number of Semi Private Rooms: 31

Administrator: KIMBERLY K BARNES Cost Per Diem: \$83

Owner: GENERATIONS, INC.

Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT

Cost Per Diem: \$83

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, (2) Registered Nurses, (4) each: Dietary, Housekeeping, Licensed Practical

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

REGENCY PLACE License Type: ANNUAL

5 ROLLING MEADOWS Licensed Beds: 58

SCOTT DEPOT, WV 25560 Number of Private Rooms: 32

Cost Per Diem: \$138-120 Phone: (304) 757-3104

County: **PUTNAM** Number of Semi Private Rooms: 13

Administrator: RAE BATES Cost Per Diem: \$106-88

Owner: SCOTT DEPOT ALF OPERATIONS, L L C Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (4) Housekeeping, (5) Licensed Practical Nurses, (7) Dietary, (17) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

License Type: ANNUAL SEASONS, THE

331 HOLT LANE Licensed Beds: 55 LEWISBURG, WV 24901 Number of Private Rooms: 35

Cost Per Diem: \$125 (304) 645-4453 Phone:

GREENBRIER Number of Semi Private Rooms: 10 County:

Administrator: NATHAN HANSHEW Cost Per Diem: \$97

Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Owner:

Administrator, (1) each: Laundry, Registered Nurse, Registered Nurse Consultant, (4) each: Housekeeping, Maintenance, (7) Licensed Practical Nurses, (8) Dietary, (14) Nursing Assistants

Services and Programs Available and Costs thereof:

F C-GEN REAL ESTATE, L L C

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

SERENITY CARE HOME License Type: ANNUAL

269 LITTLE SAND RUN ROAD Licensed Beds: 30 **BUCKHANNON, WV 26201** Number of Private Rooms: 10

Cost Per Diem: \$107 Phone: (304) 472-6105

UPSHUR Number of Semi Private Rooms: 10 County:

Administrator: A. JOANN LANDIS Cost Per Diem: \$93

KAREN WOODY Owner: Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse, (2) Dietary, (12) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

License Type: ANNUAL **SERRA MANOR**

100 SERRA DRIVE Licensed Beds: 46

WEIRTON, WV 26062 Number of Private Rooms: 42

Cost Per Diem: \$100-109 (304) 723-5363 Phone:

County: **HANCOCK** Number of Semi Private Rooms: 4

Administrator: RHONDA QUATTROCHI Cost Per Diem: \$100-109

Owner: WEIRTON HEALTH CARE, INC. Number of Rooms with 3 or 4 Beds: N/A NON-PROFIT

Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Assistant Administrator

Services and Programs Available and Costs thereof:

Assistance with ADLs. Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.), Management of Personal Finances, Other: Telephone

License Type: ANNUAL SUMMIT AT HIDDEN VALLEY, THE

438 23RD STREET Licensed Beds: 58 **OAK HILL, WV 25901** Number of Private Rooms: 56

Cost Per Diem: \$93-132 (304) 469-8255 Phone:

FAYETTE Number of Semi Private Rooms: 1 County:

Administrator: TANYA FORD Cost Per Diem: \$93-132

Owner: OAK HILL ALF OPERATIONS, LLC Number of Rooms with 3 or 4 Beds: N/A Type of Ownership: **PROFIT** Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (2) Housekeeping, (4) Licensed Practical Nurses, (12) Nursing Assistants, (Contracted Dietary Service)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (Additional Cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities, Management if Personal Finances

License Type: ANNUAL **SWEETBRIAR**

505 CALDWELL LANE Licensed Beds: 128 **DUNBAR, WV 25064** Number of Private Rooms: 42

Cost Per Diem: \$110 Phone: (304) 744-7400

Number of Semi Private Rooms: 26 KANAWHA County:

KELLY MANKIN Administrator:

C. W. CALDWELL, INC. Owner: Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Activity Aide, (2) each: Dietary, Maintenance, (3) Registered Nurses, (4) Housekeeping, (5) each: Approved Medication Assistive Personnel (AMAPs), Licensed Practical Nurses, (13) Nursing Aides, (20) Nursing Assistants

Cost Per Diem: \$82

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration (additional cost), Limited and Intermittent Nursing Care (additional cost), Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundy Services, Dietary Services, Housekeeping, Recreational Activities (cable/TV), Other: Room Service, Special Meals

TALBOTT PERSONAL CARE HOME License Type: ANNUAL

319 SERPELL AVENUE Licensed Beds: 20

BELINGTON, WV 26250 Number of Private Rooms: N/A

Phone: (304) 823-3300 Cost Per Diem: N/A

County: BARBOUR Number of Semi Private Rooms: 7

Administrator: ASHLEY TETER Cost Per Diem: \$67

Owner: TALBOTT PERSONAL CARE HOME, INC. Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT Cost Per Diem: \$67

Number of Employees and Position Held:

Administrator, (1) Maintenance, (2) each: Dietary, Registered Nurses, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Assistance with making Appointments, Laundry Service, Dietary Service, Recreational Activities, Beauty shop/hair cutting services (additional cost), Housekeeping

TEAYS VALLEY ASSISTED LIVING License Type: ANNUAL

3361 TEAYS VALLEY ROAD Licensed Beds: 23

HURRICANE, WV 25526 Number of Private Rooms: 9

Phone: (304) 397-6538 Cost Per Diem: \$120

County: PUTNAM Number of Semi Private Rooms: 7

Administrator: CHRISTIE R MOUNTS Cost Per Diem: \$97

Owner: TEAYS VALLEY ASSISTED LIVING, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Laundry Service, Dietary Services, Housekeeping, Recreational Activities

VALENTINE PERSONAL CARE HOME License Type: ANNUAL

521 DAVIS AVENUE

Licensed Beds: 20

ELKINS, WV 26241

Number of Private Rooms: 11

Phone: (304) 636-3900 **Cost Per Diem:** \$80

County: RANDOLPH Number of Semi Private Rooms: 3

Administrator: DEBBIE WHITE Cost Per Diem: \$7

Inistrator: DEBBIE WHITE Cost Per Diem: \$70

Owner: TALBOTT PERSONAL CARE HOME, INC. Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT Cost Per Diem: \$70

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (2) Dietary, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

VILLAGE AT RIVERVIEW, THE License Type: ANNUAL

1356 RIVERVIEW DRIVE Licensed Beds: 64

BARBOURSVILLE, WV 25504 Number of Private Rooms: 44

Phone: (304) 736-2013 Cost Per Diem: \$76

County: CABELL Number of Semi Private Rooms: 20

Administrator: PATRICIA PERRY Cost Per Diem: \$111

Owner: THE VILLAGE AT RIVERVIEW, INC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, Registered Nurse, (2) Dietary, (4) Nursing Assistants, (8) Licensed Practical Nurses

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

VILLAGES AT GREYSTONE INN License Type: ANNUAL

200 GREYSTONE DRIVE

Licensed Beds: 70

BEAVER, WV 25813

Number of Private Rooms: 70

Phone: (304) 256-7579 Cost Per Diem: \$212

County: RALEIGH Number of Semi Private Rooms: N/A

Administrator: STEPHANIE COMPTON Cost Per Diem: N/A

Owner: CHANCELLOR HEALTH PARTNERS Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, (2) Registered Nurses, (7) each: Dietary, Licensed Practical Nurses, (22) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational activities (bingo, cable/TV, field trips, etc.)

WELTY HOME, L C License Type: ANNUAL

21 WASHINGTON AVENUE Licensed Beds: 52

WHEELING, WV 26003 Number of Private Rooms: 52

Phone: (304) 242-5233 Cost Per Diem: \$95

County: OHIO Number of Semi Private Rooms: N/A

Administrator: RANDY FORZANO Cost Per Diem: N/A

Owner: THE WELTY HOME, L C Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Laundry, Maintenance, Registered Nurse, (2) Licensed Practical Nurses, (6) Nursing Assistants, (8) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cut services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities. Management of Personal Finances

WINDY HILL VILLAGE License Type: ANNUAL

17024 VETERANS MEMORIAL HIGHWAY Licensed Beds: 50

KINGWOOD, WV 26537 Number of Private Rooms: 13

Phone: (304) 329-2741 Cost Per Diem: \$99-125

County: PRESTON Number of Semi Private Rooms: 14

Administrator: KAYLA HESS Cost Per Diem: \$53-95

Owner: WINDY HILL MANOR LIMITED PARTNERSHIP Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse, (2) each: Activity Aides, Dietary, (3) Licensed Practical Nurses, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

WISHING WELL ASSISTED LIVING License Type: ANNUAL

1543 COUNTRY CLUB ROAD Licensed Beds: 52

FAIRMONT, WV 26554 Number of Private Rooms: 16

Phone: (304) 363-2273 Cost Per Diem: \$115

County: MARION Number of Semi Private Rooms: 36

Administrator: CATHY FLEECE Cost Per Diem: \$100-105

Owner: 1543 COUNTRY CLUB ROAD MANOR Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Housekeeping, Maintenance, (2) Licensed Practical Nurses, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Management of Personal Finances

WOODLANDS ASSISTED LIVING #1 License Type: ANNUAL

23 CARE STREET Licensed Beds: 23

WORTHINGTON, WV 26591 Number of Private Rooms: N/A

Phone: (304) 287-2120 Cost Per Diem: N/A

County: MARION Number of Semi Private Rooms: 5

Administrator: ERIC MULLER Cost Per Diem: \$37-48

Owner: WOODLANDS ASSISTED LIVING FACILITY Number of Rooms with 3 or 4 Beds: (3) 3 bed (1) 4 bed

Type of Ownership: PROFIT Cost Per Diem: \$37-48

Number of Employees and Position Held:

Administrator, (1) Maintenance, (3) Dietary, (15) each: Housekeeping, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities

WOODLANDS ASSISTED LIVING #2 License Type: ANNUAL

CARE STREET

WORTHINGTON, WV 26591

Licensed Beds: 23

Number of Private Rooms: 3

Phone: (304) 287 2420 Cost Per Diem: \$73-83

Phone: (304) 287-2120 Cost Per Diem: \$73-6

County: MARION Number of Semi Private Rooms: 4

Administrator: ERIC MULLER Cost Per Diem: \$38-67

Owner: WOODLANDS ASSISTED LIVING FACILITY Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT Cost Per Diem: \$38-67

Number of Employees and Position Held:

Administrator, (1) Maintenance, (3) Dietary (13) Housekeeping, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities

WOODLANDS RETIREMENT COMMUNITY License Type: ANNUAL

ONE BRADLEY FOSTER DR Licensed Beds: 88

HUNTINGTON, WV 25701 Number of Private Rooms: 88

Phone: (304) 697-1620 Cost Per Diem: \$69-78

County: CABELL Number of Semi Private Rooms: N/A

Administrator: CYNTHIA D SHELL Cost Per Diem: N/A

Owner: FOSTER FOUNDATION Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (2) each: Activity Aides, Registered Nurses, (6) Laundry, (9) Housekeeping, (14) Maintenance, (19) Licensed Practical Nurses, (36) Dietary, (37) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services (additional cost), Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

WOODRIDGE License Type: ANNUAL

3810 GRAND CENTRAL AVE Licensed Beds: 25

VIENNA, WV 26105 Number of Private Rooms: 3

Phone: (304) 295-4884 Cost Per Diem: \$37

County: WOOD Number of Semi Private Rooms: 1

Administrator: SHARON K WEINHEIMER Cost Per Diem: \$37

Owner: WOODRIDGE ASSISTED LIVING Number of Rooms with 3 or 4 Beds: 5

Type of Ownership: PROFIT Cost Per Diem: \$37

Number of Employees and Position Held:

Administrator, (1) Registered Nurse Consultant, (7) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

WYNGATE OF WEIRTON License Type: ANNUAL

100 WYNGATE DRIVE Licensed Beds: 80

WEIRTON, WV 26062 Number of Private Rooms: 40

Phone: (304) 723-7004 Cost Per Diem: \$84

County: HANCOCK Number of Semi Private Rooms: 20

Administrator: MARK CUMMINGS Cost Per Diem: \$84

Owner: CHANCELLOR HEALTH PARTNERS Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Laundry, Maintenance, (2) Registered Nurses, (5) Dietary, (6) Licensed Practical Nurses, (10) Activity Aides, (22) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration (additional cost), Limited and Intermittent Nursing Care (additional cost), Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

WYNGATE SENIOR LIVING COMM OF PARKERSBURG

ONE WYNGATE DRIVE

PARKERSBURG, WV 26105

Licensed Beds: 65

Number of Private Rooms: 60

Phone: (304) 428-2004

Cost Per Diem: \$124-215

License Type: ANNUAL

County: WOOD

Type of Ownership:

Cost Per Diem: N/A

Number of Semi Private Rooms: N/A

Administrator: SUSAN DIEHL-HICKMAN

Number of Rooms with 3 or 4 Beds: N/A

Owner: PARKERSBURG HEALTH PARTNERS, LLC

PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Director, Housekeeping, Maintenance, Resident Coordinator, (2) Registered Nurses, (3) Dietary, (5) Licensed Practical Nurses, (13) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

YOUNG'S CARE HOME I I

License Type: ANNUAL

102 HICKORY AVENUE MOUNDSVILLE, WV 26041

Licensed Beds: 18

Number of Private Rooms: N/A

Phone: (304) 845-5129

Cost Per Diem: N/A

County: MARSHALL

Cost Fel Dielli. N/A

Administrator: CONNIE YOUNG

Cost Per Diem: \$36-59

Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT

Owner:

Cost Per Diem: \$36-59

Number of Semi Private Rooms: 3

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Registered Nurse, (6) each: Activity Aides, Laundry, Housekeeping

Services and Programs Available and Costs thereof:

YOUNG'S CARE HOME II

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

ARTHUR B HODGES CENTER - ALZHEIMERS UNIT

300 BAKER LANE Licensed Beds: 18

CHARLESTON, WV 25302 Number of Private Rooms: 18

Phone: (304) 346-2323 Cost Per Diem: \$178-195

County: KANAWHA Number of Semi Private Rooms: N/A

Administrator: GEORGE BARKER Cost Per Diem: N/A

Owner: EDGEWOOD SUMMIT, INC. Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: NON-PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, Registered Nurse Consultant, (2) each: Activity Aides, Housekeeping, Laundry, (4) Licensed Practical Nurses, (6) Dietary, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care (additional cost), Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities (bingo, cable/TV, field trips, etc.), Other: Dental, Optical, Podiatry, Occupational Therapy, Speech Therapy, Physical Therapy, Audiology, Mental Health Services, Housekeeping

License Type: ANNUAL

BELLAIRE AT DEVONSHIRE-ALZHEIMER'S UNIT License Type: ANNUAL

5 BEXLEY DRIVE Licensed Beds: 24
SCOTT DEPOT, WV 25560 Number of Private Rooms: 86

Phone: (304) 760-5290 Cost Per Diem: \$135

County: PUTNAM Number of Semi Private Rooms: 4

Administrator: DREMA THOMPSON Cost Per Diem: \$76

Owner: DEVONSHIRE AL OPERATINS, LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Licensed Practical Nurse, Maintenance, Registered Nurse, (3) Dietary, (25) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

BRALEY CARE HOMES, INC I I I - ALZHEIMER'S UNIT

RT 3 BOX 285-C Licensed Beds: 16

HURRICANE, WV 25526 Number of Private Rooms: 6

Phone: (304) 201-3677 Cost Per Diem: \$171

County: PUTNAM Number of Semi Private Rooms: 5

Administrator: CHRIS BRALEY Cost Per Diem: \$164

Owner: BRALEY CARE HOMES, INC

Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Activity Aide, Dietary, Housekeeping, (4) Licensed Practical Nurses, (6) each: Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, cable/TV, field trips, etc.)

License Type: ANNUAL

BROADMORE ASSISTED LIVING - ALZHEIMER'S UNIT License Type: ANNUAL

4000 OUTLOOK DRIVE

HURRICANE, WV 25526

Licensed Beds: 23

Number of Private Rooms: 23

Phone: (304) 757-4778 Cost Per Diem: \$120

County: PUTNAM Number of Semi Private Rooms: N/A

Administrator: CASSIE CAIN Cost Per Diem: N/A

Owner: SENIOR SERVICES OF AMERICA Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Maintenance, (2) Activity Aides, (6) each: Dietary, Licensed Practical Nurses, (20) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities

BROOKDALE CHARLESTON GARDENS - ALZHEIMER'S UNIT License Type: ANNUAL

800 ASSOCIATION DRIVE Licensed Beds: 15

CHARLESTON, WV 25311 Number of Private Rooms: 14

Phone: (304) 343-6600 **Cost Per Diem:** \$30-179

County: KANAWHA Number of Semi Private Rooms: N/A

Administrator: DONNA PROWSE Cost Per Diem: N/A

Owner: EMERITUS CORPORATION Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (2) Housekeeping, (8) Licensed Practical Nurses, (10) Dietary, (22) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments (additional cost), Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services (additional cost), Dietary Services (additional cost), Housekeeping, Recreational Activities [bingo, cable/TV, field trips (additional cost), etc.], Other: Occupational, Speech, and Physical Therapy

COLONIAL PLACE-ALZHEIMER'S UNIT License Type: ANNUAL

301 WILSON LANE

Licensed Beds: 23

ELKINS, WV 26241

Number of Private Rooms: 56

Phone: (304) 636-8600 Cost Per Diem: \$131-168

County: RANDOLPH Number of Semi Private Rooms: 25

Administrator: CHRISTINA MULLENAX Cost Per Diem: \$112-138

Owner: WILSON SENIOR CARE, LLC Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Registered Nurse, (2) Maintenance, (4) Housekeeping, (7) Dietary, (9) Licensed Practical Nurses, (39) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADL's, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services, Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.)

PASSAGE MIDLAND MEADOWS OPERATIONS, LLC-ALZ

License Type: ANNUAL

102 WEATHERHOLT DRIVE Licensed Beds: 30

ONA, WV 25545 Number of Private Rooms: 30

Phone: (304) 743-8904 Cost Per Diem: \$79-212

County: CABELL Number of Semi Private Rooms: N/A

Administrator: ROSALENE BLACK

Owner: PASSAGE MIDLAND MEADOWS OPERATION

Number of Pooms with 3 or 4 Bods: N/A

Owner: PASSAGE MIDLAND MEADOWS OPERATION Number of Rooms with 3 or 4 Beds: N/A

Type of Ownership: PROFIT Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, Registered Nurse, (2) Housekeeping, (9) Dietary, (19) Licensed Practical Nurses, (44) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (additional cost), Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (additional cost), Assistance with making Appointments, Laundry Services, Dietary Services, Housekeeping, Recreational Activities (bingo, TV, field trips, etc.), Other: Private Sitting (additional cost)