



Nursing Homes and Assisted Living Facilities in West Virginia

Annual Report
October 1, 2011 —September 30, 2011

West Virginia Department of Health and Human Resources

Office of Inspector General
Office of Health Facility Licensure and Certification

Nursing Home and Assisted Living
Governor's Annual Report

October 1, 2014 – September 30, 2015

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Nursing Home and Assisted Living
Governor's Annual Report
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Foreword

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

Nursing Home Report

Part

A

Office of Health Facility Licensure and Certification Nursing Home Program

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

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

Nursing Homes and Inspections/Surveys

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

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

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

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

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

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

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

Regulation and Statute Revision

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

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

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

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

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

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

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

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

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

Nursing Home Summary Information

Part

B

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

| | <i>SNF/NF- Dual Certified</i> | <i>SNF- Medicare Only</i> | <i>NF-Medicaid Only</i> | <i>Licensed Only</i> | <i>Total</i> |
|----------------------------|-------------------------------|---------------------------|-------------------------|----------------------|--------------|
| Total Number of Facilities | 110 | 6 | 10 | 2 | 128 |
| Total Number of Beds | 9566 | 86 | 705 | 123 | 10480 |

| | | | | | |
|-------------------|---|---|---|---|---|
| Facilities Opened | 0 | 0 | 0 | 0 | 0 |
| Facilities Closed | 0 | 0 | 0 | 0 | 0 |

Survey Activity

| | | | | | |
|----------------------|-----|----|----|---|-----|
| Initial | 0 | 0 | 0 | 0 | 0 |
| Re-licensure | 93 | 5 | 9 | 0 | 107 |
| Complaint | 129 | 0 | 8 | 5 | 142 |
| Health Revisits | 155 | 5 | 10 | 4 | 174 |
| Life Safety Revisits | 32 | 0 | 2 | 0 | 34 |
| Total | 409 | 10 | 29 | 9 | 457 |

Complaint Outcomes

| | | | | | |
|-----------------------------|-----|---|----|----|-----|
| Allegation Substantiated | 118 | 0 | 4 | 4 | 126 |
| Allegation Unsubstantiated | 395 | 0 | 27 | 35 | 457 |
| Total Number of Allegations | 513 | 0 | 31 | 39 | 583 |

Enforcement Cases

| | | | | | |
|-----------------|-----|---|----|---|-----|
| Cases Initiated | 124 | 2 | 9 | 0 | 135 |
| Cases Closed | 127 | 3 | 11 | 0 | 141 |

Nursing Home Directory

Part

C

Directory

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

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

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

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

Nursing Home Annual Report 2015

**Ansted Center
106 Tyree Street
Ansted, WV 25812**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 93 | County | Fayette |
| Administrator | Lynn Elliott | Phone # | 304-658-5271 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 20 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 314.00 | Medicaid Rate | 303.00 |
| Semi-Private Room | 303.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 22 |
| Licensed Practical Nurses | 7 | Other Personnel | 27 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/R | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|--------------------------|----------------------|--------------|
| License # | 110 | County | Kanawha |
| Administrator | George Barker | Phone # | 304-346-2323 |
| Facility Type | Skilled Nursing Facility | Reimbursement | Medicare |
| Ownership | Edgewood Summit | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 20 | Certified Beds | 20 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | County | Barbour |
| Administrator | Dion Wagoner | Phone # | 304-823-2555 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Evangelical Lutheran Good Samaritan | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 57 | Certified Beds | 57 | Respite Beds | 0 |
| Private Rooms | 0 | Semi-Private Rooms | 57 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | N/A | Medicaid Rate | 202.86 |
| Semi-Private Room | 230.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 9 |
| Licensed Practical Nurses | 5 | Other Personnel | 18 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 55 County | Morgan |
| Administrator | Christina Bernstein | Phone # | 304-258-3673 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 0 | Semi-Private Rooms | 0 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 228.80 | Medicaid Rate | 203.41 |
| Semi-Private Room | 217.25 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 44 |
| Licensed Practical Nurses | 16 | Other Personnel | 56 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 103 | County | Braxton |
| Administrator | Phillip Donnelly | Phone # | 304-765-2861 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 65 | Certified Beds | 65 | Respite Beds | 0 |
| Private Rooms | 3 | Semi-Private Rooms | 23 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 247.00 | Medicaid Rate | 218.89 |
| Semi-Private Room | 233.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 24 |
| Licensed Practical Nurses | 13 | Other Personnel | 36 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|--|----------------------|--------------|
| License # | | 7 County | Harrison |
| Administrator | Rebecca Bramer-Dixon | Phone # | 304-842-4135 |
| Facility Type | Nursing Facility | Reimbursement | Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 51 | Certified Beds | 51 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|-----|------------------------|-----|
| Registered Nurses | N/R | Nurse Aides | 27 |
| Licensed Practical Nurses | 6 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

Brightwood Center
840 Lee Road
Follansbee, WV 26037

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

NUMBER OF BEDS AND ROOMS

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

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

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

NUMBER OF BEDS AND ROOMS

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

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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1 = a service provided directly by the facility;

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 14 | County | Marshall |
| Administrator | Tara Pletcher | Phone # | 304-686-3318 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 2 | Semi-Private Rooms | 29 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 307.00 | Medicaid Rate | 223.47 |
| Semi-Private Room | 285.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 5 | Nurse Aides | 13 |
| Licensed Practical Nurses | 7 | Other Personnel | 20 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 2 |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Canterbury Center
80 Maddex Drive
Shepherdstown, WV 25443**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 133 | County | Jefferson |
| Administrator | Monica Lockett | Phone # | 304-876-9422 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 62 | Certified Beds | 62 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 29 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 302.00 | Medicaid Rate | 216.78 |
| Semi-Private Room | 312.00 | Other | 225.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 27 |
| Licensed Practical Nurses | 12 | Other Personnel | 35 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 3 | Diagnostic X-rays | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 68 | Certified Beds | 68 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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

0 = a service not provided by the facility;

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Care Haven of Pleasants
506 Riverview Drive
Belmont, WV 26134**

| | | | |
|----------------------|---|----------------------|--------------|
| License # | 125 | County | Pleasants |
| Administrator | Linda Sistrunk | Phone # | 304-665-2065 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 68 | Certified Beds | 68 | Respite Beds | 0 |
| Private Rooms | 10 | Semi-Private Rooms | 29 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 275.00 | Medicaid Rate | 224.33 |
| Semi-Private Room | 265.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 37 |
| Licensed Practical Nurses | 14 | Other Personnel | 34 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 3 |
| Outpatient Physical Therapy | N/A | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/A | Psychological Services | 2 |
| Social Services | 1 | Dietary | 2 |
| Patient Activities | 1 | Housekeeping | 3 |
| Pharmacy | 2 | Other | 1 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 119 | Certified Beds | 119 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 280.00 | Medicaid Rate | 191.84 |
| Semi-Private Room | 270.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 12 | Nurse Aides | 53 |
| Licensed Practical Nurses | 24 | Other Personnel | 52 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 124 | County | Harrison |
| Administrator | Tricia Calemine-Dolan | Phone # | 304-624-6500 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 98 | Certified Beds | 98 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 55 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 319.00 | Medicaid Rate | 209.08 |
| Semi-Private Room | 299.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 37 |
| Licensed Practical Nurses | 16 | Other Personnel | 35 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 3 |
| Patient Activities | 1 | 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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2 = a service provided under arrangement with an outside agency resource; or

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Clary Grove
209 Clover Street
Martinsburg, WV 25404**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 52 | County | Berkeley |
| Administrator | Nancy Mason | Phone # | 304-263-8921 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | |
|----------------------|-----|---------------------------|-----|
| Licensed Beds | 120 | Certified Beds | 120 |
| Private Rooms | N/R | Semi-Private Rooms | N/R |
| | | Respite Beds | 0 |
| | | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Clay Health Care Center
1053 Clinic Drive
Ivydale, WV 25113**

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

NUMBER OF BEDS AND ROOMS

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

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 74 | County | Tucker |
| Administrator | Beth Clevenger | Phone # | 304-463-4181 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Cortland Acres Association, Inc. | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 94 | Certified Beds | 94 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 44 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 227.00 | Medicaid Rate | 213.19 |
| Semi-Private Room | 218.00 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 29 |
| Licensed Practical Nurses | 8 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 1 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 1 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 84 | County | Lewis |
| Administrator | Ashley Ince | Phone # | 304-884-7811 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Community Progress Committee | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 72 | Certified Beds | 72 | Respite Beds | 0 |
| Private Rooms | 10 | Semi-Private Rooms | 23 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 227.00 | Medicaid Rate | 196.16 |
| Semi-Private Room | 215.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 3 | Nurse Aides | 20 |
| Licensed Practical Nurses | 9 | Other Personnel | 20 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 87 County | Mineral |
| Administrator | Cynthia Wagoner | Phone # | 304-298-3602 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 66 | Certified Beds | 66 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 27 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 292.00 | Medicaid Rate | 211.18 |
| Semi-Private Room | 282.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 12 | Nurse Aides | 40 |
| Licensed Practical Nurses | 8 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Dunbar Center
501 Caldwell Lane
Dunbar, WV 25064**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 82 | County | Kanawha |
| Administrator | Greg Hamaker | Phone # | 304-744-4761 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 229.00 | Medicaid Rate | N/R |
| Semi-Private Room | 214.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 13 | Nurse Aides | 49 |
| Licensed Practical Nurses | 19 | Other Personnel | 43 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 3 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | 2 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 108 | County | Hardy |
| Administrator | Pauline Vance | Phone # | 304-897-5903 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 249.00 | Medicaid Rate | 198.66 |
| Semi-Private Room | 234.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 24 |
| Licensed Practical Nurses | 6 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Eagle Pointe
1600 27th Street
Parkersburg, WV 26101**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 54 | County | Wood |
| Administrator | Randy Wright | Phone # | 304-485-6476 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 164 | Certified Beds | 164 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 55 | 3 - 4 Bed Wards | 13 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 213.00 | Medicaid Rate | 173.60 |
| Semi-Private Room | 205.00 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 50 |
| Licensed Practical Nurses | 26 | Other Personnel | 64 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

Eastbrook Center
3819 Chesterfield Avenue
Charleston, WV 25304

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 65 | County | Kanawha |
| Administrator | Robin Sutphin | Phone # | 304-925-4771 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 184 | Certified Beds | 184 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 36 | 3 - 4 Bed Wards | 36 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 289.75 | Medicaid Rate | 202.96 |
| Semi-Private Room | 268.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 13 | Nurse Aides | 38 |
| Licensed Practical Nurses | 14 | Other Personnel | 38 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Eldercare Health and Rehabilitation
107 Miller Drive
Ripley, WV 25271**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 73 County | Jackson |
| Administrator | Jennifer Jeffery | Phone # | 304-372-5115 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Eldercare of Jackson County | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 2 | Semi-Private Rooms | 59 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 212.00 | Medicaid Rate | 189.63 |
| Semi-Private Room | 185.00 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 20 | Nurse Aides | 46 |
| Licensed Practical Nurses | 16 | Other Personnel | 39 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 134 | County | Randolph |
| Administrator | Patricia Summerfield | Phone # | 304-636-1391 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Elkins Regional Convalescent Center | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 111 | Certified Beds | 111 | Respite Beds | 0 |
| Private Rooms | 17 | Semi-Private Rooms | 47 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 208.00 | Medicaid Rate | 204.68 |
| Semi-Private Room | 203.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 44 |
| Licensed Practical Nurses | 7 | Other Personnel | 63 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 2 |
| 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 105 | County | Marion |
| Administrator | Beth Harris | Phone # | 304-363-5633 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Kaufman Street WV, LLC | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 56 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 177.00 | Medicaid Rate | 159.30 |
| Semi-Private Room | 169.00 | Other | 415.54 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 49 |
| Licensed Practical Nurses | 19 | Other Personnel | 30 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 2 |
| Pharmacy | 2 | Other | 2 |
| Clinical Labs | 2 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 48 County | Fayette |
| Administrator | Bonnie Sue Cogar | Phone # | 304-574-0770 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 313.00 | Medicaid Rate | 229.05 |
| Semi-Private Room | 291.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 26 |
| Licensed Practical Nurses | 7 | Other Personnel | 20 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 3 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 3 | Podiatry | 2 |
| Speech Pathology | 3 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Glenville Center
111 Fairground Road
Glenville, WV 26351**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 94 | County | Gilmer |
| Administrator | Julie Brenneman | Phone # | 304-462-5718 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|----|
| Licensed Beds | 65 | Certified Beds | 65 | Respite Beds | 65 |
| Private Rooms | 3 | Semi-Private Rooms | 25 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 250.00 | Medicaid Rate | 173.65 |
| Semi-Private Room | 247.00 | Other | 243.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 23 |
| Licensed Practical Nurses | 7 | Other Personnel | 23 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 2 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

Golden Living Center Glasgow
PO Box 350
Glasgow, WV 25086

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 98 | County | Glasgow |
| Administrator | Patricia Roan | Phone # | 304-595-1155 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Beverly Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 108 | Certified Beds | 108 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 51 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 246.80 | Medicaid Rate | 235.22 |
| Semi-Private Room | 201.46 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 13 | Nurse Aides | 30 |
| Licensed Practical Nurses | 14 | Other Personnel | 34 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 2 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 3 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 58 | County | Monongalia |
| Administrator | Linda Dailey | Phone # | 304-599-9480 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Beverly Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 100 | Certified Beds | 100 | Respite Beds | 0 |
| Private Rooms | 0 | Semi-Private Rooms | 50 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | N/R | Medicaid Rate | 214.98 |
| Semi-Private Room | 193.97 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 15 | Nurse Aides | 32 |
| Licensed Practical Nurses | 6 | Other Personnel | 26 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 3 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 46 | County | Kanawha |
| Administrator | Michael Laughery | Phone # | 304-768-0002 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Beverly Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 102 | Certified Beds | 102 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 23 | 3 - 4 Bed Wards | 13 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 226.26 | Medicaid Rate | 194.29 |
| Semi-Private Room | 214.96 | Other | 248.98 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 14 | Nurse Aides | 39 |
| Licensed Practical Nurses | 14 | Other Personnel | 31 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 2 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Good Shepherd Nursing Home
159 Edgington Lane
Wheeling, WV 26003**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 50 County | Ohio |
| Administrator | Donald R. Kirsch | Phone # | 304-242-1093 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Good Shepherd Nursing Home | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 192 | Certified Beds | 192 | Respite Beds | 0 |
| Private Rooms | 54 | Semi-Private Rooms | 45 | 3 - 4 Bed Wards | 16 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 170.00 | Medicaid Rate | 177.63 |
| Semi-Private Room | 165.00 | Other | 129.72 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 15 | Nurse Aides | 49 |
| Licensed Practical Nurses | 17 | Other Personnel | 81 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 3 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 3 | Other | N/A |
| Clinical Labs | 2 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Grant County Nursing Home
27 Early Avenue
Petersburg, WV 26847**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 102 | County | Grant |
| Administrator | Terry Shobe | Phone # | 304-257-4233 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Grant County Commission | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 110 | Certified Beds | 110 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 52 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 195.00 | Medicaid Rate | 188.09 |
| Semi-Private Room | 185.00 | Other | 208.67 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 42 |
| Licensed Practical Nurses | 12 | Other Personnel | 50 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 0 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 45 | County | Greenbrier |
| Administrator | Catherine Hill | Phone # | 304-645-3076 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Greenbrier County Nursing Home | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 100 | Certified Beds | 100 | Respite Beds | 0 |
| Private Rooms | 0 | Semi-Private Rooms | 20 | 3 - 4 Bed Wards | 20 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | N/A | Medicaid Rate | 219.77 |
| Semi-Private Room | 221.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 38 |
| Licensed Practical Nurses | 16 | Other Personnel | 56 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Hampshire Center
HC 63, Box 2580
Romney, WV 26757**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 136 | County | Hampshire |
| Administrator | Michelle Abruzzino | Phone # | 304-822-7527 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 62 | Certified Beds | 60 | Respite Beds | 2 |
| Private Rooms | 4 | Semi-Private Rooms | 29 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 302.00 | Medicaid Rate | N/R |
| Semi-Private Room | 291.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|-----|
| Registered Nurses | 8 | Nurse Aides | 40 |
| Licensed Practical Nurses | 7 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

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

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Harper Mills
100 Heartland Drive
Beckley, WV 25801**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 61 | County | Raleigh |
| Administrator | Denise Worley | Phone # | 304-256-1650 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 201 | Certified Beds | 201 | Respite Beds | 0 |
| Private Rooms | 9 | Semi-Private Rooms | 96 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 270.80 | Medicaid Rate | N/R |
| Semi-Private Room | 216.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 21 | Nurse Aides | 64 |
| Licensed Practical Nurses | 15 | Other Personnel | 50 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 69 | County | Cabell |
| Administrator | Anthony Mollica | Phone # | 304-525-7622 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 160 | Certified Beds | 160 | Respite Beds | 0 |
| Private Rooms | 28 | Semi-Private Rooms | 66 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 308.00 | Medicaid Rate | 176.45 |
| Semi-Private Room | 297.00 | Other | 318.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 21 | Nurse Aides | 57 |
| Licensed Practical Nurses | 24 | Other Personnel | 63 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 129 | County | Fayette |
| Administrator | Brian Chapman | Phone # | 304-465-1903 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 80 | Certified Beds | 80 | Respite Beds | 0 |
| Private Rooms | 22 | Semi-Private Rooms | 29 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 290.00 | Medicaid Rate | 202.51 |
| Semi-Private Room | 280.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 13 | Nurse Aides | 33 |
| Licensed Practical Nurses | 16 | Other Personnel | 40 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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;

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Hillcrest Health Care Center
PO Box 605
Danville, WV 25053**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 135 | County | Boone |
| Administrator | Matthew Poorman | Phone # | 304-369-0986 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 90 | Certified Beds | 90 | Respite Beds | 0 |
| Private Rooms | 30 | Semi-Private Rooms | 30 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 180.00 | Medicaid Rate | 176.59 |
| Semi-Private Room | 175.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 11 | Nurse Aides | 43 |
| Licensed Practical Nurses | 16 | Other Personnel | 40 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 0 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 3 | Other | 1 |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Hilltop Center
PO Box 125
Hilltop, WV 25855**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 72 | County | Fayette |
| Administrator | Christopher Marshall | Phone # | 304-469-2966 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 233.00 | Medicaid Rate | N/R |
| Semi-Private Room | 228.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 12 | Nurse Aides | 40 |
| Licensed Practical Nurses | 23 | Other Personnel | 37 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 3 |
| 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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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Holbrook Nursing Home, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 49 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 170.00 | Medicaid Rate | 159.03 |
| Semi-Private Room | 165.00 | Other | 160.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 64 |
| Licensed Practical Nurses | 23 | Other Personnel | 55 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | 0 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|------------------------|----------------------|--------------|
| License # | 178 | County | Preston |
| Administrator | Mark Nesland | Phone # | 304-789-2411 |
| Facility Type | Nursing Facility | Reimbursement | Medicaid |
| Ownership | State of West Virginia | Type of | State Owned |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 98 | Certified Beds | 98 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 47 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 255.00 | Medicaid Rate | 255.00 |
| Semi-Private Room | 255.00 | Other | 255.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 70 |
| Licensed Practical Nurses | 11 | Other Personnel | 81 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 0 | Podiatry | 2 |
| Speech Pathology | 0 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 3 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 8 County | Cabell |
| Administrator | Annica Stansberry | Phone # | 304-529-6031 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Seventeenth Street Associates, LLC | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 186 | Certified Beds | 186 | Respite Beds | 0 |
| Private Rooms | 13 | Semi-Private Rooms | 85 | 3 - 4 Bed Wards | 1 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 230.00 | Medicaid Rate | 191.73 |
| Semi-Private Room | 220.50 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 12 | Nurse Aides | 59 |
| Licensed Practical Nurses | 35 | Other Personnel | 83 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 1 |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Jackie Withrow Hospital
105 South Eisenhower Drive
Beckley, WV 25801**

| | | | |
|----------------------|------------------------|----------------------|--------------|
| License # | 181 | County | Raleigh |
| Administrator | Angela Booker | Phone # | 304-256-6600 |
| Facility Type | Nursing Facility | Reimbursement | Medicaid |
| Ownership | State of West Virginia | Type of | State Owned |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 199 | Certified Beds | 199 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|-----|
| Registered Nurses | 13 | Nurse Aides | 57 |
| Licensed Practical Nurses | 23 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 0 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 0 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | State of West Virginia | Type of | State Owned |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 41 | Certified Beds | 41 | Respite Beds | 0 |
| Private Rooms | 1 | Semi-Private Rooms | 20 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | N/R | Medicaid Rate | 200.00 |
| Semi-Private Room | 260.00 | Other | 215.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 5 | Nurse Aides | 19 |
| Licensed Practical Nurses | 5 | Other Personnel | 0 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 1 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 0 |
| Occupational Therapy | 0 | Podiatry | 0 |
| Speech Pathology | 0 | Ophthalmology | 0 |
| Outpatient Speech Pathology | 0 | Psychological Services | 0 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 0 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

Lakin Hospital
11522 Ohio River Road
West Columbia, WV 25287

| | | | |
|----------------------|------------------------|----------------------|--------------|
| License # | 180 | County | Mason |
| Administrator | Mathew Keefer | Phone # | 304-675-0860 |
| Facility Type | Nursing Facility | Reimbursement | Medicaid |
| Ownership | State of West Virginia | Type of | State Owned |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 114 | Certified Beds | 114 | Respite Beds | 0 |
| Private Rooms | 0 | Semi-Private Rooms | 0 | 3 - 4 Bed Wards | 38 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 300.00 | Medicaid Rate | 250.00 |
| Semi-Private Room | N/A | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 71 |
| Licensed Practical Nurses | 19 | Other Personnel | 66 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Lewisburg Center
601 Rocky Hill Road
Ronceverte, WV 24970**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 80 | County | Greenbrier |
| Administrator | Robert McClintic II | Phone # | 304-645-7270 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 90 | Certified Beds | 90 | Respite Beds | 0 |
| Private Rooms | 10 | Semi-Private Rooms | 40 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 200.00 | Medicaid Rate | 214.91 |
| Semi-Private Room | 200.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 34 |
| Licensed Practical Nurses | 20 | Other Personnel | 52 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 3 |
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 3 |
| 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 117 | County | Lincoln |
| Administrator | Matt Tucker | Phone # | 304-824-3133 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 60 | Semi-Private Rooms | 60 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 299.00 | Medicaid Rate | N/R |
| Semi-Private Room | 278.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 35 |
| Licensed Practical Nurses | 10 | Other Personnel | 26 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 127 | County | Logan |
| Administrator | Lora Dawson | Phone # | 304-752-2273 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 66 | Certified Beds | 66 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 31 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 260.00 | Medicaid Rate | N/R |
| Semi-Private Room | 250.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 24 |
| Licensed Practical Nurses | 7 | Other Personnel | 27 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Madison, The
161 Bakers Ridge Road
Morgantown, WV 26508**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 131 | County | Monogalia |
| Administrator | Jennifer Padliaro | Phone # | 304-285-0692 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 62 | Certified Beds | 62 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Madison Park Healthcare
700 Madison Avenue
Huntington, WV 25701**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 2 | County | Cabell |
| Administrator | Barbara McCall | Phone # | 304-522-0032 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Fairhaven Rest Home, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 41 | Certified Beds | 41 | Respite Beds | 0 |
| Private Rooms | 15 | Semi-Private Rooms | 13 | 3 - 4 Bed Wards | N/A |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 180.00 | Medicaid Rate | 173.73 |
| Semi-Private Room | 180.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 17 |
| Licensed Practical Nurses | 9 | Other Personnel | 25 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 3 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 2 | Dentistry | 2 |
| Occupational Therapy | 3 | Podiatry | 2 |
| Speech Pathology | 3 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 3 | Other | 1 |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Main Street Care
PO Box 7
Hinton, WV 25951**

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

NUMBER OF BEDS AND ROOMS

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

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Maples Nursing Home
1600 Bland Street
Bluefield, WV 24701**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 57 | County | Mercer |
| Administrator | Elizabeth Lockett | Phone # | 304-327-2485 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Maples Health Care, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 225.00 | Medicaid Rate | 196.19 |
| Semi-Private Room | 215.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 23 |
| Licensed Practical Nurses | 14 | Other Personnel | 47 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 3 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 63 | County | Monongalia |
| Administrator | Jo Peterson | Phone # | 304-285-2720 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Morgantown Health Care | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 52 | 3 - 4 Bed Wards | 2 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 265.00 | Medicaid Rate | 212.96 |
| Semi-Private Room | 275.00 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 45 |
| Licensed Practical Nurses | 19 | Other Personnel | 40 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 3 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Marmet Center
1 Sutphin Drive
Marmet, WV 25315**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 121 | County | Kanawha |
| Administrator | Jeffery Smith | Phone # | 304-949-1580 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 90 | Certified Beds | 90 | Respite Beds | 0 |
| Private Rooms | 14 | Semi-Private Rooms | 38 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 250.00 | Medicaid Rate | 198.80 |
| Semi-Private Room | 246.00 | Other | 254.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 44 |
| Licensed Practical Nurses | 14 | Other Personnel | 41 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 114 | County | McDowell |
| Administrator | Patty Lucas | Phone # | 304-448-2121 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 232.90 | Medicaid Rate | 190.76 |
| Semi-Private Room | 224.90 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 50 |
| Licensed Practical Nurses | 18 | Other Personnel | 42 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/A |
| Outpatient Physical Therapy | N/A | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | N/R | Ophthalmology | N/A |
| Outpatient Speech Pathology | 2 | Psychological Services | 3 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/A |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Meadow Garden
606 Pennsylvania Avenue
Rainelle, WV 25962**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 78 | County | Greenbrier |
| Administrator | John Zoltowski | Phone # | 304-438-6127 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 2 | Semi-Private Rooms | 21 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 248.91 | Medicaid Rate | 203.64 |
| Semi-Private Room | 237.07 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 18 |
| Licensed Practical Nurses | 6 | Other Personnel | 23 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/R | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Meadowbrook Acres
2149 Greenbrier Street
Charleston, WV 25311**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 111 | County | Kanawha |
| Administrator | Kim Toney | Phone # | 304-344-4268 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Harrell Memorial Nursing Home, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 56 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 216.00 | Medicaid Rate | 216.51 |
| Semi-Private Room | 208.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 22 |
| Licensed Practical Nurses | 12 | Other Personnel | 0 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 3 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 1 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 3 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 1 | Other | 1 |
| Clinical Labs | 3 | | |

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Meadowview Manor Health Care, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 5 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 230.00 | Medicaid Rate | 227.65 |
| Semi-Private Room | 215.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 31 |
| Licensed Practical Nurses | 9 | Other Personnel | 31 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 0 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 60 | County | Mercer |
| Administrator | Calvin Lucas | Phone # | 304-325-5448 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 20 | Semi-Private Rooms | 20 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 244.00 | Medicaid Rate | N/R |
| Semi-Private Room | 229.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 27 |
| Licensed Practical Nurses | 20 | Other Personnel | 21 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Miletree Center
825 Summit Street
Spencer, WV 25276**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 132 | County | Roane |
| Administrator | Brenda Holster | Phone # | 304-927-1007 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 62 | Certified Beds | 62 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 29 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 330.00 | Medicaid Rate | 260.61 |
| Semi-Private Room | 320.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 27 |
| Licensed Practical Nurses | 8 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 3 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 1 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/A |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Montgomery General Elderly Care
PO Box 1010
Montgomery, WV 25136**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 106 | County | Fayette |
| Administrator | Debra Bess | Phone # | 304-442-2469 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Montgomery General Hospital, Inc. | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 27 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 226.00 | Medicaid Rate | 244.11 |
| Semi-Private Room | 220.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 25 |
| Licensed Practical Nurses | 10 | Other Personnel | 24 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 0 | Housekeeping | 1 |
| Pharmacy | 1 | Other | 0 |
| Clinical Labs | 1 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Mound View Health Care
2200 Floral Street
Moundsville, WV 26041**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 75 County | Marshall |
| Administrator | Konstantin Dolgovskij | Phone # | 304-843-1035 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Mound View Health Care, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 129 | Certified Beds | 129 | Respite Beds | 0 |
| Private Rooms | 21 | Semi-Private Rooms | 42 | 3 - 4 Bed Wards | 6 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 210.00 | Medicaid Rate | 196.51 |
| Semi-Private Room | 200.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|-----|
| Registered Nurses | 16 | Nurse Aides | 59 |
| Licensed Practical Nurses | 20 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 2 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 3 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 3 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 3 |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|--------------------|----------------------|--------------|
| License # | 51 | County | Randolph |
| Administrator | Thomas Eidell, Sr. | Phone # | 304-636-1008 |
| Facility Type | Nursing Facility | Reimbursement | Medicaid |
| Ownership | Nella's Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 102 | Certified Beds | 102 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 47 | 3 - 4 Bed Wards | 1 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 165.00 | Medicaid Rate | 161.49 |
| Semi-Private Room | 160.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 23 |
| Licensed Practical Nurses | 16 | Other Personnel | 27 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 3 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

0 = a service not provided by the facility;

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

Nella's Nursing Home
PO 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 | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 84 | Certified Beds | 84 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 38 | 3 - 4 Bed Wards | N/A |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 175.00 | Medicaid Rate | 170.09 |
| Semi-Private Room | 170.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|-----|
| Registered Nurses | 6 | Nurse Aides | 25 |
| Licensed Practical Nurses | 17 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 1 |
| Clinical Labs | 2 | | |

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**New Martinsville Center
225 Russell Avenue
New Martinsville, WV 26155**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 99 | County | Wetzel |
| Administrator | Chanda Spragg | Phone # | 304-455-2600 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|-----|------------------------|-----|
| Registered Nurses | N/R | Nurse Aides | 41 |
| Licensed Practical Nurses | 9 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

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

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 85 | County | Nicholas |
| Administrator | Belinda Stear | Phone # | 304-846-2668 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | CMO Management, LLC | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 97 | Certified Beds | 97 | Respite Beds | 0 |
| Private Rooms | 27 | Semi-Private Rooms | 35 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 215.00 | Medicaid Rate | 191.27 |
| Semi-Private Room | 210.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|-----|
| Registered Nurses | 7 | Nurse Aides | 22 |
| Licensed Practical Nurses | 15 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 67 | County | Kanawha |
| Administrator | Jim Triana | Phone # | 304-347-4372 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 74 | Certified Beds | 74 | Respite Beds | 0 |
| Private Rooms | 12 | Semi-Private Rooms | 3 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 317.02 | Medicaid Rate | 322.00 |
| Semi-Private Room | 307.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 11 | Nurse Aides | 30 |
| Licensed Practical Nurses | 11 | Other Personnel | 34 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Ohio Valley Health Care
222 Nicolett Road
Parkersburg, WV 26104**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 47 | County | Wood |
| Administrator | Michael Miller | Phone # | 304-485-5137 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Ohio Valley Nursing Home, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 66 | Certified Beds | 66 | Respite Beds | 0 |
| Private Rooms | 19 | Semi-Private Rooms | 24 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 205.00 | Medicaid Rate | 210.69 |
| Semi-Private Room | 195.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 30 |
| Licensed Practical Nurses | 12 | Other Personnel | 25 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/R | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Parkersburg Center
1716 Gihon Road
Parkersburg, WV 26101**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 71 County | Wood |
| Administrator | Matthew Rutherford | Phone # | 304-485-5511 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 66 | Certified Beds | 66 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Pendleton Manor
PO Box 700
Franklin, WV 26807**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 66 County | Pendleton |
| Administrator | David O'Boyle | Phone # | 304-358-2322 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Pendleton Manor Board of Directors | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 91 | Certified Beds | 91 | Respite Beds | 0 |
| Private Rooms | 15 | Semi-Private Rooms | 38 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 224.00 | Medicaid Rate | 218.28 |
| Semi-Private Room | 214.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 36 |
| Licensed Practical Nurses | 9 | Other Personnel | 37 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 3 |
| Outpatient Physical Therapy | 2 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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: 0 = a service not provided by the facility;
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 3 = a service provided by a combination of both 1 and 2.
 N/A - Not applicable
 N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 59 | County | Marion |
| Administrator | Cathy Fleece | Phone # | 304-363-2273 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 56 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 268.00 | Medicaid Rate | 196.95 |
| Semi-Private Room | 257.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 25 |
| Licensed Practical Nurses | 14 | Other Personnel | 53 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 0 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 0 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 0 |
| Patient Activities | 1 | Housekeeping | 0 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Pine Lodge
405 Stanaford Road
Beckley, WV 25801**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 18 County | Raleigh |
| Administrator | Jo Clare Hanshew | Phone # | 304-252-6317 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 10 | Semi-Private Rooms | 55 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 268.00 | Medicaid Rate | 201.43 |
| Semi-Private Room | 263.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 12 | Nurse Aides | 41 |
| Licensed Practical Nurses | 13 | Other Personnel | 29 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|---|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Pineridge
300 Miller Road
Kingwood, WV 26537**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 96 | County | Preston |
| Administrator | Joseph Seese | Phone # | 304-329-3195 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 246.35 | Medicaid Rate | 198.29 |
| Semi-Private Room | 231.37 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 5 | Nurse Aides | 50 |
| Licensed Practical Nurses | 12 | Other Personnel | 40 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 3 |
| Occupational Therapy | 1 | Podiatry | 3 |
| Speech Pathology | 1 | Ophthalmology | 0 |
| Outpatient Speech Pathology | 0 | Psychological Services | 3 |
| Social Services | 1 | Dietary | 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.
 N/A - Not applicable
 N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 19 | County | Ritchie |
| Administrator | Lynda Conaway | Phone # | 304-643-2712 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Pine View Nursing and Convalescent Home | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 56 | Certified Beds | 56 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 30 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 222.00 | Medicaid Rate | 212.37 |
| Semi-Private Room | 221.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 27 |
| Licensed Practical Nurses | 8 | Other Personnel | 42 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X- ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 1 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/R | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Piney Valley
135 Southern Drive
Keyser, WV 26726**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 81 County | Mineral |
| Administrator | Sue J. Hampson | Phone # | 304-788-3415 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 122 | Certified Beds | 122 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 297.96 | Medicaid Rate | 205.38 |
| Semi-Private Room | 280.98 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 14 | Nurse Aides | 46 |
| Licensed Practical Nurses | 8 | Other Personnel | 45 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/R | Psychological Services | 2 |
| Social Services | 1 | Dietary | 2 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Pocahontas Center
Route 1, Box 500
Marlinton, WV 24954**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 101 | County | Pocahontas |
| Administrator | Judson Worth | Phone # | 304-799-7375 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 68 | Certified Beds | 68 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 32 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 320.00 | Medicaid Rate | 178.63 |
| Semi-Private Room | 310.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 41 |
| Licensed Practical Nurses | 7 | Other Personnel | 31 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Princeton Center
1924 Glen Wood Park Road
Princeton, WV 24740**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 4 County | Mercer |
| Administrator | Lynn Whitteker | Phone # | 304-425-8128 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 67 | Certified Beds | 67 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 27 | 3 - 4 Bed Wards | 3 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 292.00 | Medicaid Rate | 222.85 |
| Semi-Private Room | 274.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 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 |
| Outpatient Physical Therapy | N/R | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/R | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | 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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2 = a service provided under arrangement with an outside agency resource; or

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Princeton Memorial Company | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 230.00 | Medicaid Rate | 209.91 |
| Semi-Private Room | 220.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 50 |
| Licensed Practical Nurses | 16 | Other Personnel | 39 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Putnam Center
300 Seville Road
Hurricane, WV 25526**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 91 County | Putnam |
| Administrator | Michael Herald | Phone # | 304-757-6805 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 56 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 213.17 | Medicaid Rate | 186.20 |
| Semi-Private Room | 207.91 | Other | 214.41 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 43 |
| Licensed Practical Nurses | 22 | Other Personnel | 47 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 1 |
| Clinical Labs | 2 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Raleigh Center
PO Box 741
Daniels, WV 25832**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 116 | County | Raleigh |
| Administrator | Keith Sexton | Phone # | 304-763-3051 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 68 | Certified Beds | 68 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 32 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 301.00 | Medicaid Rate | 210.10 |
| Semi-Private Room | 291.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 29 |
| Licensed Practical Nurses | 11 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/A |
| Outpatient Physical Therapy | 2 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | 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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2 = a service provided under arrangement with an outside agency resource; or

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

Ravenswood Village
200 South Ritchie Avenue
Ravenswood, WV 26164

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 122 | County | Jackson |
| Administrator | Tanatha Amos | Phone # | 304-273-9385 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 62 | Certified Beds | 62 | Respite Beds | 0 |
| Private Rooms | N/R | Semi-Private Rooms | N/R | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 315.00 | Medicaid Rate | 197.25 |
| Semi-Private Room | 305.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 30 |
| Licensed Practical Nurses | 10 | Other Personnel | 27 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 3 | Other | N/R |
| Clinical Labs | 3 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**River Oaks
100 Parkway Drive
Clarksburg, WV 26301**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 79 | County | Harrison |
| Administrator | Diana Crickard | Phone # | 304-624-6401 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 2 | Semi-Private Rooms | 58 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

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

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 1 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 1 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Rosewood Center
8 Rose Street
Grafton, WV 26354**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 112 | County | Taylor |
| Administrator | Tammy Keough | Phone # | 304-265-0095 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 69 | Certified Beds | 69 | Respite Beds | 0 |
| Private Rooms | 7 | Semi-Private Rooms | 31 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 301.00 | Medicaid Rate | 204.93 |
| Semi-Private Room | 291.00 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 32 |
| Licensed Practical Nurses | 9 | Other Personnel | 30 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 1 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 95 | County | Harrison |
| Administrator | Sheila Jones | Phone # | 304-782-3000 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 112 | Certified Beds | 112 | Respite Beds | 0 |
| Private Rooms | 14 | Semi-Private Rooms | 49 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 273.00 | Medicaid Rate | 174.74 |
| Semi-Private Room | 257.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 40 |
| Licensed Practical Nurses | 9 | Other Personnel | 39 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 2 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Shenandoah Center
50 Mulberry Tree Street
Charles Town, WV 25414**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 138 | County | Jefferson |
| Administrator | Michele L. Cornwell | Phone # | 304-724-1101 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 78 | Certified Beds | 78 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 35 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 332.00 | Medicaid Rate | N/R |
| Semi-Private Room | 322.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 16 | Nurse Aides | 33 |
| Licensed Practical Nurses | 7 | Other Personnel | 29 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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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2 = a service provided under arrangement with an outside agency resource; or

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Sistersville Center
201 Wood Street
Sistersville, WV 26175**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 119 | County | Tyler |
| Administrator | Brandon Williams | Phone # | 304-652-1032 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 68 | Certified Beds | 68 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 32 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 275.00 | Medicaid Rate | 216.54 |
| Semi-Private Room | 265.00 | Other | 378.75 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 18 |
| Licensed Practical Nurses | 6 | Other Personnel | 35 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 3 |
| Clinical Labs | 2 | | |

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 126 | County | Monroe |
| Administrator | Angel Williams | Phone # | 304-753-4332 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

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

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|-----|------------------------|-----|
| Registered Nurses | N/R | Nurse Aides | 33 |
| Licensed Practical Nurses | 16 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

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

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 34 County | Marion |
| Administrator | Kay Cottrill | Phone # | 304-534-5220 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | St. Barbara's Memorial Nursing Home, Inc. | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 57 | Certified Beds | 57 | Respite Beds | 0 |
| Private Rooms | 6 | Semi-Private Rooms | 24 | 3 - 4 Bed Wards | 1 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 155.00 | Medicaid Rate | 201.46 |
| Semi-Private Room | 150.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 32 |
| Licensed Practical Nurses | 10 | Other Personnel | 37 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 3 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 0 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 3 |
| 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Stone Pear Pavilion
125 Fox Lane
Chester, WV 26032**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 3 County | Hancock |
| Administrator | James D. Fox | Phone # | 304-387-0101 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Fox Nursing Home, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 275.00 | Medicaid Rate | 233.75 |
| Semi-Private Room | 240.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|-----|
| Registered Nurses | 7 | Nurse Aides | 33 |
| Licensed Practical Nurses | 11 | Other Personnel | N/R |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | 2 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | 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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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 100 | County | Summers |
| Administrator | Shelda Cox | Phone # | 304-466-0332 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 8 | Semi-Private Rooms | 56 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 304.00 | Medicaid Rate | 207.77 |
| Semi-Private Room | 282.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 47 |
| Licensed Practical Nurses | 19 | Other Personnel | 30 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

0 = a service not provided by the facility;

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 23 County | Monongalia |
| Administrator | Lisa Gallien-White | Phone # | 304-599-0497 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Monongalia Home Corp. | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 115 | Certified Beds | 115 | Respite Beds | 0 |
| Private Rooms | 13 | Semi-Private Rooms | 51 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 260.00 | Medicaid Rate | 220.28 |
| Semi-Private Room | 250.00 | Other | 270.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 8 | Nurse Aides | 47 |
| Licensed Practical Nurses | 23 | Other Personnel | 52 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 3 | Diagnostic X-ray | 2 |
| Physical Therapy | 3 | Administration & Storage of Blood | N/A |
| Outpatient Physical Therapy | N/A | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/A | Psychological Services | 2 |
| Social Services | 3 | Dietary | 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:

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 118 | County | Putnam |
| Administrator | James McBurney | Phone # | 304-757-7826 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 124 | Certified Beds | 124 | Respite Beds | 0 |
| Private Rooms | 40 | Semi-Private Rooms | 82 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 242.00 | Medicaid Rate | 191.54 |
| Semi-Private Room | 232.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 17 | Nurse Aides | 50 |
| Licensed Practical Nurses | 22 | Other Personnel | 49 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Trinity Health Care Services, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|-----|
| Licensed Beds | 120 | Certified Beds | 120 | Respite Beds | 0 |
| Private Rooms | 7 | Semi-Private Rooms | 55 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 225.00 | Medicaid Rate | 215.57 |
| Semi-Private Room | 220.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 40 |
| Licensed Practical Nurses | 22 | Other Personnel | 54 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 92 | County | Mingo |
| Administrator | Brad Blevins | Phone # | 304-235-7005 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Trinity Health Care Services, Inc. | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 90 | Certified Beds | 90 | Respite Beds | 0 |
| Private Rooms | 10 | Semi-Private Rooms | 39 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 200.00 | Medicaid Rate | 182.85 |
| Semi-Private Room | 190.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 21 |
| Licensed Practical Nurses | 24 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 1 |
| 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 62 | County | Marion |
| Administrator | Judith Mohr | Phone # | 304-366-9100 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 119 | Certified Beds | 119 | Respite Beds | 0 |
| Private Rooms | 7 | Semi-Private Rooms | 50 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 225.00 | Medicaid Rate | 289.50 |
| Semi-Private Room | 215.00 | Other | 208.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 15 | Nurse Aides | 55 |
| Licensed Practical Nurses | 17 | Other Personnel | 55 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/A |
| Outpatient Physical Therapy | N/A | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | N/A | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 1 |
| Clinical Labs | 2 | | |

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

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Valley Center
1000 Lincoln Drive
South Charleston, WV 25309**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 128 | County | Kanawha |
| Administrator | Kimberly Mitchell | Phone # | 304-768-4400 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 130 | Certified Beds | 130 | Respite Beds | 0 |
| Private Rooms | 12 | Semi-Private Rooms | 59 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 321.00 | Medicaid Rate | 194.14 |
| Semi-Private Room | 310.00 | Other | 249.00 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 21 | Nurse Aides | 62 |
| Licensed Practical Nurses | 23 | Other Personnel | 44 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 110 | County | Wayne |
| Administrator | Cindy Cooper | Phone # | 304-697-7007 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|-----|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | N/R |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 313.00 | Medicaid Rate | 111.86 |
| Semi-Private Room | 291.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 28 |
| Licensed Practical Nurses | 12 | Other Personnel | 28 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 3 |
| Physical Therapy | 3 | Administration & Storage of Blood | N/R |
| Outpatient Physical Therapy | 0 | Dentistry | 3 |
| Occupational Therapy | 3 | Podiatry | 3 |
| Speech Pathology | 3 | Ophthalmology | 3 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 3 | Other | N/R |
| Clinical Labs | 3 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 107 | County | Webster |
| Administrator | June Hutchinson | Phone # | 304-226-5301 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 299.00 | Medicaid Rate | 219.36 |
| Semi-Private Room | 278.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 7 | Nurse Aides | 30 |
| Licensed Practical Nurses | 13 | Other Personnel | 21 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | 0 |
| Clinical Labs | 2 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Weirton Geriatric Center
2525 Pennsylvania Avenue
Weirton, WV 26062**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 49 County | Hancock |
| Administrator | Rhonda Quattrochi | Phone # | 304-723-4300 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Weirton Geriatric Center | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 137 | Certified Beds | 137 | Respite Beds | 0 |
| Private Rooms | 77 | Semi-Private Rooms | 30 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 200.00 | Medicaid Rate | 212.60 |
| Semi-Private Room | 215.00 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|-----|
| Registered Nurses | 17 | Nurse Aides | 114 |
| Licensed Practical Nurses | 18 | Other Personnel | 77 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 1 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 2 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Wellsburg Center
RD 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 | Medicare/Medicaid |
| Ownership | Stonerise Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|----|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 4 | 3 - 4 Bed Wards | 12 |

DAILY ROOM RATES

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

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 9 | Nurse Aides | 22 |
| Licensed Practical Nurses | 4 | Other Personnel | 25 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 3 | Dietary | 1 |
| Patient Activities | 1 | 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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2 = a service provided under arrangement with an outside agency resource; or

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

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**West Virginia 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 | Veterans Affairs |
| Ownership | State of West Virginia | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|----|------------------------|---|
| Licensed Beds | 120 | Certified Beds | 0 | Respite Beds | 0 |
| Private Rooms | 40 | Semi-Private Rooms | 40 | 3 - 4 Bed Wards | 4 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|-----|
| Private Room Rate | 322.20 | Medicaid Rate | N/A |
| Semi-Private Room | 322.20 | Other | N/A |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 17 | Nurse Aides | 53 |
| Licensed Practical Nurses | 13 | Other Personnel | 52 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|-----|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | N/A |
| Outpatient Physical Therapy | N/A | Dentistry | 3 |
| Occupational Therapy | 2 | Podiatry | 3 |
| Speech Pathology | 2 | Ophthalmology | 3 |
| Outpatient Speech Pathology | N/A | Psychological Services | N/A |
| Social Services | 1 | Dietary | 3 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 1 | Other | 0 |
| Clinical Labs | 3 | | |

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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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 123 | County | Greenbrier |
| Administrator | Cary Carter | Phone # | 304-536-4661 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 68 | Certified Beds | 68 | Respite Beds | 0 |
| Private Rooms | 18 | Semi-Private Rooms | 25 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 303.00 | Medicaid Rate | 210.59 |
| Semi-Private Room | 297.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 12 | Nurse Aides | 28 |
| Licensed Practical Nurses | 8 | Other Personnel | 30 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 3 |
| Physical Therapy | 3 | Administration & Storage of Blood | 2 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 3 | Podiatry | 2 |
| Speech Pathology | 3 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 3 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 3 | Other | N/R |
| Clinical Labs | 3 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**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 Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Blue Ridge Nursing, LLC | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|----|
| Licensed Beds | 104 | Certified Beds | 104 | Respite Beds | 0 |
| Private Rooms | 18 | Semi-Private Rooms | 23 | 3 - 4 Bed Wards | 11 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 200.00 | Medicaid Rate | 270.00 |
| Semi-Private Room | 195.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 6 | Nurse Aides | 29 |
| Licensed Practical Nurses | 18 | Other Personnel | 37 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 1 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 0 |
| Occupational Therapy | 1 | Podiatry | 2 |
| Speech Pathology | 1 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 0 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Willows Center
723 Summers Street
Parkersburg, WV 26101**

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 83 County | Wood |
| Administrator | Aaron Snodgrass | Phone # | 304-428-5573 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | Genesis Healthcare | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 97 | Certified Beds | 97 | Respite Beds | 0 |
| Private Rooms | 13 | Semi-Private Rooms | 42 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 301.00 | Medicaid Rate | 207.16 |
| Semi-Private Room | 290.00 | Other | 134.26 |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 54 |
| Licensed Practical Nurses | 16 | Other Personnel | 50 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 2 |
| Speech Pathology | 2 | Ophthalmology | 2 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/R |
| Clinical Labs | 2 | | |

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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

**Woodlands Retirement Village
One Bradley Foster Drive
Huntington, WV 25701**

| | | | |
|---------------|-------------------|---------------|-----------------|
| License # | 139 | County | Cabell |
| Administrator | Christopher Blair | Phone # | 304-697-1620 |
| Facility Type | Licensed Only | Reimbursement | Private Pay |
| Ownership | N/R | Type of | Non-Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|---------------|---|--------------------|---|-----------------|---|
| Licensed Beds | 3 | Certified Beds | 0 | Respite Beds | 0 |
| Private Rooms | 3 | Semi-Private Rooms | 0 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|-------------------|--------|---------------|-----|
| Private Room Rate | 142.00 | Medicaid Rate | N/A |
| Semi-Private Room | N/A | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|---------------------------|---|-----------------|---|
| Registered Nurses | 2 | Nurse Aides | 5 |
| Licensed Practical Nurses | 4 | Other Personnel | 7 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|-----------------------------|---|-----------------------------------|---|
| 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 | Psychological Services | 2 |
| Social Services | 2 | Dietary | 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.
- N/A - Not applicable
N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | | 56 County | Wood |
| Administrator | Charlene Kimberly | Phone # | 304-485-7447 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | PWNR, LLC | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|-----|---------------------------|-----|------------------------|---|
| Licensed Beds | 105 | Certified Beds | 105 | Respite Beds | 0 |
| Private Rooms | 11 | Semi-Private Rooms | 41 | 3 - 4 Bed Wards | 3 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 215.00 | Medicaid Rate | 202.81 |
| Semi-Private Room | 200.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|----|------------------------|----|
| Registered Nurses | 10 | Nurse Aides | 53 |
| Licensed Practical Nurses | 18 | Other Personnel | 51 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|-----|
| 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 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 1 |
| Patient Activities | 1 | Housekeeping | 1 |
| Pharmacy | 2 | Other | N/A |
| 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.

N/A - Not applicable

N/R - Not reported by facility

Nursing Home Annual Report 2015

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

| | | | |
|----------------------|---|----------------------|-------------------|
| License # | 115 | County | Wyoming |
| Administrator | Patsy Webb | Phone # | 304-294-7584 |
| Facility Type | Skilled Nursing Facility/Nursing Facility | Reimbursement | Medicare/Medicaid |
| Ownership | American Medical Facilities Management | Type of | Proprietary |

NUMBER OF BEDS AND ROOMS

| | | | | | |
|----------------------|----|---------------------------|----|------------------------|---|
| Licensed Beds | 60 | Certified Beds | 60 | Respite Beds | 0 |
| Private Rooms | 4 | Semi-Private Rooms | 28 | 3 - 4 Bed Wards | 0 |

DAILY ROOM RATES

| | | | |
|--------------------------|--------|----------------------|--------|
| Private Room Rate | 249.00 | Medicaid Rate | 195.40 |
| Semi-Private Room | 234.00 | Other | N/R |

NUMBER OF FULL-TIME EMPLOYEES

| | | | |
|----------------------------------|---|------------------------|----|
| Registered Nurses | 4 | Nurse Aides | 23 |
| Licensed Practical Nurses | 9 | Other Personnel | 18 |

SERVICES AND PROGRAMS AVAILABLE

| | | | |
|------------------------------------|---|--|---|
| Nursing | 1 | Diagnostic X-ray | 2 |
| Physical Therapy | 2 | Administration & Storage of Blood | 0 |
| Outpatient Physical Therapy | 0 | Dentistry | 2 |
| Occupational Therapy | 2 | Podiatry | 1 |
| Speech Pathology | 2 | Ophthalmology | 1 |
| Outpatient Speech Pathology | 0 | Psychological Services | 2 |
| Social Services | 1 | Dietary | 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.

N/A - Not applicable

N/R - Not reported by facility

Assisted Living Report

Part

D

Office of Health Facility Licensure and Certification Assisted Living Program

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

Assisted Living and Inspections/Surveys

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

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

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

Complaint Investigations

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

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

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

Enforcement

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

Reimbursement

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

Summary

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

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

Assisted Living Summary Information

Part

E

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

| | <i>Alzheimer's Unit/Program*</i> | <i>Large Assisted Living</i> | <i>Small Assisted Living</i> | <i>Legally Unlicensed Homes</i> | <i>Medical Adult Day Care</i> | <i>Residential Care Communities</i> | <i>Total</i> |
|-----------------------------------|----------------------------------|------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------------|--------------|
| Total Number of Facilities | 7 | 57 | 46 | 122 | 0 | 2 | 227 |
| Total Number of Beds | 149 | 2780 | 567 | 54 | 0 | 86 | 3487 |
| Facilities Opened | 1 | 2 | 1 | 17 | 0 | 0 | 20 |
| Facilities Closed | 1 | 1 | 4 | 21 | 0 | 0 | 26 |

Survey Activity

| | | | | | | | |
|-----------------------------|----|-----|-----|----|---|---|-----|
| Initial | 1 | 2 | 1 | 0 | 0 | 0 | 4 |
| Re-licensure | 8 | 62 | 48 | 0 | 0 | 1 | 119 |
| Complaint | 1 | 57 | 20 | 20 | 0 | 1 | 99 |
| Health Revisits | 2 | 40 | 34 | 13 | 0 | 0 | 89 |
| Life Safety Revisits | 0 | 18 | 10 | 0 | 0 | 0 | 28 |
| Total | 12 | 179 | 113 | 33 | 0 | 2 | 339 |

Complaint Outcomes

| | | | | | | | |
|------------------------------------|---|-----|----|----|---|---|-----|
| Allegation Substantiated | 0 | 47 | 31 | 14 | 0 | 0 | 92 |
| Allegation Unsubstantiated | 5 | 220 | 56 | 36 | 0 | 1 | 318 |
| Total Number of Allegations | 5 | 267 | 87 | 50 | 0 | 1 | 410 |

Enforcement Cases

| | | | | | | | |
|------------------------|---|---|---|---|---|---|---|
| Cases Initiated | 0 | 3 | 2 | 1 | 0 | 0 | 6 |
| Cases Closed | 0 | 3 | 2 | 1 | 0 | 0 | 6 |

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

Assisted Living Directory

Part

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; and the services and programs available.

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

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

Facility Type: RESIDENTIAL CARE COMMUNITY

RIDGEMONT AT EDGEWOOD SUMMIT
300 BAKER LANE
CHARLESTON, WV 25302

License Type: ANNUAL

Licensed Beds: 42

Number of Private Rooms: 40

Cost Per Diem: \$142

Phone: (304) 346-2323

County: KANAWHA

Number of Semi Private Rooms: 2

Administrator: DIANE GOUHIN

Cost Per Diem: \$160

Owner: EDGEWOOD SUMMIT, INC.

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

SUITES AT HERITAGE POINT
ONE HERITAGE POINT
MORGANTOWN, WV 26505

License Type: ANNUAL

Licensed Beds: 44

Number of Private Rooms: 36

Cost Per Diem: \$154

Phone: (304) 285-1212

County: MONONGALIA

Number of Semi Private Rooms: 4

Administrator: WILMA STERNTHAL

Cost Per Diem: \$143

Owner: MON ELDER SERVICES, INC.

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Directory

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 regarding what services are included in the basic per diem rate.

Facility Type: SMALL ASSISTED LIVING

AGING WITH GRACE

License Type: ANNUAL

334 MAIN STREET

Licensed Beds: 16

GRANTSVILLE, WV 26147

Number of Private Rooms: 14

Phone: (304) 354-6008

Cost Per Diem: \$66

County: CALHOUN

Number of Semi Private Rooms: 1

Administrator: ARLENE SAMPSON

Cost Per Diem: \$66

Owner: SAMPSON HOLDING, INC.

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

ANGEL AVENUE ASSISTED LIVING

License Type: ANNUAL

3793 TEAYS VALLEY RD

Licensed Beds: 16

HURRICANE, WV 25526

Number of Private Rooms: 4

Phone: (304) 757-7661

Cost Per Diem: \$102

County: PUTNAM

Number of Semi Private Rooms: 12

Administrator: PAMELA DOLAN

Cost Per Diem: \$117

Owner: PAMELA DOLAN

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BELLE'S ASSISTED LIVING

License Type: ANNUAL

2619 ROOSEVELT AVENUE

Licensed Beds: 10

SAINT ALBANS, WV 25177

Number of Private Rooms: 2

Phone: (304) 729-6516

Cost Per Diem: \$138

County: KANAWHA

Number of Semi Private Rooms: 4

Administrator: SHARON DAILY

Cost Per Diem: \$125

Owner: MARY BELLE DAILY

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

BRALEY CARE HOMES, INC I I I

6192 US 60

HURRICANE, WV 25526

Phone: (304) 201-3677

County: PUTNAM

Administrator: CHRIS BRALEY

Owner: BRALEY CARE HOMES, INC

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 6

Cost Per Diem: \$171

Number of Semi Private Rooms: 5

Cost Per Diem: \$164

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

CANDLELIGHT COTTAGE

133 DAMES ROAD

SAINT ALBANS, WV 25177

Phone: (304) 722-2355

County: KANAWHA

Administrator: DOLINA R WEEKS

Owner: DOLINA WEEKS

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 14

Number of Private Rooms: N/A

Cost Per Diem: N/A

Number of Semi Private Rooms: 7

Cost Per Diem: \$67-83

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

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Nursing Assistant

Services and Programs Available and Costs thereof:

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

CARING PLACE

307 NORTH CHURCH ST

RIPLEY, WV 25271

Phone: (304) 372-2193

County: JACKSON

Administrator: MARY L PAINTER

Owner: CARING PLACE, INC., THE

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 1

Cost Per Diem: \$100

Number of Semi Private Rooms: 7

Cost Per Diem: \$37-67

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

CASELL'S BOARD AND CARE, L L C

1419 SOUTH AVENUE
PRINCETON, WV 24740

Phone: (304) 425-6900
County: MERCER
Administrator: SANDRA G CARTER
Owner: SANDRA G CARTER
Type of Ownership: PROFIT

License Type: PROVISIONAL

Licensed Beds: 16

Number of Private Rooms: 2

Cost Per Diem: \$66

Number of Semi Private Rooms: 4

Cost Per Diem: \$62

Number of Rooms with 3 or 4 Beds: 2

Cost Per Diem: \$59

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

CENTRAL AVE ASSISTED LIVING

1046 CENTRAL AVE
CHARLESTON, WV 25302

Phone: (304) 414-0135
County: KANAWHA
Administrator: TRACIE HALL
Owner: PRESTERA CENTER/ MENTAL HEALTH SER
Type of Ownership: NON-PROFIT

License Type: ANNUAL

Licensed Beds: 8

Number of Private Rooms: 6

Cost Per Diem: \$17-32

Number of Semi Private Rooms: 1

Cost Per Diem: \$17-32

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

CLARK'S CHRISTIAN CARE, INC

145 WALNUT STREET
EAST BANK, WV 25067

Phone: (304) 595-4171
County: KANAWHA
Administrator: REBEKAH L CLARK
Owner: LEONARD AND REBEKAH CLARK
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 12

Number of Private Rooms: N/A

Cost Per Diem: N/A

Number of Semi Private Rooms: 3

Cost Per Diem: \$90

Number of Rooms with 3 or 4 Beds: 2

Cost Per Diem: \$90

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

CONCORD I

2218 WASHINGTON ST E
CHARLESTON, WV 25301

Phone: (304) 342-5042
County: KANAWHA
Administrator: TRACIE HALL
Owner: PRESTERA CENTER/ MENTAL HEALTH
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 8
Number of Private Rooms: 8
Cost Per Diem: \$300
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:

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

Services and Programs Available and Costs thereof:

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

CONCORD II

5511 NOYES AVENUE
CHARLESTON, WV 25304

Phone: (304) 925-7728
County: KANAWHA
Administrator: TRACIE HALL
Owner: PRESTERA CENTER/ MENTAL HEALTH
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 8
Number of Private Rooms: 8
Cost Per Diem: 30% of Income
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:

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

Services and Programs Available and Costs thereof:

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

COUNTRY COVE

137 WINE SAP LANE
DANIELS, WV 25832

Phone: (681) 238-5959
County: RALEIGH
Administrator: JEAN PRINCE
Owner: SHELTERING ARMS, INC.
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 9
Number of Private Rooms: 3
Cost Per Diem: \$120
Number of Semi Private Rooms: 3
Cost Per Diem: \$120
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (4) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

COUNTRY VILLA CARE, INC

License Type: ANNUAL

32 HIGH STREET

Licensed Beds: 13

BUFFALO, WV 25033

Number of Private Rooms: 1

Phone: (304) 937-4110

Cost Per Diem: \$58

County: PUTNAM

Number of Semi Private Rooms: 3

Administrator: CYNTHIA COBB

Cost Per Diem: \$58

Owner: COUNTRY VILLA CARE, INC.

Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT

Cost Per Diem: \$58

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

COUNTRYSIDE ASSISTED LIVING

License Type: ANNUAL

1228 BERKELEY STATION ROAD

Licensed Beds: 11

MARTINSBURG, WV 25404

Number of Private Rooms: 7

Phone: (304) 596-6227

Cost Per Diem: \$105-132

County: BERKELEY

Number of Semi Private Rooms: 2

Administrator: CYNTHIA A THURSTON

Cost Per Diem: \$95-122

Owner: COUNTRYSIDE ASSISTED LIVING

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

CYPRESS MANOR ASSISTED LIVING

License Type: ANNUAL

1436 7TH AVENUE

Licensed Beds: 8

HUNTINGTON, WV 25701

Number of Private Rooms: 2

Phone: (304) 399-1275

Cost Per Diem: \$300

County: CABELL

Number of Semi Private Rooms: 3

Administrator: CHRISTI BLACK

Cost Per Diem: \$300

Owner: PRESTERA CENTER/ MENTAL HEALTH SER

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

FAZIO'S ELDER CARE

156 STONEY LONESOME ROAD
FAIRMONT, WV 26554

Phone: (304) 534-3139
County: MARION
Administrator: CORA FAZIO
Owner: CORA FAZIO
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 14
Number of Private Rooms: 4
Cost Per Diem: \$103
Number of Semi Private Rooms: 2
Cost Per Diem: \$95
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

FITZWATER ASSISTED LIVING THE CHANDLER HOUSE

219 LOCUST AVENUE
FAIRMONT, WV 26554

Phone: (304) 363-1399
County: MARION
Administrator: HEATHER FITZWATER
Owner: CHANDLER PRIVATE CARE LLC
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 16
Number of Private Rooms: 2
Cost Per Diem: \$130-165
Number of Semi Private Rooms: 1
Cost Per Diem: \$130-165
Number of Rooms with 3 or 4 Beds: 4
Cost Per Diem: \$130-165

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

FITZWATER ASSISTED LIVING THE STERLING PLACE

213 LOCUST AVENUE
FAIRMONT, WV 26554

Phone: (304) 363-1398
County: MARION
Administrator: HEATHER FITZWATER
Owner: CHANDLER PRIVATE CARE LLC
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 11
Number of Private Rooms: 3
Cost Per Diem: \$130
Number of Semi Private Rooms: 4
Cost Per Diem: \$130
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

GAULEY RIVER ASSISTED LIVING

License Type: ANNUAL

RT 39 BELVA

Licensed Beds: 16

GAULEY BRIDGE, WV 25085

Number of Private Rooms: 2

Phone: (304) 632-1654

Cost Per Diem: \$103

County: FAYETTE

Number of Semi Private Rooms: 7

Administrator: LEREMY JOHNSON

Cost Per Diem: \$103

Owner: LEREMY JOHNSON

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

GRANT COUNTY ASSISTED LIVING

License Type: ANNUAL

127 EARLY AVENUE

Licensed Beds: 9

PETERSBURG, WV 26847

Number of Private Rooms: 1

Phone: (304) 257-4233

Cost Per Diem: \$67

County: GRANT

Number of Semi Private Rooms: 4

Administrator: TERRY E SHOBE

Cost Per Diem: \$60

Owner: GRANT COUNTY ASSISTED LIVING

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

GRANVILLE MANOR

License Type: ANNUAL

413 CHESTNUT STREET

Licensed Beds: 16

PARSONS, WV 26287

Number of Private Rooms: 16

Phone: (304) 478-1003

Cost Per Diem: \$102

County: TUCKER

Number of Semi Private Rooms: N/A

Administrator: SHEILA C MARSHALL

Cost Per Diem: N/A

Owner: SHEILA C RICE MARSHALL

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

GRAYSON ASSISTED LIVING

3455 STATE RT 75
HUNTINGTON, WV 25704

Phone: (304) 972-0815
County: CABELL
Administrator: ALISHA J GRAYSON
Owner: ALISHA GRAYSON
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 16
Number of Private Rooms: 4
Cost Per Diem: \$125
Number of Semi Private Rooms: 6
Cost Per Diem: \$115
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

GRENICH CARE HOME, LLC

67 GRENICH AVENUE
BUNKER HILL, WV 25413

Phone: (304) 229-3624
County: BERKELEY
Administrator: MELLISSA ROBINSON
Owner: VIRGINIA W ANDERSON TRUST
Type of Ownership: NON-PROFIT

License Type: ANNUAL
Licensed Beds: 10
Number of Private Rooms: 8
Cost Per Diem: \$93-133
Number of Semi Private Rooms: 1
Cost Per Diem: \$93-133
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

HARMONY HOUSE OF WEST VIRGINIA

6813 HINTON ROAD
LERONA, WV 25971

Phone: (304) 384-4219
County: MERCER
Administrator: LISA KESNER
Owner: DAVID L MORGAN
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 12
Number of Private Rooms: 4
Cost Per Diem: \$57-70
Number of Semi Private Rooms: 2
Cost Per Diem: \$57-70
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

JOHNNY'S ASSISTED LIVING

1007 EAST MAIN STREET

OAK HILL, WV 25901

Phone: (304) 469-6339
County: FAYETTE
Administrator: SANDRA L STEELE
Owner: JOHNNYS ASSISTED LIVING
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 11

Number of Private Rooms: 3

Cost Per Diem: \$105

Number of Semi Private Rooms: 4

Cost Per Diem: \$105

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

JUDGES PRIVATE CARE

212 FAIR STREET

MIDDLEBOURNE, WV 26149

Phone: (304) 758-4397
County: TYLER
Administrator: VIOLA K JUDGE
Owner: JUDGES ASSISTED LIVING
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 8

Number of Private Rooms: N/A

Cost Per Diem: N/A

Number of Semi Private Rooms: 4

Cost Per Diem: \$71

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

LAVENDER FIELDS ASSISTED LIVING

COURTS AND WATER STREET

BEVERLY, WV 26253

Phone: (304) 630-1100
County: RANDOLPH
Administrator: JUDI J ROSE
Owner: BRETT MCCLAIN AND JUDI ROSE
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 10

Number of Private Rooms: 10

Cost Per Diem: \$89

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:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

LOVING HANDS ADULT CARE

License Type: ANNUAL

402 AIRPORT ROAD

Licensed Beds: 16

BLUEFIELD, WV 24701

Number of Private Rooms: 4

Phone: (304) 327-8206

Cost Per Diem: \$90

County: MERCER

Number of Semi Private Rooms: 6

Administrator: MELISSA LUCADO

Cost Per Diem: \$77

Owner: MELISSA LUCADO

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

MAMA'S PLACE, L L C

License Type: ANNUAL

306 DOUGLAS STREET

Licensed Beds: 8

INSTITUTE, WV 25112

Number of Private Rooms: 6

Phone: (304) 768-4686

Cost Per Diem: \$82

County: KANAWHA

Number of Semi Private Rooms: 1

Administrator: SANDRA PRICE

Cost Per Diem: \$99

Owner: SANDRA N PRICE

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

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

County: BROOKE

Number of Semi Private Rooms: 5

Administrator: CHRISTINE PICCIRILLO

Cost Per Diem: \$91

Owner: MARY ANN MANOR

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

MARY WOELFEL ASSISTED LIVING

921 23RD STREET
HUNTINGTON, WV 25701

Phone: (304) 697-1270
County: CABELL
Administrator: CHRISTI BLACK
Owner: PRESTERA CENTER/ MENTAL HEALTH
Type of Ownership: NON-PROFIT

License Type: ANNUAL
Licensed Beds: 6
Number of Private Rooms: 6
Cost Per Diem: \$50
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:

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

Services and Programs Available and Costs thereof:

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

MEADOW BROOK ASSISTANCE WITH LIVING

5700 CAMP CREEK ROAD
JULIAN, WV 25529

Phone: (304) 369-0038
County: BOONE
Administrator: DEBRA K HUFFMAN
Owner: MEADOW BROOK PERSONAL CARE HOME,
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 16
Number of Private Rooms: N/A
Cost Per Diem: N/A
Number of Semi Private Rooms: 8
Cost Per Diem: \$89-118
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

MULLENS MANOR ASSISTED LIVING, INC

1238 GUYANDOTTE AVE
MULLENS, WV 25882

Phone: (304) 294-7591
County: WYOMING
Administrator: REBECCA LOVEJOY BUZZO
Owner: REBECCA LOVEJOY
Type of Ownership: PROFIT

License Type: INITIAL
Licensed Beds: 12
Number of Private Rooms: 2
Cost Per Diem: \$105
Number of Semi Private Rooms: 5
Cost Per Diem: \$105
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

PLEASANT ACRES
41 PLEASANT ACRES DRIVE
FAIRMONT, WV 26554

License Type: ANNUAL

Licensed Beds: 14

Number of Private Rooms: 4

Cost Per Diem: \$106

Phone: (304) 366-0816

County: MARION

Number of Semi Private Rooms: 5

Administrator: ANDREA KING

Cost Per Diem: \$86

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:

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

Services and Programs Available and Costs thereof:

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

RHODODENDRON COTTAGE
4017 SALINAS DRIVE
MALDEN, WV 25306

License Type: ANNUAL

Licensed Beds: 12

Number of Private Rooms: 10

Cost Per Diem: \$108

Phone: (304) 925-6568

County: KANAWHA

Number of Semi Private Rooms: 1

Administrator: KAREN GLAZIER

Cost Per Diem: \$97

Owner: GOOD LIVING-KAREN GLAZIER

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

RIDGE CARE
135 ANTELOPE LANE
PRINCETON, WV 24740

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 12

Cost Per Diem: \$73

Phone: (304) 487-1278

County: MERCER

Number of Semi Private Rooms: 2

Administrator: BURETTA K DAVIS

Cost Per Diem: \$39

Owner: BURETTA KAY DAVIS

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

ROCKIN CHAIR RESIDENTIAL CARE

2103 PINEGROVE ROAD

LERONA, WV 25971

Phone: (304) 384-4299
County: MERCER
Administrator: AIRWANA ARNETT
Owner: AIRWANA ARNETT
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 4

Cost Per Diem: \$73-90

Number of Semi Private Rooms: 6

Cost Per Diem: \$60-83

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

SERENITY HOPE

RT 1 BOX 153-D

LOST CREEK, WV 26385

Phone: (304) 745-3554
County: HARRISON
Administrator: DEBORAH JENKINS
Owner: SERENITY HOPE
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 8

Number of Private Rooms: 4

Cost Per Diem: \$113

Number of Semi Private Rooms: 2

Cost Per Diem: \$90

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

SERENITY PLACE

369 BROWNS RIDGE ROAD

LERONA, WV 25971

Phone: (304) 384-3570
County: MERCER
Administrator: REGINA G BROWN
Owner: REGINA BROWN
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 4

Cost Per Diem: \$79

Number of Semi Private Rooms: 12

Cost Per Diem: \$59-66

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

SHAFER'S ROOM AND BOARD, L L C
212 KOONTZ AVENUE
CLENDENIN, WV 25045

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 3

Cost Per Diem: \$67-130

Phone: (304) 548-7709

County: KANAWHA

Number of Semi Private Rooms: 5

Administrator: JOYCE SHAFER

Cost Per Diem: \$63-73

Owner: JOYCE AND BOBBY SHAFER

Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT

Cost Per Diem: \$57-63

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

SILVER AGE SERVICES, LLC
1000 N HIGH STREET
MARTINSBURG, WV 25404

License Type: ANNUAL

Licensed Beds: 15

Number of Private Rooms: 2

Cost Per Diem: \$103

Phone: (304) 267-1717

County: BERKELEY

Number of Semi Private Rooms: 5

Administrator: ELAINE C MAUCK

Cost Per Diem: \$103

Owner: SILVER AGE SERVICES

Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT

Cost Per Diem: \$103

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

VICTORIA MANOR
22 ELIZABETH STREET
BUCKHANNON, WV 26201

License Type: ANNUAL

Licensed Beds: 10

Number of Private Rooms: N/A

Cost Per Diem: N/A

Phone: (304) 473-0913

County: UPSHUR

Number of Semi Private Rooms: 5

Administrator: CAROLYN RIFFLE

Cost Per Diem: \$67-93

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:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

VIRGINIA MANOR
1112 WASHINGTON STREET
RAVENSWOOD, WV 26164

License Type: ANNUAL

Licensed Beds: 10

Number of Private Rooms: 8

Cost Per Diem: \$100

Phone: (304) 273-9482

County: JACKSON

Number of Semi Private Rooms: 1

Administrator: PHYLLIS MYERS

Cost Per Diem: \$73

Owner: GENERATIONS, INC.

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

WALNUT PLACE
2603 KNOX AVENUE
SAINT ALBANS, WV 25177

License Type: ANNUAL

Licensed Beds: 4

Number of Private Rooms: 4

Cost Per Diem: \$22-29

Phone: (304) 721-8915

County: KANAWHA

Number of Semi Private Rooms: N/A

Administrator: TRACIE HALL

Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH SER

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

WHITMAN ADULT LIVING
2375 WHITMAN CREEK ROAD
WHITMAN, WV 25652

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 2

Cost Per Diem: \$66

Phone: (304) 239-2004

County: LOGAN

Number of Semi Private Rooms: 7

Administrator: LISA BIAS

Cost Per Diem: \$39

Owner: ROBERTA JOHNSON

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

WILLOW BAY

126 SHUMATE STREET

OAK HILL, WV 25901

Phone: (304) 465-5400
County: FAYETTE
Administrator: JEAN PRINCE
Owner: SHELTERING ARMS, INC.
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 14

Number of Private Rooms: N/A

Cost Per Diem: N/A

Number of Semi Private Rooms: 4

Cost Per Diem: \$80

Number of Rooms with 3 or 4 Beds: 2

Cost Per Diem: \$80

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

WOODLAND HILLS COTTAGE

608 N 10TH STREET

WEIRTON, WV 26062

Phone: (304) 748-2273
County: HANCOCK
Administrator: TAMELA MCQUISTON
Owner: JAYWYN LLC
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 15

Number of Private Rooms: 5

Cost Per Diem: \$105

Number of Semi Private Rooms: 5

Cost Per Diem: \$95

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

WOODLAND HILLS MANOR

610 N 10TH STREET

WEIRTON, WV 26062

Phone: (304) 748-3943
County: HANCOCK
Administrator: TAMELA MCQUISTON
Owner: JAYWYN LLC
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 2

Cost Per Diem: \$105

Number of Semi Private Rooms: 7

Cost Per Diem: \$95

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: SMALL ASSISTED LIVING

WOODSIDE MANOR
8134 SCITES STREET
WEST HAMLIN, WV 25571

License Type: ANNUAL

Licensed Beds: 6

Number of Private Rooms: 6

Cost Per Diem: \$50

Phone: (304) 824-7015

County: LINCOLN

Number of Semi Private Rooms: N/A

Administrator: CHRISTI BLACK

Cost Per Diem: N/A

Owner: PRESTERA CENTER/ MENTAL HEALTH

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

YOUNG'S CARE HOME I
1205 2ND STREET
MOUNDSVILLE, WV 26041

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 2

Cost Per Diem: \$36-59

Phone: (304) 845-7694

County: MARSHALL

Number of Semi Private Rooms: 7

Administrator: CONNIE YOUNG

Cost Per Diem: \$36-59

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:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

ANN'S COUNTRY RETREAT

1439 WASHINGTON PIKE

WELLSBURG, WV 26070

Phone: (304) 737-0248
County: BROOKE
Administrator: CAROLYN MASON
Owner: ANN'S COUNTRY RETREAT
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 22
Number of Private Rooms: 2
Cost Per Diem: \$108
Number of Semi Private Rooms: 7
Cost Per Diem: \$92
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

ARTHUR B HODGES CENTER AT EDGEWOOD SUMMIT

300 BAKER LANE

CHARLESTON, WV 25302

Phone: (304) 346-2323
County: KANAWHA
Administrator: GEORGE BARKER
Owner: EDGEWOOD SUMMIT, INC.
Type of Ownership: NON-PROFIT

License Type: ANNUAL
Licensed Beds: 18
Number of Private Rooms: 18
Cost Per Diem: \$178-195
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:

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

Services and Programs Available and Costs thereof:

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

ASSISTED LIVING AT EVERGREEN

3705 COLLINS FERRY ROAD

MORGANTOWN, WV 26501

Phone: (304) 598-8401
County: MONONGALIA
Administrator: JESSIE BLANEY
Owner: KEMPER COMPANY, MANAGERS
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 48
Number of Private Rooms: 8
Cost Per Diem: \$118-132
Number of Semi Private Rooms: 16
Cost Per Diem: \$66-82
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

AUTUMN WAY ASSISTED LIVING HOME

408 NICHOLAS STREET

RUPERT, WV 25984

Phone: (304) 392-5566
County: GREENBRIER
Administrator: NANCY ROBINSON
Owner: MIKE AND NANCY ROBINSON
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 24
Number of Private Rooms: 7
Cost Per Diem: \$60
Number of Semi Private Rooms: 7
Cost Per Diem: \$60
Number of Rooms with 3 or 4 Beds: 1
Cost Per Diem: \$60

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BELLAIRE AT DEVONSHIRE

5 BEXLEY DRIVE

SCOTT DEPOT, WV 25560

Phone: (304) 760-5290
County: PUTNAM
Administrator: DREMA THOMPSON
Owner: DEVONSHIRE AL OPERATIONS, LLLC
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 90
Number of Private Rooms: 86
Cost Per Diem: \$135
Number of Semi Private Rooms: 4
Cost Per Diem: \$76
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BERKELEY SPRINGS CENTER

456 AUTUMN ACRES ROAD

BERKELEY SPRINGS, WV 25411

Phone: (304) 258-4330
County: MORGAN
Administrator: CHRISTINA BERNSTEIN
Owner: BERKELEY SPRINGS CENTER LLC
Type of Ownership: PROFIT

License Type: INITIAL
Licensed Beds: 56
Number of Private Rooms: 2
Cost Per Diem: \$135
Number of Semi Private Rooms: 27
Cost Per Diem: \$110
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

BEULAHLAND ASSISTED LIVING

ROUTE 1 BOX 439A

GRAFTON, WV 26354

Phone: (304) 265-2874
County: TAYLOR
Administrator: BOBBIE ROSIER-MONTGOMERY
Owner: BEULAH LAND ASSISTED LIVING
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 26
Number of Private Rooms: 2
Cost Per Diem: \$87
Number of Semi Private Rooms: 12
Cost Per Diem: \$57
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BROADMORE ASSISTED LIVING

4000 OUTLOOK DRIVE

HURRICANE, WV 25526

Phone: (304) 757-4778
County: PUTNAM
Administrator: CASSIE CAIN
Owner: SENIOR SERVICES OF AMERICA
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 54
Number of Private Rooms: 42
Cost Per Diem: \$120
Number of Semi Private Rooms: 6
Cost Per Diem: \$100
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BROOKDALE CHARLESTON GARDENS

800 ASSOCIATION DRIVE

CHARLESTON, WV 25311

Phone: (304) 343-6600
County: KANAWHA
Administrator: DONNA PROWSE
Owner: BROOKDALE SENIOR LIVING
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 106
Number of Private Rooms: 50
Cost Per Diem: \$120-179
Number of Semi Private Rooms: 28
Cost Per Diem: \$30-88
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

BROOKDALE MAPLEWOOD
1000 S MAPLEWOOD DRIVE
BRIDGEPORT, WV 26330

License Type: ANNUAL

Licensed Beds: 56

Number of Private Rooms: 44

Cost Per Diem: \$107-131

Phone: (304) 848-0556

County: HARRISON

Number of Semi Private Rooms: N/A

Administrator: CRAIG WAGONER

Cost Per Diem: N/A

Owner: BROOKDALE SENIOR LIVING

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

CARING HANDS AND LOVING HEART
828 WASHINGTON AVE
HUNTINGTON, WV 25704

License Type: ANNUAL

Licensed Beds: 18

Number of Private Rooms: 1

Cost Per Diem: \$67

Phone: (304) 529-0466

County: CABELL

Number of Semi Private Rooms: 4

Administrator: ALISHA J GRAYSON

Cost Per Diem: \$60

Owner: ALISHA GRAYSON

Number of Rooms with 3 or 4 Beds: 3

Type of Ownership: PROFIT

Cost Per Diem: \$60

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

CEDAR GROVE ASSISTED LIVING

110 NICOLETT ROAD

PARKERSBURG, WV 26104

Phone: (304) 424-6023
County: WOOD
Administrator: TERESSA BAILEY
Owner: GREENWICH INVESTORS CEDAR GROVE
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 123
Number of Private Rooms: 47
Cost Per Diem: \$59-131
Number of Semi Private Rooms: 38
Cost Per Diem: \$59-131
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

CHATEAU GROVE SENIOR LIVING

#6 CHATEAU GROVE LANE

BARBOURSVILLE, WV 25504

Phone: (304) 736-3443
County: CABELL
Administrator: MARK A GROVE
Owner: CHATEAU GROVE PERSONAL CARE, INC.
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 80
Number of Private Rooms: 30
Cost Per Diem: \$107
Number of Semi Private Rooms: 50
Cost Per Diem: \$97
Number of Rooms with 3 or 4 Beds: 10
Cost Per Diem: \$67

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

COLONIAL PLACE ASSISTED LIVING

301 WILSON LANE

ELKINS, WV 26241

Phone: (304) 636-8600

County: RANDOLPH

Administrator: CHRISTINA MULLENAX

Owner: IPM COLONIAL PLACE SENIOR LIVING, LLC

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 65

Number of Private Rooms: 56

Cost Per Diem: \$132-168

Number of Semi Private Rooms: 25

Cost Per Diem: \$112-138

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

COUNTRY VIEW ASSISTED LIVING, INC

2925 SENECA TRAIL SOUTH

PETERSTOWN, WV 24963

Phone: (304) 753-4300

County: MONROE

Administrator: ANGELA MCKINNEY

Owner: LONZO AND SHARON CHRISTIAN

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 40

Number of Private Rooms: 16

Cost Per Diem: \$85-92

Number of Semi Private Rooms: 12

Cost Per Diem: \$66-72

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

DREAM HOME ASSISTED LIVING

5257 BIG TYLER ROAD

CROSS LANES, WV 25313

Phone: (304) 769-5614

County: KANAWHA

Administrator: JONATHAN C EYA

Owner: JONATHAN AND BLESSING, LLC

Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 20

Number of Private Rooms: 2

Cost Per Diem: \$117

Number of Semi Private Rooms: 9

Cost Per Diem: \$97

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

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

ELMCROFT OF MARTINSBURG

200 GLOUCESTER DRIVE
MARTINSBURG, WV 25402

Phone: (304) 267-5800
County: BERKELEY
Administrator: CHARLENE MABE
Owner: BCC MARTINSBURG OPERATIONS, LLC
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 97
Number of Private Rooms: 11
Cost Per Diem: \$127-173
Number of Semi Private Rooms: 43
Cost Per Diem: \$90-136
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: \$136-182

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

ELMHURST

1228 NATIONAL ROAD
WHEELING, WV 26003

Phone: (304) 242-0240
County: OHIO
Administrator: JAMIE CROW
Owner: ELMHURST, THE HOUSE OF FRIENDSHIP,
Type of Ownership: NON-PROFIT

License Type: ANNUAL
Licensed Beds: 48
Number of Private Rooms: 46
Cost Per Diem: \$127-173
Number of Semi Private Rooms: 1
Cost Per Diem: \$90-136
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

GLEN ROGERS MANOR
ONE GLEN ROGERS ROAD
GLEN ROGERS, WV 25848

License Type: ANNUAL

Licensed Beds: 57

Number of Private Rooms: N/A

Cost Per Diem: N/A

Phone: (304) 294-7003

County: WYOMING

Number of Semi Private Rooms: 20

Administrator: REBECCA LOVEJOY BUZZO

Cost Per Diem: \$107

Owner: MULLENS MANOR

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

GOLDEN OAKS
108 LEE ROAD
FOLLANSBEE, WV 26037

License Type: ANNUAL

Licensed Beds: 19

Number of Private Rooms: 9

Cost Per Diem: \$93

Phone: (304) 527-2466

County: BROOKE

Number of Semi Private Rooms: 5

Administrator: CHRISTINE L PICCIRILLO

Cost Per Diem: \$67

Owner: GOLDEN OAKS RESIDENTIAL BOARD

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

HALLS ASSISTED LIVING
2910 3RD AVENUE
HUNTINGTON, WV 25702

License Type: ANNUAL

Licensed Beds: 18

Number of Private Rooms: N/A

Cost Per Diem: N/A

Phone: (304) 525-3062

County: CABELL

Number of Semi Private Rooms: 3

Administrator: EVA HALL

Cost Per Diem: \$73

Owner: EVA AND DAVID HALL

Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT

Cost Per Diem: \$37

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

HAVENS AT PRINCETON
2205 NEW HOPE ROAD
PRINCETON, WV 24740

License Type: ANNUAL

Licensed Beds: 63

Number of Private Rooms: 20

Cost Per Diem: \$117-150

Phone: (304) 431-3544

County: MERCER

Number of Semi Private Rooms: 22

Administrator: TONYA GERBER

Cost Per Diem: \$81-114

Owner: RIDGE CARE, INC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

HERITAGE AT ST MARYS
1809 NORTH PLEASANTS HIGHWAY
SAINT MARYS, WV 26170

License Type: ANNUAL

Licensed Beds: 29

Number of Private Rooms: 23

Cost Per Diem: \$70

Phone: (304) 684-3200

County: PLEASANTS

Number of Semi Private Rooms: 3

Administrator: JAY A POWELL

Cost Per Diem: \$50

Owner: THE HERITAGE AT ST. MARY'S INC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Registered Nurse

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

HOME AWAY FROM HOME

License Type: ANNUAL

RT 3 BOX 254

Licensed Beds: 30

GRAFTON, WV 26354

Number of Private Rooms: N/A

Phone: (304) 265-4500

Cost Per Diem: N/A

County: TAYLOR

Number of Semi Private Rooms: 15

Administrator: JENNIFER R ADKINS

Cost Per Diem: \$83-100

Owner: DAVID W BOLYARD, JR.

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

INN AT WYNGATE

License Type: ANNUAL

750 PEYTON STREET

Licensed Beds: 60

BARBOURSVILLE, WV 25504

Number of Private Rooms: 48

Phone: (304) 733-6800

Cost Per Diem: \$191

County: CABELL

Number of Semi Private Rooms: N/A

Administrator: MOLLY ELKINS

Cost Per Diem: N/A

Owner: CHANCELLOR HEALTH PARTNERS

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

JOHN MANCHIN SR ASSISTED LIVING

License Type: ANNUAL

3205 HUSKY HIGHWAY

Licensed Beds: 20

FARMINGTON, WV 26571

Number of Private Rooms: 20

Phone: (304) 825-1900

Cost Per Diem: \$115

County: MARION

Number of Semi Private Rooms: N/A

Administrator: JOHN MANCHIN

Cost Per Diem: N/A

Owner: JOHN MANCHIN II DO

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Licensed Practical Nurse

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

KYLE'S PLACE

License Type: ANNUAL

113 SHUMATE STREET

Licensed Beds: 31

OAK HILL, WV 25901

Number of Private Rooms: 1

Phone: (304) 469-6339

Cost Per Diem: \$105

County: FAYETTE

Number of Semi Private Rooms: 6

Administrator: SANDRA L STEELE

Cost Per Diem: \$105

Owner: LOVING ARMS LLC - SIDNEY COOK

Number of Rooms with 3 or 4 Beds: 6

Type of Ownership: PROFIT

Cost Per Diem: \$105

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

LOVE AND CARE

License Type: ANNUAL

5368 DUPONT ROAD

Licensed Beds: 30

PARKERSBURG, WV 26102

Number of Private Rooms: 12

Phone: (304) 863-8950

Cost Per Diem: \$86

County: WOOD

Number of Semi Private Rooms: 3

Administrator: DEADRA COOK

Cost Per Diem: \$47

Owner: CAMDEN AVENUE CHURCH OF CHRIST

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

MADISON PARK HEALTHCARE

License Type: ANNUAL

700 MADISON AVENUE

Licensed Beds: 26

HUNTINGTON, WV 25704

Number of Private Rooms: 8

Phone: (304) 522-0032

Cost Per Diem: \$150

County: CABELL

Number of Semi Private Rooms: 18

Administrator: BARBARA MCCALL

Cost Per Diem: \$150

Owner: FAIRHAVEN OPCO, LLC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Licensed Practical Nurse, Registered Nurse, (2) Housekeeping, (6) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

MAPLES ASSISTED LIVING

1600 BLAND STREET

BLUEFIELD, WV 24701

Phone: (304) 327-2485
County: MERCER
Administrator: ELIZABETH LOCKETT
Owner: MAPLES HEALTH CARE, INC.
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 28
Number of Private Rooms: 28
Cost Per Diem: \$41
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:

Administrator, (1) Housekeeping, (2) each: Licensed Practical Nurses, Maintenance, (3) each: Activity Aides, Laundry, (4) Nursing Assistants, (6) Registered Nurses, (9) Dietary

Services and Programs Available and Costs thereof:

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

PASSAGE MIDLAND MEADOWS OPERATIONS, LLC

100 WEATHERHOLT DR

ONA, WV 25545

Phone: (304) 743-8904
County: CABELL
Administrator: ROSALENE BLACK
Owner: PASSAGE MIDLAND MEADOWS OPERATIO
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 72
Number of Private Rooms: 72
Cost Per Diem: \$112-212
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:

Administrator, (1) each: Activity Aide, Maintenance, Registered Nurse, (2) Housekeeping, (9) Dietary, (19) Licensed Practical Nurses, (44) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

PATTY'S HOME AWAY FROM HOME

5333 WHITMAN CREEK ROAD

WHITMAN, WV 25652

Phone: (304) 239-2860
County: LOGAN
Administrator: MARK LESTER
Owner: PATTY RUNYON
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 21
Number of Private Rooms: 1
Cost Per Diem: \$99
Number of Semi Private Rooms: 10
Cost Per Diem: \$66
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

PEPPERBERRY SUITES

144 FOX LANE

CHESTER, WV 26034

Phone: (304) 387-0101
County: HANCOCK
Administrator: JAMIE SPIVAK
Owner: FOXCREST, INC.
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 35
Number of Private Rooms: 5
Cost Per Diem: \$111
Number of Semi Private Rooms: 15
Cost Per Diem: \$78
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Activity Aide, Dietary, Licensed Practical Nurse, Registered Nurse, (2) Maintenance, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

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

PINEVILLE MANOR

198 PARK AVENUE

PINEVILLE, WV 24874

Phone: (304) 732-8503
County: WYOMING
Administrator: REBECCA LOVEJOY BUZZO
Owner: MULLENS MANOR
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 35
Number of Private Rooms: 1
Cost Per Diem: \$107
Number of Semi Private Rooms: 17
Cost Per Diem: \$107
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Assistant Administrator, Licensed Practical Nurse, Maintenance, Registered Nurse, (2) Dietary, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

PRINCETON CENTER LLC
1924 GLENWOOD PARK RD
PRINCETON, WV 24739

License Type: ANNUAL

Licensed Beds: 73

Number of Private Rooms: 37

Cost Per Diem: \$93

Phone: (304) 425-8128

Number of Semi Private Rooms: 18

County: MERCER

Cost Per Diem: \$75-120

Administrator: JOHN R TUCKER

Owner: PRINCETON CENTER LLC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, Registered Nurse, (6) Licensed Practical Nurses, (7) Housekeeping, (19) Nursing Assistants, (Contracted Dietary Services)

Services and Programs Available and Costs thereof:

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

QUARRY MANOR
699 SOUTH PARK ROAD
CHARLESTON, WV 25304

License Type: ANNUAL

Licensed Beds: 68

Number of Private Rooms: 46

Cost Per Diem: \$113-158

Phone: (304) 925-4663

Number of Semi Private Rooms: 11

County: KANAWHA

Cost Per Diem: \$84-112

Administrator: JACKIE ALLEN

Owner: CHARLESTON ALF OPERATIONS, LLC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (4) Housekeeping, (6) Licensed Practical Nurses, (8) Dietary, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

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

RAVENSWOOD CARE CENTER
1113 WASHINGTON STREET
RAVENSWOOD, WV 26164

License Type: ANNUAL

Licensed Beds: 82

Number of Private Rooms: 8

Cost Per Diem: \$113-147

Phone: (304) 273-9482

Number of Semi Private Rooms: 31

County: JACKSON

Cost Per Diem: \$83

Administrator: KIMBERLY K BARNES

Owner: GENERATIONS, INC.

Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT

Cost Per Diem: \$83

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, (2) Registered Nurses, (4) each: Dietary, Housekeeping, Licensed Practical Nurses

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

REGENCY PLACE

License Type: ANNUAL

5 ROLLING MEADOWS

Licensed Beds: 58

SCOTT DEPOT, WV 25560

Number of Private Rooms: 32

Phone: (304) 757-3104

Cost Per Diem: \$138-120

County: PUTNAM

Number of Semi Private Rooms: 13

Administrator: RAE BATES

Cost Per Diem: \$106-88

Owner: SCOTT DEPOT ALF OPERATIONS, L L C

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (4) Housekeeping, (5) Licensed Practical Nurses, (7) Dietary, (17) Nursing Assistants

Services and Programs Available and Costs thereof:

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

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

County: GREENBRIER

Number of Semi Private Rooms: 10

Administrator: NATHAN HANSHEW

Cost Per Diem: \$97

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:

Administrator, (1) each: Laundry, Registered Nurse, Registered Nurse Consultant, (4) each: Housekeeping, Maintenance, (7) Licensed Practical Nurses, (8) Dietary, (14) Nursing Assistants

Services and Programs Available and Costs thereof:

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

SERENITY CARE HOME

License Type: ANNUAL

269 LITTLE SAND RUN ROAD

Licensed Beds: 30

BUCKHANNON, WV 26201

Number of Private Rooms: 10

Phone: (304) 472-6105

Cost Per Diem: \$107

County: UPSHUR

Number of Semi Private Rooms: 10

Administrator: A. JOANN LANDIS

Cost Per Diem: \$93

Owner: KAREN WOODY

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse, (2) Dietary, (12) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

SERRA MANOR

100 SERRA DRIVE

WEIRTON, WV 26062

Phone: (304) 723-5363
County: HANCOCK
Administrator: RHONDA QUATTROCHI
Owner: WEIRTON HEALTH CARE, INC.
Type of Ownership: NON-PROFIT

License Type: ANNUAL
Licensed Beds: 46
Number of Private Rooms: 42
Cost Per Diem: \$100-109
Number of Semi Private Rooms: 4
Cost Per Diem: \$100-109
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Assistant Administrator

Services and Programs Available and Costs thereof:

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

SUMMIT AT HIDDEN VALLEY, THE

438 23RD STREET

OAK HILL, WV 25901

Phone: (304) 469-8255
County: FAYETTE
Administrator: TANYA FORD
Owner: OAK HILL ALF OPERATIONS, LLC
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 58
Number of Private Rooms: 56
Cost Per Diem: \$93-132
Number of Semi Private Rooms: 1
Cost Per Diem: \$93-132
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Laundry, Maintenance, Registered Nurse, (2) Housekeeping, (4) Licensed Practical Nurses, (12) Nursing Assistants, (Contracted Dietary Service)

Services and Programs Available and Costs thereof:

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

SWEETBRIAR

505 CALDWELL LANE

DUNBAR, WV 25064

Phone: (304) 744-7400
County: KANAWHA
Administrator: KELLY MANKIN
Owner: C. W. CALDWELL, INC.
Type of Ownership: PROFIT

License Type: ANNUAL
Licensed Beds: 128
Number of Private Rooms: 42
Cost Per Diem: \$110
Number of Semi Private Rooms: 26
Cost Per Diem: \$82
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) Activity Aide, (2) each: Dietary, Maintenance, (3) Registered Nurses, (4) Housekeeping, (5) each: Approved Medication Assistive Personnel (AMAPs), Licensed Practical Nurses, (13) Nursing Aides, (20) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

TALBOTT PERSONAL CARE HOME

License Type: ANNUAL

319 SERPELL AVENUE

Licensed Beds: 20

BELINGTON, WV 26250

Number of Private Rooms: N/A

Phone: (304) 823-3300

Cost Per Diem: N/A

County: BARBOUR

Number of Semi Private Rooms: 7

Administrator: ASHLEY TETER

Cost Per Diem: \$67

Owner: TALBOTT PERSONAL CARE HOME, INC.

Number of Rooms with 3 or 4 Beds: 2

Type of Ownership: PROFIT

Cost Per Diem: \$67

Number of Employees and Position Held:

Administrator, (1) Maintenance, (2) each: Dietary, Registered Nurses, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Transportation to/from Appointments, Assistance with making Appointments, Laundry Service, Dietary Service, Recreational Activities, Beauty shop/hair cutting services (additional cost), Housekeeping

TEAYS VALLEY ASSISTED LIVING

License Type: ANNUAL

3361 TEAYS VALLEY ROAD

Licensed Beds: 23

HURRICANE, WV 25526

Number of Private Rooms: 9

Phone: (304) 397-6538

Cost Per Diem: \$120

County: PUTNAM

Number of Semi Private Rooms: 7

Administrator: CHRISTIE R MOUNTS

Cost Per Diem: \$97

Owner: TEAYS VALLEY ASSISTED LIVING, INC.

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

Assistance with ADLs, Medication Administration, Limited and Intermittent Nursing Care, Laundry Service, Dietary Services, Housekeeping, Recreational Activities

VALENTINE PERSONAL CARE HOME

License Type: ANNUAL

521 DAVIS AVENUE

Licensed Beds: 20

ELKINS, WV 26241

Number of Private Rooms: 11

Phone: (304) 636-3900

Cost Per Diem: \$80

County: RANDOLPH

Number of Semi Private Rooms: 3

Administrator: DEBBIE WHITE

Cost Per Diem: \$70

Owner: TALBOTT PERSONAL CARE HOME, INC.

Number of Rooms with 3 or 4 Beds: 1

Type of Ownership: PROFIT

Cost Per Diem: \$70

Number of Employees and Position Held:

Administrator, (1) each: Maintenance, Registered Nurse, (2) Dietary, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

VILLAGE AT RIVERVIEW, THE
1356 RIVERVIEW DRIVE
BARBOURSVILLE, WV 25504

License Type: ANNUAL

Licensed Beds: 64

Number of Private Rooms: 44

Cost Per Diem: \$76

Number of Semi Private Rooms: 20

Cost Per Diem: \$111

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

Cost Per Diem: N/A

Phone: (304) 736-2013

County: CABELL

Administrator: PATRICIA PERRY

Owner: THE VILLAGE AT RIVERVIEW, INC

Type of Ownership: PROFIT

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

VILLAGES AT GREYSTONE INN
200 GREYSTONE DRIVE
BEAVER, WV 25813

License Type: ANNUAL

Licensed Beds: 70

Number of Private Rooms: 70

Cost Per Diem: \$212

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

Phone: (304) 256-7579

County: RALEIGH

Administrator: STEPHANIE COMPTON

Owner: CHANCELLOR HEALTH PARTNERS

Type of Ownership: PROFIT

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Maintenance, (2) Registered Nurses, (7) each: Dietary, Licensed Practical Nurses, (22) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

WELTY HOME, L C
21 WASHINGTON AVENUE
WHEELING, WV 26003

License Type: ANNUAL

Licensed Beds: 52

Number of Private Rooms: 52

Cost Per Diem: \$95

Phone: (304) 242-5233

Number of Semi Private Rooms: N/A

County: OHIO

Cost Per Diem: N/A

Administrator: RANDY FORZANO

Owner: THE WELTY HOME, L C

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

WINDY HILL VILLAGE
17024 VETERANS MEMORIAL HIGHWAY
KINGWOOD, WV 26537

License Type: ANNUAL

Licensed Beds: 50

Number of Private Rooms: 13

Cost Per Diem: \$99-125

Phone: (304) 329-2741

Number of Semi Private Rooms: 14

County: PRESTON

Cost Per Diem: \$53-95

Administrator: KAYLA HESS

Owner: WINDY HILL MANOR LIMITED PARTNERSHIP

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Maintenance, Registered Nurse, (2) each: Activity Aides, Dietary, (3) Licensed Practical Nurses, (10) Nursing Assistants

Services and Programs Available and Costs thereof:

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

WISHING WELL ASSISTED LIVING
1543 COUNTRY CLUB ROAD
FAIRMONT, WV 26554

License Type: ANNUAL

Licensed Beds: 52

Number of Private Rooms: 16

Cost Per Diem: \$115

Phone: (304) 363-2273

Number of Semi Private Rooms: 36

County: MARION

Cost Per Diem: \$100-105

Administrator: CATHY FLEECE

Owner: 1543 COUNTRY CLUB ROAD MANOR

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Dietary, Housekeeping, Maintenance, (2) Licensed Practical Nurses, (8) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

WOODLANDS ASSISTED LIVING #1

License Type: ANNUAL

23 CARE STREET

Licensed Beds: 23

WORTHINGTON, WV 26591

Number of Private Rooms: N/A

Phone: (304) 287-2120

Cost Per Diem: N/A

County: MARION

Number of Semi Private Rooms: 5

Administrator: ERIC MULLER

Cost Per Diem: \$37-48

Owner: WOODLANDS ASSISTED LIVING FACILITY

Number of Rooms with 3 or 4 Beds: (3) 3 bed (1) 4 bed

Type of Ownership: PROFIT

Cost Per Diem: \$37-48

Number of Employees and Position Held:

Administrator, (1) Maintenance, (3) Dietary, (15) each: Housekeeping, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

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

WOODLANDS ASSISTED LIVING #2

License Type: ANNUAL

CARE STREET

Licensed Beds: 23

WORTHINGTON, WV 26591

Number of Private Rooms: 3

Phone: (304) 287-2120

Cost Per Diem: \$73-83

County: MARION

Number of Semi Private Rooms: 4

Administrator: ERIC MULLER

Cost Per Diem: \$38-67

Owner: WOODLANDS ASSISTED LIVING FACILITY

Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT

Cost Per Diem: \$38-67

Number of Employees and Position Held:

Administrator, (1) Maintenance, (3) Dietary (13) Housekeeping, Laundry, Nursing Assistants

Services and Programs Available and Costs thereof:

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

WOODLANDS RETIREMENT COMMUNITY

License Type: ANNUAL

ONE BRADLEY FOSTER DR

Licensed Beds: 88

HUNTINGTON, WV 25701

Number of Private Rooms: 88

Phone: (304) 697-1620

Cost Per Diem: \$69-78

County: CABELL

Number of Semi Private Rooms: N/A

Administrator: CYNTHIA D SHELL

Cost Per Diem: N/A

Owner: FOSTER FOUNDATION

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (2) each: Activity Aides, Registered Nurses, (6) Laundry, (9) Housekeeping, (14) Maintenance, (19) Licensed Practical Nurses, (36) Dietary, (37) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

WOODRIDGE

3810 GRAND CENTRAL AVE
VIENNA, WV 26105

Phone: (304) 295-4884
County: WOOD
Administrator: SHARON K WEINHEIMER
Owner: WOODRIDGE ASSISTED LIVING
Type of Ownership: PROFIT

License Type: ANNUAL

Licensed Beds: 25
Number of Private Rooms: 3
Cost Per Diem: \$37
Number of Semi Private Rooms: 1
Cost Per Diem: \$37
Number of Rooms with 3 or 4 Beds: 5
Cost Per Diem: \$37

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

WYNGATE OF WEIRTON

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: 40
Cost Per Diem: \$84
Number of Semi Private Rooms: 20
Cost Per Diem: \$84
Number of Rooms with 3 or 4 Beds: N/A
Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Housekeeping, Laundry, Maintenance, (2) Registered Nurses, (5) Dietary, (6) Licensed Practical Nurses, (10) Activity Aides, (22) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: LARGE ASSISTED LIVING

WYNGATE SENIOR LIVING COMM OF PARKERSBURG
ONE WYNGATE DRIVE
PARKERSBURG, WV 26105

License Type: ANNUAL

Licensed Beds: 65

Number of Private Rooms: 60

Cost Per Diem: \$124-215

Phone: (304) 428-2004

County: WOOD

Number of Semi Private Rooms: N/A

Administrator: SUSAN DIEHL-HICKMAN

Cost Per Diem: N/A

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:

Administrator, (1) each: Activity Director, Housekeeping, Maintenance, Resident Coordinator, (2) Registered Nurses, (3) Dietary, (5) Licensed Practical Nurses, (13) Nursing Assistants

Services and Programs Available and Costs thereof:

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

YOUNG'S CARE HOME I I
102 HICKORY AVENUE
MOUNDSVILLE, WV 26041

License Type: ANNUAL

Licensed Beds: 18

Number of Private Rooms: N/A

Cost Per Diem: N/A

Phone: (304) 845-5129

County: MARSHALL

Number of Semi Private Rooms: 3

Administrator: CONNIE YOUNG

Cost Per Diem: \$36-59

Owner: YOUNG'S CARE HOME II

Number of Rooms with 3 or 4 Beds: 4

Type of Ownership: PROFIT

Cost Per Diem: \$36-59

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: ALZHEIMER/DEMENTIA - ASSISTED

ARTHUR B HODGES CENTER - ALZHEIMERS UNIT
300 BAKER LANE
CHARLESTON, WV 25302

License Type: ANNUAL

Licensed Beds: 18

Number of Private Rooms: 18

Cost Per Diem: \$178-195

Phone: (304) 346-2323

County: KANAWHA

Number of Semi Private Rooms: N/A

Administrator: GEORGE BARKER

Cost Per Diem: N/A

Owner: EDGEWOOD SUMMIT, INC.

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

Type of Ownership: NON-PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BELLAIRE AT DEVONSHIRE-ALZHEIMER'S UNIT
5 BEXLEY DRIVE
SCOTT DEPOT, WV 25560

License Type: ANNUAL

Licensed Beds: 24

Number of Private Rooms: 86

Cost Per Diem: \$135

Phone: (304) 760-5290

County: PUTNAM

Number of Semi Private Rooms: 4

Administrator: DREMA THOMPSON

Cost Per Diem: \$76

Owner: DEVONSHIRE AL OPERATINS, LLC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Housekeeping, Licensed Practical Nurse, Maintenance, Registered Nurse, (3) Dietary, (25) Nursing Assistants

Services and Programs Available and Costs thereof:

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

Facility Type: ALZHEIMER/DEMENTIA - ASSISTED

BRALEY CARE HOMES, INC III - ALZHEIMER'S UNIT
RT 3 BOX 285-C
HURRICANE, WV 25526

License Type: ANNUAL

Licensed Beds: 16

Number of Private Rooms: 6

Cost Per Diem: \$171

Phone: (304) 201-3677

County: PUTNAM

Number of Semi Private Rooms: 5

Administrator: CHRIS BRALEY

Cost Per Diem: \$164

Owner: BRALEY CARE HOMES, INC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

BROADMORE ASSISTED LIVING - ALZHEIMER'S UNIT
4000 OUTLOOK DRIVE
HURRICANE, WV 25526

License Type: ANNUAL

Licensed Beds: 23

Number of Private Rooms: 23

Cost Per Diem: \$120

Phone: (304) 757-4778

County: PUTNAM

Number of Semi Private Rooms: N/A

Administrator: CASSIE CAIN

Cost Per Diem: N/A

Owner: SENIOR SERVICES OF AMERICA

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: ALZHEIMER/DEMENTIA - ASSISTED

BROOKDALE CHARLESTON GARDENS - ALZHEIMER'S UNIT
800 ASSOCIATION DRIVE
CHARLESTON, WV 25311

License Type: ANNUAL

Licensed Beds: 15

Number of Private Rooms: 14

Cost Per Diem: \$30-179

Phone: (304) 343-6600

County: KANAWHA

Number of Semi Private Rooms: N/A

Administrator: DONNA PROWSE

Cost Per Diem: N/A

Owner: EMERITUS CORPORATION

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

COLONIAL PLACE-ALZHEIMER'S UNIT
301 WILSON LANE
ELKINS, WV 26241

License Type: ANNUAL

Licensed Beds: 23

Number of Private Rooms: 56

Cost Per Diem: \$131-168

Phone: (304) 636-8600

County: RANDOLPH

Number of Semi Private Rooms: 25

Administrator: CHRISTINA MULLENAX

Cost Per Diem: \$112-138

Owner: WILSON SENIOR CARE, LLC

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

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

Services and Programs Available and Costs thereof:

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

Facility Type: ALZHEIMER/DEMENTIA - ASSISTED

PASSAGE MIDLAND MEADOWS OPERATIONS, LLC-ALZ
102 WEATHERHOLT DRIVE
ONA, WV 25545

License Type: ANNUAL

Licensed Beds: 30

Number of Private Rooms: 30

Cost Per Diem: \$79-212

Phone: (304) 743-8904

County: CABELL

Number of Semi Private Rooms: N/A

Administrator: ROSALENE BLACK

Cost Per Diem: N/A

Owner: PASSAGE MIDLAND MEADOWS OPERATION

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

Type of Ownership: PROFIT

Cost Per Diem: N/A

Number of Employees and Position Held:

Administrator, (1) each: Activity Aide, Maintenance, Registered Nurse, (2) Housekeeping, (9) Dietary, (19) Licensed Practical Nurses, (44) Nursing Assistants

Services and Programs Available and Costs thereof:

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