

Nursing Homes and Assisted Living Facilities in West Virginia

Annual Report
October 1, 2013—September 30, 2014



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, 2013 - September 30, 2014

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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 these 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, and 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 or assisted living residences. 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 US 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, receive(s) 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 shift 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-nine (129) nursing homes in West Virginia. One hundred ten (110) nursing homes are Medicare and Medicaid certified, seven (7) are Medicare certified only, ten (10) are Medicaid certified only, and two (2) are state licensed only.*

During the reporting period of October 1, 2013 to September 30, 2014, OHFLAC performed ninety-four (94) annual surveys and one hundred ninety-five (195) revisits as a result of annual surveys. OHFLAC also completed one (1) initial survey to license one (1) new nursing home.*

During the same period, OHFLAC received two hundred (200) complaints resulting in eight hundred thirty-seven (837) allegations regarding nursing homes. One hundred seventy-nine (179) were substantiated and six hundred fifty-eight (658) were unsubstantiated.*

Under the Alzheimer's/Dementia Special Care Units and Programs legislative rule, there are seven (7) licensed special care units within West Virginia nursing homes.

West Virginia has five (5) state-owned Medicare and/or Medicaid certified nursing facilities.

*See: Nursing Home Summary Information

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 July 1, 2012). 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 one (1) of three (3) independent review organizations 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.

For the period of October 1, 2013 to September 30, 2014, OHFLAC received eleven (11) dispute resolution requests involving twenty-five (25) tags. Twenty-four (24) tags were upheld; one (1) was reversed. Four (4) of the upheld tags were slightly modified by the IDR or IIDR committees. Fifteen (15) of these tags were the result of the IIDR process; no tags were reversed and three (3) tags were modified. Further details are shown in the chart below:

State Dispute Resolutions	Facility Requests	Tags Disputed	Fully Upheld	Upheld with Modifications	Reversed
IDR	9	19	15	3	1
IIDR	2	6	5	1	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 period in this report, one (1) federal IIDR regarding one (1) tag was requested. The tag in question was upheld by the independent review organization. These numbers are not reflected in the chart above.

During the 2014 West Virginia legislative session, the state statute regarding nursing homes, specifically related to criminal background checks was updated. This change necessitated changes to be made to the legislative rule which will see legislative action during the 2015 session. The proposed changes in the rule are consistent with the previous change in the statute and are compliant with the Affordable Care Act. Additional updates dealing with common nursing home practices are also addressed in the proposed changes to the rule.

Nursing Home Summary Information

Part

B

Nursing Home Program October 1, 2013 - September 30, 2014 Summary Information

	SWEME	SWE DUAL COTHINGO	WE. M.	License	Altheim.	Total Milhorogram,		
Total Number of Facilities	110	7	10	2	7	136		
Total Number of Beds	9481	111	707	123	211	10633		
		Survey						
Initial	0	1	0	0	0	1		
Annual Re-licensure	81	5	8	0	0	94		
Complaint	177	0	21	2	0	95		
Health Revisits	170	6	18	1	0	195		
Life Safety Revisits	8	0	1	0	0	9		
Total	453	19	54	3	0	529		
Complaint Outcomes								
Total Number of Allegations	761	0	54	22	0	837		
Allegation Substantiated	142	0	25	12	0	179		
Allegation Unsubstantiated	619	0	29	10	0	658		

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

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, services and programs available.

Some information, in particular the per diem rates, has 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 twenty-two (22) Medicare and/or Medicaid certified nursing facilities located in hospitals. These nursing facilities are distinct parts of hospitals and are licensed under the West Virginia Hospital Licensure rule. The Nursing Home Program conducts federal certification surveys of the distinct parts of hospitals.

Ansted Center

106 Tyree Street, P. O. Drawer 400

Ansted WV 25812

License #		93	County		Fayette
Administrator	Lynn Elliott		Phone #		304-658-5271
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed E	Beds 60	Certified Beds	60	Respite Beds	0
Private Ro	oms 4 S	Semi-Private Rooms	20	3 - 4 Bed Wards	4
		DAILY ROC	M RATES		
	Private Room Rate	314.00		Medicaid Rate	303.00
Semi	-Private Room Rate	303.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	7		CNA/Orderlies	22
License	ed Practical Nurses	7		Other Personnel	27
	SERV	ICES AND PRO	GRAMS AVAI	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administratio	n Storage of Blood	N/R
Outpatier	nt Physical Therapy	N/R		Dentistry	2
Occ	cupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatient	t Speech Pathology	N/R	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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;

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

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

Arbors at Fairmont 130 Kaufman Drive

Fairmont WV 26554

	• `	un mone	2000	•	
License #		105	County		Marion
Administrator	Ruth Blair		Phone #		304-363-5633
Facility Type	Skilled Nursing Fa	acility/Nursing Facility	Reimbursement	Me	edicare/Medicaid
Ownership	Kau	fman Street, WV LLC	Type of Control		Proprietary
	NU	JMBER OF BED	S AND ROOMS		
Licensed	Beds 120	Certified Beds	120	Respite Beds	s 0
Private R	ooms 8	Semi-Private Rooms	56	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	177.00		Medicaid Rate	159.30
Sem	ni-Private Room Rate	169.00		Other	415.54
	NUI	MBER OF FULL	-TIME EMPLOYE	EES	
	Registered Nurses	8		CNA/Orderlies	49
Licens	sed Practical Nurses	19		Other Personnel	30
	SER\	ICES AND PRO	GRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	2
Outpatie	ent Physical Therapy	0		Dentistry	2
O	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatier	nt Speech Pathology	0	Psycho	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	2
	Pharmacy	2		Other	2
	Clinical Labs	2			

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Berkeley Springs Rehabilitation and Nursing 456 Autumn Acres Road

Berkeley Springs WV 25411

-					
License #		55	County		Morgan
Adminisrator	Christina Bernstein		Phone #		304-258-3673
Facility Type	Skilled Nursing Faci	ility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Dayspring, Inc.	Type of Control		Proprietary
	NUM	MBER OF BED	S AND ROOM	S	
Licensed B	eds 120	Certified Beds	120	Respite Beds	0
Private Roc	oms 0 Se	emi-Private Rooms	0	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
ı	Private Room Rate	228.80		Medicaid Rate	203.41
Semi-	Private Room Rate	217.25		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
ı	Registered Nurses	10		CNA/Orderlies	44
License	d Practical Nurses	16		Other Personnel	56
	SERVI	CES AND PRO	GRAMS AVAI	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administratio	n Storage of Blood	0
Outpatient	t Physical Therapy	2		Dentistry	2
Осс	upational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatient	Speech Pathology	2	Psy	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Bishop Joseph Hodges Continuous Care Center 600 Medical Park, PO Box 6316

Wheeling WV 26003

		•			
License #		68	County		Ohio
Administrator	Christy Tarr		Phone #		304-243-3800
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Wheeling H	ospital Medical Park	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed	Beds 120	Certified Beds	120	Respite Beds	0
Private Ro	ooms 8	Semi-Private Rooms	50	3 - 4 Bed Wards	4
		DAILY ROO	M RATES		
	Private Room Rate	255.00		Medicaid Rate	191.67
Sem	i-Private Room Rate	244.00		Other	0
	NUN	BER OF FULL	-TIME EMPLOY	YEES	
	Registered Nurses	12		CNA/Orderlies	47
Licens	ed Practical Nurses	17		Other Personnel	33
	SERV	ICES AND PRO	OGRAMS AVAIL	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	n Storage of Blood	2
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	0
Outpatien	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	2
	Clinical Labs	2			

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Boone Health Care Center P.O. Box 605

Danville WV 25053

-					
License #		135	County		Boone
Administrator	Karen Lawson		Phone #		304-369-0986
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Sterling Health Car	e Management, Inc.	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	6	
Licensed	Beds 90	Certified Beds	90	Respite Beds	0
Private R	ooms 30 S	Semi-Private Rooms	30	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
	Private Room Rate	180.00		Medicaid Rate	176.59
Sem	ni-Private Room Rate	175.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	EES	
	Registered Nurses	11		CNA/Orderlies	43
Licens	sed Practical Nurses	16		Other Personnel	40
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	2
Outpatie	ent Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatier	nt Speech Pathology	0	Psyc	hological Services	0
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	3		Other	1
	Clinical Labs	3			

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Braxton Health Care Center 200 Days Drive

Sutton WV 26601

	•	dittori	•••	_000.		
License #		103	County			Braxtor
Administrator	William Kuhn		Phone #			304-765-2861
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursem	ent	Me	dicare/Medicaid
Ownership	Braxton Heal	th Care Center, LLC	Type of Cont	rol		Proprietary
	NU	MBER OF BED	S AND RO	OMS		
Licensed	Beds 65	Certified Beds	s 65		Respite Beds	0
Private Ro	ooms 3	Semi-Private Rooms	s 23		3 - 4 Bed Wards	4
		DAILY ROO	OM RATES			
-	Private Room Rate	247.00			Medicaid Rate	218.89
Semi	i-Private Room Rate	233.00			Other	N/R
	NUN	BER OF FULL	TIME EMF	PLOYE	ES	
	Registered Nurses	6			CNA/Orderlies	24
Licens	ed Practical Nurses	13		C	ther Personnel	36
	SERV	ICES AND PRO	OGRAMS A	VAILA	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	2	Adminis	tration S	torage of Blood	0
Outpatie	nt Physical Therapy	0			Dentistry	2
Oc	cupational Therapy	2			Podiatry	2
	Speech Pathology	2			Ophthalmology	2
Outpatien	nt Speech Pathology	0		Psychol	ogical Services	2
	Social Services	1			Dietary Services	1
	Patient Activities	1			Housekeeping	1
	Pharmacy	2			Other	0
		2				

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Brier, The 601 Rocky Hill Road

Ronceverte WV 24970

	1101	10010110	***	0.0		
License #		80	County			Greenbrier
Administrator	Linda Turner		Phone #			304-645-7270
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimburser	nent	Me	dicare/Medicaid
Ownership	Shei	nandoah Manor, Inc.	Type of Cor	itrol		Proprietary
	NU	MBER OF BED	S AND RO	OOMS		
Licensed I	Beds 90	Certified Bed	s 90		Respite Beds	0
Private Ro	ooms 10	Semi-Private Room	s 40		3 - 4 Bed Wards	N/R
		DAILY ROO	OM RATES	3		
	Private Room Rate	200.00			Medicaid Rate	214.91
Semi	-Private Room Rate	200.00			Other	N/R
	NUN	IBER OF FULL	-TIME EM	PLOYE	ES	
	Registered Nurses	10			CNA/Orderlies	34
License	ed Practical Nurses	20		0	ther Personnel	52
	SERV	ICES AND PRO	OGRAMS A	AVAILAE	BLE	
	Nursing	1		D	iagnostic X-ray	3
	Physical Therapy	2	Admini	stration St	orage of Blood	0
Outpatier	nt Physical Therapy	2			Dentistry	2
Oc	cupational Therapy	2			Podiatry	2
	Speech Pathology	2			Ophthalmology	2
Outpatien	t Speech Pathology	2		Psycholo	ogical Services	2
	Social Services	1			Dietary Services	3
	Patient Activities	1			Housekeeping	1
	Pharmacy	2			Other	0
	Clinical Labs	2				

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Brightwood Center 840 Lee Road

Follansbee WV 26037

-					
License #		109	County		Brooke
Administrator	Christopher McBee		Phone #		304-527-1100
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	6	
Licensed	Beds 128	Certified Beds	128	Respite Beds	0
Private R	Rooms N/R S	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
	Private Room Rate	316.00		Medicaid Rate	306.00
Sen	ni-Private Room Rate	306.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	/EES	
	Registered Nurses	11		CNA/Orderlies	34
Licens	sed Practical Nurses	13		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAIL	_ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	3
Outpation	ent Physical Therapy	0		Dentistry	2
0	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatie	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	1
	Clinical Labs	2			

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Cameron Nursing and Rehabilitation Center, LLC Route 4, Box 20

Cameron WV 26033

				•					
License #		14	County		Marshall				
Administrator	Jason Bucher		Phone #		304-686-3318				
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid				
Ownership	AMFN	of Marshall County	Type of Control		Proprietary				
_	NUMBER OF BEDS AND ROOMS								
Licensed I	Beds 60	Certified Beds	60	Respite Beds	6 0				
Private Ro	ooms 2	Semi-Private Rooms	29	3 - 4 Bed Wards	0				
		DAILY ROC	M RATES						
	Private Room Rate	307.00		Medicaid Rate	223.47				
Semi	i-Private Room Rate	285.00		Other	N/R				
	NUM	IBER OF FULL	-TIME EMPLOYE	EES					
	Registered Nurses	5		CNA/Orderlies	13				
License	ed Practical Nurses	7		Other Personnel	20				
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE					
	Nursing	1		Diagnostic X-ray	2				
	Physical Therapy	2	Administration	Storage of Blood	0				
Outpatie	nt Physical Therapy	0		Dentistry	2				
Oc	cupational Therapy	2		Podiatry	2				
	Speech Pathology	2		Ophthalmology	2				
Outpatien	t Speech Pathology	0	Psycho	ological Services	2				
	Social Services	1		Dietary Services	1				
	Patient Activities	1		Housekeeping	1				
	Pharmacy	2		Other	2				
	Clinical Labs	3							

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Canterbury Center 80 Maddex Drive

Shepherdstown WV 25443

-					
License #		133	County		Jefferson
Administrator	Monica Lockett		Phone #		304-876-9422
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Med	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BEI	S AND ROOMS	3	
Licensed	d Beds 62	Certified Bed	s 62	Respite Beds	0
Private F	Rooms 4 S	Semi-Private Room	s 29	3 - 4 Bed Wards	N/R
		DAILY ROO	OM RATES		
	Private Room Rate	302.00		Medicaid Rate	216.78
Sei	mi-Private Room Rate	312.00		Other [225.00
	NUM	IBER OF FULL	-TIME EMPLO	/EES	
	Registered Nurses	7		CNA/Orderlies	27
Licen	sed Practical Nurses	12		Other Personnel	35
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	3		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	N/R
Outpati	ient Physical Therapy	N/R		Dentistry	2
C	Occupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatie	ent Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Care Haven Center 2720 Charles Town Road

Martinsburg WV 25401

License #		177	County		Berkeley
Administrator	Anthony Larson		Phone #		304-263-0933
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed Be	ds 68	Certified Beds	68	Respite Beds	0
Private Room	ns N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
Pi	rivate Room Rate	N/R		Medicaid Rate	N/R
Semi-P	rivate Room Rate	N/R		Other [N/R
	NUN	IBER OF FULL	-TIME EMPLO	YEES	
R	egistered Nurses	N/R		CNA/Orderlies	N/R
Licensed	Practical Nurses	N/R		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAI	LABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
ı	Physical Therapy	N/R	Administratio	n Storage of Blood	N/R
Outpatient l	Physical Therapy	N/R		Dentistry	N/R
Occu	pational Therapy	N/R		Podiatry	N/R
S	Speech Pathology	N/R		Ophthalmology	N/R
Outpatient S	Speech Pathology	N/R	Psyc	chological Services	N/R
	Social Services	N/R		Dietary Services	N/R
ı	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:

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Carehaven of Pleasants 506 Riverview Drive

Belmont WV 26134

License #		125	County		Pleasants
Administrator	Shannon Schultheis	3	Phone #		304-665-2065
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement		Medicaid
Ownership	Pleasants-Careh	aven Operating LLC	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
License	ed Beds 68	Certified Beds	68	Respite Beds	0
Private	Rooms 10 S	emi-Private Rooms	29	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
	Private Room Rate	275.00		Medicaid Rate	224.33
Se	emi-Private Room Rate	265.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	EES	
	Registered Nurses	6		CNA/Orderlies	37
Lice	nsed Practical Nurses	14		Other Personnel	34
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	3
Outpat	tient Physical Therapy	N/A		Dentistry	2
1	Occupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpati	ient Speech Pathology	N/A	Psyc	hological Services	2
	Social Services	1		Dietary Services	2
	Patient Activities	1		Housekeeping	3
	Pharmacy	2		Other	1
	Clinical Labs	2			

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Cedar Ridge Center 302 Cedar Ridge Road

Sissonville WV 25320

License #		90	County		Kanawha
Administrator	Tom Kelly		Phone #		304-984-0046
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed I	Beds 119	Certified Beds	119	Respite Beds	0
Private Ro	ooms N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
	Private Room Rate	280.00		Medicaid Rate	191.84
Semi	-Private Room Rate	270.00		Other	N/R
	NUN	IBER OF FULL	-TIME EMPLOYE	EES	
	Registered Nurses	12		CNA/Orderlies	53
License	ed Practical Nurses	24		Other Personnel	52
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	0
Outpatier	nt Physical Therapy	0		Dentistry	2
Oc	cupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	t Speech Pathology	0	Psych	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Clarksburg Nursing and Rehabilitation Center, LLC 801 Davisson Run Road

Clarksburg WV 26301

License #		124	County		Harrison
Administrator	Phillip Donnelly		Phone #		304-624-6500
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Med	dicare/Medicaid
Ownership	AMFN	of Clarksburg, Inc.	Type of Control		Proprietary
	NUI	MBER OF BED	S AND ROOMS	3	
Licensed	Beds 98	Certified Beds	s 98	Respite Beds	0
Private Ro	ooms 8 S	emi-Private Rooms	55	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
	Private Room Rate	319.00		Medicaid Rate	209.08
Sem	i-Private Room Rate	299.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLOY	YEES	
	Registered Nurses	6		CNA/Orderlies	37
Licens	ed Practical Nurses	16		Other Personnel	35
	SERVI	CES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	2
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	3
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Cortland Acres Nursing Home HC 60, Box 98

Thomas WV 26292

				_	
License #		74	County		Tucker
Administrator	Donald C. Black		Phone #		304-463-4181
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Cortland Ac	res Association, Inc.	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	Beds 94	Certified Beds	94	Respite Beds	0
Private R	ooms 6	Semi-Private Rooms	44	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	227.00		Medicaid Rate	213.19
Sem	ni-Private Room Rate	218.00		Other	N/A
	NUM	IBER OF FULL	-TIME EMPLOYE	ES	
	Registered Nurses	6		CNA/Orderlies	29
Licens	sed Practical Nurses	8		Other Personnel	28
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	2
Outpatie	ent Physical Therapy	1		Dentistry	2
O	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatier	nt Speech Pathology	1	Psycho	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Crestview Manor Nursing and Rehabilitation P.O. Box 967

Jane Lew WV 26378

License #		84	County		Lewis
Administrator	David J. Gallien		Phone #		304-884-7811
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Me	edicare/Medicaid
Ownership	Community F	Progress Committee	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS	8	
Licensed	d Beds 72	Certified Beds	s 72	Respite Beds	o
Private F	Rooms 10 S	emi-Private Rooms	23	3 - 4 Bed Wards	4
		DAILY ROC	M RATES		
	Private Room Rate	227.00		Medicaid Rate	196.16
Ser	mi-Private Room Rate	215.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	3		CNA/Orderlies	20
Licen	sed Practical Nurses	9		Other Personnel	20
	SERV	CES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpati	ent Physical Therapy	0		Dentistry	2
C	Occupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatie	ent Speech Pathology	0	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Dawn View Center Diane Drive, Box 686

Fort Ashby WV 26719

		-			
License #		87	County		Minera
Administrator	Cynthia Wagoner		Phone #		304-298-3602
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed	Beds 66	Certified Beds	66	Respite Beds	0
Private Ro	ooms 4 S	emi-Private Rooms	27	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
-	Private Room Rate	292.00		Medicaid Rate	211.18
Sem	i-Private Room Rate	282.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	/EES	
	Registered Nurses	12		CNA/Orderlies	40
Licens	ed Practical Nurses	8		Other Personnel	28
	SERV	ICES AND PRO	OGRAMS AVAIL	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	cupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Dunbar Center 501 Caldwell Lane

Dunbar WV 25064

License #		82	County		Kanawha
Administrator	Drema Thompson		Phone #		304-744-4761
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Sı	ın Healthcare Group	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed B	eds 120	Certified Beds	120	Respite Beds	0
Private Roc	oms 4	Semi-Private Rooms	58	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
-	Private Room Rate	229.00		Medicaid Rate	N/R
Semi-	Private Room Rate	214.00		Other	N/R
	NUN	BER OF FULL	-TIME EMPLOYE	ES	
-	Registered Nurses	13		CNA/Orderlies	49
License	d Practical Nurses	19		Other Personnel	43
	SERV	ICES AND PRO	OGRAMS AVAILA	BLE	
	Nursing	3		Diagnostic X-ray	2
	Physical Therapy	2	Administration 3	Storage of Blood	N/R
Outpatient	t Physical Therapy	2		Dentistry	2
Occ	upational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatient	Speech Pathology	2	Psycho	logical Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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E.A. Hawse Nursing and Rehabilitation Center, LLC P.O. Box 70

Baker 26801 108 County Hardy License # Administrator Pauline Vance 304-897-5903 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** AMFM of Hardy County, Inc. Type of Control Proprietary NUMBER OF BEDS AND ROOMS 60 **Licensed Beds Certified Beds** 60 **Respite Beds** 0 **Private Rooms** 4 **Semi-Private Rooms** 28 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 249.00 **Medicaid Rate** 198.66 234.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 8 **CNA/Orderlies** 24 6 28 **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping 2 **Pharmacy** Other 2 **Clinical Labs**

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Eagle Pointe 1600 27th Street

Parkersburg WV 26101

		3			
License #		54	County		Wood
Administrator	Gregory Stephens		Phone #		304-485-6476
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid
Ownership		Eagle Care Inc.	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	Beds 164	Certified Beds	s 164	Respite Beds	o 0
Private Ro	ooms 4	Semi-Private Rooms	55	3 - 4 Bed Wards	13
		DAILY ROO	OM RATES		
	Private Room Rate	213.00		Medicaid Rate	173.60
Sem	i-Private Room Rate	205.00		Other	N/A
	NUM	IBER OF FULL	-TIME EMPLOYI	EES	
	Registered Nurses	8		CNA/Orderlies	50
Licens	ed Practical Nurses	26		Other Personnel	64
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	cupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatien	nt Speech Pathology	0	Psych	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Eastbrook Center 3819 Chesterfield Avenue

Charleston WV 25304

License #		65	County		Kanawh
Administrator	Candy Sanchez	00	Phone #		304-925-477
Facility Type	•	cility/Nursing Facility		Me	dicare/Medicaio
Ownership	oou ria.og r o	, ,	Type of Control		Proprietary
	NU	IMBER OF BED	S AND ROOMS	<u> </u>	
Licensed	Beds 184	Certified Beds	s 184	Respite Beds	0
Private Ro	ooms 4	Semi-Private Rooms	36	3 - 4 Bed Wards	36
		DAILY ROC	M RATES		
	Private Room Rate	289.75		Medicaid Rate	202.96
Sem	i-Private Room Rate	268.00		Other	N/R
	NUI	MBER OF FULL	-TIME EMPLOY	YEES	
	Registered Nurses	13		CNA/Orderlies	38
Licens	sed Practical Nurses	14		Other Personnel	38
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	n Storage of Blood	2
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatier	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Eldercare Rehabilitation and Care Center 107 Miller Drive

Ripley 25271 73 County Jackson License # Administrator Michael Conaway 304-372-5115 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid Eldercare of Jackson County, LLC Type of Control **Ownership** Proprietary NUMBER OF BEDS AND ROOMS 120 **Licensed Beds Certified Beds** 120 **Respite Beds** 0 **Private Rooms** 2 **Semi-Private Rooms** 59 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 212.00 **Medicaid Rate** 189.63 185.00 Semi-Private Room Rate Other N/A NUMBER OF FULL-TIME EMPLOYEES 20 **Registered Nurses CNA/Orderlies** 46 Other Personnel 39 **Licensed Practical Nurses** 16 **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 **Occupational Therapy Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 2 **Patient Activities** 1 Housekeeping 2 **Pharmacy** Other 0 2 **Clinical Labs**

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Elkins Rehabilitation and Care Center 1175 Beverly Pike

Elkins WV 26241

	_				
License #		134	County		Randolph
Administrator	Denise Campbell		Phone #		304-636-1391
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid
Ownership	Elkins Regional (Convalescent Center	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	d Beds 111	Certified Beds	s 111	Respite Beds	0
Private I	Rooms 17	Semi-Private Rooms	47	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	208.00		Medicaid Rate	204.68
Sei	mi-Private Room Rate	203.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOYE	EES	
	Registered Nurses	8		CNA/Orderlies	44
Licen	sed Practical Nurses	7		Other Personnel	63
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	2
Outpati	ient Physical Therapy	2		Dentistry	2
C	Occupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatie	ent Speech Pathology	2	Psycho	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	2
	Clinical Labs	2			

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Fayette Nursing and Rehabilitation Center, LLC 100 Hresan Boulevard

Fayetteville WV 25840

	=								
License #		48	County		Fayette				
Administrator	Sue Cogar		Phone #		304-574-0770				
Facility Type	Skilled Nursing Facility/Nursing Facility		Reimbursement	Medicare/Medicaid					
Ownership	Dwnership AMFM of Fayette Co., Inc.		Type of Control	Proprietary					
NUMBER OF BEDS AND ROOMS									
Licensed	Beds 60	Certified Beds	6 0	Respite Beds	0				
Private Ro	ooms 4 S	emi-Private Rooms	28	3 - 4 Bed Wards	0				
DAILY ROOM RATES									
Private Room Rate		313.00		Medicaid Rate	229.05				
Semi	i-Private Room Rate	291.00		Other	N/R				
	NUM	BER OF FULL	-TIME EMPLOY	/EES					
Registered Nurses 8				CNA/Orderlies	26				
License	ed Practical Nurses	7		Other Personnel	20				
	SERVI	CES AND PRO	OGRAMS AVAIL	_ABLE					
	Nursing	1		Diagnostic X-ray	2				
Physical Therapy		3	Administration	n Storage of Blood	0				
Outpatient Physical Therapy		0		Dentistry	2				
Occupational Therapy		3		Podiatry	2				
Speech Pathology		3		Ophthalmology	2				
Outpatient Speech Pathology		0	Psyc	hological Services	2				
Social Services		1		Dietary Services	1				
Patient Activities		1		Housekeeping	1				
Pharmacy		2		Other	N/R				
Clinical Labs		2							

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Glen Wood Park, Inc. 1924 Glen Wood Park Road

Princeton WV 24740

License # 4			County	Mercer					
Administrator	Timothy M. Farabaugh		Phone #	304-425-8128					
Facility Type	Skilled Nursing Facility/Nursing Facility		Reimbursement	Medicare/Medicaid					
Ownership	Glenwood Park, Inc.		Type of Control	Non-Proprietary					
NUMBER OF BEDS AND ROOMS									
Licensed Beds 67		Certified Bed	67	Respite Beds	0				
Private Ro	ooms 4 S	emi-Private Rooms	27	3 - 4 Bed Wards	3				
DAILY ROOM RATES									
	Private Room Rate	292.00		Medicaid Rate	222.85				
Sem	i-Private Room Rate	274.00		Other	N/R				
NUMBER OF FULL-TIME EMPLOYEES									
Registered Nurses 6				CNA/Orderlies	38				
Licensed Practical Nurses 14				Other Personnel	50				
SERVICES AND PROGRAMS AVAILABLE									
	Nursing	1		Diagnostic X-ray	2				
	Physical Therapy	2	Administration	Storage of Blood	N/R				
Outpatie	nt Physical Therapy	N/R		Dentistry	2				
Od	ccupational Therapy	2		Podiatry	2				
Speech Pathology		2		Ophthalmology	2				
Outpatient Speech Pathology		N/R	Psyc	hological Services	2				
Social Services		1		Dietary Services	1				
Patient Activities		1		Housekeeping	1				
Pharmacy		2		Other	N/R				
	Clinical Labs	2							

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Glenville Center 111 Fairground Road

Glenville WV 26351

License #		94	County		Gilme
Administrator	Julie Brenneman	0.	Phone #		304-462-5718
Facility Type		cility/Nursing Facility		Me	dicare/Medicaio
Ownership			Type of Control		Proprietary
	NII I	MDED OF BED	AND BOOM		
			S AND ROOMS		
Licensed		Certified Beds		Respite Beds	65
Private Ro	ooms 3	semi-Private Rooms	25	3 - 4 Bed Wards	4
		DAILY ROC	M RATES		
	Private Room Rate	250.00		Medicaid Rate	173.65
Sem	i-Private Room Rate	247.00		Other	243.00
	NUM	IBER OF FULL	-TIME EMPLOY	YEES	
	Registered Nurses	9		CNA/Orderlies	23
Licens	ed Practical Nurses	7		Other Personnel	23
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	2
	Pharmacy	2		Other	0
	Clinical Labs	2			

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

Golden LivingCenter - Glasgow P.O. Box 350

Glasgow 25086 Kanawha 98 County License # Administrator Patricia Roan 304-595-1155 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** Golden Ventures Type of Control Proprietary NUMBER OF BEDS AND ROOMS 108 **Licensed Beds Certified Beds** 108 **Respite Beds** 0 **Private Rooms** 6 **Semi-Private Rooms** 51 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 246.80 **Medicaid Rate** 201.46 235.22 N/R Semi-Private Room Rate Other NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 13 **CNA/Orderlies** 30 14 Other Personnel 34 **Licensed Practical Nurses SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 1 Occupational Therapy **Podiatry** Speech Pathology 1 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 2 **Patient Activities** 1 Housekeeping 2 N/R **Pharmacy** Other 3 **Clinical Labs**

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Golden LivingCenter - Morgantown 1379 Van Voorhis Road

Morgantown WV 26505

		9			
License #		58	County		Monongalia
Administrator	Jeffrey Grewell		Phone #		304-599-9480
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	GGNS	SC Morgantown LLC	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed I	Beds 100	Certified Beds	100	Respite Beds	o
Private Ro	ooms 0 s	Semi-Private Rooms	50	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
·	Private Room Rate	0.00		Medicaid Rate	214.98
Semi	i-Private Room Rate	193.97		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOYI	EES	
	Registered Nurses	15		CNA/Orderlies	32
License	ed Practical Nurses	6		Other Personnel	26
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	N/R
Outpatie	nt Physical Therapy	0		Dentistry	2
Oc	cupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatien	t Speech Pathology	0	Psych	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	3			

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Golden LivingCenter - Riverside 6500 MacCorkle Avenue, SW

St. Albans WV 25177

License #		46	Country		Kanawha
	lampifan laffra.	40	County		
Administrator	Jennifer Jeffrey	129 - AND 120	Phone #		304-768-0002
Facility Type	Skilled Nursing Fa	acility/Nursing Facility		Me	dicare/Medicaid
Ownership		Golden Ventures	Type of Control		Proprietary
	NU	JMBER OF BED	S AND ROOMS	5	
Licensed	Beds 102	Certified Beds	s 102	Respite Beds	0
Private Ro	ooms 4	Semi-Private Rooms	23	3 - 4 Bed Wards	13
		DAILY ROC	M RATES		
-	Private Room Rate	226.26		Medicaid Rate	194.29
Sem	i-Private Room Rate	214.96		Other	248.98
	NU	MBER OF FULL	-TIME EMPLOY	YEES	
	Registered Nurses	14		CNA/Orderlies	39
Licens	ed Practical Nurses	14		Other Personnel	31
	SER\	/ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpatie	nt Physical Therapy	2		Dentistry	2
Od	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatier	nt Speech Pathology	2	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	2
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Good Samaritan Society - Barbour County Route 3, Box 15C

Belington WV 26250

	0.4	•		D. J.				
License #		County		Barbour				
Administrator	Dion Wagoner			304-823-2555				
Facility Type Skilled Nursing Fa	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid				
Ownership Evangelical Lutheran God	od Samaritan Society	Type of Control		Non-Proprietary				
NU	NUMBER OF BEDS AND ROOMS							
Licensed Beds 57	Certified Beds	s 57	Respite Beds	0				
Private Rooms 0	Semi-Private Rooms	57	3 - 4 Bed Wards	0				
	DAILY ROC	OM RATES						
Private Room Rate	N/A		Medicaid Rate	202.86				
Semi-Private Room Rate	230.00		Other	N/R				
NUM	MBER OF FULL	-TIME EMPLOY	YEES					
Registered Nurses	4		CNA/Orderlies	9				
Licensed Practical Nurses	5		Other Personnel	18				
SERV	ICES AND PRO	OGRAMS AVAII	LABLE					
Nursing	1		Diagnostic X-ray	2				
Physical Therapy	1	Administration	n Storage of Blood	N/R				
Outpatient Physical Therapy	2		Dentistry	2				
Occupational Therapy	1		Podiatry	2				
Speech Pathology	1		Ophthalmology	2				
Outpatient Speech Pathology	2	Psyc	hological Services	2				
Social Services	1		Dietary Services	1				
Patient Activities	1		Housekeeping	1				
Pharmacy	2		Other	N/R				
Clinical Labs	2							

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Good Shepherd Nursing Home LC 159 Edgington Lane

Wheeling WV 26003

		g			
License #		50	County		Ohio
Administrator	Donald R. Kirsch		Phone #		304-242-1093
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid
Ownership	Good Shepher	rd Nursing Home LC	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	Beds 192	Certified Beds	192	Respite Beds	s 0
Private R	ooms 54	Semi-Private Rooms	45	3 - 4 Bed Wards	16
		DAILY ROC	M RATES		
	Private Room Rate	170.00		Medicaid Rate	177.63
Sem	ni-Private Room Rate	165.00		Other	129.72
	NUM	IBER OF FULL	-TIME EMPLOYE	EES	
	Registered Nurses	15		CNA/Orderlies	49
Licens	sed Practical Nurses	17		Other Personnel	81
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	3	Administration	Storage of Blood	2
Outpatie	ent Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatier	nt Speech Pathology	0	Psycho	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	3		Other	N/A
	Clinical Labs	2			

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Grant County Nursing Home 127 Early Avenue

Petersburg WV 26847

License #	102	County		Grant			
Administrator	Terry Shobe	Phone #		304-257-4233			
Facility Type Skilled Nursing I	Facility/Nursing Facility	Reimbursement	Me	dicare/Medicaid			
Ownership Gra	nt County Commission	Type of Control		Non-Proprietary			
N	NUMBER OF BEDS AND ROOMS						
Licensed Beds 110	Certified Bed	s 110	Respite Beds	0			
Private Rooms 6	Semi-Private Rooms	s 52	3 - 4 Bed Wards	N/R			
	DAILY ROO	OM RATES					
Private Room Rat	e 195.00		Medicaid Rate	188.09			
Semi-Private Room Rat	e 185.00		Other	208.67			
NU	JMBER OF FULL	-TIME EMPLO	YEES				
Registered Nurse	s 10		CNA/Orderlies	42			
Licensed Practical Nurse	s 12		Other Personnel	50			
SER	VICES AND PRO	OGRAMS AVAI	LABLE				
Nursin	g 1		Diagnostic X-ray	2			
Physical Therap	y 2	Administratio	n Storage of Blood	0			
Outpatient Physical Therap	y 0		Dentistry	2			
Occupational Therap	y 2		Podiatry	0			
Speech Patholog	y 2		Ophthalmology	2			
Outpatient Speech Patholog	y 0	Psyc	chological Services	2			
Social Services	s 1		Dietary Services	1			
Patient Activities	s 1		Housekeeping	1			
Pharmac	y 2		Other	N/R			
Clinical Lab	s 2						

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Greenbrier Manor Route 2, Box 159-A

Lewisburg WV 24901

		•			
License #		45	County		Greenbrie
Administrator	Catherine F	Hill	Phone #		304-645-3076
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership Gr	reenbrier County Nursin	g Home Association	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS	,	
Licensed	I Beds 100	Certified Beds	100	Respite Beds	0
Private R	Rooms 0 S	emi-Private Rooms	20	3 - 4 Bed Wards	20
		DAILY ROO	M RATES		
	Private Room Rate	N/A		Medicaid Rate	219.77
Sen	ni-Private Room Rate	221.00		Other	N/R
	NUN	IBER OF FULL	-TIME EMPLOY	'EES	
	Registered Nurses	7		CNA/Orderlies	38
Licens	sed Practical Nurses	16		Other Personnel	56
	SERV	ICES AND PRO	OGRAMS AVAIL	.ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	0
Outpatio	ent Physical Therapy	0		Dentistry	2
0	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatie	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Hampshire Center HC 63, Box 2580

Romney WV 26757

	• •	ominoy	•••	_0,0,		
License #		130	6 County			Hampshire
Administrator	Michelle Abruzzino)	Phone #			304-822-7527
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursen	nent	Me	dicare/Medicaid
Ownership	Н	C 63 Operations LLC	Type of Con	trol		Proprietary
	NU	MBER OF BE	DS AND RO	OOMS		
Licensed I	Beds 62	Certified Bed	is 60		Respite Beds	2
Private Ro	ooms 4	Semi-Private Room	15 29		3 - 4 Bed Wards	N/R
		DAILY RO	OM RATES)		
	Private Room Rate	302.00			Medicaid Rate	N/R
Semi	i-Private Room Rate	291.00			Other	N/R
	NUN	IBER OF FUL	L-TIME EM	PLOYE	ES	
	Registered Nurses	8			CNA/Orderlies	40
License	ed Practical Nurses	7		C	Other Personnel	N/R
	SERV	ICES AND PR	OGRAMS A	AVAILA	BLE	
	Nursing	N/R		0	Diagnostic X-ray	N/R
	Physical Therapy	N/R	Adminis	stration S	torage of Blood	N/R
Outpatier	nt Physical Therapy	N/R			Dentistry	N/R
Oc	cupational Therapy	N/R			Podiatry	N/R
	Speech Pathology	N/R			Ophthalmology	N/R
Outpatien	t Speech Pathology	N/R		Psychol	ogical Services	N/R
	Social Services	N/R		ı	Dietary Services	N/R
	Patient Activities	N/R			Housekeeping	N/R
	Pharmacy	N/R			Other	N/R
	Clinical Labs	N/R				

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Heartland of Beckley 100 Heartland Drive

Beckley WV 25801

	_	,			
License #		61	County		Raleigh
Administrator	Patrick Airson		Phone #		304-256-1650
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Manor Care, LLC	Type of Control		Proprietary
-	NU	MBER OF BED	S AND ROOMS		
Licensed	Beds 201	Certified Beds	201	Respite Beds	o
Private Ro	ooms 9	Semi-Private Rooms	96	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	270.80		Medicaid Rate	N/R
Sem	i-Private Room Rate	216.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOYE	EES	
	Registered Nurses	21		CNA/Orderlies	64
Licens	ed Practical Nurses	15		Other Personnel	50
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	2
Outpatie	ent Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatier	nt Speech Pathology	0	Psych	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Heartland of Clarksburg 100 Parkway Drive

Clarksburg WV 26301

License #		79	County		Harrison
Administrator	Larry Conaway		Phone #		304-624-6401
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Manor Care, LLC	Type of Control		Proprietary
	NU	MBER OF BEI	S AND ROOM	S	
Licensed	Beds 120	Certified Bed	s 120	Respite Beds	0
Private Ro	ooms 2 S	Semi-Private Room	s 58	3 - 4 Bed Wards	0
		DAILY ROO	OM RATES		
	Private Room Rate	N/R		Medicaid Rate	N/R
Sem	i-Private Room Rate	N/R		Other	N/A
	NUN	IBER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	N/R		CNA/Orderlies	N/R
Licens	ed Practical Nurses	N/R		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administratio	n Storage of Blood	0
Outpatie	nt Physical Therapy	1		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatier	nt Speech Pathology	1	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Heartland of Keyser 135 Southern Drive

Keyser WV 26726

License #		81	County		Mineral			
Administrator	Sue Hampson		Phone #		304-788-3415			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid			
Ownership		Manor Care, LLC	Type of Control		Proprietary			
	NUMBER OF BEDS AND ROOMS							
Licensed	Beds 122	Certified Bed	s 122	Respite Beds	o			
Private Ro	ooms 6 S	emi-Private Room	s 58	3 - 4 Bed Wards	0			
		DAILY ROO	OM RATES					
	Private Room Rate	297.96		Medicaid Rate	205.38			
Sem	i-Private Room Rate	280.98		Other	N/R			
	NUM	IBER OF FULL	-TIME EMPLOY	EES				
	Registered Nurses	14		CNA/Orderlies	46			
Licens	ed Practical Nurses	8		Other Personnel	45			
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	1	Administration	Storage of Blood	2			
Outpatie	nt Physical Therapy	N/R		Dentistry	2			
Od	ccupational Therapy	1		Podiatry	2			
	Speech Pathology	1		Ophthalmology	2			
Outpatier	nt Speech Pathology	N/R	Psycl	nological Services	2			
	Social Services	1		Dietary Services	2			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	N/R			
	Clinical Labs	2						

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Heartland of Martinsburg 209 Clover Street

Martinsburg WV 25404

License #		52	County		Berkeley
Administrator	Nancy Mason		Phone #		304-263-8921
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Manor Care, LLC	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed	Beds 120	Certified Beds	120	Respite Beds	0
Private R	ooms N/R S	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
	Private Room Rate	N/R		Medicaid Rate	N/R
Sem	ni-Private Room Rate	N/R		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	/EES	
	Registered Nurses	N/R		CNA/Orderlies	N/R
Licens	sed Practical Nurses	N/R		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
	Physical Therapy	N/R	Administration	Storage of Blood	N/R
Outpatie	ent Physical Therapy	N/R		Dentistry	N/R
O	ccupational Therapy	N/R		Podiatry	N/R
	Speech Pathology	N/R		Ophthalmology	N/R
Outpatier	nt Speech Pathology	N/R	Psyc	hological Services	N/R
	Social Services	N/R		Dietary Services	N/R
	Patient Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

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Heartland of Preston County 300 Miller Road

Kingwood WV 26537

		.g.r.oou	***	_000.		
License #		96	County			Prestor
Administrator	Melissa Groves		Phone #			304-329-3195
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursem	ent	Me	dicare/Medicaid
Ownership		Manor Care, LLC	Type of Cont	rol		Proprietary
	NU	MBER OF BEI	OS AND RO	OMS		
Licensed	Beds 120	Certified Bed	s 120		Respite Beds	0
Private Ro	ooms 4	Semi-Private Room	s 58		3 - 4 Bed Wards	N/R
		DAILY ROO	OM RATES			
	Private Room Rate	246.35			Medicaid Rate	198.29
Semi	i-Private Room Rate	231.37			Other	0
	NUN	IBER OF FULL	-TIME EMF	PLOYE	ES	
	Registered Nurses	5			CNA/Orderlies	50
Licens	ed Practical Nurses	12		C	Other Personnel	40
	SERV	ICES AND PRO	OGRAMS A	VAILAI	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	1	Adminis	tration S	torage of Blood	0
Outpatie	nt Physical Therapy	0			Dentistry	3
Oc	cupational Therapy	1			Podiatry	3
	Speech Pathology	1			Ophthalmology	0
Outpatien	t Speech Pathology	0		Psychol	ogical Services	3
	Social Services	1		I	Dietary Services	1
	Patient Activities	1			Housekeeping	1
	Pharmacy	2			Other	0
	Clinical Labs	2				

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Heartland of Rainelle 606 Pennsylvania Avenue

Rainelle WV 25962

	• • • • • • • • • • • • • • • • • • • •					
License #		78	County			Greenbrier
Administrator	John Zoltowski		Phone #			304-438-6127
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimburseme	ent	Me	dicare/Medicaid
Ownership		Manor Care, LLC	Type of Cont	rol		Proprietary
	NU	IMBER OF BED	S AND RO	OMS		
Licensed I	Beds 60	Certified Beds	6 0		Respite Beds	0
Private Ro	ooms 2	Semi-Private Rooms	21		3 - 4 Bed Wards	4
		DAILY ROC	M RATES			
-	Private Room Rate	248.91			Medicaid Rate	203.64
Semi	-Private Room Rate	237.07			Other	N/R
	NUN	MBER OF FULL	-TIME EMP	LOYEE	S	
	Registered Nurses	4			CNA/Orderlies	18
License	ed Practical Nurses	6		0	ther Personnel	23
	SERV	ICES AND PRO	OGRAMS A	VAILAE	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	1	Administ	tration St	orage of Blood	2
Outpatier	nt Physical Therapy	N/R			Dentistry	2
Oc	cupational Therapy	1			Podiatry	2
	Speech Pathology	1		(Ophthalmology	2
Outpatien	t Speech Pathology	N/R		Psycholo	ogical Services	2
	Social Services	1			ietary Services	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

	1141	itiligion	•••	_0,0.		
License #		69	County			Cabel
Administrator	Anthony Mollica		Phone #			304-525-7622
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursem	nent	Me	dicare/Medicaid
Ownership		Genesis	Type of Con	trol		Proprietary
	NU	MBER OF BEI	OS AND RO	OOMS		
Licensed I	Beds 160	Certified Bed	l s 160		Respite Beds	0
Private Ro	ooms 28	Semi-Private Room	s 66		3 - 4 Bed Wards	0
		DAILY RO	OM RATES	,		
	Private Room Rate	308.00			Medicaid Rate	176.45
Semi	i-Private Room Rate	297.00			Other	318.00
	NUN	BER OF FULL	TIME EM	PLOYE	ES	
	Registered Nurses	21			CNA/Orderlies	57
License	ed Practical Nurses	24		C	Other Personnel	63
	SERV	ICES AND PR	OGRAMS A	AVAILA	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	2	Adminis	stration S	torage of Blood	0
Outpatie	nt Physical Therapy	2			Dentistry	2
Oc	cupational Therapy	2			Podiatry	2
	Speech Pathology	2			Ophthalmology	2
Outpatien	t Speech Pathology	0		Psychol	ogical Services	2
	Social Services	1			Dietary Services	1
	Patient 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.

Hidden Valley Center 422 23rd Street

Oak Hill WV 25901

	_			-				
License #		129	County		Fayette			
Administrator	Sherry Johnson		Phone #		304-465-1903			
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid			
Ownership		Genesis	Type of Control		Proprietary			
	NUMBER OF BEDS AND ROOMS							
Licensed	Beds 80	Certified Beds	80	Respite Beds	0			
Private R	ooms 22	Semi-Private Rooms	29	3 - 4 Bed Wards	0			
		DAILY ROC	M RATES					
	Private Room Rate	280-300		Medicaid Rate	202.51			
Sem	ni-Private Room Rat	270-290		Other	N/R			
	NUN	BER OF FULL	-TIME EMPLOYE	ES				
	Registered Nurses	13		CNA/Orderlies	33			
Licens	sed Practical Nurses	16		Other Personnel	40			
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	0			
Outpatie	ent Physical Therapy	0		Dentistry	2			
0	ccupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatie	nt Speech Pathology	0	Psycho	ological Services	2			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	0			
	Clinical Labs	2						

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

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Hilltop Center Saddle Shop Road, P.O. Box 125 Hilltop WV 25855

License #		72	County		Fayette
Administrator	James McBurney		Phone #		304-469-2966
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Med	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NUI	MBER OF BED	S AND ROOMS	3	
Licensed I	Beds 120	Certified Bed	s 120	Respite Beds	0
Private Ro	ooms 4 S	emi-Private Room	s 58	3 - 4 Bed Wards	0
		DAILY ROO	OM RATES		
	Private Room Rate	233.00		Medicaid Rate	N/R
Semi	i-Private Room Rate	228.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLOY	YEES	
	Registered Nurses	12		CNA/Orderlies	40
License	ed Practical Nurses	23		Other Personnel	37
	SERVI	CES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	2
Oc	cupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	t Speech Pathology	2	Psyc	hological Services	2
	Social Services	1		Dietary Services	3
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Holbrook Nursing Home 346 S. Florida Street

Buckhannon WV 26201

				-				
License #		76	County		Upshur			
Administrator		Bonnie L. Hitt	Phone #		304-472-3280			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid			
Ownership	Holbrook	Nursing Home, Inc.	Type of Control		Proprietary			
	NUMBER OF BEDS AND ROOMS							
Licensed B	Beds 120	Certified Beds	s 120	Respite Beds	0			
Private Roo	oms 6	Semi-Private Rooms	49	3 - 4 Bed Wards	4			
		DAILY ROO	M RATES					
	Private Room Rate	170.00		Medicaid Rate	159.03			
Semi-	-Private Room Rate	165.00		Other	160.00			
	NUM	IBER OF FULL	-TIME EMPLOYE	EES				
	Registered Nurses	10`		CNA/Orderlies	64			
License	ed Practical Nurses	23		Other Personnel	55			
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	0			
Outpatien	t Physical Therapy	2		Dentistry	2			
Occ	cupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	0			
Outpatient	Speech Pathology	0	Psycho	ological Services	2			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	0			
	Clinical Labs	2						

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Hopemont Hospital Route 3, Box 330

Terra Alta WV 26764

License #	178	County		Preston
Administrator Jason Dunigan		Phone #		304-789-2411
Facility Type	Nursing Facility	Reimbursement		Medicaid
Ownership :au for Behavioral Health a	and Health Facilities	Type of Control		Proprietary
NUI	MBER OF BED	S AND ROOMS		
Licensed Beds 98	Certified Beds	98	Respite Beds	0
Private Rooms 4 S	emi-Private Rooms	3	- 4 Bed Wards	N/R
	DAILY ROC	OM RATES		
Private Room Rate	255.00	Me	dicaid Rate	255.00
Semi-Private Room Rate	255.00		Other	255.00
NUM	BER OF FULL	-TIME EMPLOYEES		
Registered Nurses	8	CI	NA/Orderlies	70
Licensed Practical Nurses	11	Othe	er Personnel	81
SERVI	CES AND PRO	GRAMS AVAILABL	E	
Nursing	1	Diag	nostic X-ray	2
Physical Therapy	1	Administration Stora	age of Blood	0
Outpatient Physical Therapy	0		Dentistry	2
Occupational Therapy	0		Podiatry	2
Speech Pathology	0	Ор	hthalmology	2
Outpatient Speech Pathology	0	Psychologi	cal Services	3
Social Services	1	Die	ary Services	1
Patient Activities	1	Н	ousekeeping	1
Pharmacy	2		Other	0
Clinical Labs	2		_	

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Huntington Health and Rehabilitation Center 1720 17th Street

	Hur	ntington	WV	25701		
License #		8	County			Cabell
Administrator	Annica Stansberry		Phone #			304-529-6031
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimburser	ment	Me	dicare/Medicaid
Ownership	Seventeenth Str	eet Associates, LLC	Type of Cor	ntrol		Proprietary
	NU	MBER OF BED	S AND R	OOMS		
Licensed I	Beds 186	Certified Bed	s 186		Respite Beds	0
Private Ro	ooms 13 S	Semi-Private Room	s 85		3 - 4 Bed Wards	1
		DAILY ROO	OM RATES	3		
	Private Room Rate	230.00			Medicaid Rate	191.73
Semi	i-Private Room Rate	220.50			Other	N/R
	NUM	IBER OF FULL	-TIME EM	PLOYE	ES	
	Registered Nurses	12			CNA/Orderlies	59
License	ed Practical Nurses	35		C	Other Personnel	83
	SERV	ICES AND PRO	OGRAMS .	AVAILAI	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	1	Admini	stration S	torage of Blood	2
Outpatie	nt Physical Therapy	0			Dentistry	2
Oc	cupational Therapy	1			Podiatry	2
	Speech Pathology	1			Ophthalmology	2
Outpatien	t Speech Pathology	0		Psychol	ogical Services	2
	Social Services	1		[Dietary Services	1
	Patient Activities	1			Housekeeping	1
	Pharmacy	2			Other	1
	Clinical Labs	2				

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25801

Jackie Withrow Hospital/Pinecrest Hospital 105 South Eisenhower Drive

Beckley 181 County Raleigh License # Administrator Angela Booker 304-256-6600 Phone # **Facility Type** Nursing Facility Reimbursement Medicaid Ownership WV Behavioral Health and Health Facilities Type of Control Proprietary NUMBER OF BEDS AND ROOMS 199 **Licensed Beds Certified Beds** 199 **Respite Beds** 0 N/R **Private Rooms Semi-Private Rooms** N/R 3 - 4 Bed Wards N/R **DAILY ROOM RATES Private Room Rate** N/R **Medicaid Rate** N/R N/R N/R Semi-Private Room Rate Other NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 13 **CNA/Orderlies** 57 23 N/R **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** 2 Nursing Diagnostic X-ray 0 N/R **Physical Therapy Administration Storage of Blood** 0 2 **Outpatient Physical Therapy** Dentistry 2 0 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping

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

Pharmacy

Clinical Labs

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

2

2

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

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

Other

John Manchin Sr. Health Care Center 401 Guffey Street

Fairmont WV 26554

License #		179	County		Marion
Administrator	Carol Merrill		Phone #		304-363-2500
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	WV Behavioral Health and	Health Facilities	Type of Control		State Owned
	NUI	MBER OF BED	S AND ROOM	S	
License	ed Beds 41	Certified Beds	4 1	Respite Beds	0
Private	Rooms 1 S	emi-Private Rooms	20	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
-	Private Room Rate	N/R		Medicaid Rate	200.00
Se	emi-Private Room Rate	260.00		Other	215.00
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	5		CNA/Orderlies	19
Lice	ensed Practical Nurses	5		Other Personnel	0
	SERVI	CES AND PRO	OGRAMS AVAI	LABLE	
	Nursing	1		Diagnostic X-ray	1
	Physical Therapy	2	Administratio	n Storage of Blood	0
Outpa	tient Physical Therapy	0		Dentistry	0
	Occupational Therapy	0		Podiatry	0
	Speech Pathology	0		Ophthalmology	0
Outpat	ient Speech Pathology	0	Psy	chological Services	0
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	0			

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Lakin Hospital 11522 Ohio River Road

Lakin WV 25287

License #	180	County		Mason
	sh Stover	Phone #		304-675-0860
Facility Type		Reimbursement		Medicaid
· · · · ·	-			
Ownership WV Behavioral Health and	Health Facilities	Type of Control		Proprietary
NU	MBER OF BED	S AND ROOMS	6	
Licensed Beds 114	Certified Beds	s 114	Respite Beds	0
Private Rooms 0 S	emi-Private Rooms	0	3 - 4 Bed Wards	38
	DAILY ROO	OM RATES		
Private Room Rate	300.00		Medicaid Rate	250.00
Semi-Private Room Rate	N/A		Other	N/A
NUM	IBER OF FULL	-TIME EMPLOY	/EES	
Registered Nurses	10		CNA/Orderlies	71
Licensed Practical Nurses	19		Other Personnel	66
SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
Nursing	1		Diagnostic X-ray	2
Physical Therapy	2	Administration	Storage of Blood	N/A
Outpatient Physical Therapy	0		Dentistry	2
Occupational Therapy	2		Podiatry	2
Speech Pathology	2		Ophthalmology	2
Outpatient Speech Pathology	0	Psyc	hological Services	2
Social Services	1		Dietary Services	1
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	N/R
Clinical Labs	2			

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Laurel Nursing & Rehab Center 1053 Clinic Drive

Ivydale WV 25113

License #		137	County		Clav
Administrator	Matthew Fife	107	Phone #		304-286-4204
Facility Type	Skilled Nursing Fac	ility/Nursing Facility		Me	dicare/Medicaid
Ownership	Sterling Health Care			Wes	
Ownership	Sterning Health Can	e Management, inc.	Type of Control		Proprietary
	NUI	MBER OF BED	S AND ROOM	S	
Licensed	Beds 60	Certified Beds	s 60	Respite Beds	0
Private R	Rooms N/R S	emi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
	Private Room Rate	N/R		Medicaid Rate	N/R
Sem	ni-Private Room Rate	N/R		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	N/R		CNA/Orderlies	N/R
Licens	sed Practical Nurses	N/R		Other Personnel	N/R
	SERVI	CES AND PRO	OGRAMS AVAI	LABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
	Physical Therapy	N/R	Administratio	n Storage of Blood	N/A
Outpation	ent Physical Therapy	N/A		Dentistry	N/R
0	ccupational Therapy	N/R		Podiatry	N/R
	Speech Pathology	N/R		Ophthalmology	N/R
Outpatie	nt Speech Pathology	N/A	Psyc	chological Services	N/R
	Social Services	N/R		Dietary Services	N/R
	Patient Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

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Lincoln Nursing and Rehabilitation Center, LLC 200 Monday Drive

Hamlin WV 25523

			_		
License #		117	County		Lincolr
Administrator	Michael Gore		Phone #		304-824-3133
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	AMFM of	Lincoln County, Inc.	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed	Beds 60	Certified Beds	60	Respite Beds	0
Private R	ooms 4 S	Semi-Private Rooms	28	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	299.00		Medicaid Rate	N/R
Sem	i-Private Room Rate	278.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	EES	
	Registered Nurses	6		CNA/Orderlies	35
Licens	sed Practical Nurses	10		Other Personnel	26
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	0
Outpatie	ent Physical Therapy	0		Dentistry	2
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatier	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Logan Center Three Mile Curve, P.O. Box 540, Route 10 Logan WV 25601

License #		127	County		Logan	
Administrator	Lora Dawson		Phone #		304-752-2273	
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursement	Med	licare/Medicaid	
Ownership		Genesis	Type of Control		Proprietary	
	NU	MBER OF BED	S AND ROOMS	3		
Licensed	Beds 66	Certified Beds	66	Respite Beds	0	
Private R	ooms 4	Semi-Private Rooms	31	3 - 4 Bed Wards	0	
		DAILY ROC	M RATES			
	Private Room Rate	260.00		Medicaid Rate	N/R	
Sem	ni-Private Room Rate	250.00		Other	N/R	
	NUN	IBER OF FULL	-TIME EMPLOY	/EES		
Registered Nurses 10 CNA/Orderlies 24						
Licensed Practical Nurses 7 Other Personnel 27						
	SERV	ICES AND PRO	OGRAMS AVAIL	_ABLE		
	Nursing	1		Diagnostic X-ray	2	
	Physical Therapy	2	Administration	n Storage of Blood	0	
Outpatie	ent Physical Therapy	0		Dentistry	2	
0	ccupational Therapy	2		Podiatry	2	
	Speech Pathology	2		Ophthalmology	2	
Outpatie	nt Speech Pathology	0	Psyc	hological Services	2	
	Social Services	1		Dietary Services	1	
	Patient Activities	1		Housekeeping	1	
	Pharmacy	2		Other	N/R	
	Clinical Labs	2				

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Madison Center 161 Bakers Ridge Road

Morgantown WV 26505

	11.01	gantown	•••	_0000				
License #		131	County			Monongalia		
Administrator	Jennifer Pag	gliaro	Phone #			304-285-0692		
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursen	nent	Me	dicare/Medicaid		
Ownership		Genesis	Type of Con	trol		Proprietary		
NUMBER OF BEDS AND ROOMS								
Licensed	Beds 62	Certified Beds	62		Respite Beds 0			
Private Ro	ooms 9 S	Semi-Private Rooms	53		3 - 4 Bed Wards	N/R		
		DAILY ROC	M RATES					
	Private Room Rate	320.00			Medicaid Rate	221.15		
Sem	i-Private Room Rate	309.00			Other	320.00		
NUMBER OF FULL-TIME EMPLOYEES								
	Registered Nurses	7			CNA/Orderlies	30		
Licens	sed Practical Nurses	7		0	ther Personnel	30		
	SERV	ICES AND PRO	OGRAMS A	AVAILAE	BLE			
	Nursing	1		D	iagnostic X-ray	2		
	Physical Therapy	1	Adminis	stration St	orage of Blood	2		
Outpatie	ent Physical Therapy	0			Dentistry	2		
Od	ccupational Therapy	1			Podiatry	2		
	Speech Pathology	1			Ophthalmology	2		
Outpatier	nt Speech Pathology	0		Psycholo	ogical Services	2		
	Social Services	1			ietary Services	1		
	Patient Activities	1			Housekeeping	1		
	Pharmacy	2			Other	0		
	Clinical Labs	2						

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Madison Park/Fairhaven 700 Madison Ave.

Huntington 25701 Cabell License # 2 County Administrator Barbara McCall 304-522-0032 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** Fairhaven Rest Home, Inc. Type of Control Proprietary NUMBER OF BEDS AND ROOMS 41 **Licensed Beds Certified Beds** 41 **Respite Beds** 0 **Private Rooms** 15 **Semi-Private Rooms** 13 3 - 4 Bed Wards N/A **DAILY ROOM RATES Private Room Rate** 180.00 **Medicaid Rate** 173.73 180.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES 17 **Registered Nurses** 4 **CNA/Orderlies** 9 Other Personnel 25 **Licensed Practical Nurses SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 2 2 **Outpatient Physical Therapy** Dentistry 2 3 **Occupational Therapy Podiatry** 3 Speech Pathology 2 Ophthalmology 2 2 **Outpatient Speech Pathology Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping 3 **Pharmacy** Other

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

Clinical Labs

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

2

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

Main Street Care PO Box 7, 1500 Terrace Street - Suite 300 Hinton WV 25951

License #		184	County		Summers			
Administrator	Rick Shrewsbury		Phone #		304-466-6090			
Facility Type		Nursing Facility	Reimbursement		Medicaid			
Ownership	Mai	n Street Hinton, Inc.	Type of Control		Non-Proprietary			
NUMBER OF BEDS AND ROOMS								
Licensed	Beds 34	Certified Beds	s 34	Respite Beds	0			
Private R	Rooms 4 S	Semi-Private Rooms	15	3 - 4 Bed Wards	0			
		DAILY ROO	M RATES					
	Private Room Rate	235.00		Medicaid Rate	221.86			
Sen	ni-Private Room Rate	225.00		Other	N/A			
	NUMBER OF FULL-TIME EMPLOYEES							
	Registered Nurses 4 CNA/Orderlies 14							
Licens	sed Practical Nurses	7		Other Personnel	3			
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	0			
Outpatio	ent Physical Therapy	2		Dentistry	2			
0	ccupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatie	nt Speech Pathology	2	Psyc	hological Services	2			
	Social Services	1		Dietary Services	2			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	N/A			
	Clinical Labs	2						

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Maples Nursing Home 1600 Bland Street

Bluefield WV 24701

License #		57	County		Mercer			
Administrator	Elizabeth Lockett		Phone #		304-327-2485			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid			
Ownership	Mapl	es Health Care, Inc.	Type of Control		Proprietary			
NUMBER OF BEDS AND ROOMS								
Licensed E	Beds 60	Certified Beds	60	Respite Beds	o 0			
Private Ro	oms 4 S	emi-Private Rooms	28	3 - 4 Bed Wards	0			
	DAILY ROOM RATES							
	Private Room Rate	225.00		Medicaid Rate	196.19			
Semi	-Private Room Rate	215.00		Other	N/R			
NUMBER OF FULL-TIME EMPLOYEES								
	Registered Nurses 6 CNA/Orderlies 23							
License	ed Practical Nurses	14		Other Personnel	47			
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	0			
Outpatier	nt Physical Therapy	0		Dentistry	2			
Occ	cupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatient	t Speech Pathology	0	Psych	ological Services	2			
	Social Services	1		Dietary Services	3			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	N/R			
	Clinical Labs	3						

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26505

Mapleshire Nursing and Rehabilitation Center 30 Mon General Drive

Morgantown 63 County Monongalia License # Administrstra Sonia Bailey-Gibson 304-285-2720 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** Morgantown SNF Acquisitions Type of Control Non-Proprietary NUMBER OF BEDS AND ROOMS 120 **Licensed Beds Certified Beds** 120 **Respite Beds** 0 **Private Rooms** 8 **Semi-Private Rooms** 52 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 265.00 **Medicaid Rate** 212.96 275.00 Semi-Private Room Rate Other 0 NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 9 **CNA/Orderlies** 45 19 Other Personnel 40 **Licensed Practical Nurses SERVICES AND PROGRAMS AVAILABLE** 3 Nursing Diagnostic X-ray 2 **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1

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

Pharmacy

Clinical Labs

Patient Activities

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

1

2

2

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

N/A - Not applicable N/R - Not reported by facility 1

Housekeeping

Other

Marmet Center 1 Sutphin Drive

Marmet WV 25315

License #		121	County		Kanawha			
Administrator	Connie Tomshack		Phone #		304-949-1580			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid			
Ownership		Genesis	Type of Control		Proprietary			
NUMBER OF BEDS AND ROOMS								
Licensed Beds 90 Certifi			d Beds 90 Respite Beds 0					
Private Ro	ooms 14	Semi-Private Rooms	38	3 - 4 Bed Wards	0			
DAILY ROOM RATES								
	Private Room Rate	250.00		Medicaid Rate	198.80			
Semi	i-Private Room Rate	246.00		Other	254.00			
NUMBER OF FULL-TIME EMPLOYEES								
	Registered Nurses 8 CNA/Orderlies 44							
License	ed Practical Nurses	14		Other Personnel	41			
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	2			
Outpatie	nt Physical Therapy	0		Dentistry	2			
Oc	cupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatien	t Speech Pathology	0	Psycho	ological Services	2			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	0			
	Clinical Labs	2						

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

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McDowell Nursing and Rehabilitation Center,LLC P.O. Box 220

24836 Gary McDowell 114 County License # Administrator Patty Lucas 304-448-2121 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** AMFM of McDowell County, Inc. Type of Control Proprietary NUMBER OF BEDS AND ROOMS 120 **Licensed Beds Certified Beds** 120 **Respite Beds** 0 **Private Rooms** 8 **Semi-Private Rooms** 58 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 232.90 **Medicaid Rate** 190.76 224.90 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES 7 **Registered Nurses CNA/Orderlies** 50 18 42 **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray 2 **Physical Therapy Administration Storage of Blood** N/A N/A 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** Speech Pathology N/R N/A Ophthalmology **Outpatient Speech Pathology** 2 **Psychological Services** 3 **Social Services Dietary Services** 1 1 **Patient Activities** 1 1 Housekeeping N/A 2 **Pharmacy** Other 2 **Clinical Labs**

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Meadowbrook Acres 2149 Greenbrier Street

Charleston WV 25311

License #		111	County		Kanawha			
Administrator	Kim Toney		Phone #		304-344-4268			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid			
Ownership	Harrell Memorial	Nursing Home, Inc.	Type of Control		Proprietary			
NUMBER OF BEDS AND ROOMS								
Licensed	Beds 60	Certified Beds	6 0	Respite Beds 0				
Private R	Rooms 4	Semi-Private Rooms	56	3 - 4 Bed Wards	N/R			
	DAILY ROOM RATES							
	Private Room Rate	216.00		Medicaid Rate	216.51			
Sem	ni-Private Room Rate	208.00		Other	N/R			
NUMBER OF FULL-TIME EMPLOYEES								
	Registered Nurses 4 CNA/Orderlies 22							
Licens	sed Practical Nurses	12		Other Personnel	0			
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE				
	Nursing	1		Diagnostic X-ray	3			
	Physical Therapy	1	Administration	Storage of Blood	2			
Outpation	ent Physical Therapy	1		Dentistry	2			
0	ccupational Therapy	1		Podiatry	3			
	Speech Pathology	1		Ophthalmology	2			
Outpatie	nt Speech Pathology	0	Psycho	ological Services	2			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	1		Other	1			
	Clinical Labs	3						

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Meadowview Manor Health Care Center 41 Crestview Terrace

Bridgeport WV 26330

License #		104	County		Harrison			
Administrator	Teresa McCormick		Phone #		304-842-7101			
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Me	dicare/Medicaid			
Ownership	Meadowview Man	or Health Care, Inc.	Type of Control		Proprietary			
	NUI	MBER OF BED	S AND ROOM	S				
Licensed	Beds 60	Certified Beds	60	Respite Beds	0			
Private R	Rooms 5 S	emi-Private Rooms	28	3 - 4 Bed Wards	0			
		DAILY ROC	M RATES					
	Private Room Rate	230.00		Medicaid Rate	227.65			
Sen	ni-Private Room Rate	215.00		Other	N/R			
	NUMBER OF FULL-TIME EMPLOYEES							
	Registered Nurses	7		CNA/Orderlies	31			
Licen	sed Practical Nurses	9		Other Personnel	31			
	SERVI	CES AND PRO	OGRAMS AVAII	LABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administratio	n Storage of Blood	0			
Outpati	ent Physical Therapy	0		Dentistry	2			
0	Occupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatie	ent Speech Pathology	0	Psyc	chological Services	0			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	0			
	Clinical Labs	2						

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Mercer Nursing and Rehabilitation Center, LLC P.O. Box 410

Bluefield 24701 Mercer 60 County License # Administrator Matt Tucker 304-325-5448 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** AMFM of Mercer County Type of Control Proprietary NUMBER OF BEDS AND ROOMS 60 **Licensed Beds Certified Beds** 60 **Respite Beds** 0 20 **Private Rooms Semi-Private Rooms** 20 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 244.00 **Medicaid Rate** N/R 229.00 N/R Semi-Private Room Rate Other NUMBER OF FULL-TIME EMPLOYEES 27 **Registered Nurses** 6 **CNA/Orderlies** 20 21 **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping

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

Pharmacy

Clinical Labs

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

2

2

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

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

N/R

Other

Miletree Center 825 Summit Street

Spencer WV 25276

	٥	poriooi	***	20210			
License #		132	County			Roane	
Administrator	Chris Marshall		Phone #			304-927-1007	
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimburseme	ent	Me	dicare/Medicaid	
Ownership		Genesis	Type of Cont	rol		Proprietary	
	NU	MBER OF BED	S AND RO	OMS			
Licensed	Beds 62	Certified Beds	s 62	R	espite Beds	0	
Private Ro	ooms 4	Semi-Private Rooms	29	3 - 4	Bed Wards	N/A	
DAILY ROOM RATES							
	Private Room Rate	330.00		Medic	caid Rate	260.61	
Semi	i-Private Room Rate	320.00			Other	N/R	
	NUN	IBER OF FULL	-TIME EMP	LOYEES			
	Registered Nurses	7		CNA	Orderlies	27	
License	ed Practical Nurses	8		Other F	Personnel	28	
	SERV	ICES AND PRO	OGRAMS A	VAILABLE			
	Nursing	1		Diagno	stic X-ray	3	
	Physical Therapy	1	Administ	ration Storage	of Blood	0	
Outpatie	nt Physical Therapy	0			Dentistry	2	
Oc	cupational Therapy	1			Podiatry	2	
	Speech Pathology	1		Ophth	nalmology	2	
Outpatien	t Speech Pathology	1		Psychological	Services	2	
	Social Services	1		Dietary	y Services	1	
	Patient Activities	1		Hous	ekeeping	1	
	Pharmacy	2			Other	N/A	
	Clinical Labs	3					

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Montgomery General Elderly Care P.O. Box 1010

Montgomery WV 25136

License #		106	County		Fayette
Administrator	Debra Bess		Phone #		304-442-2469
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership)	ntgomery General Health	Care Systems, Inc.	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOM	S	
License	d Beds 60	Certified Beds	60	Respite Beds	0
Private	Rooms 6 S	emi-Private Rooms	27	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	226.00		Medicaid Rate	214.11
Se	mi-Private Room Rate	220.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	4		CNA/Orderlies	25
Licer	nsed Practical Nurses	10		Other Personnel	24
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpat	ient Physical Therapy	0		Dentistry	2
(Occupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpation	ent Speech Pathology	2	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	0		Housekeeping	1
	Pharmacy	1		Other	0
	Clinical Labs	1			

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Mound View Health Care 2200 Floral Street

Moundsville WV 26041

License #		75	County		Marshall
Administrator	Konstantin Dolgovs	skij	Phone #		304-843-1035
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid
Ownership	Mound Vi	ew Health Care, Inc.	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	}	
Licensed	Beds 129	Certified Beds	s 129	Respite Beds	o 0
Private Ro	ooms 21 S	Semi-Private Rooms	42	3 - 4 Bed Wards	6
		DAILY ROO	M RATES		
-	Private Room Rate	210.00		Medicaid Rate	196.59
Sem	i-Private Room Rate	200.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	EES	
	Registered Nurses	16		CNA/Orderlies	59
Licens	ed Practical Nurses	20		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	0
Outpatie	ent Physical Therapy	2		Dentistry	2
Od	ccupational Therapy	2		Podiatry	3
	Speech Pathology	2		Ophthalmology	2
Outpatier	nt Speech Pathology	2	Psycl	nological Services	3
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	3
	Clinical Labs	3			

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Nella's Inc. 399 Ferguson Road

Elkins WV 26241

		202-	•	
License #	51	County		Randolph
Administrator Thomas Eidell, Sr.		Phone #		304-636-1008
Facility Type	Nursing Facility	Reimbursement		Medicaid
Ownership	Nella's Inc.	Type of Control		Proprietary
N	JMBER OF BED	S AND ROOMS		
Licensed Beds 102	Certified Beds	102	Respite Beds	5 0
Private Rooms 4	Semi-Private Rooms	47	3 - 4 Bed Wards	1
	DAILY ROO	M RATES		
Private Room Rate	165.00		Medicaid Rate	161.49
Semi-Private Room Rate	160.00		Other	N/R
NU	MBER OF FULL	-TIME EMPLOYE	ES	
Registered Nurses	4		CNA/Orderlies	23
Licensed Practical Nurses	16		Other Personnel	37
SER	VICES AND PRO	OGRAMS AVAILA	ABLE	
Nursing	1		Diagnostic X-ray	2
Physical Therapy	2	Administration	Storage of Blood	0
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	1		Dietary Services	3
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	N/R
Clinical Labs	2			

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Nella's Nursing Home P. O. Box 1399

Elkins WV 26241

License #	17	County		Randolph
Administrator Shasta Eidell-Hyson		Phone #		304-636-2033
Facility Type	Nursing Facility	Reimbursement		Medicaid
Ownership Nella's	Nursing Home, Inc.	Type of Control		Proprietary
NU	MBER OF BED	S AND ROOMS		
Licensed Beds 84	Certified Beds	84	Respite Beds	0
Private Rooms 8	emi-Private Rooms	38	3 - 4 Bed Wards	N/A
	DAILY ROC	M RATES		
Private Room Rate	175.00		Medicaid Rate	170.09
Semi-Private Room Rate	170.00		Other	N/R
NUM	IBER OF FULL	-TIME EMPLOYEI	ES	
Registered Nurses	6		CNA/Orderlies	25
Licensed Practical Nurses	17	C	Other Personnel	N/R
SERV	ICES AND PRO	OGRAMS AVAILA	BLE	
Nursing	1	С	iagnostic X-ray	2
Physical Therapy	2	Administration S	torage of Blood	2
Outpatient Physical Therapy	2		Dentistry	2
Occupational Therapy	2		Podiatry	2
Speech Pathology	2		Ophthalmology	2
Outpatient Speech Pathology	2	Psychol	ogical Services	2
Social Services	1	I	Dietary Services	1
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	1
Clinical Labs	2			

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New Martinsville Center 225 Russell Avenue

New Martinsville WV 26155

License #		99	County		Wetzel
Administrator	Chanda Sragg		Phone #		304-455-2600
Facility Type		cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	_	ın Healthcare Group			Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed E	Beds 120	Certified Beds	s 120	Respite Beds	0
Private Ro	oms N/R S	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROO	M RATES		
	Private Room Rate	N/R		Medicaid Rate	N/R
Semi	-Private Room Rate	N/R		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	N/R		CNA/Orderlies	41
License	ed Practical Nurses	9		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAI	LABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
	Physical Therapy	N/R	Administratio	n Storage of Blood	N/R
Outpatien	nt Physical Therapy	N/R		Dentistry	N/R
Occ	cupational Therapy	N/R		Podiatry	N/R
	Speech Pathology	N/R		Ophthalmology	N/R
Outpatient	t Speech Pathology	N/R	Psy	chological Services	N/R
	Social Services	N/R		Dietary Services	N/R
	Patient Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

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Nicholas County Nursing and Rehabilitation Center 18 Fourth Street

Richwood 26261 Nicholas License # 85 County Administrator Belinda Stear 304-846-2668 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid CMO Management, LLC Type of Control **Ownership** Proprietary NUMBER OF BEDS AND ROOMS **Licensed Beds Certified Beds** 97 **Respite Beds** 0 27 **Private Rooms Semi-Private Rooms** 35 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 215.00 **Medicaid Rate** 191.27 210.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES 7 22 **Registered Nurses CNA/Orderlies** 15 N/R **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping 2 N/R **Pharmacy** Other 3 **Clinical Labs**

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Oak Ridge Center, Genesis HealthCare 100 Association Drive, NorthGate Business Park Charleston WV 25311

License #		67	County		Kanawha
Administrator	Jim Triana		Phone #		304-347-4372
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Med	licare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed	d Beds 74	Certified Beds	7 4	Respite Beds	0
Private F	Rooms 12 S	Semi-Private Rooms	31	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
	Private Room Rate	317.02		Medicaid Rate	322.00
Ser	mi-Private Room Rate	307.00		Other	N/R
	NUN	IBER OF FULL	-TIME EMPLOY	/EES	
	Registered Nurses	11		CNA/Orderlies	30
Licen	sed Practical Nurses	11		Other Personnel	34
	SERV	ICES AND PRO	OGRAMS AVAIL	_ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpati	ent Physical Therapy	0		Dentistry	2
C	Occupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatie	ent Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2		•	

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Ohio Valley Health Care 222 Nicolett Road

Parkersburg WV 26104

License #		47	County		Wood			
Administrator	Brandy Gillespie		Phone #		304-485-5137			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid			
Ownership	Ohio Valley	Nursing Home, Inc.	Type of Control		Proprietary			
·	NU	MBER OF BED	S AND ROOMS		·			
Licensed	Beds 66	Certified Beds	6 6	Respite Beds	o 0			
Private Ro	ooms 19 S	Semi-Private Rooms	24	3 - 4 Bed Wards	0			
		DAILY ROO	M RATES					
	Private Room Rate	205.00		Medicaid Rate	210.68			
Sem	i-Private Room Rate	195.00		Other	N/R			
	NUMBER OF FULL-TIME EMPLOYEES							
	Registered Nurses	8		CNA/Orderlies	30			
Licens	ed Practical Nurses	12		Other Personnel	25			
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	N/R			
Outpatie	nt Physical Therapy	N/R		Dentistry	2			
Od	cupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatien	nt Speech Pathology	N/R	Psych	ological Services	2			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	N/R			
	Clinical Labs	2						

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Parkersburg Center 1716 Gihon Road

Parkersburg WV 26101

License #		71	County		Wood
Administrator	Linda Sistrunk		Phone #		304-485-5511
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Su	n Healthcare Group	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed I	Beds 66	Certified Bed	s 66	Respite Beds	0
Private Ro	ooms N/R S	emi-Private Rooms	s N/R	3 - 4 Bed Wards	N/R
		DAILY ROO	OM RATES		
	Private Room Rate	N/R		Medicaid Rate	N/R
Semi	i-Private Room Rate	N/R		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	N/R		CNA/Orderlies	N/R
License	ed Practical Nurses	N/R		Other Personnel	N/R
	SERVI	ICES AND PRO	OGRAMS AVAI	LABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
	Physical Therapy	N/R	Administratio	n Storage of Blood	N/R
Outpatie	nt Physical Therapy	N/R		Dentistry	N/R
Oc	cupational Therapy	N/R		Podiatry	N/R
	Speech Pathology	N/R		Ophthalmology	N/R
Outpatien	t Speech Pathology	N/R	Psyc	chological Services	N/R
	Social Services	N/R		Dietary Services	N/R
	Patient Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

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Pendleton Manor 141 Maples Avenue, P.O. Box 700 Franklin WV 26807

License #		66	County		Pendleton
Administrator	Ronald David O'Bo	yle	Phone #		304-358-2322
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Med	dicare/Medicaid
Ownership	Pendleton Mano	r Board of Directors	Type of Control	1	Non-Proprietary
-	NUI	MBER OF BED	S AND ROOM	S	
Licensed	Beds 91	Certified Beds	91	Respite Beds	0
Private Ro	ooms 15 S	emi-Private Rooms	38	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	224.00		Medicaid Rate	218.28
Semi	i-Private Room Rate	214.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	9		CNA/Orderlies	36
License	ed Practical Nurses	9		Other Personnel	37
	SERVI	CES AND PRO	GRAMS AVAI	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administratio	n Storage of Blood	3
Outpatie	nt Physical Therapy	2		Dentistry	2
Oc	cupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	t Speech Pathology	2	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	3			

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

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Pierpont Center at Fairmont Campus 1543 Country Club Road

Fairmont WV 26554

License #		59	County		Marior
Administrator	Cathy Fleece		Phone #		304-363-2273
Facility Type	·	acility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	•	Genesis	Type of Control		Proprietary
	NU	JMBER OF BED	S AND ROOMS	5	
Licensed	Beds 120	Certified Beds	120	Respite Beds	0
Private Ro	ooms 8	Semi-Private Rooms	56	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
-	Private Room Rate	268.00		Medicaid Rate	196.95
Sem	i-Private Room Rate	257.00		Other	N/R
	NU	MBER OF FULL	-TIME EMPLOY	/EES	
	Registered Nurses	10		CNA/Orderlies	25
Licens	ed Practical Nurses	14		Other Personnel	53
	SER\	ICES AND PRO	OGRAMS AVAII	_ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	n Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	0
Od	ccupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	0
Outpatier	nt Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Pine Lodge 405 Stanaford Road

Beckley WV 25801

License #	18	County		Raleigh
Administrator Jo Clare Hanshew		Phone #		304-252-6317
Facility Type Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Genesis	Type of Control		Proprietary
NU	MBER OF BED	S 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 ROC	M RATES		
Private Room Rate	268.00		Medicaid Rate	201.43
Semi-Private Room Rate	263.00		Other	N/R
NUN	IBER OF FULL	-TIME EMPLOY	'EES	
Registered Nurses	12		CNA/Orderlies	41
Licensed Practical Nurses	13		Other Personnel	29
SERV	ICES AND PRO	OGRAMS AVAIL	.ABLE	
Nursing	1		Diagnostic X-ray	2
Physical Therapy	2	Administration	Storage of Blood	0
Outpatient Physical Therapy	N/A		Dentistry	2
Occupational Therapy	2		Podiatry	2
Speech Pathology	2		Ophthalmology	2
Outpatient Speech Pathology	N/A	Psyc	hological Services	2
Social Services	1		Dietary Services	1
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	0
Clinical Labs	2			

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Pine View Nursing and Rehabilitation Center 400 McKinley Avenue

Harrisville WV 26362

License #		10	County		Ritchie
Administrator	Lynda Kirk	19	Phone #		304-643-2712
Facility Type	Skilled Nursing Fac	ility/Nursing Eacility		Mod	dicare/Medicaid
	_			ivie	
Ownership 6	e View Nursing and Conv	alescent Home, Inc.	Type of Control		Proprietary
	NUI	MBER OF BED	S AND ROOM	S	
License	d Beds 56	Certified Beds	s 56	Respite Beds	0
Private	Rooms 6 S	emi-Private Rooms	30	3 - 4 Bed Wards	0
		DAILY ROO	M RATES		
	Private Room Rate	222.00		Medicaid Rate	212.37
Se	mi-Private Room Rate	221.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	8		CNA/Orderlies	27
Lice	nsed Practical Nurses	8		Other Personnel	42
	SERVI	CES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administratio	n Storage of Blood	2
Outpat	tient Physical Therapy	N/R		Dentistry	2
•	Occupational Therapy	1		Podiatry	1
	Speech Pathology	2		Ophthalmology	2
Outpati	ent Speech Pathology	N/R	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Pocahontas Center Stillwell Road, Route 1, Box 500

Marlinton WV 24954

License #		101	County		Pocahontas
Administrator	Jud Worth		Phone #		304-799-7375
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NUI	MBER OF BED	S AND ROOM	S	
Licensed	Beds 68	Certified Bed	s 68	Respite Beds	0
Private Ro	ooms 4 S	emi-Private Room	s 32	3 - 4 Bed Wards	N/R
		DAILY ROO	OM RATES		
	Private Room Rate	320.00		Medicaid Rate	178.63
Sem	i-Private Room Rate	310.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	10		CNA/Orderlies	41
Licens	ed Practical Nurses	7		Other Personnel	31
	SERVI	CES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	n Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	2
Od	cupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatien	nt Speech Pathology	0	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Princeton Health Care Center 315 Court House Road

Princeton WV 24740

License #		89	County		Mercer
Administrator	Roger Topping		Phone #		304-487-3458
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Princeton	Memorial Company	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	I Beds 120	Certified Beds	120	Respite Beds	5 0
Private R	Rooms 4	Semi-Private Rooms	58	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	230.00		Medicaid Rate	209.91
Sen	ni-Private Room Rate	220.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOYE	EES	
	Registered Nurses	9		CNA/Orderlies	50
Licens	sed Practical Nurses	16		Other Personnel	39
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	0
Outpation	ent Physical Therapy	2		Dentistry	2
0	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatie	nt Speech Pathology	2	Psycho	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Putnam Center 300 Seville Road

Hurricane WV 25526

	11	uiiicaii c	***	23320		
License #		91	County			Putnam
Administrator	Michael Herald		Phone #			304-757-6805
Facility Type	Skilled Nursing F	acility/Nursing Facility	Reimbursen	nent	Me	dicare/Medicaid
Ownership	5	Sun Healthcare Group	Type of Con	trol		Proprietary
	N	JMBER OF BED	S AND RO	OOMS		
Licensed	Beds 120	Certified Beds	120		Respite Beds	0
Private R	ooms 8	Semi-Private Rooms	56		3 - 4 Bed Wards	0
		DAILY ROC	M RATES	3		
	Private Room Rate	213.17			Medicaid Rate	186.20
Sem	ni-Private Room Rate	207.91			Other	214.41
	NU	MBER OF FULL	-TIME EM	PLOYEE	ES	
	Registered Nurses	8			CNA/Orderlies	43
Licens	sed Practical Nurses	22		0	ther Personnel	47
	SER	VICES AND PRO	OGRAMS A	AVAILAE	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	2	Admini	stration St	orage of Blood	0
Outpatie	ent Physical Therapy	2			Dentistry	2
O	ccupational Therapy	2			Podiatry	2
	Speech Pathology	2			Ophthalmology	2
Outpatier	nt Speech Pathology	2		Psycholo	ogical Services	2
	Social Services	1			Dietary Services	1
	Patient Activities	1			Housekeeping	1
	Pharmacy	2			Other	1
	Clinical Labs	2				

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Raleigh Center 1631 Ritter Drive, P.O. Box 741 Daniels WV 25832

116 County Raleigh License # Administrator Keith Sexton 304-763-3051 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** Genesis Type of Control Proprietary NUMBER OF BEDS AND ROOMS 68 **Licensed Beds Certified Beds** 68 **Respite Beds** 0 **Private Rooms** 4 **Semi-Private Rooms** 32 3 - 4 Bed Wards N/R **DAILY ROOM RATES Private Room Rate** 301.00 **Medicaid Rate** 210.10 291.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 9 **CNA/Orderlies** 29 Other Personnel 28 **Licensed Practical Nurses** 11 **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray N/A **Physical Therapy Administration Storage of Blood** 2 2 **Outpatient Physical Therapy** Dentistry 2 2 **Occupational Therapy Podiatry** 2 Speech Pathology 2 Ophthalmology 2 2 **Outpatient Speech Pathology Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping 2 N/R **Pharmacy** Other

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

Clinical Labs

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2

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Ravenswood Village, Genesis Healthcare 200 South Ritchie Avenue

Ravenswood WV 26164

License #		122	County		Jackson
Administrator	Tanatha Amos		Phone #		304-273-9385
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed I	Beds 62	Certified Beds	62	Respite Beds	6 0
Private Ro	ooms N/R	Semi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
	Private Room Rate	315.00		Medicaid Rate	197.25
Semi	i-Private Room Rate	305.00		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLOY	EES	
	Registered Nurses	8		CNA/Orderlies	30
License	ed Practical Nurses	10		Other Personnel	27
	SERV	ICES AND PRO	GRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	1	Administration	Storage of Blood	0
Outpatie	nt Physical Therapy	0		Dentistry	2
Oc	cupational Therapy	1		Podiatry	2
	Speech Pathology	1		Ophthalmology	2
Outpatien	t Speech Pathology	0	Psych	nological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	3		Other	N/R
	Clinical Labs	3			

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Rosewood Center 8 Rose Street

Grafton WV 26354

	•	raiton	***	2000-				
License #		112	County			Taylor		
Administrator	Beth Harris		Phone #			304-265-0095		
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursem	ent	Me	dicare/Medicaid		
Ownership		Genesis	Type of Cont	trol		Proprietary		
	NUMBER OF BEDS AND ROOMS							
Licensed	Beds 69	Certified Beds	6 9		Respite Beds	0		
Private Ro	ooms 7	Semi-Private Rooms	31		3 - 4 Bed Wards	N/R		
		DAILY ROO	M RATES					
-	Private Room Rate	301.00			Medicaid Rate	204.93		
Semi	i-Private Room Rate	291.00			Other	0		
	NUN	MBER OF FULL	-TIME EMI	PLOYEE	S			
	Registered Nurses	8			CNA/Orderlies	32		
License	ed Practical Nurses	9		0	ther Personnel	30		
	SERV	ICES AND PRO	OGRAMS A	VAILAE	BLE			
	Nursing	1		D	iagnostic X-ray	2		
	Physical Therapy	1	Adminis	tration St	orage of Blood	2		
Outpatie	nt Physical Therapy	0			Dentistry	2		
Oc	cupational Therapy	1			Podiatry	2		
	Speech Pathology	1			Ophthalmology	2		
Outpatien	t Speech Pathology	1		Psycholo	ogical Services	2		
	Social Services	1			ietary Services	1		
	Patient Activities	1			Housekeeping	1		
	Pharmacy	2			Other	0		
	Clinical Labs	2						

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Salem Center 146 Water Street

Salem WV 26426

	· ·	Jaioiii	***			
License #		95	County			Harrison
Administrator	Ashley Adkin		Phone #			304-782-3000
Facility Type	Skilled Nursing Fa	cility/Nursing Facility	Reimbursem	ent	Me	dicare/Medicaid
Ownership	S	un Healthcare Group	Type of Cont	trol		Proprietary
	NL	JMBER OF BED	S AND RC	OMS		
Licensed E	Beds 112	Certified Bed	s 112		Respite Beds	0
Private Ro	ooms 14	Semi-Private Rooms	s 49		3 - 4 Bed Wards	N/R
		DAILY ROO	OM RATES			
-	Private Room Rate	273.00			Medicaid Rate	174.74
Semi	-Private Room Rate	257.00			Other	N/R
	NUI	MBER OF FULL	-TIME EMI	PLOYEE	S	
	Registered Nurses	6			CNA/Orderlies	40
License	ed Practical Nurses	9		0	ther Personnel	39
	SERV	ICES AND PRO	OGRAMS A	VAILAE	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	2	Adminis	tration St	orage of Blood	0
Outpatier	nt Physical Therapy	0			Dentistry	2
Oc	cupational Therapy	2			Podiatry	2
	Speech Pathology	2			Ophthalmology	2
Outpatien	t Speech Pathology	0		Psycholo	ogical Services	2
	Social Services	1			Dietary Services	1
	Patient Activities	1			Housekeeping	2
	Pharmacy	2			Other	0
	Clinical Labs	2				

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Shenandoah Center 50 Mulberry Tree Street

Charles Town WV 25414

License #		138	County		Jefferson
Administratot	Michele Cornwell		Phone #		304-724-1101
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	3	
Licensed Be	eds 78	Certified Beds	78	Respite Beds	0
Private Roo	ms 8	Semi-Private Rooms	35	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
P	rivate Room Rate	332.00		Medicaid Rate	0.00
Semi-P	Private Room Rate	322.00		Other	0.00
	NUM	BER OF FULL	-TIME EMPLOY	/EES	
R	Registered Nurses	16		CNA/Orderlies	33
Licensed	Practical Nurses	7		Other Personnel	29
	SERV	ICES AND PRO	OGRAMS AVAIL	_ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	0
Outpatient	Physical Therapy	0		Dentistry	2
Осси	upational Therapy	2		Podiatry	2
\$	Speech Pathology	2		Ophthalmology	2
Outpatient S	Speech Pathology	0	Psyc	hological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Sistersville Center 201 Wood Street

Sistersville WV 26175

License #		119	County		Tyler			
Administrator	Matthew Rutherfo	ord	Phone #		304-652-1032			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid			
Ownership		Genesis	Type of Control		Proprietary			
	NUMBER OF BEDS AND ROOMS							
Licensed I	Beds 68	Certified Beds	6 8	Respite Beds	5 0			
Private Ro	ooms 4	Semi-Private Rooms	32	3 - 4 Bed Wards	0			
	DAILY ROOM RATES							
	Private Room Rate	275.00		Medicaid Rate	216.54			
Semi	i-Private Room Rate	265.00		Other	378.75			
	NUM	IBER OF FULL	-TIME EMPLOY	EES				
	Registered Nurses	9		CNA/Orderlies	18			
License	ed Practical Nurses	6		Other Personnel	35			
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	2	Administration	Storage of Blood	0			
Outpatie	nt Physical Therapy	0		Dentistry	2			
Oc	cupational Therapy	2		Podiatry	2			
	Speech Pathology	2		Ophthalmology	2			
Outpatien	t Speech Pathology	0	Psych	ological Services	2			
	Social Services	1		Dietary Services	1			
	Patient 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

3					
License #		126	County		Monroe
Administrator	Angel Williams		Phone #		304-753-4332
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Sp	ringfield Center LLC	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed	Beds 60	Certified Beds	s 60	Respite Beds	0
Private Ro	ooms N/R S	emi-Private Rooms	N/R	3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES		
	Private Room Rate	N/R		Medicaid Rate	N/R
Semi	i-Private Room Rate	N/R		Other	N/R
	NUM	IBER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	N/R		CNA/Orderlies	33
License	ed Practical Nurses	16		Other Personnel	N/R
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	N/R		Diagnostic X-ray	N/R
	Physical Therapy	N/R	Administration	n Storage of Blood	N/R
Outpatie	nt Physical Therapy	N/R		Dentistry	N/R
Oc	cupational Therapy	N/R		Podiatry	N/R
	Speech Pathology	N/R		Ophthalmology	N/R
Outpatien	t Speech Pathology	N/R	Psyc	chological Services	N/R
	Social Services	N/R		Dietary Services	N/R
	Patient Activities	N/R		Housekeeping	N/R
	Pharmacy	N/R		Other	N/R
	Clinical Labs	N/R			

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St. Barbara's Memorial Nursing Home P.O. Box 9066

Monongah 26555 Marion 34 County License # Administrator Kay Cottrill 304-534-5220 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** St. Barbara's Memorial Nursing Home, Inc. Type of Control Non-Proprietary NUMBER OF BEDS AND ROOMS **Licensed Beds Certified Beds** 57 **Respite Beds** 0 **Private Rooms** 6 **Semi-Private Rooms** 24 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 155.00 **Medicaid Rate** 201.46 150.00 N/R Semi-Private Room Rate Other NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 4 **CNA/Orderlies** 32 10 Other Personnel 37 **Licensed Practical Nurses SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 0 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 3 **Patient Activities** 1 1 Housekeeping 2 **Pharmacy** Other

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

Clinical Labs

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1 = a service provided directly by the facility;

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

2

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

26034

Stone Pear Pavilion/Fox Nursing 125 Fox Lane

Chester

Hancock 3 County License # Administrator James D. Fox Phone # 304-387-0101 **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid Fox Nursing Home, Inc. Type of Control **Ownership** Proprietary NUMBER OF BEDS AND ROOMS 60 **Licensed Beds Certified Beds** 60 **Respite Beds** 0 **Private Rooms** 4 **Semi-Private Rooms** 28 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 275.00 **Medicaid Rate** 233.75 240.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES 7 **Registered Nurses CNA/Orderlies** 33 13 N/R **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** 2 Nursing Diagnostic X-ray N/R **Physical Therapy Administration Storage of Blood** 2 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 2 **Outpatient Speech Pathology Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping 2 N/R **Pharmacy** Other 2 **Clinical Labs**

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

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Summers Nursing and Rehabilitation Center, LLC P.O. Box 1240

Hinton 25951 License # 100 County Summers Administrator Shelda Cox 304-466-0332 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** AMFM of Summers Co., Inc. Type of Control Proprietary NUMBER OF BEDS AND ROOMS 120 **Licensed Beds Certified Beds** 120 **Respite Beds** 0 **Private Rooms** 8 **Semi-Private Rooms** 56 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 304.00 **Medicaid Rate** 207.77 282.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES 47 **Registered Nurses** 9 **CNA/Orderlies** 19 Other Personnel 30 **Licensed Practical Nurses SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 N/A 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** Speech Pathology 2 2 Ophthalmology 2 **Outpatient Speech Pathology** N/A **Psychological Services Social Services Dietary Services** 1 1 **Patient Activities** 1 1 Housekeeping N/R 2 **Pharmacy** Other 2 **Clinical Labs**

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

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Sundale Nursing Home 800 J.D. Anderson Drive

Morgantown WV 26505

		9		•	
License #		23	County		Monongalia
Administrator	Lisa K. White		Phone #		304-599-0497
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Mon	ongalia Home Corp.	Type of Control		Non-Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	Beds 115	Certified Beds	115	Respite Beds	0
Private R	ooms 13	Semi-Private Rooms	51	3 - 4 Bed Wards	0
		DAILY ROO	M RATES		
	Private Room Rate	260.00		Medicaid Rate	220.28
Sem	i-Private Room Rate	250.00		Other	270.00
	NUN	IBER OF FULL	-TIME EMPLOYI	EES	
	Registered Nurses	8		CNA/Orderlies	47
Licens	sed Practical Nurses	23		Other Personnel	52
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	3		Diagnostic X-ray	2
	Physical Therapy	3	Administration	Storage of Blood	N/A
Outpatie	ent Physical Therapy	N/A		Dentistry	2
Od	ccupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatier	nt Speech Pathology	N/A	Psych	ological Services	2
	Social Services	3		Dietary Services	3
	Patient Activities	3		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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

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Teays Valley Center 590 North Poplar Fork Road

Hurricane WV 25526

License #			County		Putnam
Administrator	Shayne Hutchinson	on	Phone #		304-757-7826
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed Be	eds 124	Certified Beds	124	Respite Beds	0
Private Roor	ms 40 S	emi-Private Rooms	82	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
Р	rivate Room Rate	242.00		Medicaid Rate	191.45
Semi-P	rivate Room Rate	232.00		Other	varies
	NUM	BER OF FULL	-TIME EMPLO	YEES	
R	egistered Nurses	17		CNA/Orderlies	50
Licensed	Practical Nurses	22		Other Personnel	49
	SERV	CES AND PRO	OGRAMS AVAI	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administratio	n Storage of Blood	0
Outpatient	Physical Therapy	0		Dentistry	2
Occu	pational Therapy	2		Podiatry	2
5	Speech Pathology	2		Ophthalmology	2
Outpatient S	Speech Pathology	0	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Emeritus At The Heritage Route 4, Box 17

Bridgeport WV 26330

0.		
7	County	Harrison
	Phone #	304-842-4135
Nursing Facility	Reimbursement	Medicaid
Emericare Inc	Type of Control	Proprietary
MBER OF BED	S AND ROOMS	
Certified Beds	s 51 Resp	ite Beds 0
emi-Private Rooms	3 - 4 Be	d Wards N/R
DAILY ROO	OM RATES	
N/R	Medicaio	Rate N/R
N/R		Other N/R
BER OF FULL	-TIME EMPLOYEES	
N/R	CNA/Ord	derlies 27
6	Other Pers	sonnel N/R
CES AND PRO	OGRAMS AVAILABLE	
N/R	Diagnostic	X-ray N/R
N/R	Administration Storage of	Blood N/R
N/R	De	ntistry N/R
N/R	Po	odiatry N/R
N/R	Ophthaln	nology N/R
N/R	Psychological Se	rvices N/R
N/R	Dietary Se	ervices N/R
N/R	Houseke	eeping N/R
N/R		Other N/R
N/R		
	Nursing Facility Emericare Inc WBER OF BED Certified Bedsemi-Private Rooms DAILY ROC N/R N/R N/R 6 CES AND PROC N/R N/R N/R N/R N/R N/R N/R N/	Nursing Facility Reimbursement Emericare Inc Type of Control MBER OF BEDS AND ROOMS Certified Beds 51 Resp emi-Private Rooms N/R 3 - 4 Bed DAILY ROOM RATES N/R Medicaid N/R BER OF FULL-TIME EMPLOYEES N/R CNA/Orc 6 Other Pers CES AND PROGRAMS AVAILABLE N/R Diagnostic N/R Administration Storage of N/R De N/R Ophthalm N/R Psychological Se N/R Dietary Se N/R N/R Houseke

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Trinity Health Care of Logan 1000 West Park Avenue

Logan WV 25601

License #		86	County		Logan	
Administrator	Mark Noe		Phone #		304-752-8724	
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Me	dicare/Medicaid	
Ownership	Trinity Health	Care Services, Inc.	Type of Control		Proprietary	
	NUI	MBER OF BED	S AND ROOMS	S		
Licensed	Beds 120	Certified Bed	s 120	Respite Beds	0	
Private Ro	ooms 7 S	emi-Private Room	s 55	3 - 4 Bed Wards	N/R	
		DAILY ROO	OM RATES			
	Private Room Rate	225.00		Medicaid Rate	215.57	
Sem	i-Private Room Rate	220.00		Other	N/R	
NUMBER OF FULL-TIME EMPLOYEES						
	Registered Nurses	7		CNA/Orderlies	40	
Licens	ed Practical Nurses	22		Other Personnel	54	
	SERVI	CES AND PRO	OGRAMS AVAII	LABLE		
	Nursing	1		Diagnostic X-ray	2	
	Physical Therapy	2	Administration	n Storage of Blood	0	
Outpatie	nt Physical Therapy	0		Dentistry	2	
Od	ccupational Therapy	2		Podiatry	2	
	Speech Pathology	2		Ophthalmology	2	
Outpatien	nt Speech Pathology	0	Psyc	chological Services	2	
	Social Services	1		Dietary Services	1	
	Patient Activities	1		Housekeeping	1	
	Pharmacy	2		Other	0	
	Clinical Labs	2				

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Trinity Health Care of Mingo 100 Hill Crest Drive

Williamson WV 25661

	2.2.2.						
License #		92	County		Mingo		
Administrator	James T. Ragland		Phone #		304-235-7005		
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid		
Ownership	Trinity Health Care Se	rvices of Mingo, Inc.	Type of Control		Proprietary		
	NU	MBER OF BED	S AND ROOMS				
Licensed Beds 90 Certified Bed			d Beds 90 Respite Beds 0				
Private I	Rooms 10 S	Semi-Private Rooms	39	3 - 4 Bed Wards	0		
		DAILY ROC	M RATES				
	Private Room Rate	200.00		Medicaid Rate	182.85		
Sei	mi-Private Room Rate	190.00		Other	N/R		
	NUMBER OF FULL-TIME EMPLOYEES						
	Registered Nurses	4		CNA/Orderlies	21		
Licer	nsed Practical Nurses	24		Other Personnel	28		
SERVICES AND PROGRAMS AVAILABLE							
	Nursing	1		Diagnostic X-ray	2		
	Physical Therapy	2	Administration	Storage of Blood	0		
Outpati	ient Physical Therapy	0		Dentistry	2		
C	Occupational Therapy	2		Podiatry	2		
	Speech Pathology	2		Ophthalmology	2		
Outpatie	ent Speech Pathology	0	Psych	ological Services	2		
	Social Services	1		Dietary Services	1		
	Patient 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

License #			62	County			Marion
Administrator	Judith Mo	ohr		Phone #			304-366-9100
Facility Type Ski	lled Nursing Fa	cility/Nursing Fac	cility	Reimbursen	nent	Me	dicare/Medicaid
Ownership		Gen	esis	Type of Con	trol		Proprietary
	NU	MBER OF B	BED	S AND RO	OOMS		
Licensed Beds	119	Certified I	Beds 119 Respite Beds 0				
Private Rooms	7	Semi-Private Ro	oms	50		3 - 4 Bed Wards	4
		DAILY R	00	M RATES	}		
Privat	te Room Rate	225.00				Medicaid Rate	189.50
Semi-Priva	te Room Rate	215.00				Other	208.00
	NUN	IBER OF FL	JLL-	TIME EM	PLOYE	S	
Regis	tered Nurses	15				CNA/Orderlies	55
Licensed Pra	ctical Nurses	17			0	ther Personnel	55
	SERV	ICES AND F	PRO	GRAMS A	AVAILAE	BLE	
	Nursing	1			D	iagnostic X-ray	2
Phys	sical Therapy	2		Adminis	stration St	orage of Blood	N/A
Outpatient Phys	sical Therapy	N/A				Dentistry	2
Occupati	onal Therapy	2				Podiatry	2
Spee	ch Pathology	2				Ophthalmology	2
Outpatient Spee	ch Pathology	N/A			Psycholo	ogical Services	2
So	cial Services	1				Dietary Services	1
Pati	ent Activities	1				Housekeeping	1
	Pharmacy	2				Other	1
	Clinical Labs	2					

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Valley Center, Genesis Healthcare 1000 Lincoln Drive

South Charleston WV 25309

-					
License #		128	County		Kanawha
Administrator	Kimberly Mitche	ell	Phone #		304-768-4400
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed B	eds 130	Certified Beds	130	Respite Beds	5 0
Private Roc	oms 12 S	Semi-Private Rooms	59	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
-	Private Room Rate	321.00		Medicaid Rate	194.14
Semi-	Private Room Rate	310.00		Other	249.00
	NUM	BER OF FULL	-TIME EMPLO	YEES	
-	Registered Nurses	21		CNA/Orderlies	62
License	d Practical Nurses	23		Other Personnel	44
	SERV	ICES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administratio	n Storage of Blood	0
Outpatient	t Physical Therapy	0		Dentistry	2
Осс	upational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatient	Speech Pathology	0	Psyc	chological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	0
	Clinical Labs	2			

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Valley Haven Geriatric Center R.D. 2, Box 44

Wellsburg WV 26070

License #		113	County		Brooke
Administrator		Kristen Stotler	Phone #		304-394-5322
Facility Type	Skilled Nursing Facility/Nursing Facility		Reimbursement	Med	dicare/Medicaid
Ownership	Valley Haven G	Seriatric Center, Inc.	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOM	S	
Licensed Be	eds 60	Certified Beds	s 60	Respite Beds	0
Private Roo	ms 4 S	emi-Private Rooms	4	3 - 4 Bed Wards	12
		DAILY ROO	M RATES		
F	Private Room Rate	N/R		Medicaid Rate	N/R
Semi-F	Private Room Rate	N/R		Other [N/R
NUMBER OF FULL-TIME EMPLOYEES					
F	Registered Nurses	9		CNA/Orderlies	22
Licensed Practical Nurses 4				Other Personnel	25
SERVICES AND PROGRAMS AVAILABLE					
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	n Storage of Blood	0
Outpatient	Physical Therapy	0		Dentistry	2
Оссі	upational Therapy	2		Podiatry	2
;	Speech Pathology	2		Ophthalmology	2
Outpatient 9	Speech Pathology	0	Psyc	chological Services	2
	Social Services	3		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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Wayne Nursing and Rehabilitation Center, LLC 6999 Route 152

	V	Vayne	WV	25570		
License #		110	County			Wayne
Administrator	Cindy Cooper		Phone #			304-697-7007
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursei	ment	Me	dicare/Medicaid
Ownership	AMFN	of Wayne Co., Inc.	Type of Cor	ntrol		Proprietary
	NU	MBER OF BED	S AND R	оомѕ		
Licensed	Beds 60	Certified Beds	60		Respite Beds	, 0
Private R	ooms 4	Semi-Private Rooms	28		3 - 4 Bed Wards	N/R
		DAILY ROC	M RATES	3		
	Private Room Rate	313.00			Medicaid Rate	111.86
Sem	ni-Private Room Rate	291.00			Other	N/R
	NUM	IBER OF FULL	-TIME EM	IPLOYEE	S	
	Registered Nurses	4			CNA/Orderlies	28
Licens	sed Practical Nurses	12		0	ther Personnel	28
	SERV	ICES AND PRO	GRAMS	AVAILAE	BLE	
	Nursing	1		D	iagnostic X-ray	3
	Physical Therapy	3	Admini	stration St	orage of Blood	N/R
Outpatie	ent Physical Therapy	0			Dentistry	3
0	ccupational Therapy	3			Podiatry	3
	Speech Pathology	3		(Ophthalmology	3
Outpatie	nt Speech Pathology	0		Psycholo	ogical Services	2
	Social Services	1		D	ietary Services	1
	Patient Activities	1			Housekeeping	1
	Pharmacy	3			Other	N/R
	Clinical Labs	3				

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Webster Nursing and Rehabilitation Center, LLC P.O. Box 989

Cowen 26206 Webster 107 County License # Administrator June Hutchinson 304-226-5301 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** AMFM of Webster Co., Inc. Type of Control Proprietary NUMBER OF BEDS AND ROOMS 60 **Licensed Beds Certified Beds** 60 **Respite Beds** 0 **Private Rooms** 4 **Semi-Private Rooms** 28 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 299.00 **Medicaid Rate** 219.36 278.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES 7 **Registered Nurses CNA/Orderlies** 30 13 21 **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** 0 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping 2 **Pharmacy** Other 2 **Clinical Labs**

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Weirton Geriatric Center 2525 Pennsylvania Avenue

Weirton WV 26062

				_	
License #		49	County		Hancock
Administrator	Rhonda Quattrochi		Phone #		304-723-4300
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	dicare/Medicaid
Ownership	Wei	ton Geriatric Center	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS		
Licensed	Beds 137	Certified Beds	137	Respite Beds	0
Private Ro	ooms 77 S	Semi-Private Rooms	30	3 - 4 Bed Wards	0
		DAILY ROC	M RATES		
	Private Room Rate	215.00		Medicaid Rate	212.60
Sem	i-Private Room Rate	215.00		Other	N/A
	NUM	IBER OF FULL	-TIME EMPLOYE	ES	
	Registered Nurses	17		CNA/Orderlies	114
Licens	ed Practical Nurses	18		Other Personnel	77
	SERV	ICES AND PRO	OGRAMS AVAILA	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	2
Outpatie	nt Physical Therapy	1		Dentistry	2
Od	cupational Therapy	2		Podiatry	2
	Speech Pathology	2		Ophthalmology	2
Outpatien	nt Speech Pathology	2	Psycho	ological Services	2
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	2		Other	N/R
	Clinical Labs	2			

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White Sulphur Springs Center Route 92, P.O. Box 249

White Sulphur Springs WV 24986

License #		123	County		Greenbrier
Administrator	Cary Carter		Phone #		304-536-4661
Facility Type	Skilled Nursing Fac	ility/Nursing Facility	Reimbursement	Med	dicare/Medicaid
Ownership		Genesis	Type of Control		Proprietary
	NU	MBER OF BED	S AND ROOMS	S	
Licensed I	Beds 68	Certified Bed	s 68	Respite Beds	0
Private Ro	ooms 18 S	emi-Private Room	s 25	3 - 4 Bed Wards	0
		DAILY ROO	OM RATES		
	Private Room Rate	303.00		Medicaid Rate	210.59
Semi	-Private Room Rate	297.00		Other	N/R
	NUM	BER OF FULL	-TIME EMPLO	YEES	
	Registered Nurses	12		CNA/Orderlies	28
License	ed Practical Nurses	8		Other Personnel	30
	SERV	CES AND PRO	OGRAMS AVAII	LABLE	
	Nursing	1		Diagnostic X-ray	3
	Physical Therapy	3	Administration	n Storage of Blood	2
Outpatier	nt Physical Therapy	0		Dentistry	2
Oc	cupational Therapy	3		Podiatry	2
	Speech Pathology	3		Ophthalmology	2
Outpatien	t Speech Pathology	0	Psyc	chological Services	3
	Social Services	1		Dietary Services	1
	Patient Activities	1		Housekeeping	1
	Pharmacy	3		Other	N/R
	Clinical Labs	3			

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Willow Tree Manor 1263 S. George Street

Charles Town WV 25414

			_					
License #		25	County		Jefferson			
Administrator	Rusty Mitchell		Phone #		304-725-6575			
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	Reimbursement	Me	edicare/Medicaid			
Ownership	Blue	Ridge Nursing, LLC	Type of Control		Proprietary			
NUMBER OF BEDS AND ROOMS								
Licensed	Beds 104	Certified Beds	104	Respite Beds	0			
Private R	ooms 18	Semi-Private Rooms	23	3 - 4 Bed Wards	11			
DAILY ROOM RATES								
	Private Room Rate	200.00		Medicaid Rate	270.00			
Sem	ni-Private Room Rate	195.00		Other	N/R			
	NUM	IBER OF FULL	-TIME EMPLOY	EES				
	Registered Nurses	6		CNA/Orderlies	29			
Licens	sed Practical Nurses	18		Other Personnel	37			
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE				
	Nursing	1		Diagnostic X-ray	2			
	Physical Therapy	1	Administration	Storage of Blood	0			
Outpatie	ent Physical Therapy	0		Dentistry	0			
0	ccupational Therapy	1		Podiatry	2			
	Speech Pathology	1		Ophthalmology	2			
Outpatie	nt Speech Pathology	0	Psych	nological Services	0			
	Social Services	1		Dietary Services	1			
	Patient Activities	1		Housekeeping	1			
	Pharmacy	2		Other	0			
	Clinical Labs	2						

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Willows Center 723 Summers Street

Parkersburg WV 26101

	· un	toroburg	***	_0.0.		
License #		8:	3 County			Wood
Administrator	Aaron Snodgrass		Phone #			304-428-5573
Facility Type	Skilled Nursing Fac	cility/Nursing Facility	y Reimbursei	ment	Me	dicare/Medicaid
Ownership		Genesi	s Type of Cor	ntrol		Proprietary
	NU	MBER OF BE	DS AND R	OOMS		
Licensed I	Beds 97	Certified Bed	is 97		Respite Beds	0
Private Ro	oms 13	emi-Private Room	1 s 42		3 - 4 Bed Wards	0
		DAILY RO	OM RATES	6		
	Private Room Rate	301.00			Medicaid Rate	207.16
Semi	-Private Room Rate	290.00			Other	134.26
	NUM	IBER OF FUL	L-TIME EN	IPLOYE	ES	
	Registered Nurses	10			CNA/Orderlies	54
License	ed Practical Nurses	16		C	Other Personnel	50
	SERV	ICES AND PR	OGRAMS	AVAILAI	BLE	
	Nursing	1		D	iagnostic X-ray	2
	Physical Therapy	2	Admini	istration S	torage of Blood	0
Outpatier	nt Physical Therapy	0			Dentistry	2
Oc	cupational Therapy	2			Podiatry	2
	Speech Pathology	2			Ophthalmology	2
Outpatien	t Speech Pathology	0		Psychol	ogical Services	2
	Social Services	1		[Dietary Services	1
	Patient Activities	1			Housekeeping	1
	Pharmacy	2			Other	N/R
	Clinical Labs	2				

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Woodlands Retirement Village One Bradley Foster Drive Huntington WV 25701

-				
License #	139	County		Cabell
Administrator Larry Mabry		Phone #		304-697-1620
Facility Type	Licensed Only	Reimbursement		Private Pay
Ownership		Type of Control		Non-Proprietary
NU	MBER OF BED	S AND ROOMS	3	
Licensed Beds 3	Certified Beds	0	Respite Beds	0
Private Rooms 3	Semi-Private Rooms	0	3 - 4 Bed Wards	0
	DAILY ROC	M RATES		
Private Room Rate	142.00		Medicaid Rate	N/A
Semi-Private Room Rate	0.00		Other	N/R
NUM	BER OF FULL	-TIME EMPLOY	/EES	
Registered Nurses	2		CNA/Orderlies	5
Licensed Practical Nurses	4		Other Personnel	7
SERV	ICES AND PRO	GRAMS AVAIL	ABLE	
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	Psyc	hological Services	2
Social Services	2		Dietary Services	3
Patient Activities	1		Housekeeping	1
Pharmacy	2		Other	1
Clinical Labs	2			

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

Worthington Nursing & Rehabilitation Center, LLC P.O. Box 4010

Parkersburg 26104 Wood 56 County License # Administrator Charlene Kimberly 304-485-7447 Phone # **Facility Type** Skilled Nursing Facility/Nursing Facility Reimbursement Medicare/Medicaid **Ownership** thington Nursing & Rehabilitation Center, LLC Type of Control Proprietary NUMBER OF BEDS AND ROOMS 105 **Licensed Beds Certified Beds** 105 **Respite Beds** 0 **Private Rooms** 11 **Semi-Private Rooms** 41 3 - 4 Bed Wards **DAILY ROOM RATES Private Room Rate** 215.00 **Medicaid Rate** 202.81 200.00 Semi-Private Room Rate Other N/R NUMBER OF FULL-TIME EMPLOYEES **Registered Nurses** 10 **CNA/Orderlies** 53 18 41 **Licensed Practical Nurses** Other Personnel **SERVICES AND PROGRAMS AVAILABLE** Nursing Diagnostic X-ray **Physical Therapy Administration Storage of Blood** N/A 0 2 **Outpatient Physical Therapy** Dentistry 2 2 Occupational Therapy **Podiatry** 2 Speech Pathology 2 Ophthalmology 2 **Outpatient Speech Pathology** 0 **Psychological Services Social Services** 1 **Dietary Services** 1 **Patient Activities** 1 1 Housekeeping N/A 2 **Pharmacy** Other 2 **Clinical Labs**

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;

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

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

WV Veterans Nursing Facility One Freedoms Way Clarksburg WV 26301

License #		182	County		Harrison
Administrator	Kevin Crickard		Phone #		304-626-1600
Facility Type		Licensed Only	Reimbursement		Private Pay
Ownership	The St	ate of West Virginia	Type of Control		
	NU	MBER OF BED	S AND ROOMS)	
Licensed	Beds 120	Certified Beds	s 0	Respite Beds	0
Private Ro	ooms 40 S	emi-Private Rooms	40	3 - 4 Bed Wards	0
		DAILY ROC	OM RATES		
	Private Room Rate	322.20		Medicaid Rate	N/A
Sem	i-Private Room Rate	322.20		Other	N/A
	NUN	IBER OF FULL	-TIME EMPLOY	'EES	
	Registered Nurses	17		CNA/Orderlies	53
Licens	ed Practical Nurses	13		Other Personnel	52
	SERV	ICES AND PRO	OGRAMS AVAIL	ABLE	
	Nursing	1		Diagnostic X-ray	2
	Physical Therapy	2	Administration	Storage of Blood	N/A
Outpatie	nt Physical Therapy	N/A		Dentistry	3
Od	ccupational Therapy	2		Podiatry	3
	Speech Pathology	2		Ophthalmology	3
Outpatien	nt Speech Pathology	N/A	Psyc	hological Services	N/A
	Social Services	1		Dietary Services	3
	Patient Activities	1		Housekeeping	1
	Pharmacy	1		Other	0
	Clinical Labs	3			

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

0 = a service not provided by the facility;

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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.

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 Assisted Living Residences, Residential Care Communities, and Legally Unlicensed Care Homes.

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 one (1) change of ownership (CHOW) surveys have been conducted.

There are currently forty-eight (48) 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. Six (6) ALRs have licensed Alzheimer's Units.

One hundred twenty-four (124) 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 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 Assisted Living Residences, Residential Care Communities, and Legally Unlicensed Care Homes. 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, one hundred fourteen (114) complaint intakes were received in the Assisted Living Program. Seventy-three (73) complaints were filed against Large ALRs; twenty-eight (28) were filed against Small ALRs; eleven (11) were filed against L/U facilities; two (2) were filed against Alzheimer's Units, and no complaints were filed against RCCs. There were three hundred eighty-two (382) allegations of violations against regulatory standards with one hundred seven (107) allegations substantiated and two hundred seventy-five (275) allegations unsubstantiated.

Enforcement

There were two (2) Legally Unlicensed Homes and one (1) Assisted Living Facility placed in enforcement during this time period for violations of non-compliance with the regulations. These three (3) facilities paid a total of \$7,465.63 in civil monetary penalties to our office.

Reimbursement

There are no federal or state reimbursement funds available for resident care in Assisted Living. Approximately forty-seven (47) assisted living facilities provide personal care and services to low-income residents with a total of 510 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.

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

Ε

Assisted Living Program October 1, 2013 - September 30, 2014 Summary Information

Altheimer's Unit pool of the side of of									
Total Number of Facilities	6	57	48	124	0	2	237		
Total Number of Beds	125	2690	592	372	0	86	3865		
								ı	
Facilities Opened	2	1	2	15	0	0	20		
Facilities Closed	0	0	1	36	0	0	37		
L.W.I	2		rvey Act		0	0	_		
Initial Re-licensure	2 10	1 109	2 92	0	0	0	5 217		
Complaint	2	73	28	0 11	0	6 0	222		
Revisits	2	73	48	6	0	0	127		
Total	16	252	169	17	0	6	460		
	10	232	103	-/	J	J	100	l The state of the	
		Comp	olaint Ou	ıtcomes					
Total Number of Allegations	8	274	81	19	0	0	382		
Allegation Substantiated	0	77	22	8	0	0	107		
Allegation Unsubstantiated	8	197	59	11	0	0	275		
Enforcement Cases									
Cases Initiated	0	0	1	2	0	0	3		
Cases Closed	0	0	1	2	0	0	3		

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

Assisted Living Directory

Part

F

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; services and programs available.

Some information, in particular the per diem rates, has 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 twenty-two (22) Medicare and/or Medicaid certified nursing facilities located in hospitals. These nursing facilities are distinct parts of hospitals and are licensed under the West Virginia Hospital Licensure rule. The Nursing Home Program conducts federal certification surveys of the distinct parts of hospitals.

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: 38

Phone: (304) 346-2323 Cost Per Diem: \$123/day

County: KANAWHA Number of Semi Private Rooms: 2

Administrator: DIANE GOUHIN Cost Per Diem: \$138/day

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:

(1) Administrator, (9) full and (0.73) part-time Housekeeping, (5) Maintenance, (1) RN, (2) full and (.20) part-time Laundry, (8) full and (0.30) part-time Nursing Assistants, (5) full and (0.96) part-time LPNs, (2) full and (0.30) part-time Activity Aids, and (18) full and (9.38) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing care, Local transportation to/from appointments, Beauty shop/hair cutting services (price varies), Assistance with making appointments, Laundry services, Dietary services, and 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: \$143/day

County: MONONGALIA Number of Semi Private Rooms: 4

Administrator: WILMA STERNTHAL Cost Per Diem: \$132/day

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:

(1) Administrator, (4) Housekeeping, (4) Maintenance, (6.5) Nursing Assistants, (5) LPN, (16.4) Dietary.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & intermittent nursing care, Beauty shop/Hair Cutting services (\$5 - 67), Assistance with Making Appointments (Staff escort \$44.64 hour), Laundry services, Dietary services, Recreational activities (bingo, tv, field trips, etc), Transportation to/from appointments (outside service area \$15.20/hour, .51 mile and Staff escorted transportation \$29.76 hour). Errands (Shopping, Prescriptions, Dry Cleaning etc. \$22.35 hour), Other services (.05 - 14.61)

AGING WITH GRACE License Type: ANNUAL

334 MAIN STREET Licensed Beds: 16

GRANTSVILLE, WV 26147 Number of Private Rooms: 14

Cost Per Diem: \$63/day (304) 354-6008 Phone:

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

Administrator: ARLENE SAMPSON Cost Per Diem: \$63/day

Owner: SAMPSON HOLDING, INC. 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:

(1) Administrator and RN (same person), (1) Laundry and Housekeeping (same person), (1) Maintenance, (4) full and (1) part-time Nursing Assistants.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (as necessary), Assistance with making Appointments, Laundry Services, Dietary Services, and Recreational Activities.

ANGEL AVENUE ASSISTED LIVING License Type: ANNUAL

3793 TEAYS VALLEY RD Licensed Beds: 16

HURRICANE, WV 25526 Number of Private Rooms: 4

Cost Per Diem: \$105 (304) 757-7661 Phone:

PUTNAM Number of Semi Private Rooms: 6 County:

Administrator: PAMELA DOLAN Cost Per Diem: \$90 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:

Owner:

(1) each: Administrator and RN, (7) full and [4] part-time Nursing Assistants, and (3) part-time RN Consultants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Assistance with making appointments, Laundry services, Dietary services, and Recreational Activities

License Type: ANNUAL **BELLE'S ASSISTED LIVING 2619 ROOSEVELT AVENUE** Licensed Beds: 10

SAINT ALBANS, WV 25177 Number of Private Rooms: 2

Cost Per Diem: \$117/day (304) 721-8491 Phone:

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

Administrator: SHARON DAILY Cost Per Diem: \$107/day

MARY BELLE DAILY Owner: 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:

(1) each: Administrator and Dietary, (1) part-time each: Maintenance, RN Consultant, and Acitivity Aide, (1) full and (2) part-time RNs, (6) Laundry, (6) full and (2) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited/intermittent Nursing Care, Transport to/from appointments (help make arrangements), Beauty shop/hair cutting Services (family pays), Assistance with Appointments, Laundry Services, Dietary Services, Recreational Activities, Other (House Dr - whatever Medicare pays)

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:** \$150/day

County: PUTNAM Number of Semi Private Rooms: 5

Administrator: CHRIS BRALEY Cost Per Diem: \$140/day

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:

(1) Administrator, (20) Staff that do following: Housekeeping, Laundry, and Dietary, (15 of the 20) do the following: Nursing Assistants and Activity Aide (s), and Dietary, (5) LPNs, (1) part-time Maintenance and RN

Services and Programs Available and Costs thereof:

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

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: \$60-83/day

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:

(1) Administrator, (1) part-time each: Maintenance, RN, and RN Consultant, (1) Nursing Assistant and Activity Aide, (9) all staff do the following: Housekeeping, Laundry, and Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making appointments, Laundry services, Dietary services, Recreational activities

CARING HANDS & 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/day

County: CABELL Number of Semi Private Rooms: 4

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

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

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

Number of Employees and Position Held:

(1) Administrator, (1) part-time each: RN, Housekeeping and Maintenance, (7) each: Laundry, Nursing Assistants, and 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, Assistance with making Appointments, Laundry Services, Dietary Services, and Recreational Activities

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/day

County: JACKSON Number of Semi Private Rooms: 7

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

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:

(1) each: Administrator, Housekeeping, Activity Aide, Dietary, RN Consultant, and Laundry, (2) RNs, (7) Nursing Assistants, and (1) part-time Maintenance

Services and Programs Available and Costs thereof:

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

CASSELL'S BOARD AND CARE, L L C License Type: ANNUAL

1419 SOUTH AVENUE Licensed Beds: 16
PRINCETON, WV 24740 Number of Private Rooms: 2

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

County: MERCER Number of Semi Private Rooms: 5

Administrator: SANDRA G CARTER Cost Per Diem: \$63/day

Owner: SANDRA G CARTER Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT Cost Per Diem: \$63

Number of Employees and Position Held:

(1) Adminitrator, (1) rull and (1) part-time RN, and (8) Nursing Assistants (also does housekeeping, Cooking, Laundry, Dietary, ADLs, and Activities

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities

CENTRAL AVE ASSISTED LIVING License Type: ANNUAL

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

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

County: KANAWHA Number of Semi Private Rooms: 1

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

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:

(.25) Administrator, (1) RN, (1) part-time Maintenance and Dietary, (8) Activity Aide (also do Housekeeping and Laundry)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from appointments, Assistance with making appointments, Laundry service, Dietary Services, and Recreational Activities.

CLARK'S CHRISTIAN CARE, INC

License Type: ANNUAL

145 WALNUT STREET Licensed Beds: 12

EAST BANK, WV 25067 Number of Private Rooms: N/A

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

County: KANAWHA Number of Semi Private Rooms: 3

Administrator: REBEKAH L CLARK Cost Per Diem: \$90/day

Owner: LEONARD & REBEKAH CLARK Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT Cost Per Diem: \$90/day

Number of Employees and Position Held:

(1) each: Administrator, Maintenance, RN, and LPN, (2) full and (5) part time Nursing assistants, Laundry, and Activity Aides.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care), Transportation to/from appointments (\$50), Beauty shop/hair cutting services (\$12).

CONCORD I License Type: ANNUAL

2218 WASHINGTON ST E Licensed Beds: 8
CHARLESTON, WV 25301 Number of Private Rooms: 8

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

Administrator: TRACIE HALL

Owner: PRESTERA CENTER/ MENTAL HEALTH SER

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:

(.25) Admininstrator, (1) RN, (1) part-time Dietary and Maintenance, (5) full and (2) part-time Housekeeping (also responsible for Laundry and Activities)

Services and Programs Available and Costs thereof:

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

CONCORD II License Type: ANNUAL

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

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

Administrator: TRACIE HALL

Owner: PRESTERA CENTER/ MENTAL HEALTH SER

Number of Semi Private Rooms: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH SER 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:

(.25) Admininstrator, (1) RN, (1) part-time each: Dietary and Maintenance, (6) Housekeeping (also responsible for Laundry and Activities)

Services and Programs Available and Costs thereof:

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

COUNTRY COVE License Type: ANNUAL

137 WINE SAP LANE Licensed Beds: 9

DANIELS, WV 25832 Number of Private Rooms:

Phone: (681) 238-5959 Cost Per Diem:

County: RALEIGH Number of Semi Private Rooms:

Administrator: JEAN PRINCE Cost Per Diem:

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

Type of Ownership: PROFIT Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

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/day

County: PUTNAM Number of Semi Private Rooms: 3

Administrator: CYNTHIA COBB Cost Per Diem: \$58/day

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

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

Number of Employees and Position Held:

(1) Administrator, (1) part-time each: Housekeeping, Maintenance, RN, and Activity Aide, (3) full and (3) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Beauty shop/hair cutting services (\$10), Laundry Services, Dietary Services, 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:** \$103/day

County: BERKELEY Number of Semi Private Rooms: 2

Administrator: CYNTHIA A THURSTON Cost Per Diem: \$93/day

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:

(1) Administrator, (1) part-time Maintenance, (2) part-time Housekeeping, (1) full and (2) part-time RNs, (4) full and (4) part-time Nursing Assistants.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (\$25 per hour), Beauty shop/hair cutting services (Resident pays Barber/Beautician), Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Activities.

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: \$38/day

County: CABELL Number of Semi Private Rooms: 3

Administrator: CHRISTI BLACK Cost Per Diem: \$38/day

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:

(.33) Administrator, (6) Housekeeping, (1) RN, (2) Laundry, (3) Activity Aides, and (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities, and 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/day

County: MARION Number of Semi Private Rooms: 2

Administrator: CORA FAZIO Cost Per Diem: \$95/day

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:

(1) each: Administrator and LPN, (2) RNs, and (5) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (\$25), Beauty shop/hair cutting services (\$15 cut, 20 cut & shampoo, Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Activities.

FITZWATER ASSISTED LIVING: THE CHANDLER HOUSE License Type: ANNUAL

219 LOCUST AVENUE Licensed Beds: 16

FAIRMONT, WV 26554 Number of Private Rooms: 2

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

County: MARION Number of Semi Private Rooms: 1

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

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

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

Number of Employees and Position Held:

(1) Administrator, (1) part-time each: Housekeeping, Maintenance, RN, and Activity Aide, (7) full and (9) part-time Nursing Assistants,

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and Intermittent Care, Beauty Shop (cut \$8 and perms \$35), Assitance with Appointments, Laundry services, Dietary services, and Recreational Activities.

FITZWATER ASSISTED LIVING: THE STERLING PLACE

License Type: ANNUAL

213 LOCUST AVENUE Licensed Beds: 11

FAIRMONT, WV 26554 Number of Private Rooms: 3

County: MARION Number of Semi Private Rooms: 4

Administrator: HEATHER FITZWATER Cost Per Diem: \$130/day

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:

(1) Administrator, (1) part-time each: Maintenance and RN, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing care, Beauty Shop/Hair Cutting Services (Haircut \$8 and Perm \$35), Assistance with Making Appointments, Laundry Services, Dietary Services, Recreational Activity

License Type: ANNUAL

GAULEY RIVER ASSISTED LIVING

RT 39 BELVA Licensed Beds: 16

GAULEY BRIDGE, WV 25085 Number of Private Rooms: 2

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

County: FAYETTE Number of Semi Private Rooms: 7

Administrator: LEREMY JOHNSON Cost Per Diem: \$103/day

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:

(1) full and (1) part-time Administrator, (2) part-time RN, (5) Nursing Assistants, and (2) part-time RN Consultant

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and Intermittent Care, Beauty Shop (Perms \$45), Assitance with Appointments, Laundry services, Dietary services, Recreational Activities.

GRANT COUNTY ASSISTED LIVING License Type: ANNUAL

127 EARLY AVENUE Licensed Beds: 9
PETERSBURG, WV 26847 Number of Private Rooms: 1

Phone: (304) 257-4233 Cost Per Diem: \$67/day

County: GRANT Number of Semi Private Rooms: 4

Administrator: TERRY E SHOBE Cost Per Diem: \$60/day

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:

(1) Administrator, (6) full and (3) part-time Housekeeping, (2) full and (1) part-time Maintenance, (9) full and (4) part-time RNs, (4) full and (4) part-time Laundry, (47) full and (27) part-time Nursing Assistants, (13) full and (3) part-time LPNs, (4) Activity Aides, (12) full and (9) part-time Dietary.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transport to and from appointments, Beauty shop/hair cutting services (\$2.50 - 30), Assistance making appointments, Laundry services, Dietary services, Recreational activities, and Personal finance management.

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: \$40-123/day

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

Administrator: MELISSA EDWARDS Cost Per Diem: N/A

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

Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

(1) Administrator, (1) full and (1) part-time RN, (4) full and (1) part-time Activity Aid

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (\$25 per appointment), Assistance with making appointments, Laundry services, Recreational Activities.

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:** \$83-100/day

County: BERKELEY Number of Semi Private Rooms: 1

Administrator: MELLISSA ROBINSON Cost Per Diem: \$83-100/day

Owner: GRENICH CARE HOME, 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:

(1) each: Administrator, Houskeeping, Laundry, and Activity Aide, (1) part-time each: Maintenance and RN, (5) full and (2) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services (Family pays \$20), Assistance with making appointments, Laundry services, Dietary services, and Recreational activities.

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/day

County: MERCER Number of Semi Private Rooms: 2

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

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:

(1) Administrator, (1) part-time RN, and (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, Recreational Activities

JUDGES PRIVATE CARE License Type: ANNUAL

212 FAIR STREET Licensed Beds: 8

MIDDLEBOURNE, WV 26149 Number of Private Rooms: N/A

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

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

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

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:

(1) full-time each: Administrator, Maintenance, Dietary; (1) part-time RN, (2) each Housekeeping and Laundry; (4) Nursing Assistants; (3) Activity Aides.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Beauty Shop/Hair cutting services, Assistance making appointments, Laundry services, Dietary services, and Recreational activities.

License Type: ANNUAL **LOVING HANDS ADULT CARE**

402 AIRPORT ROAD Licensed Beds: 16 **BLUEFIELD. WV 24701** Number of Private Rooms: 4

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

MERCER Number of Semi Private Rooms: 6 County:

Administrator: MELISSA LUCADO Cost Per Diem: \$77/day

MELISSA LUCADO 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:

(1) each: Administrator, Housekeeping, and RN (1) part-time each: Maintenance and Dietary, (6) full and (6) part-time Nursing Assistants; (1) full and (2) part-time LPNs.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (per Beautician), Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities.

MAMA'S PLACE, L L C License Type: INITIAL

306 DOUGLAS STREET Licensed Beds: 8

INSTITUTE, WV 25112 Number of Private Rooms:

Cost Per Diem: Phone: (304) 768-4686

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

Cost Per Diem: SANDRA N PRICE Owner:

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

Number of Employees and Position Held:

Administrator:

Services and Programs Available and Costs thereof:

SANDRA PRICE

MARY ANN MANOR License Type: ANNUAL

2525 ELDERSVILLE ROAD Licensed Beds: 11

FOLLANSBEE, WV 26037 Number of Private Rooms: 1

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

County: BROOKE Number of Semi Private Rooms: 5

Administrator: CHRISTINE PICCIRILLO Cost Per Diem: \$91/day

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:

(1) Administrator, (3) part-time each: Housekeeping, Maintenance, and Activity Aide(s), (2) part-time RNs, (7) full and (2) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Beauty Shop/Hair Cutting Services (contracted outside), Assistance with Appointments, Laundry Services, Dietary Services, Recreational Activities, and Mobile Lab (contract with extra fee)

MARY WOELFEL ASSISTED LIVING License Type: ANNUAL

921 23RD STREET

Licensed Beds: 6

HUNTINGTON, WV 25701

Number of Private Rooms: 6

Phone: (304) 697-1270 **Cost Per Diem:** \$38/day

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

Administrator: CHRISTI BLACK 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:

(.33) Administrator, (3) Housekeeping, (1) each: RN and RN Consultant, (2) Laundry, (2) Activity Aides, and (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities, and Management of personal finances

MEADOW BROOK ASSISTANCE WITH LIVING License Type: ANNUAL

5700 CAMP CREEK ROAD

Licensed Beds: 16

JULIAN, WV 25529

Number of Private Rooms: N/A

Phone: (304) 369,0038

Cost Per Diem: N/A

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

 County:
 BOONE
 Number of Semi Private Rooms: 8

Administrator: DEBRA K HUFFMAN Cost Per Diem: \$80-120/day`

Owner: MEADOW BROOK PERSONAL CARE HOME, 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:

(1) Administrator, (1) part-time Maintenance, (1) RN, (5) full and (4) part-time Nursing Assistants (share responsibilities of Activities, Dietary, and Housekeeping)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Beauty shop/hair cutting services (paid by family), Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities

PLEASANT ACRES

License Type: ANNUAL

41 PLEASANT ACRES DRIVE Licensed Beds: 14

FAIRMONT, WV 26554 Number of Private Rooms: 4

Phone: (304) 366-0816 **Cost Per Diem:** \$85/day

County: MARION Number of Semi Private Rooms: 5

Administrator: ANDREA KING Cost Per Diem: \$67/day

Owner: PLEASANT ACRES CHRISTIAN HAVEN ASS 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:

(1) each: Administrator and RN; (1) part-time Maintenance, (10) full and (1) part-time Nursing Assistants, (2) full and (2) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care (per outside agencies), Assistance with appointments, Laundry services, Dietary services, Recreational activities.

RHODODENDRON COTTAGE

License Type: ANNUAL

4017 SALINAS DRIVE Licensed Beds: 12

MALDEN, WV 25306 Number of Private Rooms: 10

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

County: KANAWHA Number of Semi Private Rooms: 1

Administrator: KAREN GLAZIER Cost Per Diem: \$97/day

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

Type of Ownership: PROFIT Cost Per Diem:

Number of Employees and Position Held:

(1) Administrator and RN Consultant, (4) full and (1) part-time AMAP, (1) full and (1) part-time House Keeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty Shop/Hair Cutting Services (cuts and perms extra), Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities, Podiatrist

License Type: ANNUAL

ROCKIN CHAIR RESIDENTIAL CARE

2103 PINEGROVE ROAD Licensed Beds: 16
LERONA, WV 25971 Number of Private Rooms: 4

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

County: MERCER Number of Semi Private Rooms: 6

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

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:

(2) each: Administrators and LPNs, (1) part-time Housekeeping and Activity Aide, (1) each: Dietary, Laundry, and Maintenance, (9) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Beauty shop/hair cutting services, Assistance with making appointments, Laundry Services, Dietary Services, and 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: \$107-120/day

County: HARRISON Number of Semi Private Rooms: 2

Administrator: DEBORAH JENKINS Cost Per Diem: \$90/day

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:

(1) each: Administrator, Maintenance, RN, and Dietary, (2) LPNs, (6) Housekeeping, Laundry, Nursing Assistants, and Activity Aides

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Care, Transportation to and from appointments, Beauty shop/hair cutting services (\$15), Assistance with making appointments, Laundry services, Dietary services, and Recreational activities.

SERENITY PLACE

License Type: ANNUAL

369 BROWNS RIDGE ROAD Licensed Beds: 16

LERONA, WV 25971 Number of Private Rooms:

Phone: (304) 384-3570 Cost Per Diem:

County: MERCER Number of Semi Private Rooms:

Administrator: REGINA G BROWN Cost Per Diem:

Owner: REGINA BROWN Number of Rooms with 3 or 4 Rodo:

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

Type of Ownership: PROFIT Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

SHAFER'S ROOM & BOARD, L L C License Type: ANNUAL

212 KOONTZ AVENUE Licensed Beds: 16
CLENDENIN, WV 25045 Number of Private Rooms: 3

Phone: (304) 548-7709 **Cost Per Diem:** \$67-130/day

County: KANAWHA Number of Semi Private Rooms: 5

Administrator: JOYCE SHAFER Cost Per Diem: \$63-73/day

Owner: JOYCE & BOBBY SHAFER Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT Cost Per Diem: \$57-63/day

Number of Employees and Position Held:

(1) full and (1) part-time Administrator, (1) RN, (7) full and (1) part-time Caregivers (also do laundry, activities, and housekeeping)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care (Insurance pays), Beauty shop/hair cutting services (\$10), Assistance making appointments, Laundry Services, Dietary Services, Recreational Activities

SILVER AGE SERVICES, LLC License Type: ANNUAL

1000 N HIGH STREET Licensed Beds: 15

MARTINSBURG, WV 25404 Number of Private Rooms: 2

Phone: (304) 267-1717 **Cost Per Diem:** \$103/day

County: BERKELEY Number of Semi Private Rooms: 5

Administrator: ELAINE C MAUCK Cost Per Diem: \$103/day

Owner: SILVER AGE SERVICES Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT Cost Per Diem: \$103/day

Number of Employees and Position Held:

(1) Administrator, (1) part-time Maintenance and RN Consultant, (7) Nursing Assistants, (1) Dietary/MGR

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Laundry Services, Dietary Services, and Recreational Activities.

VICTORIA MANOR License Type: ANNUAL

22 ELIZABETH STREET Licensed Beds: 10

BUCKHANNON, WV 26201 Number of Private Rooms: N/A

Phone: (304) 473-0913 Cost Per Diem: N/A

County: UPSHUR Number of Semi Private Rooms: 5

Administrator: CAROLYN RIFFLE Cost Per Diem: \$70-\$93

Owner: VICTORIA 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:

(1) each: Administrator and RN, (1) part-time Maintenance (2) full and (2) part-time Nursing Assistants.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (\$12/hour), Beauty shop/hair cutting services (hairdresser charges \$12 from beautician) Assistance making appointments, Laundry services, Dietary services, and Recreational activities.

VIRGINIA MANOR License Type: ANNUAL

1112 WASHINGTON STREET

RAVENSWOOD, WV 26164

Licensed Beds: 10

Number of Private Rooms: 8

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

County: JACKSON Number of Semi Private Rooms: 1

Administrator: PHYLLIS MYERS Cost Per Diem: \$73/day

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:

(1) each: Administrator and Activity Aide, (1) part-time Maintenance, (3) full and (2) part-time each: Houskeeping, Laundry, and Nursing Assistants, (2) RN, (4) full and (1) part-time LPN, (3) full and (2) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments,(additional cost \$10/hr - \$.50/mile), Beauty shop/hair cutting services, (\$10-30), Assistance with making appointments, Laundry services, Dietary services, and 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/day

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:

(.25) Administrator, (1) part-time Maintenance, (1) RN, (5) full and (1) part-time Housekeeping, (1) part-time Dietary

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, and 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: \$37-83/day

County: LOGAN Number of Semi Private Rooms: 3

Administrator: LISA BIAS Cost Per Diem: \$37-83/day

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:

(1) Admininstrator/LPN, (3) who do following: Housekeeping, Maintenance, & Caregivers, and (1) RN

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities

WILLOW BAY

License Type: ANNUAL

126 SHUMATE STREET

OAK HILL, WV 25901

Licensed Beds: 14

Number of Private Rooms: N/A

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

County: FAYETTE Number of Semi Private Rooms: 4

Administrator: JEAN PRINCE Cost Per Diem: \$80/day

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

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

Number of Employees and Position Held:

(1) Administrator, (1) part-time each: Maintenance, LPN, and RN Consultant, and (5) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting Services(additional charge), Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities, Management of personal finances.

TAMELA MCQUISTON

WOODLAND HILLS COTTAGE

License Type:
Licensed Beds: 15

608 N 10TH STREET

Administrator:

Licensed beds.

WEIRTON, WV 26062

Number of Private Rooms:

Phone: (304) 748-2273

Number of Semi Private Rooms:

County: HANCOCK

Cost Per Diem:

Cost Per Diem:

Owner: JAYWYN LLC

Number of Rooms with 3 or 4 Beds:

Type of Ownership: PROFIT

Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

WOODLAND HILLS MANOR

License Type: ANNUAL

610 N 10TH STREET

Phone:

Licensed Beds: 16

WEIRTON, WV 26062

Number of Private Rooms:

(304) 748-2273

Cost Per Diem:

County: HANCOCK

Number of Semi Private Rooms:

Administrator: TAMELA MCQUISTON

Cost Per Diem:

Owner: JAYWYN LLC

Number of Rooms with 3 or 4 Beds:

Type of Ownership: PROFIT

Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

WOODSIDE MANOR

License Type: ANNUAL

8134 SCITES STREET

Licensed Beds: 6

Number of Private Rooms: 6

WEST HAMLIN, WV 25571

Cost Per Diem: \$38/day

Phone: (304) 824-7015

Number of Semi Private Rooms: N/A

County: LINCOLN

Cost Per Diem: \$38/day

Administrator: CHRISTI BLACK

Owner: PRESTERA CENTER/ MENTAL HEALTH SER

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:

(1) part-time Admininstrator, (3) Housekeeping, (1) RN and Laundry, (6) Activity Aide(s), (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Assistance with making appointments, Laundry Service, Dietary Services, Recreational Activities, Management of Personal Finances.

YOUNG'S CARE HOME I License Type: ANNUAL

1205 2ND STREET Licensed Beds: 16

MOUNDSVILLE, WV 26041 Number of Private Rooms: 2

Phone: (304) 845-7694 **Cost Per Diem:** \$37/day

County: MARSHALL Number of Semi Private Rooms: 7

Administrator: CONNIE YOUNG Cost Per Diem: \$37/day

Owner: YOUNG'S CARE HOME I 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:

(1) full and (1) part-time Administrator, (2) part-time Maintenance, (1) full and (2) part-time RNs, (1) RN Consultant; (6) each: Houskeeping, Laundry, Dietary, and Activitiy Aide(s)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from Appointments, Assistance with Making Appointments, Laundry Services, Dietary Services, and Recreational Activities.

Facility Type: LARGE ASSISTED LIVING

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: \$95/day

County: BROOKE Number of Semi Private Rooms: 7

Administrator: CAROLYN MASON Cost Per Diem: \$80/day

Owner: ANN'S COUNTRY RETREAT Number of Rooms with 3 or 4 Beds: 2

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

Number of Employees and Position Held:

(1) Administrator, (2) full and (1) part-time RN Consultant, (1) part-time each: Housekeeping and Maintenance, (2) full and (1) part-time RNs, (4) full and (4) part-time Nursing Assistants, Laundry, and Activity Aide (same staff perform all these duties)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Beauty Shop, Assistance making appointments, Laundry Services, and Recreational Activities, Transportation to and from Appointments

ARTHUR B HODGES CENTER AT EDGEWOOD SUMMIT License Type: ANNUAL

300 BAKER LANE Licensed Beds: 18

CHARLESTON, WV 25302 Number of Private Rooms:

Phone: (304) 346-2323 Cost Per Diem:

County: KANAWHA Number of Semi Private Rooms:

Administrator: GEORGE BARKER Cost Per Diem:

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

Type of Ownership: NON-PROFIT Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

ASSISTED LIVING AT EVERGREEN License Type: ANNUAL

3705 COLLINS FERRY ROAD Licensed Beds: 48

MORGANTOWN, WV 26501 Number of Private Rooms: 14

Phone: (304) 598-8401 **Cost Per Diem:** \$120-127/day

County: MONONGALIA Number of Semi Private Rooms: 17

Administrator: JESSIE BLANEY Cost Per Diem: \$67-80/day

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:

(1) each: Administrator/RN, (1) part-time each: Maintenance and RN Consultant, (9) full and (6) part-time Nursing Assistants, (2) part-time Activity Aides, (1) full and (1) part-time Dietary/Cook

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (outside agency fees), Beauty Shop/Hair Cutting services (beauty shop fees), Assistance with making appointments, Laundry services (\$30 month), Dietary services, Recreational Activities

Facility Type: LARGE ASSISTED LIVING

NANCY ROBINSON

AUTUMN WAY ASSISTED LIVING HOME

408 NICHOLAS STREET

RUPERT, WV 25984

Administrator:

Number of Private Rooms: 7

Cost Per Diem: \$67/day

Licensed Beds: 24

License Type: ANNUAL

Cost Per Diem: \$60/day

(304) 392-5566 Phone:

County: **GREENBRIER** Number of Semi Private Rooms: 7

Owner: MIKE & NANCY ROBINSON Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: **PROFIT** Cost Per Diem: \$60/day

Number of Employees and Position Held:

(1) each: Administrator, RN, LPN, and RN Consultant, (2) each: Maintenance, Dietary, Activity Aide, (5) full and (5) part-time Housekeeping, Laundry, and Nursing Assistants.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing care (costs of dressings, etc.), Transportation to/from appointments (\$10 hour), Beauty shop/hair cutting services (Per beautician charge), Assistance with making appointments, Laundry services, Dietary services, Recreational activities, and Management of personal finances.

AUTUMN ACRES PERSONAL CARE

License Type: INITIAL Licensed Beds: 56

456 AUTUMN ACRES ROAD BERKELEY SPRINGS, WV 25411

Number of Private Rooms: 2

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

County: **MORGAN** Number of Semi Private Rooms: 27

CHRISTINA BERNSTEIN Administrator:

Cost Per Diem: \$110/day

Owner: BERKELEY SPRINGS 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:

(1) each: Administrator, Maintenance, and Activity Aide, (2) each: Housekeeping, Laundry, and LPNs, (2) part-time RNs, (12) full and (2) part-time Nursing Assistants, (1) part-time RN Consultant, (3) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (\$60 base -30 miles: .50¢ each additional mile). Beauty shop/hair cutting services (\$10 and up), Assistance with making appointments, Laundry services, Dietary services, Recreational Activities, Personal Finance Management, In-house Pt/OT (copay, after insurance)

BEULAHLAND ASSISTED LIVING

ROUTE 1 BOX 439A Licensed Beds: 26

GRAFTON, WV 26354

License Type: ANNUAL

Number of Private Rooms: 2

Cost Per Diem: \$87/day

(304) 265-2874 Phone: County: **TAYLOR**

Number of Semi Private Rooms: 12

Administrator: BOBBIE ROSIER-MONTGOMERY

Cost Per Diem: \$57/day

BEULAH LAND ASSISTED LIVING Owner:

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

PROFIT

Cost Per Diem: N/A

Type of Ownership:

Number of Employees and Position Held:

(1) Administrator, (1) part-time each: Maintenance and RN, (3) part-time each: Housekeeping and Laundry, (2) part-time each: Dietary and Activity Aide, (8) Nursing Assistants,

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Assistance making appointments, Laundry Services, Dietary Services, Recreational Activities, Beauty shop

Facility Type: LARGE ASSISTED LIVING

BROADMORE ASSISTED LIVING

Licensed Beds: 54

4000 OUTLOOK DRIVE HURRICANE, WV 25526

Number of Private Rooms: 42

(304) 757-4778 Phone:

Cost Per Diem: \$120/day

License Type: ANNUAL

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

Administrator: CASSIE CAIN

Cost Per Diem: \$100/day

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:

(1) each: Administrator, Maintenance, and RN, (1) full and (1) part-time Housekeeping, (20) full and (5) part-time Nursing Assistants, (6) full and (2) part-time LPNs, (2) Activity Aides, and (6) Dietary

Services and Programs Available and Costs thereof:

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

CEDAR GROVE ASSISTED LIVING

License Type: ANNUAL

110 NICOLETT ROAD

Licensed Beds: 123

Number of Private Rooms: 29

(304) 424-6023 Phone:

Cost Per Diem: \$107/day

WOOD County:

PARKERSBURG, WV 26104

Number of Semi Private Rooms: 47

Administrator: MICHAEL D ELAM

Cost Per Diem: \$80/day

CC & D of SW FLORIDA. 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:

(1) Administrators and Activity Aide, (2) Maintenance and RN, (3) Housekeeping and Laundry, (36) full and (2) part-time Nursing Assistants, (9) full and (1) part-time LPNs, and (6) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting services (varies with type), Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Activities

CHARLESTON GARDENS

License Type: ANNUAL

Licensed Beds: 106

800 ASSOCIATION DRIVE CHARLESTON, WV 25311

County:

Number of Private Rooms: 50

(304) 343-6600 Phone:

Cost Per Diem: \$108-160/day

KANAWHA

Number of Semi Private Rooms: 28

Administrator: DONNA PROWSE

Cost Per Diem: \$30-81/day

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:

(1) each: Administrator, Maintenance, and Activity, (3) Housekeeping, (2) RNs, (20) full and (5) part-time Nursing Assistants, (6) full and (3) part-time LPN, (4) full and (8) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs (Cost based on level of need), Medication Administration (\$440-1270), Limited & Intermittent Nursing Care (1st three listed depends on level of care), Transportation to/from Appointments (Escorts \$20/hour), Beauty shop/hair cutting services (paid to beauty shop), Assistance with making appointments, Laundry services (more than once a week \$15), Dietary services (Tray Services \$50, Recreational activities (per outside activity), and Physical Therapy (paid to Genesis Rehab)

CHATEAU GROVE SENIOR LIVING

#6 CHATEAU GROVE LANE

County:

Owner:

Type of Ownership:

Administrator:

BARBOURSVILLE, WV 25504

(304) 736-3443 Phone:

CABELL

MARK A GROVE

PROFIT

CHATEAU GROVE PERSONAL CARE, INC.

Number of Rooms with 3 or 4 Beds: 10

Number of Semi Private Rooms: 10

Cost Per Diem: \$67/day

License Type: ANNUAL

Licensed Beds: 65

Cost Per Diem:

Cost Per Diem:

Cost Per Diem:

Number of Private Rooms:

Number of Semi Private Rooms:

Number of Rooms with 3 or 4 Beds:

Cost Per Diem: \$90/day

License Type: ANNUAL

Cost Per Diem: \$100/day

Licensed Beds: 80

Number of Private Rooms: 30

Number of Employees and Position Held:

(1) each: Administrator, Maintenance, and RN, (3) Housekeeping, (4) LPNs, (26) Nursing Assistants, and (5) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (\$125 per visit), Beauty Shop/hair cutting services (paid by resident), Assistance with making appointments, Laundry Servicess, Dietary Services, Recreational Activities

COLONIAL PLACE ASSISTED LIVING

301 WILSON LANE

ELKINS, WV 26241

Phone: (304) 636-8600

County: RANDOLPH

Administrator: CHRISTINA MULLENAX

> IPM COLONIAL PLACE SENIOR LIVING, LLC Owner:

Type of Ownership: PROFIT

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

COUNTRY VIEW ASSISTED LIVING, INC

597 US HIGHWAY 219 PETERSTOWN, WV 24963

> (304) 753-4300 Phone:

MONROE County:

ANGELA MCKINNEY Administrator:

> Owner: LONZO AND SHARON CHRISTIAN

Type of Ownership: **PROFIT** License Type: ANNUAL

Licensed Beds: 42

Number of Private Rooms: 16

Cost Per Diem: \$85-92/day

Number of Semi Private Rooms: 12

Cost Per Diem: \$65-72/day

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

Cost Per Diem: N/A

Number of Employees and Position Held:

(1) each: Administrator and Housekeeping, (2) part-time Maintenance, (1) full and (1) part-time RN, (3) part-time Laundry, (12) full and (6) part-time Nursing Assistants, (3) LPNs, (2) part-time Activity, (2) full and (3) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs (30 minutes a day, add 200 monthly), Medication Administration (\$100), Limited and Intermittent Nursing Care, Transportation to/from appointments (\$10 hour .50 cents mile), Beauty shop/hair cutting services (\$10-42), Assistance with making appointments, Laundry services, Dietary services, Recreational activities

DREAM HOME ASSISTED LIVING

5257 BIG TYLER ROAD

Phone:

CROSS LANES, WV 25313

7 25313 Number of Private Rooms: 2

2 Cost Per Diem: \$117/day

License Type: ANNUAL

License Type: ANNUAL

Licensed Beds: 20

(304) 769-5614 Cost Per Diem: \$117

County: KANAWHA Number of Semi Private Rooms: 9

Administrator: JONATHAN C EYA Cost Per Diem: \$97/day

Owner: JONATHAN AND BLESSING, 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:

(1) Administrator, RN, and Dietary, (1) part-time Housekeeping, Maintenance, Laundry, and Activity Aide, (3) full and (2) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs (Depends on level of care), Medication Administration (\$300), Limited & Intermittent Nursing Care (Depends on level of care), Beauty Shop/Hair Cutting Services, Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Services

ELMCROFT OF MARTINSBURG

200 GLOUCESTER DRIVE Licensed Beds: 97

MARTINSBURG, WV 25402 Number of Private Rooms: 69

Phone: (304) 267-5800 **Cost Per Diem:** \$113/day

County: BERKELEY Number of Semi Private Rooms: 14

Administrator: CATHY HENSON Cost Per Diem: \$50/day

Owner: BCC MARTINSBURG 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:

(1) each: Administrator/RN, Maintenance, and Activity Aide, (12) full and (5) part-time Nursing Assistants, (3) full and (5) part-time LPN,

(1) full and (4) part-time Dietary;(1) full and (1) part-time Housekeeping.

Services and Programs Available and Costs thereof:

Assistance with ADLs, (depends upon LOC assessment), Medication Administration, Transportation to/from appointments (Tuesday and Thursday no charge, withing 5 miles \$5 trip, 5-10 miles \$10), Beauty shop/hair cutting services(per salon charge), Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities

ELMHURST License Type: ANNUAL

1228 NATIONAL ROAD Licensed Beds: 48

WHEELING, WV 26003 Number of Private Rooms: 48

Phone: (304) 242-0240 Cost Per Diem: \$46-\$140

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

Administrator: JAMIE CROW Cost Per Diem: N/A

Owner: ELMHURST, THE HOUSE OF FRIENDSHIP, I

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:

(2) full-time and (2) part-time Administrators, (6) full and (1) part-time Dietary, (2) full and (2) part-time Housekeeping/Laundry, (1) Maintenance, (3) full-time and (4) part-time Resident Assistants, (1) Program Director, kand (1) part-time Assistant Program Director.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Transportation to/from appointments, Assistance with making appointments, Laundry Service, and Dietary Services (3 meals daily; no special diets).

GLEN ROGERS MANOR License Type: ANNUAL

ONE GLEN ROGERS ROAD Licensed Beds: 57

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

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

Number of Semi Private Rooms: 20 County: **WYOMING**

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

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:

(1) each: Administrator, RN, Maintenance, Laundry, and LPN, (1) part-time Activity Aide, (2) full and (1) part-time Dietary, (8) Resident Aides, and (1) Assistant Administrator

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, Recreational Activities.

License Type: ANNUAL **GOLDEN OAKS**

108 LEE ROAD Licensed Beds: 19

FOLLANSBEE, WV 26037 Number of Private Rooms: 9

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

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

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

Owner: GOLDEN OAKS RESIDENTIAL BOARD AND 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:

(1) each: Administrator, RN, and LPN, (1) part-time each: Housekeeping and Maintenance, and (9) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Beauty shop/hair cut (\$10 women and 8 men), Assistance making appointments, Laundry Services, Dietary Services, Recreational Activities

GRAYSON ASSISTED LIVING License Type: ANNUAL

3455 STATE RT 75 Licensed Beds: 16 **HUNTINGTON, WV 25704**

Number of Private Rooms: 4

Cost Per Diem: \$110/day (304) 972-0815 Phone:

Administrator: ALISHA J GRAYSON Cost Per Diem: \$100/day

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:

CABELL

County:

(1) each: Administrator, RN, and Activity Aide, (1) part-time each: Housekeeping and Maintenance, (3) Laundry, (9) Nursing Assistants, and ((2) Dietary,

Number of Semi Private Rooms: 6

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Assistance making appointments, Laundry Services, Dietary Services, Recreational Activities, Transporation to/from appointments and Beauty shop/hair cutting services.

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/day

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

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

Number of Employees and Position Held:

(1) Administrator, (5) full and (1) part-time Nursing Assistants, (1) full and (1) part-time LPN, (1) part-time RN Consultant

Services and Programs Available and Costs thereof:

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

HAVENS AT PRINCETON License Type: ANNUAL

2205 NEW HOPE ROAD Licensed Beds: 63

PRINCETON, WV 24740 Number of Private Rooms: 21

Phone: (304) 431-3544 **Cost Per Diem:** \$79-146/day

County: MERCER Number of Semi Private Rooms: 21

Administrator: TONYA GERBER Cost Per Diem: \$79-146/day

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:

(1) each: Administrator, Housekeeping, Maintenance, RN, and Activity Aide, (5) Dietary, (6) full and (6) part-time (3) PRN Nursing Assistants, and (3) full and (4) part-time/PRN LPN

Services and Programs Available and Costs thereof:

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

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/day

County: PLEASANTS Number of Semi Private Rooms: 3

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

Owner: THE HERITAGE AT ST. MARY'S 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:

(1) full-time each: Administrator and RN, (3) part-time Housekeeping, (2) part-time Laundry, (1) part-time Maintenance, (10) part-time Nursing Assistants, (1) part-time each: Activity Aide and RN Consultant, and PRN Dietary.

Services and Programs Available and Costs thereof:

Assistance with ADLs (\$300/month), Medication Administration (\$300/per month), Limited & Intermittent Nursing Care (\$300/per month), Beauty shop/hair Cutting Services (\$11 per cut), Assistance with making appointments, Laundry Services, Dietary Services, 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/day

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:

(1) part-time each: Administrator, Maintenance, RN, and Activity Aide, (1) full and (2) part-time each: Housekeeping and Laundry, (4) full and (8) part-time Nursing Assistants, (2) LPNs, (2) full and (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration (extra charge for insulin by RN), Limited & Intermittent Nursing Care (based on need), Beauty shop/hair cutting Services (charge based on service), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities (basic cable offered - upgrade charge).

INN AT WYNGATE

750 PEYTON STREET

License Type: ANNUAL

Licensed Beds: 60

750 PEYTON STREET

Licensed Beds: 60

BARBOURSVILLE, WV 25504

Number of Private Rooms: 36

Phone: (304) 733-6800 **Cost Per Diem:** \$94-104/day

County: CABELL Number of Semi Private Rooms: 12

Administrator: MOLLY ELKINS Cost Per Diem: \$51/day

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:

(1) each: Administrator, Housekeeping, RN, Activity Aide, and Maintenance, (10) full and (6) part-time Nursing Assistants, (4) full and (1) part-time LPNs, and (5) full and (3) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing care, Transport to/from appointments, Beauty shop/hair cut (space provided for Indep. Operator), Assistance with making appointments, Laundry services, Dietary services, Recreational Activities (bingo, TV, field trips, etc.)

KYLE'S PLACE License Type: PROVISIONAL

113 SHUMATE STREET Licensed Beds: 31

OAK HILL, WV 25901 Number of Private Rooms:

Phone: (304) 469-6039 Cost Per Diem:

County: FAYETTE Number of Semi Private Rooms:

Administrator: SANDRA L STEELE Cost Per Diem:

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

Type of Ownership: PROFIT Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

LOVE AND CARE

License Type: ANNUAL

5368 DUPONT ROAD Licensed Beds: 30

PARKERSBURG, WV 26102 Number of Private Rooms: N/A

Phone: (304) 863-8950 Cost Per Diem: N/A

County: WOOD Number of Semi Private Rooms: 15

Administrator: TREVA DAGGETT Cost Per Diem: \$41-76/day

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:

(1) each: Administrator, Laundry, and Activity Aide, (1) full and (1) part-time Housekeeping, (1) part-time each: Maintenance (volunteer) and RN, (2) full and (3) part-time Nursing Assistants, (3) full and (2) part-time LPNs, (2) full and (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care (\$100 injections; \$75 Nebulizer O2 Concentrator), Beauty shop/hair cutting services (\$8.00 - 35.00), Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Activities.

MADISON PARK

License Type: ANNUAL

700 MADISON AVENUE Licensed Beds: 26
HUNTINGTON, WV 25704 Number of Private Rooms: 10

Phone: (304) 522-0032 **Cost Per Diem:** \$110-200/day

County: CABELL Number of Semi Private Rooms: 8

Administrator: BARBARA MCCALL Cost Per Diem: \$110/day

Owner: FAIRHAVEN REST HOME 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:

(1) each: Administrator and Activity Aide, (2) Housekeeping and RNs, (4) full and (5) part-time Nursing Assistants, (2) part-time LPNs, and (1) part-time Maintenance and Laundry, and (4) part-time Dietary.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services (\$20-85), Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Activities.

MAPLES ASSISTED LIVING

1600 BLAND STREET

License Type: ANNUAL

Licensed Beds: 20

BLUEFIELD, WV 24701 Number of Private Rooms: 20

Phone: (304) 327-2485 Cost Per Diem: \$36-41/day

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:

(1) part-time each: Administrator, Maintenance, RN, Activity Aide, RN Consultant, and Laundry, (1) Housekeeper, (1) full and (1) part-time LPN, (3) Nursing Assistants, (3) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Beauty shop/hair cutting Services(to be paid by residents), Assistance with making appointments, Dietary Services, Recreational Activities, Management of personal finances.

MAPLEWOOD formerly EMERITUS AT MAPLEWOOD

1000 S MAPLEWOOD DRIVE

BRIDGEPORT. WV 26330 Number of Private Rooms: 28

(304) 848-0556 Phone:

Cost Per Diem: \$111/day

Licensed Beds: 56

County: **HARRISON** Number of Semi Private Rooms: 14

Administrator: CRAIG WAGONER

Cost Per Diem: \$133/day

License Type: ANNUAL

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:

(1) each: Administrator, RN, and Laundry, (2) Housekeeping, (4) Maintenance, (7) full and (2) part-time Nursing Assistants, (7) full and (1) part-time LPNs, (1) full and (2) Acitivity Aides, (1) part-time RN Consultant, and (4) full and (8) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited and intermittent Nursing care, Local transportation to/from appointments, Beauty shop/Hair cutting services, Assistance with making appointments, Laundry services, Dietary services, and Recreational activities

MIDLAND MEADOWS SENIOR LIVING

License Type: ANNUAL

100 WEATHERHOLT DRIVE

ONA, WV 25545

Phone:

Licensed Beds: 72

(304) 743-4800

Cost Per Diem: \$127/day

CABELL County:

Number of Semi Private Rooms: 5

Number of Private Rooms: 62

Administrator: ROSALENE BLACK

Cost Per Diem: \$127/day

MIDLAND MEADOWS SENIOR LIVING 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:

(1) each: Administrator and RN, (2) each: Housekeeping and Maintenance, (20) full and (7) part-time Nursing Assistants, (10) full and (2) part-time LPNs, (1) full and (1) part-time Activity Aide, and (6) full and (4) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs (\$600), Medication Administration, Limited & Intermittent Nursing Care (\$600-1500), Transportation to/from appointments, Beauty shop/hair cutting services (\$10 - 65), Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities, and Housekeeping.

PATTY'S HOME AWAY FROM HOME

License Type: ANNUAL

5333 WHITMAN CREEK ROAD

Licensed Beds: 21

WHITMAN, WV 25652

Number of Private Rooms: 1

Phone: (304) 239-2860 Cost Per Diem: \$100/day

Cost Per Diem: \$67/day

County: LOGAN Number of Semi Private Rooms: 10

MARK LESTER Administrator:

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

PATTY RUNYON Owner:

PROFIT Type of Ownership:

Cost Per Diem: N/A

Number of Employees and Position Held:

(1) each: Administrator, Maintenance, and RN, (1) full and (1) part-time LPNs, (7) full and (2) part-time who do the following: Housekeeping, Laundry, Nursing Assistants, and Activity Aides.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transporation to/from appointments (\$25), Assistance with making appointments, Laundry Services, and Recreational Activities.

PEPPERBERRY SUITES License Type: ANNUAL

144 FOX LANE Licensed Beds: 35

CHESTER, WV 26034 Number of Private Rooms: 9

Cost Per Diem: \$111/day (304) 387-0101 Phone:

County: **HANCOCK** Number of Semi Private Rooms: 13

Administrator: JAMIE SPIVAK Cost Per Diem: \$78/day

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:

(1) full and (1) part-time each: Administrator and RN, (1) full time Activity Aide, (2) part-time Maintenance, (10) full and (5) part-time Nursing Assistants, (1) full and (2) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing, Transport to/from appointments, Beauty shop/hair cutting services (\$10 - 45), Assistance with making appointments, Laundry Services, Dietary Service, Recreational Activities, and Cable TV (\$50)

License Type: ANNUAL PINEVILLE MANOR **198 PARK AVENUE** Licensed Beds: 35

PINEVILLE, WV 24874 Number of Private Rooms: 1

Cost Per Diem: \$107/day Phone: (304) 732-8503

County: WYOMING Number of Semi Private Rooms: 17

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

Owner: MULLENS MANOR 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:

(1) each: Administrator, Assistant Administrator, Maintenance, RN, and LPN, (8) full and (2) part-time Nursing Assistants, (2) Dietary, Aides do Laundry and Housekeeping

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care (injections only), Transportation to/from appointments (bill Medicaid), Beauty shop/hair cutting services, Assistance with making appointments, Laundry services, Dietary services, Recreational Activities

License Type: ANNUAL PRINCETON CENTER LLC formerly GLENWOOD PARK

1924 GLENWOOD PARK RD Licensed Beds: 73 PRINCETON, WV 24739

Number of Private Rooms: 37

Cost Per Diem: \$93/day Phone: (304) 425-8128

County: **MERCER** Number of Semi Private Rooms: 18 Administrator:

JOHN R TUCKER Cost Per Diem: \$75-120/day PRINCETON 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:

(1) each: Administrator, RN, Maintenance, and Activity Aide, (7) full and (1) part-time Housekeeping, (19) Nursing Assistants, (6) LPNs,

(1) part-time Laundry, and Dietary (Contracted)

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services (\$2.50 - 34.00), Assistance with making appointments, Laundry services, Dietary services, Recreational activities (\$10.00 - 14.95), 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

Cost Per Diem: \$113-158/day (304) 925-4663 Phone:

County: **KANAWHA** Number of Semi Private Rooms: 11

Administrator: JACKIE ALLEN Cost Per Diem: \$84-112/day

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:

(1) each: Administrator, Activity Aide, Maintenance, and Laundry, (1) full and (1) part-time RN, (4) Housekeeping, (6) LPNs, (10) full and

(1) part-time Nursing Assistants, (8) full and (2) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (Range from \$3 - 54), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational

License Type: ANNUAL **RAVENSWOOD CARE CENTER**

1113 WASHINGTON STREET Licensed Beds: 82 RAVENSWOOD, WV 26164 Number of Private Rooms: 8

Cost Per Diem: \$113-147/day Phone: (304) 273-9482

County: **JACKSON** Number of Semi Private Rooms: 31

KIMBERLY K BARNES Administrator: Cost Per Diem: \$83/day

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

Type of Ownership: **PROFIT** Cost Per Diem: \$83/day

Number of Employees and Position Held:

5 ROLLING MEADOWS

(1) each: Administrator and Activity Aide, (1.5) Maintenance, (4) full and (5) part-time Housekeeping, (2) full and (1) part-time RNs, (1) full and (1) part-time Laundry, (4) LPNs, (4) full and (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (\$10 hour, .50 mile), Beauty shop/hair cutting services (\$10 H/C, Tint \$23, \$8.50 S/S), Assistance with making appointments, Laundry services, Dietary services and Recreational activities.

Licensed Beds: 58

REGENCY PLACE License Type: ANNUAL

SCOTT DEPOT, WV 25560 Number of Private Rooms: 32

Cost Per Diem: \$138-120/day (304) 757-3104 Phone:

County: **PUTNAM** Number of Semi Private Rooms: 13

Administrator: RAE BATES Cost Per Diem: \$106-88/day

SCOTT DEPOT ALF OPERATIONS, L L C 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:

(1) each: Administrator and Laundry, (1) full and (1) part-time RN and Activity Aide, (1) full and (2) part-time Maintenance, (4) Housekeeping, (15) full and (2) part-time Nursing Assistants, (5) full and (1) part-time LPNs, (7) full and (5) part-time Dietary,

Services and Programs Available and Costs thereof:

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

RIDGE CARE License Type: ANNUAL

135 ANTELOPE LANE Licensed Beds: 16

PRINCETON, WV 24740 Number of Private Rooms: 10

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

County: MERCER Number of Semi Private Rooms: 3

Administrator: BURETTA K DAVIS Cost Per Diem: \$63

Owner: BURETTA KAY DAVIS Number of Rooms with 3 or 4 Beds: 0

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

Number of Employees and Position Held:

(1) Administrator, (1) part-time each: Housekeeping, Maintenance, RN, Laundry, and RN Consultant, (7) part-time each: Activity Aides and Nursing Assistants, (2) part-time LPNs, and (3) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing, Beauty shop/hair cutting services (\$10), Assistance with making appointments, Laundry Services, Dietary Services, and Recreational Activities, Transportation to/from appointments (sometimes), Other: change pull-ups, assist with eating (\$300 monthly)

SEASONS, THE

License Type: ANNUAL

331 HOLT LANE

Licensed Beds: 55

LEWISBURG, WV 24901 Number of Private Rooms: 35

Phone: (304) 645-4453 **Cost Per Diem:** \$125/day

County: GREENBRIER Number of Semi Private Rooms: 10

Administrator: NATHAN HANSHEW Cost Per Diem: \$97/day

Owner: F C-GEN REAL ESTATE, 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:

(1) each: Administrator, RN, RN Consultant, and Laundry, (4) Housekeeping, (4) Maintenance, (14) Nursing Assistants, (7) LPNs, and (8) Dietary

Services and Programs Available and Costs thereof:

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

SERENITY CARE HOME License Type: ANNUAL

269 LITTLE SAND RUN ROAD

Licensed Beds: 30

BUCKHANNON, WV 26201

Number of Private Rooms: 10

Phone: (304) 472-6105 **Cost Per Diem:** \$107/day

County: UPSHUR Number of Semi Private Rooms: 10

Administrator: A. JOANN LANDIS Cost Per Diem: \$93/day

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

Type of Ownership: Cost Per Diem: N/A

Number of Employees and Position Held:

(1) each: Administrator and Housekeeping, (1) full and (2) part-tim Dietary, (1) full and (1) part-time RN, (1) part-time Maintenance, and (12) full and (5) part-time 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, and Recreational Activities.

SERRA MANOR License Type: ANNUAL

100 SERRA DRIVE Licensed Beds: 46

WEIRTON, WV 26062 Number of Private Rooms: 42

Phone: (304) 723-5363 **Cost Per Diem:** \$100-109/day

County: HANCOCK Number of Semi Private Rooms: 2

Administrator: RHONDA QUATTROCHI Cost Per Diem: \$100-109/day

Owner: WEIRTON HEALTH CARE, 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:

(1) part-time Administrator; (1) Assistant Administrator, (2) part-time each: Housekeeping and Maintenance, (4) part-time each: RNs and Activity Aides, (12) full and (16) part-time Nursing Assistants, (3) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transportation to/from appointments (additional cost), Beauty shop/Hair cutting services (additional cost), Assistance with making appointments, Laundry services, Dietary services, Recreational activities, and Management of personal finances. Other: Cable, Telephone (additional cost).

SUMMIT AT HIDDEN VALLEY, THE License Type: ANNUAL

438 23RD STREET

Licensed Beds: 58

OAK HILL, WV 25901

Number of Private Rooms: 56

Phone: (304) 469-8255 Cost Per Diem: \$93-132/day

County: FAYETTE Number of Semi Private Rooms: 1

Administrator: BRENDA S HOLSTER Cost Per Diem: \$93-132/day

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:

(1) each: Administrator, Maintenance, RN, and Laundry, (2)Housekeeping, (12) Nursing Assistants, (4) LPNs, (1) Activity Aide, and Dietary is Contracted

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting services (Additional Cost), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities, and Management if personal finances.

SWEETBRIAR License Type: ANNUAL 505 CALDWELL LANE Licensed Beds: 128

DUNBAR, WV 25064 Number of Private Rooms: 42

Phone: (304) 744-7400 **Cost Per Diem:** \$110/day

County: KANAWHA Number of Semi Private Rooms: 26

Administrator: RHONDA S MCDONALD Cost Per Diem: \$82/day

Owner: C. W. CALDWELL, 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:

(1) Administrator, (4) Housekeeping (also does Laundry), (1) full and (1) part-time Maintenance, (1) full and (2) part-time RNs, (1) Activity Aides, (13) full and (7) part-time Nursing Assistants, (5) LPNs, (2) part-time Dietarys, and (4) full and (1) part-time AMAPs.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration (250), Limited & Intermittent nursing care (\$250-950), Transportation to/from appointments, Beauty shop/hair cutting services (billed by beautician), Assistance with making appointments, Laundy Services, Dietary Services, Recreational activities and Cable, Other (Room service, special meals, cable (\$2/3/9).

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/day

Owner: TALBOTT PERSONAL CARE HOME, INC. Number of Rooms with 3 or 4 Beds: 2

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

Number of Employees and Position Held:

(1) each: Administrator and Maintenance; (2) each: RN and Dietary; (1) each part-time Housekeeping and Activity Aide; (8) full and (3) part-time 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).

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/day

County: PUTNAM Number of Semi Private Rooms: 7

Administrator: CHRISTIE R MOUNTS Cost Per Diem: \$97/day

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:

(1) Administrator and RN, (2) part-time Housekeeping and Dietary, (1) part-time Maintenance and LPN, (4) full and (2) part-time Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Laundry Service, Dietary Services, and 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/day

County: RANDOLPH Number of Semi Private Rooms: 3

Administrator: DEBBIE WHITE Cost Per Diem: \$70/day

Owner: TALBOTT PERSONAL CARE HOME, INC. Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT Cost Per Diem: \$70/day

Number of Employees and Position Held:

(1) each: Administrator and Maintenance, (1) full and (1) part-time RN, (1) part-time Housekeeping and Activity Aide; (8) Nursing Assistants, and (2) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Beauty shop/hair Services, Assistance with making appointments, Laundry services, Dietary services, and Recreational activities

VILLAGES AT GREYSTONE INN

200 GREYSTONE DRIVE Licensed Beds: 70

BEAVER, WV 25813 Number of Private Rooms: 70

Cost Per Diem: \$110-245 Phone: (304) 256-7579

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

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:

(1) each: Administrator, Housekeeping, Maintenance, RN, and Activity Aide, (22) full and (1) part-time Nursing Assistants, (8) full and (2)

License Type: ANNUAL

part-time LPNs

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, Recreational Activities (cable \$28-32, telephone \$25-28 monthly)

License Type: ANNUAL **WELTY HOME, L C**

21 WASHINGTON AVENUE Licensed Beds: 52 WHEELING, WV 26003 Number of Private Rooms: 52

Cost Per Diem: \$95/day (304) 242-5233 Phone:

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

Administrator: RANDY FORZANO Cost Per Diem: N/A

WELTY HOME, L C (THE) Owner: 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:

(1) each: Administrator, Maintenance, and Laundry, (1) full and (1) part-time Housekeeping, (1) full and (8) part-time RNs, (6) full and (4) part-time Nursing Assistants, (2) full and (3) part-time LPN, (3) full and (5) part-time Dietary.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/Hair cut svcs (additional cost), Assistance with making appointments, Laundry svcs, Dietary services, Recreational activities, and Management of personal finances.

WINDY HILL MANOR License Type: ANNUAL

17024 VETERANS MEMORIAL HIGHWAY Licensed Beds: 50 KINGWOOD, WV 26537 Number of Private Rooms: 5

Cost Per Diem: \$97-117/day Phone: (304) 329-2741

PRESTON County: Number of Semi Private Rooms: 21

KAYLA HESS Administrator: Cost Per Diem: \$58-73/day

WINDY HILL MANOR LIMITED PARTNERSHI 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:

(1) Administrator/Maintenance, (1) full and (1) part-time Housekeeping, (1) part-time each: Rn, Activity Aide, and RN Consultant, (14) Nursing Assistants (also do Laundry), (2) each: LPNs and Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs (\$0-\$150), Medication administration, Limited & Intermittent Nursing Care (\$150), Transportation to/from Appointments (\$20 hour), Beauty shop from beautician (\$7-30), Assistance making appointments, Laundry services, Dietary services, and Recreatonal activities.

WISHING WELL ASSISTED LIVING

1543 COUNTRY CLUB ROAD

FAIRMONT, WV 26554 Number of Private Rooms: 16

Cost Per Diem: \$101/day (304) 363-2273 Phone:

County: **MARION** Number of Semi Private Rooms: 18

Administrator: CATHY FLEECE Cost Per Diem: \$86-91/day

Owner: 1543 COUNTRY CLUB ROAD MANOR OPER 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:

(1) each: Administrator, Housekeeping, and Maintenance; (2) full and (4) part-time LPNs, (8) Nursing Assistants, (1) part-time Laundry,

(1) full and (1) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services, Assistance with making appointments, Laundry Services, Dietary Services, Recreational Activities, and Management of personal finances.

WOODLANDS ASSISTED LIVING #1

License Type: ANNUAL

23 CARE STREET WORTHINGTON, WV 26591

Number of Private Rooms: N/A

Cost Per Diem: N/A Phone: (304) 287-2120

Licensed Beds: 23

License Type: ANNUAL

License Type: ANNUAL

Licensed Beds: 52

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

ERIC MULLER Administrator: Cost Per Diem: \$37-48/day

Owner: WOODLANDS ASSISTED LIVING FACILITY, I Number of Rooms with 3 or 4 Beds: (3) 3 bed (1) 4 bed

PROFIT Type of Ownership: Cost Per Diem: \$37-48/day

Number of Employees and Position Held:

(1) each: Administrator and Maintenance, (15) each: Housekeeping, Laundry, and Nursing Assistants, (3) dietary, and (1) part-time each: Activity Aide and RN.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/Hair cutting services (\$10-50), Assistance with making appointments, Laundry services, Dietary services, and Recreational activities (cost of activity).

WOODLANDS ASSISTED LIVING #2

CARE STREET Licensed Beds: 23

WORTHINGTON, WV 26591 Number of Private Rooms: 3

Cost Per Diem: \$73-83/day (304) 287-2120 Phone:

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

Administrator: ERIC MULLER Cost Per Diem: \$38-67/day

WOODLANDS ASSISTED LIVING FACILITY, I Owner: Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: **PROFIT** Cost Per Diem: \$38-67/day

Number of Employees and Position Held:

(1) each: Administrator and Maintenance, (13) Housekeeping, Laundry, and Nursing Assistants, (3) dietary, and (1) part-time each: Activity Aide and RN.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transportation to/from appointments. Beauty shop/Hair cutting services (\$10-50), Assistance with making appointments, Laundry services, Dietary Services, Recreational activities

WOODLANDS RETIREMENT COMMUNITY

ONE BRADLEY FOSTER DR

HUNTINGTON, WV 25701

County:

(304) 697-1620 Phone:

CABELL

Administrator: CHRISTOPHER BLAIR

> Owner: FOSTER FOUNDATION

Type of Ownership: NON-PROFIT License Type: ANNUAL

Licensed Beds: 88

Number of Private Rooms: 88

Cost Per Diem: \$173/day

Cost Per Diem: N/A

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

Number of Semi Private Rooms: N/A

Cost Per Diem: N/A

Number of Employees and Position Held:

(1) Administrator, (4) Housekeeping, (2) each: Maintenance and Laundry, (2.5) Activity Aide, (3) RNs, (36) Nursing Assistants, (23) LPNs,

(8) full and (2) part-time Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services (Depends on Service), Assistance with making appointments, Laundry Services (\$25 Month), Dietary Services, Recreational Activities, Management of personal finances, Other

WOODRIDGE License Type: ANNUAL

3810 GRAND CENTRAL AVE

VIENNA, WV 26105 Phone:

Administrator:

Type of Ownership:

(304) 295-4884

County:

SHARON K WEINHEIMER

Owner:

WOOD

WOODRIDGE ASSISTED LIVING

PROFIT

Licensed Beds: 25

Number of Private Rooms: 3

Cost Per Diem: \$37/day

Number of Semi Private Rooms: 1

Cost Per Diem: \$37/day

Number of Rooms with 3 or 4 Beds: 5

Cost Per Diem: \$37/day

Number of Employees and Position Held:

(1) Administrator, (7) Nursing Assistants, (1) part-time: Maintenance, and (1) full and 1 part-time RN Consultant

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication administration, Limited & Intermittent Nursing Care, Transportation to/from Appointments (Appt. set up, Residents responsible for costs), Assistance with making appointments, Laundry Services, Dietary services, and Recreational activities

WYNGATE OF WEIRTON

100 WYNGATE DRIVE WEIRTON, WV 26062

> Phone: (304) 723-7004

County: **HANCOCK**

Administrator: MARK CUMMINGS Owner: CHANCELLOR HEALTH PARTNERS

Type of Ownership: **PROFIT** License Type: ANNUAL

Licensed Beds: 80

Number of Private Rooms: 60

Cost Per Diem: \$108-181/day

Number of Semi Private Rooms: N/A

Cost Per Diem: N/A

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

Cost Per Diem: N/A

Number of Employees and Position Held:

(1) each: Administrator, Housekeeping, Maintenance, Laundry; (1) full and (2) part-time RNs and Activity Aides; (14) full and (9) part-time Nursing Assistants; (4) full and (5) part-time LPNs; (4) full and (2) part-time Dietary.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transport to/from appointments, Beauty shop/hair cutting Services (Based on Beautician rates), Assistance making appointments, Laundry services, Dietary services, and Recreational activities (occasional fee for tickets, etc.)

WYNGATE SENIOR LIVING COMM OF PARKERSBURG

ONE WYNGATE DRIVE

County:

PARKERSBURG, WV 26105 Number of Private Rooms: 55

(304) 428-2004 Phone:

> WOOD Number of Semi Private Rooms: 5

Administrator:

SUSAN DIEHL-HICKMAN Cost Per Diem: \$58/day

Owner: PARKERSBURG HEALTH PARTNERS, 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:

(1) each: Administrator, Maintenance, and RN, (1) full and (1) part-time each: Housekeeper and Activity Aide, (9) full and (8) part-time Nursing Assistants, (4) full and (2) part time LPN, (4) full and (2) part-time Dietary

License Type: ANNUAL

Cost Per Diem: \$58/day

Licensed Beds: 65

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to and from appointments, Beauty shop/Hair cutting services, Assistance with making appointments, Laundry services, Dietary services, Recreational activities.

License Type: ANNUAL YOUNG'S CARE HOME II

102 HICKORY AVENUE Licensed Beds: 18 **MOUNDSVILLE, WV 26041** Number of Private Rooms: N/A

Cost Per Diem: N/A (304) 845-5129 Phone:

MARSHALL Number of Semi Private Rooms: 3 County:

Administrator: CONNIE YOUNG Cost Per Diem: \$39-60/day

YOUNG'S CARE HOME II Owner: Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: **PROFIT** Cost Per Diem: \$39-60/day

Number of Employees and Position Held:

(1) each: Administrator and RN Consultant, (2) part-time Maintenance, (1) full and (1) part-time RNs, (6) who do all: Housekeeping, Activity Aide, Dietary, and Laundry

Services and Programs Available and Costs thereof:

Assistance wth ADLs, Medication Administration, Limited & Internittent Nursing Care, Transportation to and from appointments, Beauty Shop, Assistance with Making appointments, Laundry Services, Dietary Services, Recreational Activities

Facility Type: ALZHEIMER/DEMENTIA - ASSISTED

ARTHUR B HODGES CENTER - ALZHEIMERS UNIT

License Type: ANNUAL

300 BAKER LANE

Licensed Beds: 18

CHARLESTON, WV 25302

Number of Private Rooms:

(304) 346-2323 Phone:

Cost Per Diem:

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

Administrator: GEORGE BARKER

Cost Per Diem:

Owner: EDGEWOOD SUMMIT, INC.

Number of Rooms with 3 or 4 Beds:

Type of Ownership: NON-PROFIT

Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

BRALEY CARE HOMES, INC III - ALZHEIMER'S UNIT

License Type: ANNUAL

RT 3 BOX 285-C

HURRICANE, WV 25526

Licensed Beds: 16

(304) 201-3677 Phone:

Number of Private Rooms: 6

Cost Per Diem: \$145/day

County: **PUTNAM**

Number of Semi Private Rooms: 5

Administrator: CHRIS BRALEY

Cost Per Diem: \$135/day

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:

(1) Administrator, (16) Staff that do following: Housekeeping, Laundry, Nursing Assistant (s), Activity Aide (s), and Dietary, (5) LPNs, (1) part-time Maintenance and RN

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Transportation to/from appointments (\$20 hour), Beauty shop/hair cutting services, Assistance with making appointments, Laundry services, Dietary services, and Recreational Activities

BROADMORE ASSISTED LIVING - ALZHEIMER'S UNIT

License Type: ANNUAL

4000 OUTLOOK DRIVE

County:

Licensed Beds: 23 Number of Private Rooms: 23

Number of Semi Private Rooms: N/A

HURRICANE, WV 25526

Cost Per Diem: 120/day

(304) 757-4778 Phone:

PUTNAM

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:

(1) each: Administrator, Maintenance, and RN, (1) full and (1) part-time Housekeeping, (20) full and (5) part-time Nursing Assistants, (6) full and (2) part-time LPNs, (2) Activity Aides, and (6) Dietary

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from Appointments, Beauty shop/hair cutting Services (Per Beautician charges), Assistance with making Appointments, Laundry Services, Dietary Services, Recreational Activities, Management of Personal Funds

Facility Type: ALZHEIMER/DEMENTIA - ASSISTED

CHARLESTON GARDENS - ALZHEIMER'S UNIT

Licensed Beds: 15

License Type: ANNUAL

800 ASSOCIATION DRIVE CHARLESTON, WV 25311

Number of Private Rooms: 13

(304) 343-6600 Phone:

Cost Per Diem: \$110-150/day

County: KANAWHA Number of Semi Private Rooms: 1

Administrator: DONNA PROWSE Cost Per Diem: \$30-72/day

Owner: **EMERITUS CORPORATION**

PROFIT

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

Type of Ownership:

Cost Per Diem: N/A

Number of Employees and Position Held:

(1) each: Administrator, Laundry, and Activity Aide, (2) Maintenance, (3) Housekeeping, (26) full and (1) part-time Nursing Assistants, (9) LPN, (7) full and (8) part-time Dietary, (2) RN Consultants.

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited & Intermittent Nursing Care, Transportation to/from appointments, Beauty shop/hair cutting services, Assistance with making appointments, Laundry services, Dietary services, Recreational activities.

COLONIAL PLACE ALZHEIMER'S UNIT

License Type: ANNUAL

301 WILSON LANE ELKINS, WV 26241 Licensed Beds: 23

Number of Private Rooms:

(304) 636-8600 Phone:

Cost Per Diem:

RANDOLPH County:

Number of Semi Private Rooms:

Administrator: CHRISTINA MULLENAX

Cost Per Diem:

WILSON SENIOR CARE, LLC Owner:

Number of Rooms with 3 or 4 Beds:

Type of Ownership: **PROFIT**

Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof:

MIDLAND MEADOWS SENIOR LIVING - ALZHEIMER'S

License Type: ANNUAL

102 WEATHERHOLT DRIVE

ONA, WV 25545

Number of Private Rooms:

Phone: (304) 743-8904 **Cost Per Diem:**

Licensed Beds: 30

County: **CABELL** **Number of Semi Private Rooms:**

Administrator: ROSALENE BLACK

Cost Per Diem:

Owner: MIDLAND MEADOWS SENIOR LIVING LLC

Number of Rooms with 3 or 4 Beds:

Type of Ownership: **PROFIT**

Cost Per Diem:

Number of Employees and Position Held:

Services and Programs Available and Costs thereof: