2017 Finding Long-Term Care in the BRADD

Sponsored by the Barren River Long Term Care Ombudsman Program

A resource guide for those in the community seeking long-term care options within the Barren River Area Development District serving the counties of Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren.

Includes the most recent information on Medicare and Medicaid, long-term care benefits, Advance Directives information, Resident Rights, community partners, Senior Services Directory, as well as the Long Term Care Facility Rate Table listings for all 29 of the BRADD facilities.

This guide was published by The Barren River Long Term Care Ombudsman Program A program of Kentucky Legal Aid

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LIVE UNITED
United Way of Southern Kentucky
Barren River Area Agency on Aging
& Independent Living
Family Caregiver Support Program

Services Offered:
- Information and Assistance
- Respite and Supplemental Care
- Support groups, trainings, and counseling

Please contact us if you are:
A family member or an informal provider of in-home and community care to an elderly individual 60 years of age or older; or caring for an individual with Alzheimer’s or a related diagnosis.

Or
A grandparent or relative caregiver providing full time/primary care for a child who is not more than 18 years of age; or caring for an adult relative age 19-59 with a disability.

BARREN RIVER
Area Agency on Aging and Independent Living
1-270-782-9223 1-800-395-7654

This project is funded, in part, under a contract with the Kentucky Cabinet for Health and Family Services with funds from the U.S. Department of Health and Human Services.
Call with problems, questions, or concerns involving a resident of a long-term care facility.

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The call is free and confidential.
You do not have to give your name.

Report ELDER ABUSE, NEGLECT, or EXPLOITATION
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Or the Hotline 1-800-752-6200
1-502-564-2888 or Western Region – 270-889-6052
• Already visiting residents in a long-term care facility?
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• Already going with your church or attend events at a long-term care facility?
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• Want to help make change in resident care and treatment in a long-term care facility?
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• Want to visit those 60% of residents who have no family or visitors at all and make a difference in their lives?
  ✓ Call us today to find out how you can become a FRIENDLY VISITOR or a CERTIFIED OMBUDSMAN!

Free training provided ~ 4 hours minimum visitation per month
Volunteers become part of a family ~ Benefits of changing lives and making the quality of life better for those in long-term care

Want to be part of that change?
Come let us tell you more about the Ombudsman Program!

BARREN RIVER LONG TERM CARE OMBUDSMAN PROGRAM

Call today for more information
1-800-355-7580

Volunteers needed in Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren Counties!
The Barren River Long Term Care Ombudsman Program is a non-profit organization federally mandated to provide advocate services for all long-term care residents in the 10 county Barren River Area Development District. The Ombudsman Program relies on volunteers, community partners, community donations and fundraising opportunities as well as a limited amount of United Way of Southern Kentucky funding annually to provide the best possible quality services for our residents and for those in the community seeking long-term care options.

To make a donation or sponsorship see the next page. Another way to give back is to become a Friendly Visitor or a Certified Ombudsman.

Call our office Toll Free at 1-800-355-7580

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DONATION REQUEST FORM

Barren River Long Term Care Ombudsman Program

Name: ___________________________________________   Date: ________________

Company/Organization: Name (if applicable)
____________________________________   ______________________________________
____________________________________   ______________________________________

Mailing Address: _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Contact Phone #: ______________________   Email: _____________________________

See previous page for details of levels and benefits:

GOLD LEVEL:  Consumer Guide Sponsorship
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SILVER LEVEL:  Consumer Guide Sponsorship
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Payment for Sponsorship and Donations may be made by Check or Cash to:
Make check payable to: Kentucky Legal Aid
Barren River LTC Ombudsman Program
1700 Destiny Lane
Bowling Green, KY 42104

Designate in Memo on Check: Consumer Guide or Donation

For questions please contact our office at 1-800-355-7580
Or email lhaynes@klaid.org

Payments may be mailed or dropped off at the Kentucky Legal Aid office

Thank You for supporting the Ombudsman Program!

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ABOUT THIS PUBLICATION

The Barren River Long Term Care Ombudsman Program (BRLTCOP) publishes this guide as a resource for consumers to help them make educated, informed decisions about long-term care and to have a better overall understanding of the long-term care system. It is designed to assist consumers in their search for a suitable long-term care facility in the Barren River Area Development District (BRADD) which consists of ten counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren.

Finding appropriate long-term care placement can be a bewildering task and news coverage of long-term care facilities is often less than favorable. So to better help you find the right facility for your loved one, there is a comprehensive list of licensed long-term care facilities in the BRADD area in the back section of this guide as well as a Senior Services Directory.

The information in this guide is current as of the date of publication and quotes as of February 2017 coverage. If needed, more current information concerning long-term care and benefit programs can be obtained by calling the Ombudsman Program at 1-800-355-7580 and/or accessing the updated digital version of the guide at www.klaid.org/ombudsman and click on the Consumer Guide icon.

THE PLACEMENT CRISIS

According to the Caregiving in the United States 2015 report, an estimated 43.5 million adults in the United States have provided unpaid care to an adult or a child during 2014. Forty-nine percent were caring for a parent or parent-in-law. Nearly 1 in 10 caregivers is 75 years of age or older (7%). Caregiving in the U.S. 2015 provides an in-depth glimpse into this older group of caregivers, to see how they differ from younger caregivers. While the oldest caregivers in the study are not experiencing significantly more stress or strain than younger caregivers, they are more likely to be caregiving without other unpaid help. This often requires searching for home care resources in the community or helping a loved one find appropriate placement in a long-term care facility. Consumers frequently find themselves unprepared to make those decisions.

Often, the recommendation to consider long-term care placement in a nursing facility is unanticipated and usually follows an unexpected hospital stay. Decisions must be made quickly and at a time when the loved one may be too ill to participate in the decision making. When Medicare determines that hospital (acute) care is no longer covered, the patient is given only three days to make the necessary arrangements to find placement in a facility. When this happens, there isn’t time to visit several facilities to select the one that best fits the patient’s needs. This guide has been written to help consumers make informed decisions.

The Barren River Long-Term Care Ombudsman Program advocates for improved quality of life and care for residents in licensed long-term care facilities, including nursing facilities, personal care homes and family care homes. The Barren River District Ombudsman can answer questions regarding facilities in the BRADD area and can be reached at 1-800-355-7580 or 270-842-7587.

The Barren River Area Agency on Aging and Independent Living is dedicated to enhancing the quality of life for older adults and their families by providing information and access to a variety of services in our local communities. It works to identify the
needs of the elderly and strives to meet those needs through a system of home and community based services. Services enable the elderly to remain independent in their home and community and prevent premature institutionalization. The agency also offers a program to assist family caregivers of the elderly.

The Barren River Family Caregiver Support Program provides assistance to family caregivers who are providing care for a person 60 years of age or older, or to a person with early onset Alzheimer’s disease. They also provide assistance to grandparents or relative caregivers caring for a child under 18 or an adult child who is 18 or older and disabled. Recognizing the stress that caregivers face, the Caregiver Support Program provides families with someone in the community they can turn to for assistance in coping with the demands of being a family caregiver. The program offers information, referral, assistance, support groups, educational trainings, counseling, respite care, and supplemental services. Both programs work to avoid or delay out-of-home placement. To contact the Barren River Area Agency on Aging and Independent Living, call 1-800-395-7654 or 270-782-9223.

Southern Kentucky 2-1-1 Initiative through the United Way of Southern Kentucky provides referrals for food, housing, rent/utility aid, emergency shelter, clothing, transportation assistance, substance abuse, child care options, senior issues, tax assistance, medical and dental care, immigration, prescriptions, mental health, and home repair services to the communities. Trained community referral specialists are multi-lingual. The referral service is free and confidential. Call 2-1-1 or 1-844-966-0906 1-844-966-0906 or go to the website at www.211Center.com

The Home Care Alternative

Many patients are now being cared for in their own homes, rather than in a nursing facility thanks to the development of several home health care options. Home health care providers offer home visits from licensed nurses and other non-licensed nursing personnel and can usually provide all the nursing services needed. Adult Day Care centers allow family caregivers to continue working and maintain their own lives. Home delivered meals and other non-medical services can often be obtained for homebound seniors through the Area Agency on Aging and Independent Living. A list of available personal service agencies is included in this guide (see page 40).

Private insurance policies will sometimes cover care provided in the home. Medicare Part A will pay for a limited number of skilled nursing services and therapies provided in the home. Persons eligible for Medicaid coverage in a nursing facility are also eligible to receive nursing care in their homes under the Kentucky Medicaid Home and Community Based (HCB) Waiver program. Waiver services are available through home health agencies and adult day health care centers. These services may include:

- Assessment and reassessment to evaluate the client’s physical, mental and emotional health, social supports, living environment and to identify services the patient needs but cannot arrange for themselves or through family members

- Case management to coordinate the delivery of services such as transportation, volunteer services, informal support services and physician or clinic visits. When necessary, a case manager may also arrange for drugs, supplies or related medical equipment
- Homemaker services including general household activities such as meal preparation and household cleaning
- Personal care services to meet the patient's physical needs, such as bathing
- Respite care services provided on a short-term basis for patients whose primary caregiver is temporarily absent
- Home adaptation to make homes more functional for patients by adding devices such as shower bars or wheel-chair accessible ramps

An alternative approach for receiving non-medical waiver services is the Consumer Directed Option Program (CDO), which allows Medicaid to pay non-traditional providers to care for persons under the Medicaid Home and Community Based Waiver Program, Supports for Community Living Waiver Program, Acquired Brain Injury Waiver Program, Acquired Brain Injury Long-Term Care (LTC) Waiver Program and the Michelle P. Waiver Program. Under CDO, persons receiving care may be able to hire family members, friends or neighbors to provide their non-medical waiver services, allowing greater flexibility and control.

Service providers must be at least 18 years old, undergo a criminal background check and complete training on person-centered planning and self-determination. Members who need assistance in directing their services can select a representative to assist them. For more information about the CDO Program, contact the Barren River Area Agency on Aging and Independent Living at 1-800-395-7654 or 270-782-9223, the Medicaid Division of Community Alternatives at 502-564-1647 or Medicaid Member Services at 1-800-635-2570.

The Kentucky Transitions Program is another unique option for individuals who are already in a nursing facility, but wish to return home. In 2007, Kentucky was awarded a Money Follows the Person demonstration grant from the Centers for Medicare and Medicaid Services (CMS) to implement this program. Its purpose is to assist the elderly, disabled and those with mental retardation or acquired brain injuries to make the transition from institutional care back into the community.

In order for a person to be eligible for the Transitions Program they must: have lived in a nursing facility or facility for the mentally disabled for at least 90 consecutive days; be eligible for Medicaid and have been receiving services through Medicaid for at least one day prior to transition; and have the ability to live in the community with support and services. Once a person’s eligibility has been determined, a transitions team assists the person in finding appropriate housing and collaborates with various state and community agencies to ensure the individual is provided the necessary assistance needed to make a successful move into the community. For more information on Kentucky Transitions, call 1-877-564-0330.

**Limited Bed Availability**

Unfortunately, when the time comes for long-term care placement, the assumption that there will be a bed available nearby may not be true. Facilities often inform inquirers they may be placed on a waiting list. Even if the facility does maintain such a list, facilities are not required to admit persons based on waiting lists and most do not. When determining whether or not to admit a patient, the facility will take several factors into account.
account.

First, they will determine if the patient can be cared for in the facility in accordance with the licensing criteria of the facility and the facility's current staff levels. Next, the facility will compare the amount of money it will receive against the expenses they will likely incur. Some disabilities or diagnoses may require care that is particularly labor intensive. Nursing facilities may hesitate to admit such persons because the money they will receive to care for that person is not adequate to cover their costs.

There are no limits on what a facility can charge those who pay privately. However, there are limits to what a facility will receive from Medicare and Medicaid. (See the rate charts in the back of the guide) When Medicare or Medicaid is paying, the patient must also meet the patient status eligibility (see page 16). In addition, the care provided must be in a Medicare or Medicaid certified bed in order to participate in the program.

The patient be encouraged to accept placement in unfamiliar and distant areas and/or another state where family visits will be difficult. Patients may even be told they must accept certain arrangements, however, they are NOT required to accept the first available placement. The placement decision is for the patient and their family first, and not the hospital discharge planner. Some persons may be able to stay at home with home health services, but for others, this may not be a practical solution.

These situations can be very stressful. If you find yourself in this situation, remember:

- The primary responsibility for finding appropriate placement falls with the hospital discharge planner who is charged with finding a safe and suitable placement. Family members can be excellent resources, but are not primarily responsible for locating placement following a hospital stay, however, may request specific facility choices if there is bed availability.
- Don’t allow hospital discharge planners to pressure you into taking someone home while you are waiting for a placement unless you are able to provide that person’s care over an extended time. The person who agreed to provide temporary care may find they have become the permanent caregiver.
- You may be responsible for medical bills incurred by your minor children or a spouse, but you are generally not personally responsible for the medical expenses of other family members unless you have agreed to be responsible for the expense of their medical care prior to the service being rendered.
- Patients cannot be admitted to a nursing facility against their will, but they can be admitted against the wishes of a family member. See more information on Power of Attorney and Guardianship on pages 30 and 31.

**LEVELS OF CARE**

The term “level of care” refers to the particular way a facility or section of the facility is licensed and certified. They are licensed to provide a particular range of services. Long-term care facilities are required to provide only those services within the scope of their license. In addition, nursing facilities must be certified to participate in reimbursement programs such as Medicare or Medicaid and one building may house more than one facility. For instance, one building may house a nursing facility and a personal care home under the same roof. The building may look the same in both
facilities, and they may use a common dining area. Nevertheless, the services and reimbursement options available in the nursing facility are much different than those available in the personal care wing. Moving from one to the other is not simply a room change. It is a discharge from one facility and an admission to another.

Facilities often find it more cost effective to house residents needing more intense care or specialized services together, and to staff those areas accordingly. They may choose to admit only persons with specific needs to those areas and may refer to them as being in another level of care. However, services available in a facility with a particular license must be uniformly available throughout the facility. The reimbursement obtainable in a particular section of that facility, such as the "skilled" or "non-certified" wing, may be limited based upon how the beds are certified. (See Level of Care Grid on page 43).

Personal Care

Personal Care Homes (PCH) are licensed long-term care facilities. They are not a certified facility and therefore cannot participate in the Medicare or Medicaid reimbursement program. Because they do not participate in Medicare/Medicaid, residents are only guaranteed state rights as a resident. They also cannot provide any type of medical services. Most personal care facilities have an agreement with Kentucky to provide care at a fixed rate to persons who qualify for state assistance through the State Supplementation Payment. The State Supplementation Payment is a monthly income supplement that brings the resident’s income up to the state standard for a personal care home. At the time of the printing of this guide, the state standard was $1,253 per month and is $60 above what the facility may charge for care. The resident retains the $60 per month to use as personal spending money.

Personal care facilities can be different sizes with as few as 20 residents or as many as several hundred. Some are free-standing institutions while others are located on a particular wing of a nursing facility or other medical institution. Personal care facilities are not required to have nurses on staff. While a doctor must regularly visit a resident in a nursing facility, no such physician visits are required at a personal care home.

Licensed personal care homes provide personal care services, activities, residential and health related services. Personal care services help residents achieve and maintain good personal hygiene and include assistance with washing, bathing and grooming. The facility must also provide a planned activity period for each day during which a variety of social and recreational opportunities are offered. The purpose of these activities is to: stimulate physical and mental abilities; encourage and develop a sense of usefulness and self-respect; and prevent, inhibit or correct the development of mental regression due to illness or old age. Residential services include: housekeeping and maintenance services; dietary services including three meals per day and snacks; and the laundering of residents’ clothing and bed linens.

While personal care homes do not offer medical care, they do provide health related services. These services include: continuous supervision and monitoring of the resident to assure that the resident’s health care needs are met; supervision of self-administered medications; storage and control of medications; arranging for therapeutic services ordered by the resident's physician which are not available in the facility; and promptly obtaining medical care by a licensed physician in case of an accident or acute illness.

Many frail elderly persons, who may have sought placement in a personal care facility
n the past, now find their needs can be met at home with the assistance of home health care. As a result, several personal care homes have chosen to market their services to younger persons with various physical or mental disabilities. Personal care placement can be an appropriate living arrangement for persons capable of managing many of their own activities of daily living but who cannot live independently because of a disability.

Family Care

A Family Care Home (FCH) is a private residence licensed by the state to provide 24-hour supervision and personal care for no more than three people. Residents must be 18 years of age or older. Family care home placement is appropriate for those who do not function well enough to take care of themselves, but do not need nursing care.

There are places such as boarding homes that may market themselves as family care homes, but are not licensed or regulated. Boarding homes do not provide supervision and personal care. This means that no one is monitoring the quality of care they provide, and they may be providing services in violation of state regulations. Check this before making a placement decision.

Family care homes do not provide medical care and are not certified to participate in Medicare or Medicaid programs. Like personal care residents, family care residents can apply for the State Supplementation Payment if they are residing in a home that participates in this program. The supplement will raise their income up to the state standard for persons residing in family care homes. At the time of the printing of this guide, this standard was $905 per month, which is $40 above what the home may charge for care. The resident is allowed to keep the $40 a month for spending money. To participate, the family care home must accept the state rate as full payment. This is much less than the private pay rate and few family care home operators are willing to accept this amount.

Nursing Facilities and Nursing Homes

A Nursing Facility (NF) is a facility licensed by the state of Kentucky to provide nursing services. A person is appropriately placed in a nursing facility when they have a stable medical condition with: a complicated problem; a combination of problems that require daily or intermittent nursing or rehabilitative services; continuous personal care; or the need for supervision in an institutional setting.

If Medicare or Medicaid will be paying, a reviewer will automatically screen the chart to assure that the resident is receiving necessary covered services. All persons seeking admission to a nursing facility are screened to determine if the resident has mental health needs that cannot be provided in a nursing facility setting. A person who needs active mental health treatment that cannot be provided in a nursing facility setting cannot be admitted to a nursing facility.

Nursing facilities can choose to certify some or all of the beds for Medicaid and/or Medicare reimbursement. Because they provide services to Medicaid/Medicare residents and receive reimbursement for that service, they must comply with both state regulations and the federal conditions of participation for nursing facilities. Some nursing facilities also facilitate contracts with the Veterans Administration to provide care to disabled veterans.

There are a few facilities in Kentucky that are licensed to serve special populations
such as Intermediate Care Facilities for the Mentally Retarded and Developmentally Disabled (ICF/MRDD) and Alzheimer’s Facilities. The Alzheimer’s facilities must comply with state regulations for Alzheimer’s facilities. If these facilities are certified for Medicare or Medicaid, they must also comply with federal guidelines for nursing facilities. There are a few facilities designated as “ICF” only facilities. They are licensed by the state and provide a lower intensity nursing facility level of care.

Nursing facilities are required by both federal and state regulations to provide all services necessary to assist the resident in attaining and maintaining their highest practicable physical, mental, and psycho-social well-being. They must do so in a manner that makes reasonable accommodation for the individual resident’s needs and which provides a homelike atmosphere. Some of the services provided are: nursing services; personal care services; administration and supervision of medication; therapeutic diets; physical, respiratory, and occupational therapy; activities; and social services.

Medicare only pays for skilled care provided by a nursing facility to a patient in a Medicare certified bed. Skilled (licensed) medical personnel such as a registered nurse, physical or other professional therapist (see Section D) must provide treatment of any medical condition.

Medicaid will pay for both high-intensity (skilled) and low-intensity (intermediate) care in a nursing facility. In order to qualify for Medicaid coverage in a nursing home, you must meet the Medicaid patient criteria for nursing facility level of care. In addition, the care must be provided by a nursing facility certified to receive Medicaid, and you must occupy a Medicaid certified bed.

In Kentucky, all nursing facilities are expected to be able to provide skilled care as well as low-intensity nursing facility care in all of their beds. Medicaid covers all nursing facility care, but requires that persons receiving skilled services be in a bed which is also certified for Medicare. In other words, in order to receive high-intensity Medicaid coverage, the patient must be in a bed that is certified to receive both Medicare and Medicaid payment. Low-intensity care can be provided in any bed certified to receive Medicaid payment including those that are dually certified.

A Nursing Home is a similar facility but is not certified for Medicaid or Medicare reimbursement and residents must pay privately for their care. Nursing homes must comply with state licensing requirements but are not federally regulated.

**Skilled Care**

The section of a nursing facility referred to as the “skilled” section is usually the section certified to participate in Medicare. Facilities commonly assign more of their licensed staff (RN and LPN) to this section. Skilled patients need ongoing care that can only be provided by licensed professionals.

Nursing facilities often encourage Medicaid residents who were receiving skilled services but no longer need them to move to the section of the facility that is not certified for Medicare. They do this in order to keep the Medicare certified beds available for persons who require skilled services. However, the resident cannot be required to move from the Medicare section to the section of the facility that is not certified for Medicare, so long as there is another method of payment available. Medicaid will also pay for skilled care if the bed is certified to receive both Medicare and Medicaid.
Assisted Living

In Kentucky, Assisted Living is a housing arrangement that offers a supportive environment and easy access to home health care. Residents in assisted living must be ambulatory (able to walk without assistance) or mobile non-ambulatory (unable to walk without assistance, but able to move from place to place with the use of a device such as a walker or wheelchair). Assisted living facilities are not licensed health care facilities and do not offer the full range of services that a nursing facility offers. However, they must be certified by the Department of Aging and Independent Living.

To receive certification each living unit in an assisted living facility must contain: at least 200 square feet of space for single occupancy or double occupancy if shared by mutual agreement; at least one unfurnished room with a lockable door; a private bathroom with a tub or shower; provisions for emergency response; individual thermostat controls if the facility has more than 20 units; a window to the outdoors; and a telephone jack. Some facilities built before July 14, 2000 may be grandfathered in and may not fully meet this requirement. A list of the certified assisted living facilities in the BRADD is included in this book (see page 36).

Assisted living facilities must have staff available 24-hours a day, seven days a week who are trained in emergency care, cardiopulmonary resuscitation, client rights, the aging process and assistance with self-administration of medicine. The services offered by assisted living communities should include:

- Assistance with activities of daily living including bathing, dressing, grooming, transferring, toileting, and eating
- Assistance with instrumental activities of daily living that include, but are not limited to: housekeeping, shopping, laundry, chores, transportation, and clerical assistance
- Three meals and snacks made available each day
- Scheduled daily social activities that address the general preferences of clients.
- Assistance with self-administered medication

The Kentucky Ombudsman Program does not currently offer complaint investigation and resolution services in assisted living facilities. However, the regulatory agency to report complaints to pertaining to assisted living facilities would be the Department for Aging and Independent Living at 1-888-642-1137. (http://chfs.ky.gov/dail/)

In Kentucky, Ombudsman services are only available to residents of licensed long-term care facilities. However, the program has been made aware of some of the complaints that consumers have had involving assisted living facilities. Some complain that these facilities promise services they are not equipped to deliver. Complaints are also made that the assisted living facility misleads the consumer into thinking that their loved one will be cared for at one price and then, shortly after admission, reassesses the resident to need more costly services than originally discussed. Others allege that assisted living facilities attempt to provide higher level nursing services without properly trained staff.

The key to understanding the services offered by an assisted living facility is the “lease agreement.” The lease agreement must state what can be expected from the facility and inform residents of any special programs or costs for additional services. Among other things, the lease agreement should include:
- the terms of occupancy
- information regarding specific services provided
- a description of the living unit
- associated fees
- provisions for modifying client services and fees to include a provision for a 30 day notice any time the fee structure changes
- the facility’s policy for terminating the lease agreement to include a provision for a 30 day notice if the client is asked to move out for non-payment
- a description of any special programming, staffing, or training for clients with special needs
- the facility’s grievance policy
- refund/cancellation policies

Persons residing in assisted living pay privately at rates set by the provider. Some long-term care insurance policies will cover care provided by assisted living facilities, but others will not. Medicare and Medicaid do not cover assisted living services. However, skilled services provided by a licensed home health agency to someone living in an assisted living facility may be reimbursable under Medicare Part B benefits.

If you are considering placement in an assisted living facility, you should find out if the facility is certified and obtain assurances that the facility is capable of providing all the services which the resident needs or is likely to need in the future. Ask how the resident will be assessed to determine what supportive and health care services are needed.

You will want to know who will be monitoring the resident’s health to ensure that any changes in the resident’s condition are addressed. Ask how supervision will be provided to ensure that the services provided are quality services. Find out how the needs of the resident will be monitored and how the staff is trained to meet those needs. In addition, you will want to know the process for determining if the resident needs a higher level of care and can no longer live in the assisted living facility.

**Special Care Units for Alzheimer’s Residents**

Although most nursing facilities admit patients with Alzheimer’s disease, few offer specialized services specifically designed for the dementia patient. There are a few facilities in Kentucky that are licensed as an Alzheimer’s facilities. Regulations for Alzheimer’s facilities do little to direct the home in how to provide specialized services. Regulations address mostly environmental issues. Some facilities advertise they provide special care for Alzheimer’s patients when in fact, other than a lock on the door of their “dementia unit,” the unit is really no different from the rest of the facility. Other facilities may indeed provide specialized services for dementia patients.

Kentucky law requires any long-term care facility claiming to provide special care for persons with Alzheimer’s disease and/or other related disorders to inform consumers about the service that would distinguish the care as especially appropriate for persons with dementia.

Alzheimer’s patients need a safe, comfortable space where they can move around freely in an interesting and safe environment. However, Alzheimer’s patients are easily agitated in an environment that is overly stimulating. Cognitively impaired persons often need meals prepared and served differently. They may need cueing to perform daily
tasks and be reminded to eat. Short attention spans make them unable to participate in group activities designed for the cognitively intact residents. They need to be involved in failure-free activities.

Persons with dementia need continual intervention and redirection by staff members who are specially trained to understand the unique challenges of caring for them.

MEDICARE

Medicare Part A covers a limited number of days in a nursing facility, but only if the patient is: receiving a medically necessary skilled service; occupying a Medicare certified bed; and was admitted following a Medicare covered hospital stay of at least three days. Medicare Part B covers physician services while in a nursing facility and some therapies and supplies. Medicare Part D covers prescription drugs.

**Medicare Part A - Skilled Nursing Coverage**

Medicare Part A will cover the cost of a semi-private room, meals, skilled nursing and rehab services and supplies. It pays for 100 days, and coverage for the first 20 days is 100%. From the 21st day through the 100th day, there is a daily co-pay of $161.00 per day, and nothing is paid thereafter. If the resident has a Medicare Supplement Insurance policy, they may have additional coverage.

If Medicare Part A is the primary payer, nursing facility personnel will regularly review the care to determine if it meets Medicare's definition of medically necessary skilled services. When they believe the resident's needs no longer meet the criteria, the doctor is notified. If the physician disagrees with the facility's decision, the nursing facility can request their decision be reviewed by the Peer Review Organization (PRO). Peer Review Organizations are groups of practicing doctors and other health care professionals who monitor the care received by Medicare patients. The reviewer will determine if the care qualifies as medically necessary under Medicare's criteria for skilled care. The decision will not be reviewed by the PRO if the nursing facility and the doctor agree unless the patient requests a review.

**Medicare Part B - Physician and Therapy Coverage**

Medicare Part B covers the physician’s visits, outpatient medical and surgical services, some supplies, diagnostic tests, durable medical equipment (such as wheelchairs, oxygen, and walkers) and some therapies. Medicare pays 80% of the approved cost after a deductible of $166 per benefit period. Medicare limits the amount of physical, speech and occupational therapy it will pay for under Part B. There is an “exceptions process” that would allow services to be continued under certain circumstances.

**Medicare Part D - Drug Coverage**

Medicare eligible residents whose medications were previously covered lost that coverage in favor of one of the many drug plans that became available through the Medicare Part D Prescription Drug Coverage Plan.
Long-term care facilities cannot choose a plan for residents. Facilities cannot steer a resident to a particular plan or require a resident to have a plan as a condition of admission or continued stay. What they can do is provide residents with factual information about enrolling in Medicare Part D and inform them about which prescription drug plans include the pharmacy the facility uses. They can also assist residents in filing exceptions and appeals when their plan does not cover a medication the resident needs. Generally, the resident or someone with legal authority under state law such as a guardian or power of attorney must actually select the plan. Residents who are dually eligible for both Medicare and Medicaid and who do not select a plan will be randomly enrolled in a plan without regard for how well the plan covers what the resident needs.

It is important for residents to choose a plan that will cover the drugs they are taking from a pharmacy that contracts with the facility in which they are residing. Each plan differs somewhat in what drugs they will cover and which pharmacies they can contract with. Certain drug plans are forbidden from covering some drugs. Medicaid may continue to cover the excluded drugs for eligible residents, but others may find themselves paying out-of-pocket for these as well as other drugs not included on their plan’s formulary list.

Some Medicare Part D drug plans require deductibles to be met and co-insurance payments. Premiums average $34 a month, and costs can go as high as $400 per month before catastrophic coverage kicks in. Medicaid-eligible residents of nursing facilities are exempt from both deductibles and co-payments under the Medicare plan, so out of pocket expenses should not be a problem for them. Personal care home residents are exempted from deductibles, but do have to pay co-payments each time a prescription is filled. So it is better for a personal care resident to select a plan with low co-payments even if the premiums are higher. With a co-payment you pay a set amount (for example, $10) for all drugs on a tier. For example, you may pay a lower co-payment for generic drugs than brand-name drugs. If the drug is not on the formulary, the resident may have to pay as much as 25% of the cost themselves.

Nursing facilities must make sure each resident is receiving all medications prescribed by the physician, in the correct dose, form and timeframe. The facility must provide any drug that is included in the resident’s care plan even if there is no source of payment. This includes over-the-counter drugs. That does not mean the facility cannot charge the resident for providing these drugs. It means the facility must provide them. The issue of who will pay for them is secondary. If a resident does not receive medically necessary medications, the facility may be cited with a deficient practice. In addition, facilities cannot require a resident’s family to agree to pay for a prescription drug when there is no other source of payment. It is unclear if personal care facilities have this same obligation.

If a facility uses a pharmacy that is not part of the resident’s plan, then the facility must use a pharmacy that is in the resident’s network. Medicare requires drug plans to contract with any provider who is willing to comply with the Center for Medicare and Medicaid Services rules and the rules of the plan. The resident can also change to a plan that contracts with the pharmacy the facility is using.

If the resident is prescribed a drug that is not covered by their plan, they can work with their physician to select an alternative drug that is covered. Some drugs may require prior authorization in order to be covered. They can also file an exception with their drug plan and try to persuade the plan that the drug is medically necessary. If that fails, the resident may file an appeal with an administrative law judge. Or they can change to another plan which does include the needed drug on its formulary. Nursing facility
residents who are Medicaid eligible can apply the out-of-pocket cost of most drugs to their allowable medical expense deduction thereby lowering the amount they pay to the facility that month and recover the out-of-pocket expense.

Unlike those in the community, persons living in nursing facilities will be allowed to change plans every 30 days in order to maximize their coverage. Plans are required to cover the “first-fill” of an emergency drug not included on their formulary while the resident is in transition from a plan that does not cover the drug to one that does or while they are waiting for a determination when they have filed for an exception.

Over the counter drugs are not covered under any plan. However, they are considered covered as part of the daily rate paid to the facility under Medicare Part A and under Medicaid. A list of available plans can be accessed at the Medicare website at https://www.cms.gov/Medicare/Medicare.html.

MEDICAID

The Kentucky Medicaid Program provides medical services to the aged, blind or disabled poor. Applicants must be citizens or residents of the U.S. and meet resource and income limits. Persons receiving Supplemental Security Income (SSI) are automatically eligible for Medicaid; others can apply at the Department for Community Based Services, Division of Family Support.

Medicaid Managed Care was implemented in November 2011 in an attempt to provide more uniform care to beneficiaries while also reducing costs. Currently Kentucky has contracted Medicaid services to five companies (MCOs) across the state: Aetna Better Health, Anthem, Humana CareSource, Passport Health Plan, and WellCare of Kentucky. Medicaid beneficiaries who are residents of long-term care facilities will continue to be covered by traditional Medicaid. Members with questions about managed care coverage can call 1-800-635-2570 from 7am to 5pm CST Monday through Friday or visit Medicaid’s website at https://chfs.ky.gov/dms/mcolinks.htm.

Medicaid covers nursing facility care in a Medicaid certified bed, and the resident must meet the Medicaid patient need criteria. Medicaid coverage only begins after the patient’s Medicare coverage has ended. It pays for skilled services and the lower intensity intermediate care. Medicaid will cover Medicare deductibles and up to 14 bed hold days per calendar year. The information which follows was correct at the time of printing. However, changes to the regulations can occur at any time. Consumers can consult the Department for Medicaid Services website for more current information. The web address is: http://chfs.ky.gov/dms or www.medicaid.gov.

Resources

Resources are defined as: cash money and other personal property or real property that an individual or couple owns; has the right, authority or power to convert to cash; and is not legally restricted from use for support and maintenance. Resources may include, but are not limited to: checking and savings accounts; stocks or bonds; certificates of deposit; automobiles; land; buildings; burial reserves; and life insurance policies.

Medicaid applicants must fall below the available resource guidelines in order to qualify for benefits. As of the date of the printing of this guide, a nursing facility resident
must have $2,000 or less in available resources to qualify. If the resident has a spouse living in the community, the spouse may keep $23,844 of the couple’s combined resources or one half of the couple’s combined resources, whichever is greater, so long as the spouse’s resources do not exceed $119,220.

Certain types of resources are excluded and are not considered in the Medicaid eligibility determination. These resources include, but are not limited to: the first $10,000 of a burial reserve or a life insurance policy; one automobile used for employment or to obtain medical treatment; burial spaces and plots; life estate interests; IRAs; KEOGH; retirement funds; and other deferred tax protected assets until accessed. Individuals who do not access IRA funds when they are available for withdrawal are technically ineligible for Medicaid. IRA funds normally become available when the individual reaches age 59½. If the beneficiary is 70½, the IRS sets a minimum required distribution, and Medicaid will expect beneficiaries of that age to take the minimum required distribution.

The resident’s home is only considered an exempted asset for the first 6 months of the resident’s facility stay if the total value is at or below $552,000. After the resident has been in the facility for 6 months, the resident must show that he or she is trying to sell the home and has listed the home for sale. This will allow the home to remain exempt for another 6 months. In order to remain exempt beyond that, a special exemption will need to be granted at the discretion of Medicaid and will be based upon provision of proof that efforts to sell were unsuccessful.

If the resident has a spouse, dependent child, or other dependent family member still living in the home, then the home remains an exempted asset. If the resident sells the home for less than the fair market value, a penalty period of ineligibility will be assessed. Once the home is sold, the money obtained will be considered an available asset and will disqualify the resident until that money is spent.

A resident whose home is deeded to someone else but retains a life care estate will be considered to have homestead property with a countable value subject to the new rules above. The value of the life care estate will be calculated based upon the age of the resident and the value of the property.

It is possible to maintain the homestead as an excluded asset if the resident intends to return home. The individual must provide a written statement that they plan to return to the home and estimate when that will be (number of months). The statement must be signed by the resident. If the resident is unable to sign, the statement may be signed by the power of attorney or, if there is no one authorized as power of attorney, the resident’s representative. The plan must be reviewed and approved by Medicaid.

**Income**

In order to determine Medicaid eligibility all of the resident's available income is considered and must be within Medicaid program guidelines. As of the time of the printing of this guide, if the nursing facility resident's net income is at or below $2,199 per month, the nursing facility resident is income eligible. Income is defined as money received from statutory benefits (Social Security, VA pension, Black Lung benefits and Railroad Retirement benefits), pension plans, rental property, investments or wages for labor or services. Income may be earned or unearned.

Persons with income in excess of $2,199 can still qualify for Medicaid nursing facility coverage by placing all of their excess income into a Qualifying Income Trust (QIT). The
trust must be irrevocable and designate that Medicaid gets what is in the trust when the beneficiary dies. Legal assistance will be needed in order to draw up the trust. Only the income in excess of $2,199 must be placed in the trust. However, the resident can choose to put all their income in the trust if they want. Only income, not resources, can be placed in the trust. The money in the trust is not counted as income when determining Medicaid eligibility. The person named as trustee must consult with Medicaid before any expenditures is made from the trust. Funds from the trust can be used to pay for the cost of the resident's care.

At the time of application, Medicaid calculates if the resident’s income is below the income guidelines. This determines both eligibility and the amount that the resident will have to pay to the facility from their available income. The amount will be equal to the applicant’s gross income after deductions. A deduction of $40 for personal spending will be allowed. Some other allowable deductions include: payments for maintenance of a community dwelling; payments for allowable medical expenses; health insurance premiums; and any other allowable payments.

The nursing facility resident can deduct an amount for spousal maintenance to bring a spouse's income up to $2002.50. The spouse may be allocated an additional amount of their combined income if the spouse can document shelter expenses (rent, utilities, telephone, etc.) to exceed $598 a month. However, the spouse’s income cannot exceed $3022.50 even with the extra shelter expenses.

The portion of the resident’s income that is left after these deductions is called the “patient liability”. The patient liability portion is also what the resident will pay out-of-pocket to the nursing facility. Both the facility and the resident should receive a notice from the Division of Family Support informing them of the amount Medicaid has calculated to be the patient’s portion. The facility should collect only that amount from the patient. Medicaid will pay the difference between this patient liability amount and the cost of the resident’s care.

If Medicare is paying a portion of the bill, the resident must pay all Medicare co-insurance amounts until the out-of-pocket expense each month is equal to his patient liability amount. Once that amount is reached, Medicaid will begin to pick up the co-insurance.

**Estate Recovery**

Any person over the age of 55 who received services in a nursing facility or received community based services as an alternative to nursing facility care after February 2, 1994 are subject to Medicaid estate recovery. Younger persons receiving the same services for two years or more are also subject to estate recovery. Persons subject to estate recovery will have liens applied to their estate by Medicaid. This Medicaid bill will be just one of many bills the estate has to pay.

Recoverable property is defined as everything the executor lists as property for probate court including the resident’s home. There are exemptions for family farms or family businesses where the remaining family members are dependent on the farm or business for their livelihood, and if other income does not exceed $50,000 per year per person in the family unit.

Medicaid will not recover homestead property if it is deeded to a child with a disability or a child under the age of 21 who is a dependent of the now deceased Medicaid recipient. If there is a surviving spouse, the entire estate will be exempt. Property may
be considered exempt from Medicaid eligibility if it is being inherited by a child who delayed the resident’s institutionalization for a period of time by caring for the resident by moving in with them.

**Transferring Assets**

Transferring property to another person for the purpose of qualifying for Medicaid or to avoid estate recovery may cause problems. Property which has been transferred to another person prior to the death of the Medicaid recipient and not owned by them at the time of their death is not considered part of their estate, and therefore is not recoverable. However, transferring property at less than fair market value to another person in order to avoid Medicaid estate recovery may have other consequences.

Medicaid also looks at the resources of an applicant when determining eligibility. A federal rule requires states to search back five years from the date of application to see if there were any resources transferred for less than fair market value to individuals or to trusts. Property transferred for less than fair market value within this five year period is considered an available resource and may put the Medicaid applicant over the resource limit. This would render them ineligible for Medicaid for a period of time even though they no longer own the property or other resources.

To calculate the number of months during which the resident is considered ineligible, Medicaid divides the amount of money transferred by the average cost to Medicaid for a day’s care which is currently $199.46. The period of ineligibility will begin on the date that the person would have otherwise become eligible for Medicaid.

This is significant since the resident will have no funds and will also be unable to pay for the care they need without the resources that have been given away. Medicaid pays less for care than the average private pay person, so the period of ineligibility is very likely to be longer than the number of months the resident could have paid for had they kept the resource.

Each state will be required to have a hardship waiver which can be applied for by either the resident or the nursing facility if the penalty would result in the resident being deprived of medical care that would endanger the applicant’s health or life and/or deprive the resident of food, clothing, shelter or other necessities of life.

There are a few exceptions to this transfer rule. A nursing home resident may transfer their home without penalty to the following persons:

- the spouse
- a natural, adopted or step child who is under 21, blind or disabled
- a sibling who has equity interest in the home and lived with the institutionalized individual one year prior to institutionalization
- an adult, other than the above, who lived with the resident and provided care for the resident for at least two years thereby delaying institutionalization

**How to Apply for Medicaid**

You must apply for Medicaid at the Department for Community Based Services (DCBS), Division of Family Support office in the county where the nursing facility is located. **You cannot apply until after the resident is actually admitted into the facility.** It is advisable to make an appointment with your county DCBS/Division of
Family Support office; otherwise you will have to wait to be seen by a worker.

To apply for Medicaid you will need to bring the following items to your appointment:

- nursing facility resident’s Social Security Card
- proof of identity (such as a driver’s license)
- resident’s Medicare number
- resident’s date of birth
- resident’s last three bank statements
- proof of the resident’s income
- medical bills
- premium notices of any health insurance policies on the resident
- resident’s life insurance policy and a written statement from the company stating the cash surrender value
- burial reserve policy – *(up to $10,000 burial trust fund allowed in KY)*
- tax evaluation of any property (other than the resident’s home) the resident owns

If the resident is not enrolled in Medicare, does not receive SSI and is not a “qualified alien” they must also bring satisfactory documentation of citizenship (such as a birth certificate).

**Patient Status Eligibility**

In addition to meeting the income and resource guidelines, a Medicaid eligible person must also meet the “patient need” criteria for either high-intensity or low-intensity care as defined by Medicaid in-state regulations 907 KAR 1:022. Persons in need of skilled care must meet the high-intensity criteria. A low-intensity criterion requires the patient meet at least 2 out of 12 designated care need areas. If the resident does not meet the criteria, they will not be eligible for Medicaid nursing facility payment despite the recommendation of the resident’s personal physician that nursing facility care is needed.

Once the resident has been in the facility for 18 months, they can apply for a transfer trauma exception if they do not meet these criteria. To get this exception, the resident’s doctor must document to Medicaid’s satisfaction that the resident will suffer physical or mental harm if they are moved. Persons receiving a transfer trauma exception are re-evaluated every 6 months.

As part of the admission process, the facility will call and request approval for a new Medicaid covered admission. The facility will provide information to the Medicaid field review nurse who, based upon the information provided by the facility, determines whether or not the patient meets the Medicaid patient need criteria for high or low-intensity nursing facility care. If the determination is yes, then a pre-certification number is given and the facility can bill Medicaid.

Sometimes it can take up to 30 days for Medicaid to determine if the patient meets the criteria. If the determination states the patient does not qualify, a Medicaid payment is denied and the patient is responsible for paying the facility for care. The good news is the decision can be appealed, but the facility can continue to demand payment from the resident while the appeal is pending. If Medicaid approves the admission, they will usually certify the patient as needing the care for at least 30 days and the patient is re-evaluated at the end of that time. Medicaid reimbursement to the facility is retroactive for
90 days.
Medicaid nursing facility payments stop anytime the resident: no longer meets the criteria; qualifies for Medicare nursing facility coverage; or goes into the hospital. When the resident returns from the hospital or when Medicare benefits stop, a request for a new Medicaid covered nursing facility admission must be made. The patient is then re-evaluated to determine if they meet the patient need criteria at that time. The following is the patient need criteria for Medicaid coverage in a nursing facility.

**Medicaid High Intensity Criteria**
(It is often referred to as skilled because it is similar to the Medicare criteria for skilled nursing payment).

An individual shall qualify for high-intensity nursing care if on a daily basis the individual's needs mandate high-intensity nursing care services or high-intensity rehabilitation services, and the care can only be provided on an inpatient basis.

The inherent complexity of a service prescribed for an individual exists to the extent that it can be safely or effectively performed by or under the supervision of technical or professional personnel, or the individual has an unstable medical condition manifesting a combination of at least two or more care needs in the following areas:

- intravenous, intramuscular or subcutaneous injections and hypodermoclysis or intravenous feeding
- nasogastric or gastrostomy tube feedings
- nasopharyngeal and tracheotomy aspiration
- recent or complicated ostomy requiring extensive care and self-help training
- in-dwelling catheter for therapeutic management of a urinary tract condition
- bladder irrigations in relation to previously indicated stipulation
- special vital signs evaluation necessary in the management of related conditions
- sterile dressings
- changes in bed position to maintain proper body alignment
- treatment of extensive decubitus ulcers or other widespread skin disorders
- receiving medication recently initiated, which requires high-intensity observation to determine desired or adverse effects or frequent adjustment of dosage
- initial phases of a regimen involving administration of medical gases
- receiving services which would qualify as high-intensity rehabilitation services if provided by or under the supervision of a qualified therapist, for example:
  - ongoing assessment of rehabilitation needs and potential
  - therapeutic exercises which shall be performed by or under the supervision of a qualified physical therapist
  - gait evaluation and training
  - range of motion exercises which are part of the active treatment of a specific disease state which has resulted in a loss or restriction of mobility
  - maintenance therapy if the specialized knowledge and judgment of a qualified therapist is required to design and establish a maintenance program based on an initial evaluation and periodic reassessment of the patient’s needs, and consistent with the patient’s capacity and tolerance
  - ultrasound, short wave, and microwave therapy treatments
  - hot pack, hydro collator infrared treatments, paraffin baths, and whirlpool if
the patient’s condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures or other complications, and the skills, knowledge, and judgment of a qualified physical therapist are required
  o services by or under the supervision of a speech pathologist or audiologist if necessary for the restoration of function in speech or hearing

**Medicaid Low Intensity Criteria**
(Sometimes called non-skilled or intermediate care)

An individual shall be determined to meet low-intensity patient status if the individual requires, unrelated to age appropriate dependencies with respect to a minor: intermittent high-intensity nursing care; continuous personal care; or supervision in an institutional setting. In making the decision as to patient status, the following criteria shall be applicable:

- an individual with a stable medical condition requiring intermittent high-intensity nursing care services not provided in a personal care home shall be considered to meet patient status
- an individual with a stable medical condition who has a complicating problem which prevents the individual from caring for himself in an ordinary manner outside the institution shall be considered to meet patient status. For example, an ambulatory cardiac patient with hypertension may be reasonably stable on appropriate medication, but have intellectual deficiencies preventing safe use of self-medication or other problems requiring frequent nursing appraisal, and thus be considered to meet patient status
- an individual with a stable medical condition manifesting a significant combination of at least two or more of the following care needs shall be determined to meet low-intensity patient status if the professional staff determines the combination of needs can be met satisfactorily only by provision of intermittent high-intensity nursing care, continuous personal care or supervision in an institutional setting:
  o assistance with a wheelchair
  o physical or environmental management for confusion and mild agitation
  o must be fed
  o assistance with going to bathroom or using bedpan for elimination
  o old colostomy care
  o indwelling catheter for dry care
  o changes in bed position
  o administration of stabilized dosages of medication
  o restorative and supportive nursing care to maintain the individual and prevent deterioration of his condition
  o administration of injections during time licensed personnel is available
  o services that could ordinarily be provided or administered by the individual but due to physical or mental condition is not capable of self-care
  o routine administration of medical gases after a regimen of therapy has been established
Criteria Not Considered By Medicaid

An individual shall not be considered to meet patient status criteria if care needs are limited to the following:

- minimal assistance with activities of daily living
- independent use of mechanical devices such as assistance in mobility by means of a wheelchair, walker, crutch or cane
- limited diet such as low salt, low residue, reducing or another minor restrictive diet
- medications that can be self-administered or the individual requires minimal supervision

What Medicaid Pays For

Nursing facilities may not charge a Medicaid eligible resident for items or services covered under the Medicaid state plan. They may, however, charge a resident for an item that is requested by the resident that is not covered under the state plan.

The facility may not charge extra for an item or service not requested by the resident. The facility cannot require the resident to request any item or service as a condition of admission or continued stay (this includes requiring a sitter).

Routine, necessary personal hygiene items and services must be furnished at no extra charge to residents who are eligible for Medicaid. These include, but are not limited to, the following items:

- hair hygiene items including shampoo, conditioner, comb, brush and bath soap
- disinfecting soaps or cleaning agents needed to treat skin problems or infection
- razors, shaving cream
- toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss
- moisturizing lotions
- tissues, cotton balls, cotton swabs
- deodorant
- incontinence supplies, sanitary napkins and related supplies
- towels and wash cloths
- hospital gowns
- over-the-counter drugs (such as aspirin and cough syrup)
- services necessary for nail hygiene, hair hygiene, bathing, or shaving
- personal laundry (excluding dry cleaning, mending and hand washing)

These items and services must be provided in sufficient quality and quantities to effectively meet the individual needs of the residents. If a resident requests a special preferred product that costs more than the item the facility normally furnishes, the facility may charge the difference between the preferred product and the furnished product. However, the furnished product must be a product the resident can use. If the resident cannot use the product normally furnished, then another product the resident can use must be substituted. Facilities may not charge for the use of routine equipment.
LONG-TERM CARE INSURANCE

You need to read the terms of your policy carefully for the specific benefits and exclusions because not all long-term care insurance policies are the same. The type of facility the long-term care insurance covers will vary. Each policy has certain “benefit triggers” or conditions that trigger the policy to begin paying benefits. In Kentucky, a long-term care policy must provide a “benefit period” (the length of time you will receive benefits) of at least 12 months.

Nursing facilities, personal care homes, assisted living facilities and even your own home may be covered and if so, you must use the type of care and services your policy requires. Some policies require services that are “medically necessary”. This means certain medical conditions must exist in order for benefits to be paid. Each policy will have its own definition of medically necessary. Some rely on your physician’s opinion, while others may make their own determination. In Kentucky, long-term care policies cannot require the beneficiary be hospitalized or in a higher level of institutional care prior to payment of benefits and they cannot limit coverage to skilled care only.

Your policy may have some “exclusions” - conditions or medical expenses for which they will not pay. Policies sold in Kentucky cannot exclude or limit benefits on the basis of Alzheimer’s disease. Some policies exclude personal care or custodial care. This can be confusing since each policy will have its own definition of personal or custodial care. However, it generally means that the beneficiary requires services that can be provided by persons without medical skills such as bathing, dressing, or other routine activities of daily living. This could include personal or custodial services provided in a nursing facility setting. Your policy may have a lifetime maximum benefit limit. This may be measured in days or in dollars. Long-term care policies usually pay a flat amount per day. The amount they pay will vary and seldom covers the full cost.

Another option to consider is a new type of policy called the Kentucky Long-Term Care Partnership Program. Through this program, an agreement has been made between the state of Kentucky and private insurance companies to assist consumers in planning for long-term care needs. Consumers who purchase and utilize benefits from a qualified long-term care partner policy will be exempt from Medicaid spend-down requirements equal to the amount of benefits paid by the policy.

For more information on long-term care insurance or the Kentucky Long-Term Care Partnership Program, contact the Kentucky Department of Insurance at 800-595-6053 (Kentucky only)/TTY 800-648-6056. A helpful resource called Long-Term Care Insurance Guide can also be found on their website at http://insurance.ky.gov under Publications, Health Insurance.

VA BENEFITS

The U.S. Department of Veterans Affairs (VA) has launched several enhanced services to help family caregivers of seriously ill and injured veterans. One of these services is a toll-free line, the National Caregiver Support Line – 1-855-260-3274. This number connects to a referral center that assists caregivers, veterans and others seeking caregiver information. The VA will pay veterans residents in nursing homes a monthly personal needs allowance of $90 per month.

The VA also administers a special monthly pension benefit called the Aid and
Attendance Pension (A&A). The pension benefit may be available to wartime veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing/undressing or taking care of the needs of nature. It also includes individuals who are blind or residing in a nursing facility because of mental or physical incapacity. Assisted care in an assisted living facility also qualifies.

As of the printing date of this guide, the A&A Pension can provide up to $1,794.25 per month to a veteran, $1,153 per month to a surviving spouse, or $2,127.08 per month to a couple. A veteran filing with a sick spouse is eligible for up to $1,408.50 per month. If the spouse’s medical expenses completely deplete their combined monthly income, the veteran can file as a veteran with a sick spouse.

Eligibility must be proven by filing the proper Veterans Application for Pension or Compensation. This application will require a copy of the DD-214 (see below for more information) or separation papers, medical evaluation from a physician, current medical issues, net worth limitations, net income and any out-of-pocket medical expenses.

In the early 1950’s, the federal government began issuing DD-214 forms to military members upon separation from active service. The term "DD-214" is commonly referred to mean "separation papers" or "discharge papers", no matter what form number was used to document active duty military service. If the VA has a copy of a DD-214, it is usually because the veteran attached a copy (or sometimes, the original) to his or her application for disability or education benefits. If you’ve lost your original DD-214 or a copy and you are receiving (or applied for in the past) disability or education benefits from the VA, they may have a copy (or the original, if you gave it to them) on file. At the very least, if you are currently receiving benefits (or did in the past); they should be able to provide a Statement of Service, which can be used instead of a DD-214.

For information and assistance in applying for the A&A Pension or other benefits, you can call the Veterans Benefits Administration call center at 1-800-827-1000. In Kentucky there are also 18 local Veterans Benefits Field Representatives. To locate your local representative, visit www.veterans.ky.gov or call 1-800-928-4012. Any local veterans’ service organization can provide information as well.

In addition, the Legal Aid Society in Louisville has developed an interactive questionnaire which low-income veterans may use to draft an application for pension benefits and/or service-connected disability compensation. With this questionnaire, applicants will receive information about the criteria necessary to qualify for benefits and helpful tips about needed documents. The link to the questionnaire is https://lawhelpinteractive.org/login_form?template_id=template.2012-04-27.5406363178&set_language=en.

There are three Veterans Centers in Kentucky that provide skilled nursing care: Thomson-Hood Veterans Center in Wilmore, KY; Eastern Kentucky Veterans Center in Hazard, KY and Western Kentucky Veterans Center in Hanson, KY. Western Kentucky Veterans Center serves the Barren River area, and may be contacted at (877) 662-0008.

SELECTING A FACILITY

The Location

It is best to try to find a placement in a facility that is located where family and friends can visit frequently. This will assure the resident has social interaction and will enable
family and friends to gauge the quality of care the resident is receiving and to help them advocate for the resident. Each facility has a "personality". If possible, match the personality of the resident with that of the facility. For example, a person who lived in the country all of his life might prefer living in a facility in a rural setting. And some facilities specialize in giving care to military veterans.

**Visiting the Facility**

Look beyond the furnishings. Homes are often designed to appeal to the middle-aged children of potential residents and may not be as attractive to older adults. Try to see the home from the perspective of the potential resident. A floor waxed with a high gloss may be very appealing to family members looking for a well-maintained facility, but the resulting glare may pose a visual barrier for the aging person who will live there.

Ask for an explanation of services offered by the facility. Check the daily activities calendar. Is there variety? Are there activities that would interest the potential resident? Visit some activities and note whether the residents are enthusiastically participating or just observing the activity. Ask what therapy programs are available. Ask about other services the potential resident may need or want such as dental care, barber or beautician services or off-site trips. (See page 67 for an on-site facility visit checklist)

Warm staff and resident interaction is critical to quality care. Staff should treat residents with respect and concern regardless of condition, and should respond patiently to residents’ requests for assistance or attention. Notice if the staff treat each other with respect. Do they seem to enjoy their work?

Visit the facility several times at a variety of different days and times. Visit the facility late on a Saturday afternoon or on a holiday when staffing levels are at their lowest. Talk with residents and observe the care they receive. (Remember that the resident’s room is his home, so knock before entering). Do they talk about friends and activities at the facility? Are residents appropriately dressed and groomed? Do they appear comfortable and content or are they agitated and crying out for attention? Look for restraints such as belts, vests, or mitts that restrict movement. There should be few, if any, of these. Instead, residents should be comfortably seated with pillows or other positioning aids as needed for support.

The resident may live in the facility for the rest of his or her life, so examine the building closely. Is it a place where you or the resident would want to live? Is it attractively furnished, neat, and clean? Are there unpleasant odors? Do unanswered call bells, a loud public address system or blaring televisions make the environment too noisy? Are there comfortable, home-like common areas? Is there adequate space? Finally, are resident rooms individualized?

Mealtimes are often highlights of the day for residents. It is important that food be tasty and appealing. Ask to eat a meal with the residents. How does the meal taste? Are the residents eating and enjoying the food? Are residents who need it receiving assistance with their food? Is the food being served at the right temperature?

If possible, attend a meeting of the Family Council of the home you are evaluating. The Family Council is a group of family members and friends of residents who meet for mutual support and to advocate for the residents. The council attendees should be able to provide valuable insights into the home’s good and bad points.

Even after a careful inspection of a facility, you may have questions. Please feel free to contact the Ombudsman for additional information at 1-800-355-7580.
Quality of Life Issues

Researchers have found eleven areas that define quality of life for long-term care residents. Quality of life includes the ability to:

- make choices and maintain independence
- express individuality
- be involved in meaningful activities
- maintain relationships with family and friends
- get what is needed when it is needed
- have privacy and confidentiality respected
- be treated with dignity and respect
- feel comfortable, safe and secure
- maintain a sense of spiritual well-being

When evaluating the long-term care facility, also think about: Will the resident be able to maintain their normal activities and routines? How will the facility accommodate the resident’s individual needs? Focus on areas of the facility other than the resident’s room that will be accessible to the resident. For example, is there an outside area available if the resident wants to sit in the sunshine?

Nursing Home Compare

The Medicare website at www.Medicare.gov/NHCompare now features a 5 star rating system that assigns each nursing facility a rating between one and five stars. This rating is calculated based on three separate categories. It includes information collected by health inspectors, information collected on residents by the facility (these are called quality measures) and staffing levels as self-reported by the facility. The rating system is useful information, but it is only one of several things you will want to consider when choosing a nursing facility. There are many quality factors this rating system does not take into account, and consumers should not rely on this rating alone. Ratings are not available for personal care or family care homes at this time.

Inspections of Long-Term Care Facilities

Kentucky law requires unannounced inspections of long-term care facilities be conducted approximately once per year by the Office of Inspector General (OIG), Division of Health Care. The purpose of this inspection or "survey" is to determine if the facility is providing care in a manner that meets federal and state regulatory requirements.

Summarized information about inspections at facilities which receive Medicare or Medicaid can be found on the Nursing Home Compare site at www.Medicare.gov/NHCompare. However, the information provided is not specific enough to always give the consumer a good picture of what the circumstances were that resulted in a finding of deficient practice. Detailed inspection findings from the last 3 years can be found on Kentucky’s OIG website at http://chfs.ky.gov/os/oig/LTCinspectionfindings.htm. Information on facility ownership
is also found on this website.

Facilities are also required by law to make copies available to the public of all surveys conducted over the last three years, including the most recent. You can ask a facility representative to help you locate the survey reports. Copies of inspection reports can also be obtained under open records by writing to the Office of Inspector General, Division of Health Care; 275 East Main Street 5E-A; Frankfort, KY 40621.

When reviewing the written report, note that it is divided into two sections. The left side of the page describes the inspectors’ findings, and the right side details the facility’s response and plan of correction. If the facility has been found to be out of compliance with a particular regulatory requirement, a tag number (e.g. F272) will appear in the far left column. This number cites the actual regulation. The report will describe the requirement that was not met and provides examples of observations the inspectors made that caused them to make that determination. If the requirement was a federal requirement, it will also include a Scope and Severity score (e.g. SS=F) which describes how many residents were affected and how much harm or potential for harm the violation caused. Scope and Severity scores range from A to L. Generally speaking, the higher the letter, the more serious the problem.

**Quality Indicators**

The Centers for Medicare and Medicaid Services (CMS) also provides quality indicators on each nursing facility which receives Medicare or Medicaid at [www.Medicare.gov/NHCompare](http://www.Medicare.gov/NHCompare). This information is collected from the resident assessments which are completed on each patient entering the nursing facility. The assessment, often called an “MDS” for Minimum Data Set, is used to determine how the facility is reimbursed by Medicare and Medicaid. It also identifies problems that each patient has and is used as the basis for the individualized patient care plan that the facility staff develops. Information collected on these assessments includes the resident’s health, physical functioning, mental status, and general well-being. All of this data is reported by the nursing facilities themselves. Medicare uses this data to look at the number of residents whose condition during previous days prior to the assessment has improved or declined.

These numbers can give some helpful information. Consumers can use the information to narrow their search and to focus their discussions with facilities about the care they provide. However, it is important to remember that there may be a number of factors besides the quality of care provided that could account for some of these numbers.

**Staffing in Long-Term Care Facilities**

Many times Ombudsmen are told by residents that they feel there are not enough direct caregivers available to give them the assistance they need. This same concern is repeatedly voiced by family members of residents and by the staff themselves. Nursing assistants often complain of having to work long hours and being assigned too many patients. Nursing supervisors and administrators often address complaints of unsatisfactory care by stating that they do not have staff members available to provide the specific kinds of assistance needed by particular residents.

Federal law does not require nursing facilities to meet staffing ratios. And Kentucky,
like many other states, does not require staffing ratios, although a bill suggesting such a requirement has been offered to the state legislature for several years now. However, both federal and state regulations do require facilities to have sufficient staff to meet the needs of the residents.

Facilities are required to post staffing information for the entire facility but not for each unit, so consumers will still have to do their own count to determine how many nursing staff is actually available to care for residents in different sections or wings of the facility. During annual surveys of facilities, state agencies monitor to see that this information is posted. They do not investigate to see if the information is factual. The expectation is that the information should be accurate for every day for every shift and displayed in a uniform and understandable manner.

Every nursing facility must post:
- how many registered nurses, licensed practical nurses, and certified nurse aides giving direct care are available on each shift
- number of residents living at the facility
- information in a clear and readable format in a prominent place that is readily accessible to residents and visitors
- provide a copy of the posting to family members and other visitors upon request.

The facility can charge for making copies of the posting.

Information regarding the staffing levels of particular nursing facilities is available on the Medicare web site at [www.Medicare.gov/NHCompare.](http://www.Medicare.gov/NHCompare) The staffing hours reported on “Nursing Home Compare” include not only direct care from nurses and nursing assistants but also administrative nursing time. This makes it difficult for consumers to know how much direct care residents are receiving. The staff hour data used for “Nursing Home Compare” is self-reported by the facility and is not audited for accuracy. Some things to look for are: high levels of RN staffing; pay attention to the number of Certified Nursing Assistant (CNA) staffing hours; visit the facility and ask staff and families about the actual numbers of staff available to directly care for residents on each shift. Studies show that RN involvement in care is important for quality. The study also shows that Certified Nursing Assistants (CNA’s) provide 90% of the hands-on resident care.

During the survey process, each facility must report its nursing staff hours for a two week period prior to the time of the state inspection to the survey agency. The Centers for Medicare and Medicaid Services then converts the reported nursing staff hours into the number of staff hours per resident per day and posts that number on their web site. Hours-per-resident-per-day is the average amount of hours worked divided by the total number of residents. It does not necessarily indicate the number of nursing staff who are present at any given time nor does it report how many of these staff members were available to provide direct care.

Supervisory nurses who do not provide direct care should not be included in the numbers. Non-nursing staff (such as social workers, recreation therapists or physical therapy aides) should not be included. Single-task workers who do not meet nurse aide training and certification requirements should not be included. Many advocates believe that temporary agency nursing staff should be counted separately from permanent staff since heavy reliance on temps may indicate poor care. It is also important to count only those persons who are actually working.

While some nursing facility providers support minimum standards, many are fearful...
that they will not be able to recruit enough staff to meet higher requirements. Those who oppose staffing ratios have argued that requiring facilities to meet minimum staffing ratios will impose standards that will be difficult for many facilities to meet. They insist the cost of increasing staff will affect facility profits and state Medicaid budgets without assuring that the problems will be resolved. They contend how well direct care staff is managed is as important as number of staff. Supporters of staffing ratios argue current regulations have failed to guarantee adequate staffing and there are minimum ratios without which adequate care cannot exist despite good management.

The American Health Care Association conducts a staffing survey every year to collect data related to nursing staffing and staffing turnover as related to quality of care. The study in 2014 indicates that high rates of CNA stability along with high rates of RN staffing correspond with high overall quality in 7 out of 11 quality measures that reflect care for the long-term care facility residents.

THE ADMISSION PROCESS

Admission Contracts

An admission contract is a legal document which describes the relationship between the facility and the resident. Therefore, it is crucial that you read and understand this document before signing it. The agreements made in this contract are significant because it outlines the services the facility provides, the rights and responsibilities of the resident and the charges for care. Remember, the facility drafted this contract and took care to ensure it protects the interests of the institution first. Some admission contracts contain unenforceable clauses which attempt to mislead the residents into thinking they have fewer rights than they actually have, and that the facility has fewer responsibilities than it actually does.

Admission Deposits

Persons seeking placement in a nursing facility are often required to put up large deposits in order to be admitted. A facility may require a cash deposit before admission if the care will not be covered by Medicare or Medicaid. It is unlawful for a facility to require a cash deposit of persons covered by Medicare or Medicaid. Federal law prohibits facilities from requiring pre-payment as a condition of admission for care covered under either Medicare or Medicaid.

The facility may request that a Medicare beneficiary pay co-insurance amounts and other charges for which a beneficiary is liable. These should be paid as they become due but not in advance.

A nursing facility may not require a deposit from persons who demonstrate proof of their eligibility for Medicaid. If a resident is applying for Medicaid, but a determination of eligibility has not been made, the facility may collect a refundable security deposit. If the resident is later determined to be eligible for Medicaid, the facility must refund the deposit prior to billing Medicaid. If eligible to receive Medicaid, payment is retroactive 90 days from the date of the approval. A facility cannot require a third party guarantor for a Medicaid eligible applicant as a condition of admission.
Notification of Residents’ Rights

In all facilities there are rules and procedures to keep things running smoothly. Residents do, however, have specific legal rights which are protected by both state and federal law. Residents must be given full information regarding those rights at the time of admission. The resident must acknowledge, in writing, they have been informed of these rights and the facility must keep a copy of the acknowledgment in the resident’s file.

Some of these rights require that facilities provide specific information to residents at the time of admission. Such as: the resident must be fully informed both in writing and orally, in a language they can understand, of all services available. A copy of these services (with the resident’s signature) must be kept by the facility in the resident’s file. The resident must be given information, in writing, about Medicaid benefits at the time they are admitted. The resident must be given full information of all expected charges. Each resident should be informed of charges included under the basic rate and any extra charges for additional services.

Residents should be informed in writing of other specific legal rights related to receiving information, making decisions, coming and going at will, communicating with others, receiving fair and dignified treatment and other more specific rights. Each resident must also receive information about the existence of the Ombudsman Program. Resident Rights are listed on page 32 & 33.

Smoking Policies

Long-term care facilities are rapidly declaring themselves to be smoke-free and are doing so for several reasons. Facilities are concerned they may be held legally responsible for the consequence of smoke exposure to the staff and residents. They see smoking as inconsistent with their health orientation and most of all, they are afraid of fire. And these fears are real. The media has covered several facility fires recently. Evacuating a long-term care facility full of disabled individuals is a difficult task and exposes those evacuated to trauma. In order to keep the facility safe, many facilities are establishing rather ridged smoking routines.

Facilities do have a responsibility to provide a safe environment which protects their staff and non-smoking residents from exposure to second hand smoke. However, they are also required to provide a homelike atmosphere which supports personal autonomy as much as possible. Smoking policies will most likely be resented and not be followed by residents who are addicted to nicotine. These residents are likely to hide and smoke unsafely out of the view of others. Rather than reducing the risk of smoking related fires, policies which are too strict could actually create greater risk.

The smoking policy of the facility should be communicated to all employees and residents prior to its effective date, at the time of employment or admission, and prior to the signing of an admission agreement or contract. A written copy of the smoking policy should be supplied upon request.

Generally, the facility should not require supervised smoking unless a comprehensive assessment determines the resident needs supervision and no practicable precautions can be taken which would allow the resident to smoke independently. Residents have the right to keep and use their own personal possessions including legal smoking materials and paraphernalia. Facility staff may confiscate smoking items and
paraphernalia when it is determined these create the danger when in the resident's possession. Confiscated items should be made available for use by the resident at times when supervision can be provided or other precautions can be taken to address the assessed danger. Facilities can also offer smoking cessation programs and encourage the use of smokeless tobacco products such as patches.

**Use of Electric Wheelchairs**

Some nursing homes have a policy disallowing the use of electric wheelchairs, citing safety and liability issues as the reason for their policy. However, this practice violates both state and federal law.

The Americans with Disabilities Act protects the rights of disabled persons, including nursing facility residents. Nursing facilities are public accommodations, and if they are receiving federal or state reimbursement or funding, they are prohibited from discriminating on the basis of disability. This would prohibit nursing facilities from implementing blanket policies denying the use of electric wheelchairs. Such policies also violate a nursing facility resident's rights to retain and use his or her own personal possessions unless the use infringes upon the rights of others.

A facility could bar an individual resident's use of an electric wheelchair if the use poses a direct threat to others or fundamentally alters a program. However, the use of the electric wheelchair would have to pose a substantial risk of serious harm to the health and safety of others that could not be remedied.

The determination that an electric wheelchair user poses a direct threat may not be based on generalizations or stereotypes. It must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the individual. The direct threat must be based on an individualized evaluation that considers the activities and the actual abilities/disabilities of the wheelchair user.

**Binding Arbitration Clauses**

More and more long-term care facilities are presenting residents with binding arbitration agreements as part of the admission process which limit the resident's ability to sue the facility if something goes wrong including allegations of abuse, neglect and/or exploitation. The resident must agree to abide by an arbitration process and in which the outcome is binding and cannot be appealed in the courts. The resident or their representative does not have to sign an arbitration clause.

The agreement obviously offers benefits to the facility or they would not be promoting its use. Some facilities even present the agreement as a condition of admission. Providers see it as limiting their exposure to windfall awards and therefore reducing their need to practice defensive medicine.

For consumers, arbitration can be less costly and quicker. However, if you choose to sign such an agreement, read it carefully. By signing the agreement, you are entering into a legal contract. You have the right to have your attorney look over the agreement. Some agreements can be revoked within a period of time, such as 30 days. That may give you time to read it more closely or to have your attorney review it. However, unless otherwise stated, it is effective immediately.

Make sure you understand the dispute resolution process that is incorporated into the agreement and how the arbitrator will be chosen. Make sure the agreement complies
with the rules of procedure, the provisions of Kentucky’s Uniform Arbitration Act. Note whether or not the agreement limits the amount of time which can pass between the event in dispute and the request for arbitration. Notice when the agreement expires. Some binding arbitration agreements remain in effect even following the resident’s discharge and readmission to the facility. That might be OK if the resident is discharged to the hospital and then readmitted, but not if it covers all future admissions.

The agreement will usually apply to any and all disputes you may have with the facility. That could include disputes regarding a bill, the availability of services, the quality of care or any other dispute. So make sure you understand the other aspects of the admission contract. Admission contracts sometimes contain clauses that limit what the consumer can expect the facility to provide in the way of care, restrict rights or even hold the facility to a standard that is less than the regulatory requirements. Also, check to see if the agreement limits the amount of the award. Juries are much more likely than arbitrators to grant large awards.

WHEN OTHERS MUST DECIDE

Persons with impaired thinking may not always agree that long-term care placement is needed. Conversely, family members sometimes attempt to make decisions for a capable elder. It is important to remember that an older person’s choices may be viewed as unwise by others because individual values may be different. Children often value a parent’s safety above all else, whereas the elder may place higher value on autonomy (the ability to self-direct). Facilities cannot legally admit a person against his or her will. However, when an elder lacks decisional capacity, others often must make necessary arrangements.

**Decisional Capacity**

“Decisional capacity” is defined as “the ability to make and communicate a wish.” This is not an either/or situation. A person may be able to rationally formulate a choice of where to live, but not be able to handle financial situations. “Capacity” should be determined specific to the decision being made. A physician or social worker can often assist in evaluating a person’s decisional capacity.

By law, all persons over the age of 18 are capable of decision making unless evidence is shown to the contrary. When this happens, a guardian is appointed to assist the individual in making the decisions unable to be made by the individual. Since the right to direct one’s own life is a basic civil liberty, such a determination requires a jury hearing. (See Guardianship page 31)

**Advanced Directives**

The need for a formal court determination of capacity can sometimes be avoided if a person has executed an advanced directive such as a Durable Power of Attorney, Health Care Surrogate or if he has left written instructions in a Living Will. This kind of planning must be done while the individual is still able to make decisions and empowers the person(s) appointed to make financial or health care decisions in the manner believed to be the individual’s choice if able to make such choices. Health care providers are
required by law to inform patients at the time of admission of the right to execute an advanced directive. However, a facility cannot require that a resident have a living will, power of attorney or other advanced directive as a condition for admission. Advance directive forms furnished by the facility should be reviewed cautiously.

Many long-term care facilities interchange “Living Will” with “DNR”.

A “DNR” means “do not resuscitate” or make any attempt to revive the patient. A “Living Will” expresses specific end-of-life wishes. It is important that an advanced directive apply to any healthcare setting, not just the facility to which the person is being admitted. The resident may be transferred to another setting at some future time which might render the resident unable to execute an advanced directive. If an ambulance service is called, the ambulance will provide all care unless a specific EMS DNR form is provided at the time of transfer.

Three specific terms are used to describe the persons or instructions which will assist health-care decision making when the patient is unable. They are Health Care Surrogate, Living Will Directive and Responsible Party.

**Power of Attorney**

Sometimes a person appointed to act as a Power of Attorney is said to have "power over" an individual. This is not true. The Power of Attorney always works at the direction of the person who has appointed them. Usually, a Power of Attorney gives authority to handle financial and property decisions rather than healthcare decisions, but it can be utilized to authorize both. Neither a Power of Attorney nor a Health Care Surrogate authorizes an individual to act against the wishes of any person who is capable of forming and expressing his or her intentions. Nursing facility residents retain the right to direct their own life and care decisions so long as they are able.

There are two types of Power of Attorney documents: General and Durable. General Power of Attorney is the most common and gives the appointed person the ability to act on behalf of the individual to execute their financial or legal affairs. As soon as the person is either deemed incompetent or passes away the General Power of Attorney document is then null and void. A Durable Power of Attorney is when a person appoints someone to act on their behalf if they become incapacitated.

**Health Care Surrogate**

A Health Care Surrogate is someone voluntarily appointed by an adult patient who is the “grantor”. The grantor must be capable of expressing the wish that the person appointed will make decisions for the grantor. A Health Care Surrogate is given the power to make decisions in accordance with the desires of the patient after consulting with the physician and may not make any decision that the patient is capable of making for himself, unless specifically authorized within the document.

A Health Care Surrogate may make decisions authorizing the withdrawal of food or hydration but only in limited circumstances such as: when death is imminent; when the patient is in a permanent unconscious state and has a living will requesting such withdrawal; when food cannot be physically assimilated; and/or the burdens outweigh the benefits. Withdrawal of food and hydration cannot be authorized if it is needed for the relief of pain or when the patient is pregnant.

An owner, director, or officer of the facility providing care cannot be named a
surrogate unless he is a blood relative or member of the same religious group. A surrogate may resign at any time by giving written notice and a patient can revoke a designation of Health Care Surrogate at any time.

**Living Will Directive**

Under KRS 311, a *Living Will Directive* is a written document used to designate a Health Care Surrogate. It expresses wishes relating to the withholding or withdrawal of food and hydration or life-prolonging treatment. The statute contains a suggested living will directive form which does not require an attorney and is readily recognized by emergency medical personnel. Some attorneys, however, advise their clients not to use this standardized form suggesting it is confusing and easily misunderstood. Be aware that emergency medical responders or paramedics may not recognize wishes to not be resuscitated if a state approved standard form is not used.

A living will directive must be: dated; signed by the patient or at the patient's direction; properly witnessed by two adults in the presence of the patient and in the presence of each other; or acknowledged before a notary public. None of the following may act as a witness: a blood relative, a beneficiary, an employee of a health care facility where the resident is a patient (unless the employee is a notary), an attending physician, or any person directly financially responsible for grantor's health care. A patient can revoke or change a living will directive at any time. Any new directive automatically revokes a previous directive. Kentucky honors Living Wills from other states.

**Responsible Party**

The term *Responsible Party* can be confusing. Under Kentucky law, a responsible party is someone with the authority to make a health care decision for a patient who has not executed a living will or appointed a health care surrogate and the patient lacks decisional capacity. The responsible party is the following person or persons in hierarchical order. First, a court appointed guardian, then the patient's spouse, next an adult child or majority of adult children reasonably available, then the parents of the patient and lastly, the nearest living relative.

This term is also used to designate the next of kin or the person the facility will call if there is an emergency. However, nursing facilities often use this same term to mean guarantor of the bill. The responsible party is not the guarantor of the bill unless a voluntary contractual arrangement is entered into between the responsible party and the facility. Consumers should cautiously review any admission contracts for such clauses and understand what they are signing. Under some circumstances, it may be illegal for the facility to require a responsible party to be guarantor. For instance, a facility may not require a third party guarantor for a resident who has provided proof they are Medicare or Medicaid eligible.

**Guardianship and Conservatorship**

A determination of legal disability is made through a jury trial. When the court determines that a person is disabled, it also appoints a guardian or a conservator (a guardian that only assists with finances) to help with needs that the person cannot manage on their own. If a person does not know anyone willing to serve as a guardian...
the court may appoint a state guardian or conservator. A guardian is given the legal authority to make decisions for the disabled adult. If a person needs assistance in only some aspects of their life, a limited guardian or conservator may be appointed.

The goal of guardianship is to protect the disabled person’s rights and to ensure their well-being, not to force someone to do what another person thinks they should do. Some duties of a guardian may include: arranging a place for the person to live; arranging for services to meet the person’s needs; consenting to medical treatment for the person; and managing his or her finances unless a separate conservator has been appointed.

Guardians must make yearly reports to the court about how the person is doing. Guardianship should not be taken lightly as it limits the disabled person’s civil rights. It is important to consider the person’s individual needs and determine whether a less restrictive option (such as a POA or advanced directive) is more appropriate. More information regarding guardianship can be found at the Kentucky Protection and Advocacy website at www.kypa.net. The information above was taken from their publication called “Thinking About Guardianship?” which can be accessed at http://www.kypa.net/uploads/ThinkingGuardianship.pdf.

RESIDENT RIGHTS

Residents in all long-term care facilities are guaranteed specific rights under the law. Persons living in nursing facilities who receive Medicaid and Medicare funding have additional rights.

Residents have the right to:
- see the state survey reports of the nursing home and the home’s plan of correction
- be notified in advance of any plans to change their room or roommate
- daily communication in their language
- assistance if they have a sensory impairment
- participate in their own care, which includes the right to:
  - receive adequate or appropriate care
  - be informed of any changes in their medical condition
  - participate in planning their treatment, care, and discharge
  - refuse medication and treatment
  - refuse chemical and physical restraints
  - review their medical record
- Right to make independent choices such as:
  - personal decisions such as what to wear and how to spend free time
  - to receive reasonable accommodation of their needs and preferences by the facility
  - choose their own physician
  - participate in community activities, both inside and outside the nursing home
  - organize and participate in a Resident Council
- Right to privacy and confidentiality, which includes the right to:
  - private and unrestricted communication with any person of their choice
  - privacy in treatment and in the care of their personal needs
  - confidentiality regarding their medical, personal, or financial affairs
• Right to dignity, respect, and freedom, which includes the right to:
  o be treated with the fullest measure of consideration, respect, and dignity
  o be free from mental and physical abuse, corporal punishment, involuntary seclusion, and physical and chemical restraints
  o self-determination
• Right to security of possessions, which includes the right to:
  o manage their own financial affairs
  o file a complaint with the state survey and certification agency for abuse, neglect, or misappropriation of their property if the facility is handling their financial affairs
  o be free from charge for services covered by Medicaid or Medicare
• Rights during transfers and discharges which includes the:
  o Right to remain in the nursing facility unless a transfer or discharge
    ▪ is necessary to meet the resident's welfare
    ▪ is appropriate because the resident's health has improved and the resident no longer requires nursing home care
    ▪ is needed to protect the health and safety of other residents or staff
    ▪ is required due to the resident's failure to pay a facility charge for an item or service provided at the resident's request after reasonable notice
  o Right to receive a thirty day notice of transfer or discharge. The notice must include the reason for transfer or discharge, the effective date, the location to which the resident is transferred or discharged, a statement of the right to appeal, and the name, address, and telephone number of the State Long-term Care Ombudsman
  o Right to a safe transfer or discharge through sufficient preparation by staff
• Right to complain which includes the:
  o Right to present grievances to the staff of the facility or to any other person, without fear of reprisal

The Nursing Home Reform Act also grants nursing home residents these specific rights:
• The right to be fully informed which includes the:
  o Right to be informed of all services available as well as the charge for each service
  o Right to have a copy of the nursing home's rules and regulations, including a written copy of their rights
  o Right to be informed of the address and telephone number of the State Ombudsman, State Licensure Office, and other advocacy groups

OTHER RESOURCES

Barren River Area Agency on Aging and Independent Living:
www.bradd.org - Provides case management and caregiver support services. Call 1-800-395-7654 or 270-782-9223 for more information.

Barren River Resource Center of the Deaf and Hard of Hearing:
www.brcdeaf.org - Provides services and resources for the deaf and hard of hearing in the BRADD. For general information, contact info@brcdeaf.org. For interpreting services, contact 270-320-0974 (voice/text) or bris.ky10@gmail.com.
Cabinet for Health and Family Services (CHFS), Office of the Ombudsman: [http://chfs.ky.gov/os/omb](http://chfs.ky.gov/os/omb) - Investigates complaints and answers questions about CHFS programs including Medicaid, Mental Health Services, Public Health and Protection and Permanency. Call 1-800-372-2973 for more information (TTY 1-800-627-4702). The website includes an online complaint form as well.

Department for Community Based Services, Adult Protective Services: [www.chfs.ky.gov/dcbs/dpp/Adult+Safety+Branch.htm](http://www.chfs.ky.gov/dcbs/dpp/Adult+Safety+Branch.htm)
Investigates allegations of adult abuse, neglect and exploitation. Statewide abuse hot-line is 1-800-752-6200. Local intake line for the Two Rivers area (which includes the BRADD area) is 1-877-597-2331 or 270-651-0287.

Department for Community Based Services/Division of Family Support offices:
Call to make an appointment: 1-855-306-8959

Department of Medicaid Services: [chfs.ky.gov/dms/services.htm](http://chfs.ky.gov/dms/services.htm)
Provides current eligibility criteria for Medicaid Nursing Facility Benefits and information on community alternatives.

Provides information and referral, independent living skills training and peer support to help individuals with disabilities achieve and maintain independence. Call 877-437-5045 for more information.

Provides information, education, support and advocacy to the community about hearing loss. Call 270-782-7329 for more information.

Kentucky Department of Veteran’s Affairs: [http://veterans.ky.gov](http://veterans.ky.gov)
Assists veterans with benefits, health care, employment and other special programs. For more information call 800-572-6245 or 502-564-9203.

VA Benefits Representative for Region 9 (serving Allen, Barren Logan, Metcalfe, Monroe, Simpson and Warren):
Counselor: Stephen Buford ([Stephen.Buford@ky.gov](mailto:Stephen.Buford@ky.gov))
126 East Public Square, Lower Level
Glasgow, KY 42141
Office: (270) 651-9578 or (800) 850-1392 Fax: (270) 651-7839

VA Benefits Representative for Region 2 (serving Butler, Edmonson and Hart):
Region 2 counties contact Region 9 Counselor Stephen Buford (see information above)
CBOC, 619 West Main St., Clarkson, KY 42746
Office: 502-287-6414 or 866-653-8232 ext. 56414 Fax: 270-242-0359
Kentucky Legal Aid:  
www.klaid.org - Provides legal assistance in civil matters and information on public benefits. Call 1-866-452-9243. Intake lines are open Monday-Thursday from 8:30am-6pm CST.

Kentucky Office for the Blind: http://blind.ky.gov
Provides information and services related to independent living and employment for those with significant visual disabilities. For the BRADD area, contact 800-222-1215 or 270-746-7479.

Kentucky Protection and Advocacy: www.kypa.net
An independent state agency that works to protect and promote the rights of Kentuckians with disabilities through legally based individual services and systemic advocacy. Call 1-800-372-2988 for more information.

Medicare: www.Medicare.gov
This is the official site for persons with Medicare. Beneficiary Customer Service can also be obtained at 1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048). The web site also provides information about facilities receiving Medicare or Medicaid including overall star ratings and information on the most recent inspections, staffing levels and quality indicators at www.Medicare.gov/NHCompare.

LifeSkills, Inc. www.lifeskills.com Provides various programs and services to individuals experiencing mental illness, developmental disabilities and substance abuse. Call 270-901-5000 for more information.

The Long-Term Care Ombudsman Program:
Investigates and resolves complaints on behalf of residents of long-term care facilities.  
Barren River Ombudsman Program 1-800-355-7580 www.klaid.org/ombudsman/
State Long-Term Care Ombudsman 1-859-277-9215 chfs.ky.gov/dail/kltcp.htm

National Consumer Voice for Quality Long-term Care (formerly NCCNHR):  
www.theconsumervoice.org - Advocates at the national level for improved care in long-term care facilities, and provides information and resources for families, residents, advocates and ombudsmen. Call 202-332-2275.

Office of Inspector General, Division of Health Care:  
http://chfs.ky.gov/os/oig/dhofs.htm
Inspects and monitors licensed long-term care facilities for compliance with state regulations and federal conditions of participation. State office: 502-564-7963.

For the BRADD area:  
-Western Enforcement Branch: 270-889-6052 (serves Allen, Barren, Butler, Edmonson, Logan, Simpson and Warren Counties)  
-Northern Enforcement Branch: 502-595-4079 (serves Hart County)  
-Southern Enforcement Branch: 606-330-2030 (serves Metcalfe and Monroe Counties)
CERTIFIED ASSISTED LIVING COMMUNITIES

Assisted Living Communities in Kentucky are required by law to be certified annually by the Kentucky Department for Aging and Independent Living. Requirements for certification can be found at 910 KAR 1:240. Services offered by Assisted Living Communities include:

1. Assistance with (ADL’s) activities of daily living including bathing, dressing, grooming, transferring, toileting, and eating.
2. Assistance with instrumental activities of daily living that include, but are not limited to: housekeeping, shopping, laundry, chores, transportation and clerical assistance.
3. Three meals and snacks made available each day.
4. Scheduled daily social activities that address the general preferences of clients.
5. Assistance with self-administered medication.

The following are certified assisted living communities located in the Barren River Area.

Barren
Highland Ridge Assisted Living
180 Scottie Drive
Glasgow, KY 42141
270-659-2548 (56 Units)
http://www.highlandridgeglasgow.com/
Hometown Manor of Glasgow
201 Trista Lane
Glasgow, KY 42141
859-229-5914 (12 Units)
http://www.hometownmanor.com/

Logan
Hometown Manor of Russellville
108 Boyles Drive
Russellville, KY 42276
270-726-4187 (16 Units)
http://www.hometownmanor.com/

Simpson
New Haven-Franklin I
1119 Brookhaven
Franklin, KY 42134
270-598-8831 (12 Units)
http://newhavenal.com/index.htm
New Haven-Franklin II
1117 Brookhaven
Franklin, KY 42134
270-598-8830 (12 Units)
http://newhavenal.com/index.htm

Warren
Bowling Green Retirement Village
445 Middle Bridge Road
Bowling Green, KY 42103
270-842-5433 (137 Units)
http://www.bgrv.com/

Chandler Memory Care & Assisted Living
1310 Campbell Lane
Bowling Green, KY 42104
270-599-0360 (23 Units)
*Provides Special Programming
http://www.chandlern记忆.com/

Chandler Park Assisted Living
2643 Chandler Drive
Bowling Green, KY 42104
270-842-2626 (61 Units)
http://www.chandlernparksagedliving.com/

Massey Springs Senior Living
2945 Smallhouse Road
Bowling Green, KY 42104
270-842-0004 (34 Units)
(Memory Care 18 Units)

Morningside of Bowling Green
981 Campbell Lane
Bowling Green, KY 42104
270-746-9600 (42 Units)
http://www.morningsideofbowlinggreen.com/

*Bridgepointe at Village Manor
1800 Westen Ave.
Bowling Green, KY 42104
270-796-6643
(*Not listed on CHFS website at time of printing)

This list was obtained from http://chfs.ky.gov/dail/ALC.htm
ADULT DAY CARE PROVIDERS

Programs listed on this page are licensed as Day Health Centers (DHC). Services include supervision and care provided during any part of a day. Programs offer help with self-administered medications, personal care services, self-care training, social activities and recreation as well as continuous supervision of participants' medical and health needs. They do not provide 24-hour care.

Adult Day Health Services Centers

Active Day of Bowling Green
1711 Destiny Lane, Suite 112
Bowling Green, KY 42104
270-782-6443

Active Day of Brownsville
1430 South Main Street, Suite 234
Brownsville, KY 42210
270-597-8387

Active Day of Russellville
3239 Lewisburg Road
Russellville, KY 42276
270-726-2100

Barren River Adult Day Care Ctr.
800 Park Street
Bowling Green, KY 42101
270-796-5555

Just Family, Inc.
109 Myrtle Street
Glasgow, KY 42141
270-659-0887

Metcalfe County Adult Day Care
770 Industrial Drive
Edmonton, KY 42129
270-432-2044

Monroe Co. Medical Center
417 Capp Harlan Road
Tompkinsville, KY 42167
270-487-9231

The Ole Homeplace Adult DHC Ctr.
195 Old Main Street
Munfordville, KY 42765
270-524-2001

Shuffett’s Adult Day Care, Inc.
104 Hill Street
Edmonton, KY 42129
270-432-3851

This list was obtained from http://chfs.ky.gov/os/oig/directories.htm
(Included in Miscellaneous Directory)
LICENSED HOME HEALTH AGENCIES

Home health services must be prescribed by a physician. Services may include intermittent skilled nursing, physical, speech and occupational therapies, certain medical supplies, medical social services and home health aide services. Recipients of home health services must be homebound, which means leaving the home is a major effort.

Lifeline Health Care of Warren
165 Natchez Trace, Suite 206
Bowling Green, KY 42103
270-781-0702  1-800-933-0702

Satellite offices:
  *SIMPSON CO.
  1004 Brookhaven Drive
  Franklin, KY 42134
  270-586-0141  1-800-933-0141

  *MONROE COUNTY
  710 N. Main St.
  Tompkinsville, KY 42167
  270-487-5905

  *EDMONSON CO.
  100 Park Place Suite 3
  Brownsville, KY 42210
  270-597-3775  1-888-879-5268

  *HART CO.
  200 Interstate Plaza
  Munfordville, KY 42765
  270-524-0744  1-877-512-3891

  *ALLEN CO.
  115 East Public Square
  Scottsville, KY 42164
  270-237-3352

Lifeline Health Care of Logan
1527 Nashville St.
Russellville, KY 42276
270-726-2408  1-800-933-2408

Amedisys Home Health
5959 South Sherwood Forest Blvd.
Baton Rouge, LA 70816
(225) 292-2031

Satellite Offices:
  *1216 C North Race Street
  Glasgow, KY 42141
  270-651-7640  1-877-949-0990
  (Serves Allen and Barren)

  *729 South Dixie Highway
  Horse Cave, KY 42749
  270-786-1395  1-877-588-1395
  (Serves Hart Co.)

  *1724 Rockingham Avenue
  Suite 300
  Bowling Green, KY 42104
  270-842-4500  1-866-770-4500
  (Serves Logan, Simpson and Warren)

  *360 Keen Street, Suite 400
  P.O. Box 88
  Burkesville, KY 42717
  270-864-4196  1-800-861-8604
  (Serves Monroe Co.)

This list was obtained from
http://chfs.ky.gov/os/oig/directories.htm
(Included in Miscellaneous Directory)
When Al’s mother was placed in a nursing home he sought out the support of the facility’s family council. Al knew there are benefits to family members working together. It offered him an opportunity to receive emotional support and empathy from others in the same situation. In addition, he knew other resident’s family members could look out for his mother while he was on vacation or at times of the day when he could not be at the facility. And he suspected his mother would receive better care if the facility knew families communicated with each other.

A Family Council is an organized self-led, self-determining, consumer group of relatives and friends of residents. Al’s family council, like most, met monthly. At meetings mutual concerns were identified and information was shared. Formal communications to the facility administration were prepared. Al found it to be an effective way to bring about positive change in his mother’s nursing home. Contact the Barren River LTC Ombudsman Program for details 1-800-355-7580.
PERSONAL SERVICES AGENCIES

Personal Services Agencies provide non-medical in-home services. There are several private independent contractors and nurse aid registry providers in the area who will provide services directly or match clients with caregivers. When care is purchased through an independent contractor, it is important to know what liabilities the contractor takes on and what liabilities the purchaser of services will assume.

The state of Kentucky does not license personal service agencies. However, effective July 2009 all personal service agencies serving four or more persons were required to become certified through the Cabinet for Health and Family Services.

Listed below are the certified Personal Services Agencies in the BRADD area.

Comfort Keepers
730 Fairview Ave., Suite A3
Bowling Green, KY 42101
(270)782-3600
http://hopkinsville-755.comfortkeepers.com/

Companion Care Services LLC
803 East Main St.
Scottsville, KY 42164
(270)239-3470

Help at Home
2501 Crossings Blvd., Suite 100
Bowling Green, KY 42104
270-780-2130
www.helpathome.com

Home Instead Senior Care
1861 Westen St., Suite A
Bowling Green, KY 42104
270-842-7540 / 866-442-7540
www.homeinstead.com/434/

Rainbow, LLC
870 Fairview Ave. Suite A2
Bowling Green, KY 42101
270-745-0033
http://rainbowhomecarellc.com/

Southern Home Care
632 Adams Street, Suite 100
Bowling Green, KY 42101
270-977-8994
http://www.southernhomecareky.com/

Timesavers KY, LLC
1945 Scottsville Rd., Suite A3
Bowling Green, KY 42104
270-792-5703
www.mytimesavers.net

This list was obtained from
http://chfs.ky.gov/os/oig/directories.htm
A hospice agency is a healthcare program that provides comfort and support to terminally ill patients and their families. The program emphasizes pain control, which typically refrains from taking extraordinary measures to prolong life. To qualify for hospice care the patient must be diagnosed as being in the six month or less end-of-life stage in their terminal illness.

While most hospice care is provided in the home, there are a number of other settings where hospice care is provided such as: hospitals, inpatient hospice facilities, nursing homes or assisted living facilities. Typically, Medicare, Medicaid and private insurance cover the cost of hospice care, however, most hospice agencies accept patients regardless of their ability to pay. To find out more and learn what questions to ask when selecting a hospice provider, check out the National Hospice and Palliative Care Organization at: http://www.nhpco.org.

Hosparus
101 Riverwood Ave Suite B
Bowling Green, KY 42103
(270) 782-7258 (877) 892-5858
www.hosparus.org
(Serves Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren)

Hospice of Southern Kentucky
5872 Scottsville Road
Bowling Green, KY 42104
(270) 782-3402/800-344-9479
www.hospicesoky.org/
(Serves facilities in Allen, Barren, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren)

Hospice House
5872 Scottsville Road
Bowling Green, KY 42104
(270) 782-3402/800-344-9479
www.hospicesoky.org/
Provides general inpatient, respite, and residential care – each with their own requirements.

TJ Samson Comm. Hospital
1301 North Race Street
Glasgow, KY 42143
(270) 651-4430
www.tjsamson.org
(Serves Barren, Hart, Metcalfe and Monroe) counties: Allen, Barren, Butler, Metcalfe, Simpson and Warren)

This list was obtained from
www.chfs.ky.gov/os/oig/directories.htm
(included in Miscellaneous Directory)
LONG-TERM CARE FACILITY LISTING

Below is a list of licensed long-term care facilities by county. Specific information about these facilities follows in an alphabetical listing.

(NF): Skilled Nursing Facility; (PC): Personal Care Facility; (FC): Family Care Home
(Alz): Alzheimer’s Facility

<table>
<thead>
<tr>
<th>Allen County</th>
<th>Logan County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cal Turner Rehab &amp; Specialty Care (NF)</td>
<td>Auburn Health Care (NF)</td>
</tr>
<tr>
<td>Cornerstone Manor (PC)</td>
<td>Creekwood Place Nursing &amp; Rehab Center (NF)</td>
</tr>
<tr>
<td>Scottsville Manor (PC)</td>
<td>Miller Family Care Home (FC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barren County</th>
<th>Metcalfe County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversicare of Glasgow (NF)</td>
<td>Harper’s Home for the Aged (PC)</td>
</tr>
<tr>
<td>Signature Healthcare of Glasgow Rehab &amp; Wellness Center (NF)</td>
<td>Metcalfe Health Care Center (NF &amp; PC)</td>
</tr>
<tr>
<td>Glenview Health Care Facility (NF)</td>
<td></td>
</tr>
<tr>
<td>Glasgow State Nursing Facility (NF)</td>
<td></td>
</tr>
<tr>
<td>NHC Healthcare (NF and PC)</td>
<td></td>
</tr>
<tr>
<td>TJ Samson Skilled Nursing Unit (NF)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Butler County</th>
<th>Monroe County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgantown Care and Rehab (NF)</td>
<td>Signature Healthcare of Monroe County Rehab &amp; Wellness Center (NF)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Edmonson County</th>
<th>Simpson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edmonson Center (NF &amp; PC)</td>
<td>Franklin-Simpson Nursing and Rehab (NF)</td>
</tr>
<tr>
<td>Lewis Memorial Methodist Home (PC)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hart County</th>
<th>Warren County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Healthcare of Hart County Rehab &amp; Wellness Center (NF)</td>
<td>Bowling Green Nursing and Rehab (NF)</td>
</tr>
<tr>
<td>Hart County Manor (PC)</td>
<td>Christian Health Center at Village Manor (NF, PC)</td>
</tr>
<tr>
<td></td>
<td>Colonial Center (NF)</td>
</tr>
<tr>
<td></td>
<td>Fern Terrace of Bowling Green (PC)</td>
</tr>
<tr>
<td></td>
<td>Greenwood Nursing and Rehab (NF)</td>
</tr>
<tr>
<td></td>
<td>Hopkins Center (NF)</td>
</tr>
<tr>
<td></td>
<td>Magnolia Village (Alz)</td>
</tr>
<tr>
<td></td>
<td>Signature Healthcare of the Bowling Green (NF)</td>
</tr>
</tbody>
</table>

**What is Elder Abuse?**

In general, elder abuse refers to intentional or neglectful acts by a caregiver or “trusted” individual that lead to, harm of a vulnerable elder. **Physical abuse; neglect; emotional or psychological abuse; verbal abuse and threats; financial abuse and exploitation; sexual abuse; and abandonment** are considered forms of elder abuse. In many states, self-neglect is also considered mistreatment.

**Warning Signs of Abuse:**

- **Physical Abuse** – Slap marks, unexplained bruises, most pressure marks, and certain types of burns or blisters, such as cigarette burns
- **Neglect** – Pressure ulcers, filth, lack of medical care, malnutrition or dehydration
- **Emotional Abuse** – Withdrawal from normal activities, unexplained changes in alertness, or other unusual behavioral changes
- **Sexual Abuse** – Bruises around the breasts or genital area and unexplained sexually transmitted diseases.
- **Financial Abuse/Exploitation** – Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as “loans” or gifts,” and loss of property

Information obtained from [www.ncea.aoa.gov](http://www.ncea.aoa.gov)

Report Elder Abuse, Neglect and Exploitation by calling the local APS hotline at 1-800-752-6200 or 270-651-0287. You may also use the online form at [https://prdweb.chfs.ky.gov/ReportAbuse/](https://prdweb.chfs.ky.gov/ReportAbuse/)
**LEVEL OF CARE GRID**

<table>
<thead>
<tr>
<th>Licensing Requirement</th>
<th>Assisted Living</th>
<th>Family Care</th>
<th>Personal Care</th>
<th>Intermediate or Low Intensity Nursing Care</th>
<th>Skilled or High – Intensity Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not licensed, but must be certified</td>
<td>Licensed as Family Care</td>
<td>Licensed as Personal Care</td>
<td></td>
<td>Licensed as Nursing Facility</td>
<td></td>
</tr>
<tr>
<td>Inspections</td>
<td>Not inspected</td>
<td>Surveyed annually by the Office of Inspector General</td>
<td>Surveyed annually by the Office of Inspector General</td>
<td>Surveyed annually by the Office of Inspector General</td>
<td></td>
</tr>
<tr>
<td>Resident Rights</td>
<td>Some limited rights</td>
<td>Specific rights under state law</td>
<td>Specific rights under state law</td>
<td>Specific rights under state law and federal rights if accepts federal funding</td>
<td></td>
</tr>
<tr>
<td>Methods of Payment</td>
<td>Private pay and some LTC insurance</td>
<td>Private pay or State Supplemental Benefits</td>
<td>Private pay or State Supplemental Benefits</td>
<td>Private pay, some LTC insurance, Medicaid, VA Benefits</td>
<td>Private pay, some LTC insurance, Medicare, Medicaid, VA Benefits</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Services provided will be determined by the admission contract</td>
<td>No medical care, supervision of medical needs, management of medications</td>
<td>No medical care, supervision of medical needs, management of medications</td>
<td>Assistance with activities of daily living, management of medications, custodial and restorative nursing care</td>
<td>Therapies, skilled nursing care, assistance with activities of daily living, management of medications, custodial and restorative nursing care</td>
</tr>
<tr>
<td>Social Worker Available</td>
<td>No regulatory requirement</td>
<td>No regulatory requirement</td>
<td>No regulatory requirement</td>
<td>A facility with more than 120 beds must employ a qualified social worker on a full-time basis</td>
<td></td>
</tr>
<tr>
<td>Activity Program</td>
<td>No regulatory requirement</td>
<td>No regulatory requirement</td>
<td>Must have a daily activity program</td>
<td>Must have a daily activity program to include in-room activities for bedfast residents</td>
<td></td>
</tr>
<tr>
<td>Nursing Availability</td>
<td>Not required, but normally will assist in arranging for home health services</td>
<td>Not required</td>
<td>Not required</td>
<td>RN 8 hours and LPN 24 hours per day</td>
<td></td>
</tr>
<tr>
<td>Staffing Requirement</td>
<td>Must have “sufficient staff” but no specific ratios</td>
<td>Must have “sufficient staff” but no specific ratios</td>
<td>Must have “sufficient staff” but no specific ratios</td>
<td>Must have “sufficient staff” but no specific ratios. Must post staff schedule for every shift</td>
<td></td>
</tr>
<tr>
<td>Physician Involvement</td>
<td>No regulatory requirement</td>
<td>Must have physician orders on file</td>
<td>Must have physician orders on file</td>
<td>Physician must visit every 30 days for the first 90 days and every 90 days thereafter. Every other visit can be made by a nurse practitioner.</td>
<td></td>
</tr>
<tr>
<td>Care Planning Requirement</td>
<td>No regulatory requirement</td>
<td>No regulatory requirement</td>
<td>Must develop a plan for provision of services</td>
<td>Must develop an individual plan of care describing services provided to each resident to help them attain and maintain their highest practicable physical, mental and psychosocial well-being</td>
<td></td>
</tr>
<tr>
<td>Ombudsman Visits</td>
<td>No regulatory requirement</td>
<td>Ombudsman visits facility at least quarterly</td>
<td>Ombudsman visits at least quarterly</td>
<td>Ombudsman visits facility at least quarterly</td>
<td></td>
</tr>
</tbody>
</table>
## FACILITY INFORMATION:

### Allen County: Cal Turner Rehab and Specialty Care

- **Address:** 456 Bumley Rd., Scottsville, KY 42164-6355
- **Website:** [http://www.themedicalcenterscottsville.org/](http://www.themedicalcenterscottsville.org/)
- **Email:** woodjh@chc.net
- **Phone:** (270)622-2800
- **Fax:** (270)622-2996

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>110</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of License</strong></td>
<td></td>
</tr>
<tr>
<td>Family Care</td>
<td>0</td>
</tr>
<tr>
<td>Personal Care</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>110</td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

**Certification of Nursing Facility Beds**

<table>
<thead>
<tr>
<th>Medicaid Only</th>
<th>Both Medicare &amp; Medicaid</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>110</td>
<td>0</td>
</tr>
</tbody>
</table>

**Room Rates**

<table>
<thead>
<tr>
<th>Skilled Care Room Rates</th>
<th>Personal Care Room Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private</strong> $225.00</td>
<td><strong>Private</strong> N/A</td>
</tr>
<tr>
<td>Semi-Private $225.00</td>
<td>Semi-Private N/A</td>
</tr>
<tr>
<td>Rehab YES</td>
<td>Accepts State Supplement</td>
</tr>
</tbody>
</table>

**Intermediate Care Room rates**

| Private $190.00        | Semi-Private $175.00     |

**Certification of Nursing Facility Beds**

<table>
<thead>
<tr>
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<th>Both Medicare &amp; Medicaid</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Ownership**

- Non-profit Corporation: B.B. Warren Co. Community Hospital Corp. DBA Cal Turner Rehab & Specialty Care, 800 Park St., Bowling Green, KY 42102

**Medical Director:** Dr. Michael Lang

**Administrator:** Jacquie Woodward

**Director of Nursing:** Sherry Goldsmith

**Activity Director:** Donna Hammer

**Admissions Counselor:** Mary Willoughby

**Social Services Director:** Lindsey Sila

### Allen County: Cornerstone Manor, LLC

- **Address:** 515 Water St. – P.O. Box 528, Scottsville, KY 42164
- **Website:** N/A
- **Email:** N/A
- **Phone:** (270)237-3485
- **Fax:** (270)239-7824

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>36</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of License</strong></td>
<td></td>
</tr>
<tr>
<td>Family Care</td>
<td>0</td>
</tr>
<tr>
<td>Personal Care</td>
<td>36</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>0</td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
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**Certification of Nursing Facility Beds**

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<tr>
<th>Medicaid Only</th>
<th>Both Medicare &amp; Medicaid</th>
<th>Medicare Only</th>
</tr>
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<tbody>
<tr>
<td>0</td>
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**Room Rates**

<table>
<thead>
<tr>
<th>Skilled Care Room Rates</th>
<th>Personal Care Room Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private</strong> N/A</td>
<td><strong>Private</strong> $1,650/month</td>
</tr>
<tr>
<td>Semi-Private N/A</td>
<td>Semi-Private $1,375/month</td>
</tr>
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**Intermediate Care Room rates**

| Private N/A | Semi-Private N/A |

**Ownership**

- For profit company: Cornerstone Manor, LLC

**Medical Director:** N/A

**Administrator:** Wanda Meador

**Director of Nursing:** N/A

**Activity Director:** N/A

**Admissions Coordinator:** N/A

**Social Services Director:** N/A
### Allen County:
**Scottsville Manor**  
P.O. Box 87 – 824 North Fourth St.  
Scottsville, KY 42164  
Website: N/A  
Email: scottsvillem@gmail.com  
Phone: (270)237-5182  
Fax: (270)237-4573

<table>
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<td>Nursing Facility</td>
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</tr>
<tr>
<td>Alzheimer’s</td>
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</tr>
<tr>
<td>Other</td>
<td>0</td>
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<table>
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<th>Medicare Only</th>
</tr>
</thead>
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#### Room Rates

<table>
<thead>
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<tbody>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
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#### Ownership

**Private For-Profit Entrepreneur:**  
Health Systems of Kentucky  
329 Townpark Circle – Suite 100, Louisville, KY 40243

<table>
<thead>
<tr>
<th>Medical Director:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator:</td>
<td>Lesa Keen</td>
</tr>
<tr>
<td>Director of Nursing:</td>
<td>Penny Carter</td>
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<table>
<thead>
<tr>
<th>Activity Director:</th>
<th>Candace Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Coordinator:</td>
<td>Lesa Keen</td>
</tr>
<tr>
<td>Social Services Director:</td>
<td>Lesa Keen</td>
</tr>
</tbody>
</table>

---

**Nursing Home Compare 5-Star Rating System:**

Nursing Home Compare was launched in 1998 and the Centers for Medicare & Medicaid Services (CMS) added the 5-Star Rating System in December 2008.

The website gets more than 1.4 million visitors per year, with 85 percent of users reporting that they found the information they are looking for on nursing homes.

The 5-Star Rating System compares Onsite Inspections, Quality Measures and Staffing Levels.

Go to: [https://www.medicare.gov/nursinghomecompare/search.html?](https://www.medicare.gov/nursinghomecompare/search.html?)  
For more information.

Reference:  
### Barren County: Diversicare of Glasgow

**Website:** [http://diversicareofglasgow.com/](http://diversicareofglasgow.com/)

**300 Westwood St.**  
**Glasgow, KY 42141**

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Type of License</th>
<th>Family Care</th>
<th>Personal Care</th>
<th>Nursing Facility</th>
<th>Alzheimer’s</th>
<th>Other</th>
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</tr>
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<tbody>
<tr>
<td>Private $209.00</td>
<td>Private N/A</td>
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</tr>
<tr>
<td>Private $209.00</td>
<td>Private N/A</td>
</tr>
<tr>
<td>Semi-Private $192.00</td>
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**Ownership**  
For-Profit Corporation  
Diversicare  
1621 Galleria Blvd., Brentwood, TN 37027

**Medical Director:** Dr. Amelia Kiser  
**Administrator:** Jason Gumm  
**Director of Nursing:** Laurie Norris  
**Activity Director:** Amy Loyall  
**Admissions Coordinator:** Yvonne Martin  
**Social Services Director:** Yvonne Martin

### Barren County: Glasgow State Nursing Facility

**Website:** [http://glasgowsnf.ky.gov/](http://glasgowsnf.ky.gov/)

**207 State Ave. – P.O. Box 189**  
**Glasgow, KY 42142-0189**

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Type of License</th>
<th>Family Care</th>
<th>Personal Care</th>
<th>Nursing Facility</th>
<th>Alzheimer’s</th>
<th>Other</th>
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<table>
<thead>
<tr>
<th>Skilled Care Room Rates</th>
<th>Personal Care Room Rates</th>
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</thead>
<tbody>
<tr>
<td>Private N/A</td>
<td>Private N/A</td>
</tr>
<tr>
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<td>Accepts State Supplement</td>
</tr>
<tr>
<td>Intermediate Care Room rates</td>
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</tr>
<tr>
<td>Private N/A</td>
<td>Private N/A</td>
</tr>
<tr>
<td>Semi-Private $440.00</td>
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</table>

**Ownership**  
No-Profit Corporation: State operated – Commonwealth of Kentucky

**Medical Director:** Dr. Phillip Bale  
**Administrator:** Amanda Allen  
**Director of Nursing:** Kathy Brooks  
**Asst. Dir. of Nursing:** Michelle Miller  
**Activity Director:** Jamie Sheffield  
**Admissions Coordinator:** Jamie Sheffield  
**Social Services Director:** Jamie Sheffield
### Glenview Health Care Facility

**Address:**
1002 Glenview Dr. – P.O. Box 1507
Glasgow, KY 42142

**Website:** N/A
**Email:** ghc@glasgow-ky.com
**Phone:** (270)651-8332
**Fax:** (270)651-8069

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
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<td>Alzheimer's: 0</td>
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<td></td>
<td>Other: 0</td>
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</table>

**Certification of Nursing Facility Beds**
- Medicaid Only: 0
- Both Medicare & Medicaid: 60
- Medicare Only: 0

**Skilled Care Room Rates**
- Private: $190.00
- Semi-Private: $190.00

**Personal Care Room Rates**
- Private: N/A
- Semi-Private: N/A

**Intermediate Care Room rates**
- Private: $190.00
- Semi-Private: $190.00

**Ownership**
- Entrepreneurship: Kay Bush/Lisa Howlett
  
P.O. Box 1507, Glasgow, KY 42142

**Medical Director:** Dr. Amelia Kiser
**Administrator:** Kay Bush
**Director of Nursing:** Darlene Myers
**Asst. Dir. Of Nursing:** Tammy London

**Activity Director:** Sue Mutter
**Admissions Coordinator:** Laurie Burgon
**Social Services Director:** Laurie Burgon

---

### NHC Healthcare

**Address:**
109 Homewood Blvd.
P.O. Box 247
Glasgow, KY 42142

**Website:** www.nhcglasgow.com
**Email:** dbillingsley@nhcglasgow.com
**Phone:** (270)651-6126
**Fax:** (270)651-7171

<table>
<thead>
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<tr>
<td></td>
<td>Nursing Facility: 194</td>
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<td></td>
<td>Alzheimer's: 0</td>
</tr>
<tr>
<td></td>
<td>Other: 0</td>
</tr>
</tbody>
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**Certification of Nursing Facility Beds**
- Medicaid Only: 0
- Both Medicare & Medicaid: 194
- Medicare Only: 0

**Skilled Care Room Rates**
- Private: $230-$520 Avg. daily
- Semi-Private: $222-$297 Avg. daily

**Personal Care Room Rates**
- Private: $172.00 Avg. daily
- Semi-Private: $168.00 Avg. daily

**Intermediate Care Room rates**
- Private: N/A
- Semi-Private: N/A

**Ownership**
- For Profit Corporation
- National Health Care
  
P.O. Box 1398, Murfreesboro, TN 37130

**Medical Director:** Dr. Richard Clouse
**Administrator:** Denise Billingsley
**Director of Nursing:** Tiffany Saltsman

**Activity Director:** Deborah Worley
**Admissions Coordinator:** Beverly Gamel
**Social Services Director:** Samantha Saltsman

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### Barren County: Signature HealthCARE of Glasgow Rehab & Wellness Center
320 Westwood St.
Glasgow, KY 42141

Email: admin.glasgow@signaturehealthcarellc.com
Phone: (270)651-3499
Fax: (270)651-7881

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Type of License</th>
<th>Family Care</th>
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#### Certification of Nursing Facility Beds

<table>
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#### Room Rates

<table>
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<td>Information Reported To be current As of</td>
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</tr>
<tr>
<td></td>
<td>2/24/17</td>
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<tr>
<td></td>
<td>Intermediate Care Room rates</td>
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<tr>
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<td>Private</td>
<td>Semi-Private</td>
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<tr>
<td></td>
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#### Certification of Nursing Facility Beds

<table>
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<tr>
<th>Medicaid Only</th>
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<tbody>
<tr>
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#### Room Rates

<table>
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<th>Room Rates</th>
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<tr>
<td></td>
<td>Intermediate Care Room rates</td>
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<tr>
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<td>Semi-Private</td>
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#### Ownership

For-Profit Corporation: Signature HealthCARE of the Bluegrass
12201 Bluegrass Pkwy., Louisville, KY 40299

Medical Director: Dr. Amelia Kiser
Administrator: Marla Staples, BSN, RN
Director of Nursing: Lisa Vice, RN
Activity Director: Danielle Barlow
Admissions Coordinator: Laura Hall, LPN
Social Services Director: Karen Johnson, RN

### Barren County: T.J. Samson Community Hosp. Skilled Nursing Unit
1301 N. Race St.
Glasgow, KY 42141

#### Website: [www.tjsamson.org](http://www.tjsamson.org)
Email: thuffman@tjsamson.org
Phone: (270)651-4458
Fax: (270)651-4786

<table>
<thead>
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<th>Total Number of Beds</th>
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<th>Personal Care</th>
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<th>Alzheimer’s</th>
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#### Room Rates

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<td>Information Reported To be current As of</td>
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<tr>
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#### Certification of Nursing Facility Beds

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#### Room Rates

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<tr>
<td></td>
<td>Intermediate Care Room rates</td>
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</tr>
<tr>
<td></td>
<td>Private</td>
<td>Semi-Private</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
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#### Ownership

Non-Profit
T.J. Samson Community Hospital Corporation
1301 N. Race St., Glasgow, KY 42141

Medical Director: Dr. David German
Administrator: Jim Reid
Director of Nursing: Christina Pedigo
Activity Director: James Neal
Admissions Coordinator: James Neal
Social Services Director: James Neal

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### Butler County:

**Morgantown Care and Rehabilitation Center**
201 South Warren Street – P.O. Box 159
Morgantown, KY 42261

- **Website:** [www.morgantowncare.com](http://www.morgantowncare.com)
- **Email:** admin.morgantown@signaturehealthcarellc.com
- **Phone:** (270)526-3368
- **Fax:** (270)526-3001

<table>
<thead>
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<td>Alzheimer’s: 0</td>
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- **Certification of Nursing Facility Beds**
  - Medicaid Only: 0
  - Both Medicare & Medicaid: 112
  - Medicare Only: 10

<table>
<thead>
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<td></td>
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<tr>
<td></td>
<td>finds state</td>
<td>accepts state</td>
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- **Ownership**
  - Private – For – Profit Corporation
  - Signature Healthcare of the Bluegrass
  - 12201 Bluegrass Parkway, Louisville, KY 40299

- **Medical Director:** Dr. Ghayth Hammad
- **Administrator:** Amy Phelps
- **Director of Nursing:** Carri Mallinson
- **Activity Director:** Cindy Stewart
- **Admissions Coordinator:** Jamie Howard
- **Social Services Director:** Tammy McClelland

---

### Edmonson County:

**Edmonson Center**
813 S. Main St. – P.O. Box 709
Brownsville, KY 42210

- **Website:** [www.genesishcc.com](http://www.genesishcc.com)
- **Email:** chris.swihart@genesishcc.com
- **Phone:** (270)597-2335
- **Fax:** (270)597-2959

<table>
<thead>
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<td>Alzheimer’s: 0</td>
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- **Certification of Nursing Facility Beds**
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  - Both Medicare & Medicaid: 74
  - Medicare Only: 0

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<th>Room Rates</th>
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<tbody>
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<td>Semi-Private N/A</td>
</tr>
<tr>
<td></td>
<td>finds state</td>
<td>accepts state</td>
</tr>
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- **Ownership**
  - For – Profit Corporation
  - Genesis Health Care
  - 1369 Stewartstown Rd. – Morgantown, WV 26508

- **Medical Director:** Dr. Pravin Avula and Dr. Sanjay Kaul
- **Administrator:** Chris Swihart
- **Director of Nursing:** Stephanie Woodcock
- **Asst. Dir. Of Nursing:** TBA
- **Activity Director:** Jennifer Oakes
- **Admissions Coordinator:** Scott Lindsey
- **Social Services Director:** Meredith "Nikki" Chapman

---
<table>
<thead>
<tr>
<th>Hart County: Hart County Manor</th>
<th>Website: N/A</th>
<th>Email: N/A</th>
<th>Phone: (270)524-7327</th>
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<tr>
<td></td>
<td>Mike Vaught</td>
<td></td>
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<tr>
<td></td>
<td>717 North Shady Lane, Eubank, NY 42567</td>
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<td>Barry Ford</td>
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<td>Jennie Staples – Asst. Admin.</td>
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<th>Website: <a href="http://ltcrevolution.com/signature-healthcare-of-hart-county-rehab-wellness-center">http://ltcrevolution.com/signature-healthcare-of-hart-county-rehab-wellness-center</a></th>
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<tr>
<td>Horse Cave, KY 42749</td>
<td>Phone: (270)786-2200</td>
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<td>Medical Director:</td>
<td>Dr. Phillip Bale</td>
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<td>Rob Heberly</td>
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### Logan County:

**Auburn Health Care**  
139 Pearl St. – P.O. Box 9  
Auburn, KY 42206

Website: [www.bolster-jeffries.com](http://www.bolster-jeffries.com)  
Email: desiraecocanougher@bolster-jeffries.com  
Phone: (270)542-4111  
Fax: (270)542-7026

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| Ownership | Private For-Profit Company  
Bolster Health Care Group – Nancy Bolster  
506 Allensville St. – P.O. Box 427, Elkton, KY 42220 |
|-----------|------------------------------------------------------|

| Medical Director: | Dr. Ashley Bennett  
Administrator: | Desirae Cocanougher  
Director of Nursing: | Susan Taylor  
Activity Director: | Jennifer O’Neal  
Admissions Coordinator: | Brandi Davenport  
Social Services Director: | Brandi Davenport |

### Logan County:

**Creekwood Place Nursing and Rehab Center**  
107 Boyles Drive  
Russellville, Ky 42276

Website: [www.creekwoodplacenursing.com](http://www.creekwoodplacenursing.com)  
Email: elizabeth.gettings@creekwoodplacenursing.com  
Phone: (270)726-9049  
Fax: (270)726-8706

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| Ownership | Non-Profit Corporation  
Creekwood Place Nursing and Rehab Center, Inc.  
107 Boyles Dr., Russellville, KY 42276 |
|-----------|--------------------------------------------------|

| Medical Director: | Dr. Manoj Majmudar  
Administrator: | Elizabeth Gettings  
Director of Nursing: | Kimberly Buckner  
Asst. Dir. of Nursing: | Robin Huddleston  
Activity Director: | Travis Brian  
Admissions Coordinator: | Misty Carlock/Kenya Foster  
Social Services Director: | Amanda Blake |
### Logan County:
**Miller Family Care Home**  
89 Lrl Scott Rd.  
Auburn, KY 42206  
Website: N/A  
Email: romanmiller@logantele.com  
Phone: (270)542-4653  
Fax: (270)542-4653

<table>
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### Metcalfe County:
**Harper's Home for the Aged**  
2905 Columbia Rd. – P.O. Box 145  
Edmonton, KY 42129  
Website: N/A  
Email: N/A  
Phone: (270)432-5202  
Fax: (270)432-5202  
Resident # 270-432-7963

<table>
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### Ownership
- **Entrepreneurship**  
  Roman D. Miller Jr.  
  89 Laurel Scott Rd., Auburn, KY 42206  
  Medical Director: N/A  
  Administrator: Carrie Miller  
  Director of Nursing: N/A  
  Activity Director: N/A  
  Admissions Coordinator: N/A  
  Social Services Director: N/A

- **For-Profit Corporation**  
  Harper's Home for the Aged, Inc. – Norma Parnell, President  
  2905 Columbia Rd. – P.O. Box 145, Edmonton, KY 42129  
  Medical Director: Connie Prostko, APRN  
  Administrator: Cary Dabney  
  Director of Nursing: Linda Grissom  
  Activity Director: Angela Bryant  
  Admissions Coordinator: Linda Grissom  
  Social Services Director: Linda Grissom
### Metcalfe County:
**Metcalfe Health Care Center**  
P.O. Box 115 – 701 Skyline Dr.  
Edmonton, KY 42129

- **Website:** www.metcalfehealthcare.org  
- **Email:** aneighbors@metcalfehealthcare.org  
- **Phone:** (270)432-2921  
- **Fax:** (270)432-4300

<table>
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| Ownership | Entrepreneurship  
Metcalfe County Court House  
Edmonton, KY 42128  
Management: Wells Health Systems  
725 Harvard Drive  
Owensboro, KY 42301 |

- **Medical Director:** Dr. Dusty Dunn  
- **Administrator:** Amy Neighbors  
- **Director of Nursing:** Jackie Parker  
- **Asst Dir. Of Nursing:** Eris Smith  
- **Activity Director:** Sheila England  
- **Admissions Coordinator:** Kandis Gallagher  
- **Social Services Director:** Kandis Gallagher

### Monroe County:
**Signature HealthCARE of Monroe County**  
Rehab & Wellness Center  
P.O. Box 367 – 706 N. Magnolia St.  
Tompkinsville, KY 42167

- **Website:** http://ltcrevolution.com/signature-healthcare-of-monroe-county-rehab-wellness-center  
- **Email:** admin.monroe@signaturehealthcarellc.com  
- **Phone:** (270)487-6135  
- **Fax:** (270)487-8604

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<tr>
<td></td>
<td>Private: $195.00</td>
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<td></td>
<td>Semi-Private: $185.00</td>
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<td></td>
<td>Rehab: YES</td>
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<tr>
<td></td>
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<td></td>
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<td>Semi-Private: $185.00</td>
<td>Semi-Private: $78.00</td>
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| Ownership | For-Profit Corporation  
Signature HealthCARE of the Bluegrass  
12201 Bluegrass Pkwy., Louisville, KY 40299 |

- **Medical Director:** Dr. Kimberly Eakle  
- **Administrator:** Rita Crabtree  
- **Director of Nursing:** Kim Poynter  
- **Activity Director:** Jamie Turner  
- **Admissions Coordinator:** Ashley Crabtree-Hume  
- **Social Services Director:** Vickie Moody
### Simpson County:
**Franklin-Simpson Nursing and Rehab**  
P.O. Box 367 – 414 Robey St.  
Franklin, KY 42134

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Type of License</th>
<th>Certification of Nursing Facility Beds</th>
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</thead>
<tbody>
<tr>
<td>98</td>
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<td>Medicaid Only 0</td>
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<tr>
<td></td>
<td>Personal Care 0</td>
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<td></td>
<td>Nursing Facility 98</td>
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<th>Room Rates</th>
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<tbody>
<tr>
<td></td>
<td>Preferred Care Partners Management Group</td>
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<tr>
<td></td>
<td>5240 West Plano Parkway, Plano, TX 75093</td>
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<table>
<thead>
<tr>
<th>Medical Director</th>
<th>Dr. Robert Wesley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>Trina Daves</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>Sherri Ravuri</td>
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<table>
<thead>
<tr>
<th>Activity Director</th>
<th>Tierra Downey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Coordinator</td>
<td>Mary McDougal</td>
</tr>
<tr>
<td>Social Services Director</td>
<td>Lorie Hayden</td>
</tr>
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</table>

### Lewis Memorial County:
**Lewis Memorial Methodist Home**  
2905 Bowling Green Rd.  
Franklin, KY 42134

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
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<tr>
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<td></td>
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<tr>
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<td>Semi-Private N/A</td>
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<th>Non-Profit Religious</th>
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<table>
<thead>
<tr>
<th>Medical Director</th>
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<tbody>
<tr>
<td>Administrator</td>
<td>Vicki Tyler</td>
</tr>
<tr>
<td>Director of Nursing</td>
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<table>
<thead>
<tr>
<th>Activity Director</th>
<th>Janie Rigsby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Coordinator</td>
<td>N/A</td>
</tr>
<tr>
<td>Social Services Director</td>
<td>N/A</td>
</tr>
</tbody>
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### Warren County: Bowling Green Nursing and Rehab

1561 Newton Ave.  
Bowling Green, KY 42104

- **Type of License**
  - Family Care: 0
  - Personal Care: 0
  - Nursing Facility: 66
  - Alzheimer's: 0
  - Other: 0

- **Certification of Nursing Facility Beds**
  - Medicaid Only: 0
  - Both Medicare & Medicaid: 66
  - Medicare Only: 0

- **Room Rates**
  - **Skilled Care Room Rates**
    - Private: $227.00
    - Semi-Private: $212.00
  - **Intermediate Care Room rates**
    - Private: $227.00
    - Semi-Private: $212.00

- **Ownership**
  - For-Profit Corporation
  - Preferred Care, Inc.
    - 5500 W. Plano Parkway, Suite 100, Plano, TX 75093

- **Medical Director:** Dr. Joseph Allen
- **Administrator:** Tracie Branham
- **Director of Nursing:** Pam Hester, RN
- **Asst. Dir. Of Nursing:** Misty Garmon & Ronda Kell
- **Activity Director:** Jeff Sailing
- **Admissions Director:** TBA
- **Social Services Director:** KeeKee Cofer

### Warren County: Christian Health Center at Village Manor

1800 Westen Ave.  
Bowling Green, KY 42104

- **Type of License**
  - Family Care: 0
  - "Bridgepointe" Personal Care: 48
  - Nursing Facility: 39
  - Alzheimer's: 0
  - Other: 0

- **Certification of Nursing Facility Beds**
  - Medicaid Only: 0
  - Both Medicare & Medicaid: 8
  - Medicare Only: 14

- **Room Rates**
  - **Skilled Care Room Rates**
    - Private: $266 - $350
    - Semi-Private: $232
  - **Intermediate Care Room rates**
    - Private: N/A
    - Semi-Private: $232

- **Ownership**
  - Non-Profit Corporation
  - Christian Care Communities, Inc.
    - 12710 Townepark Way, Suite 1000, Louisville, KY 40243-1596

- **Medical Director:** Dr. Anson Hsieh
- **Administrator:** Heather O'Banion
- **Director of Nursing:** Donna Howard
- **Activity Director:** Allison Cash
- **Admissions Coordinator:** Sherria Hawkins
- **Social Services Director:** Sherria Hawkins

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**Website:** N/A  
**Email:** tracie.branham@pcitexas.net  
**Phone:** (270)842-1611  
**Fax:** (270)842-3858

**Website:** www.liveatvillagemanor.com  
**Email:** contact@ccc1884.org  
**Phone:** (270)796-6643  
**Fax:** (270)796-6733
### Warren County:
**Colonial Center**  
2365 Nashville Rd.  
Bowling Green, KY 42101  

- **Website:** [www.genesishcc.com](http://www.genesishcc.com)  
- **Email:** jessica.lopez@genesishcc.com  
- **Phone:** (270)842-1641  
- **Fax:** (270)782-9961  

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Family Care</th>
<th>Personal Care</th>
<th>Nursing Facility</th>
<th>Alzheimer's</th>
<th>Other</th>
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<table>
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<th>Both Medicare &amp; Medicaid</th>
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<th>Personal Care Room Rates</th>
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<td></td>
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<table>
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<th>Intermediate Care Room Rates</th>
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<tbody>
<tr>
<td>Private: N/A</td>
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<td>Semi-Private: N/A</td>
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| Ownership | For-Profit Corporation | Genesis Health Care  
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<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>1369 Stewartstown Rd., Morgantown, WV 26508</td>
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- **Medical Director:** Dr. Ashley Bennett  
- **Administrator:** Jessica Lopez  
- **Director of Nursing:** Becky Eubanks  
- **Asst. Dir. of Nursing:** Ashley Pruitt  
- **Activity Director:** Camalia Dennis  
- **Admissions Coordinator:** Alison Ray  
- **Social Services Director:** Alison Ray

### Warren County:  
**Fern Terrace of Bowling Green, LLC**  
1030 Shive Lane  
Bowling Green, KY 42103  

- **Website:** [www.fernterrace.com/bg/bgindex.html](http://www.fernterrace.com/bg/bgindex.html)  
- **Email:** vcarter@twc.com  
- **Phone:** (270)781-6784  
- **Fax:** (270)782-2037  

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Family Care</th>
<th>Personal Care</th>
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<th>Alzheimer's</th>
<th>Other</th>
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<tbody>
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<table>
<thead>
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<th>Both Medicare &amp; Medicaid</th>
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<thead>
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<th>Room Rates</th>
<th>Skilled Care Room Rates</th>
<th>Personal Care Room Rates</th>
</tr>
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<tbody>
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<td>Private: N/A</td>
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<td>Semi-Private: N/A</td>
<td>Semi-Private: N/A</td>
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<table>
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<td>Semi-Private: N/A</td>
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| Ownership | Private For-Profit Entrepreneurship | Management: | Genesis Health Care  
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<tbody>
<tr>
<td></td>
<td>7 Woodford St., Owensboro, KY 42301</td>
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<td>Genesis Health Care</td>
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- **Medical Director:** N/A  
- **Administrator:** Valarie Carter  
- **Asst. Administrator:** Deborah Barraza  
- **Activity Director:** Kala Youngblood  
- **Admissions Coordinator:** Valarie Carter  
- **Social Services Director:** Kala Youngblood
### Warren County: Greenwood Nursing and Rehabilitation Center
5079 Scottsville Rd. – P.O. Box 51547
Bowling Green, KY 42104

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
<th>Type of License</th>
<th>Family Care</th>
<th>Personal Care</th>
<th>Nursing Facility</th>
<th>Alzheimer’s</th>
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<tbody>
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#### Room Rates

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<tr>
<td>Private</td>
<td>Semi-Private</td>
</tr>
<tr>
<td>Private</td>
<td>Semi-Private</td>
</tr>
<tr>
<td>$246.00</td>
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<td>Intermediate Care Room rates</td>
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<tbody>
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<td>Semi-Private</td>
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<tr>
<th>Ownership</th>
<th>For-Profit Corporation Thames Health Care Group, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director: Dr. Joseph Allen</td>
<td></td>
</tr>
<tr>
<td>Administrator: Jonathan McGuire</td>
<td></td>
</tr>
<tr>
<td>Director of Nursing: Amanda Steffey</td>
<td></td>
</tr>
<tr>
<td>Asst. Dir. Of Nursing: Nicole Jessie</td>
<td></td>
</tr>
<tr>
<td>Activity Director: Nolly Brandon</td>
<td></td>
</tr>
<tr>
<td>Admissions Coordinator: Mendi Willis</td>
<td></td>
</tr>
<tr>
<td>Social Services Director: Lori Woodward and Bethann Daugherty</td>
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### Warren County: Hopkins Center
460 S. College St. – P.O. Box 70
Woodburn, KY 42170

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<th>Total Number of Beds</th>
<th>Type of License</th>
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#### Room Rates

<table>
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<tr>
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<tr>
<td></td>
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<tr>
<td>Private</td>
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<table>
<thead>
<tr>
<th>Ownership</th>
<th>For-Profit Corporation Genesis HealthCare</th>
</tr>
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<tbody>
<tr>
<td>Medical Director: Dr. Michael Collins</td>
<td></td>
</tr>
<tr>
<td>Administrator: Loren Ward</td>
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</tr>
<tr>
<td>Director of Nursing: Jennifer Machen</td>
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</tr>
<tr>
<td>Activity Director: Edna Bauer</td>
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<tr>
<td>Admissions Coordinator: Eddie Wagoner</td>
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<tr>
<td>Social Services Director: Eddie Wagoner</td>
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</table>
### Warren County:
**Magnolia Village Care and Rehabilitation Center**
1381 Campbell Lane
Bowling Green, KY 42104

<table>
<thead>
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<th>Total Number of Beds</th>
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**Certification of Nursing Facility Beds**

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**Room Rates**

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**Skilled Care Room Rates**

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**Intermediate Care Room rates**

<table>
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<th>Accepts State Supplement</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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**Ownership**

For-Profit Corporation
Genesis HealthCare
101 East St., Kennett Square, PA 19348

**Medical Director:** Dr. John Gover  
**Administrator:** Jennifer Soldevilla  
**Director of Nursing:** Janet York  
**Activity Director:** Darla Waymon  
**Admissions Coordinator:** Ryan Kingery  
**Social Services Director:** Darla Waymon

### Warren County:
**Signature Healthcare of Bowling Green**
550 High St.
Bowling Green, KY 42102

<table>
<thead>
<tr>
<th>Total Number of Beds</th>
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<tbody>
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**Certification of Nursing Facility Beds**

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<tr>
<td>0</td>
<td>176</td>
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**Room Rates**

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<td>$245.00 - $259.00</td>
<td>$228.00 - $259.00</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

**Skilled Care Room Rates**

<table>
<thead>
<tr>
<th>Private</th>
<th>Semi-Private</th>
<th>Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Intermediate Care Room rates**

<table>
<thead>
<tr>
<th>Private</th>
<th>Semi-Private</th>
<th>Rehab</th>
<th>Accepts State Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Ownership**

For-Profit Corporation
Signature HealthCARE
12201 Bluegrass Pkwy., Louisville, KY 40299

**Medical Director:** Dr. Nirav Sheth  
**Administrator:** Stephanie Lindsey  
**Director of Nursing:** Debbie Cascaden  
**Activity Director:** Sue Shepherd  
**Admissions Coordinator:** John Lynn  
**Social Services Director:** Chris Carter

---

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**COMPARISON OF ON-SITE FACILITY VISITS**

This guide can assist you in recording information and making informed decisions regarding placement. Carry it with you when visiting different facilities as it will help you to compare multiple locations. Listed below are some areas you may want to be aware of during your visits as well as some questions you may want to ask. Not all questions are applicable to each type of relocation setting and the list is not all-inclusive.

<table>
<thead>
<tr>
<th>Name of Residence</th>
<th>Contact Person</th>
<th>Phone Number</th>
<th>Date of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A._________________</td>
<td>________________</td>
<td>_____________</td>
<td>______________</td>
</tr>
<tr>
<td>B._________________</td>
<td>________________</td>
<td>_____________</td>
<td>______________</td>
</tr>
<tr>
<td>C._________________</td>
<td>________________</td>
<td>_____________</td>
<td>______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Residence A</th>
<th>Residence B</th>
<th>Residence C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the general atmosphere warm, pleasant, and cheerful?</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Does staff show genuine interest in, and affection for, residents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do residents look well cared for and generally content?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the facility free of unpleasant odors?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are call lights answered within a reasonable time frame?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the food look appetizing with adequate serving sizes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do residents who need help in eating receive assistance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the residence offer activities that you would enjoy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are activities offered for residents who are relatively inactive, confined to their rooms or cognitively impaired?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do residents have an opportunity to attend religious services and talk with their clergyman, both in and outside the facility?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is fresh drinking water available and within reach of the resident?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does staff knock before entering a resident's room?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a lounge where residents can chat, read, play games, watch television or just relax away from their rooms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the residence have an outdoor area where residents can get fresh air and sunshine and do residents use this area freely?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the residence’s representative ask about your (or your family member’s) specific needs and preferences?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**RESIDENT’S PERSONAL INVENTORY LIST**

- **Resident Name:** _________________________
- **Room Number:** ________
- **New Residence:** _________________________
- **Transfer:** _____________

<table>
<thead>
<tr>
<th>Belts</th>
<th>Slippers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bible</td>
<td>Slip</td>
</tr>
<tr>
<td>Blouse’s</td>
<td>Socks</td>
</tr>
<tr>
<td>Boots</td>
<td>Suit</td>
</tr>
<tr>
<td>Books/Magazines</td>
<td>Suspenders</td>
</tr>
<tr>
<td>Bra’s</td>
<td>Sweater</td>
</tr>
<tr>
<td>Coat/Jacket</td>
<td>Sweatpants</td>
</tr>
<tr>
<td>Dentures: Upper/Lower</td>
<td>Sweatshirts</td>
</tr>
<tr>
<td>Dress’</td>
<td>Hosiery</td>
</tr>
<tr>
<td>Eye Glasses</td>
<td>TV/remote taped to TV</td>
</tr>
<tr>
<td>Hat/Cap</td>
<td>Undershirt</td>
</tr>
<tr>
<td>Nightgown</td>
<td>Underwear</td>
</tr>
<tr>
<td>Pajamas</td>
<td>Vest</td>
</tr>
<tr>
<td>Pants/Slacks</td>
<td>Walker/Cane</td>
</tr>
<tr>
<td>Personal Chair (recliner/geri)</td>
<td>Wall decorations</td>
</tr>
<tr>
<td>Personal papers</td>
<td>Wallet</td>
</tr>
<tr>
<td>Purse</td>
<td>Other</td>
</tr>
<tr>
<td>Quilt/Comforter</td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
</tr>
<tr>
<td>Robe</td>
<td></td>
</tr>
<tr>
<td>Shaver (Electric)</td>
<td></td>
</tr>
<tr>
<td>Shirts</td>
<td></td>
</tr>
<tr>
<td>Shoes</td>
<td></td>
</tr>
<tr>
<td>Shorts</td>
<td></td>
</tr>
<tr>
<td>Skirt</td>
<td></td>
</tr>
</tbody>
</table>

Signature confirmation of nursing facility staff:

___________________________________  __________________________________
Administrator Signature                 Director of Nursing Signature

~ 60 ~
- Graves Gilbert Clinic
- Hospice of Southern Kentucky, Inc.
- Kentucky Legal Aid & Benefits Counseling Ship Program
- Rivendell Behavioral Health Hospital
- South Central AHEC
- Southern Kentucky Rehabilitation Hospital
- T.J. Samson Hospital Long Term Care Team
- United Way of Southern Kentucky

Covers:
- Barren River Area Agency on Aging & Independent Living
- Barren River Adult Day Care Center
- J.C. Kirby & Son Inc. Funeral Home
- Med Equip
- The Medical Center Home Care Program

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EMAIL: lhaynes@klaid.org
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Call us. We can help you.

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- Teens abusing drugs and alcohol get help.
- Adults with chemical dependency issues can detox, enter treatment or both.
- Senior Adults needing psychiatric treatment for depression, anxiety, suicidal thoughts, dementia and behavioral problems are treated in a secure, compassionate environment.

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Toll-Free: 800-548-2621
rivendellbehavioral.com
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(270) 781-5111 | www.gravesgilbert.com

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LIVE UNITED

OUR MISSION:
TO BE THE LEADER IN BRINGING TOGETHER THE RESOURCES TO BUILD A STRONGER, MORE CARING COMMUNITY.

United, we work in collaboration with community partners to impact the Education, Income, and Health of our community while also providing a Safety Net of services.

United, we produce real and meaningful changes in the lives of thousands of men, women, and children in Southern Kentucky with measurable outcomes.

United, we can do much more than we ever could alone to inspire hope and create opportunities for a better tomorrow.

We invite you to be part of that change.

For more information, please call 270.843.3205 or visit www.liveunitedtoday.com

The Kentucky State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled individuals, their family members and caregivers regarding Medicare, Medicaid and public benefits. This service is provided at no charge by local, well-trained counselors. The program seeks to educate the general public and Medicare beneficiaries so they are better able to make informed decisions about their health care.

For assistance call:
Kentucky Legal Aid – Local SHIP Provider
1-866-452-9243
1700 Destiny Lane
Bowling Green, KY 42104
Call 1-866-452-9243
1-800-782-1924
www.klaid.org
Mon. – Thurs. 8:30am – 6:00pm

- Provides benefits counseling to elderly and disabled persons regarding SSI, Food Stamps, Medicaid and Medicare
- Provides free legal services in civil matters such as child support and custody, consumer fraud, domestic violence orders and employment issues to people who cannot afford a private attorney
- Coordinates the volunteer efforts of private attorneys who donate their time and expertise to help low income clients
- Provides information assistance to long term care residents through the Barren River Long Term Care Ombudsman Program
- Provides consumers with housing counseling regarding mortgage problems, foreclosures, predatory lending and evictions
- Assists clients to obtain Power of Attorneys, Living Wills and Health care Surrogates

The T.J. Samson Long Term Care Team, led by Dr. Amelia Kiser, is available to provide personalized medical care for you or your loved one who is confined to a nursing facility, assisted living facility or other long term care facility.

Amelia Kiser, MD
270.651.4451
The goal of South Central KY AHEC is to promote healthy communities through innovative partnerships. This is accomplished by providing:

- Providing continuing education programs for physicians, nurses, and certified health education specialists.
- Promoting health careers for traditional and non-traditional students including, but not limited to, the following careers related to long-term care: physician, nurse, health care administrator, social worker, physical therapist, occupational therapist, dietician, recreation specialist, pharmacist, and EMT-Paramedic.

Serving counties of Adair, Allen, Barren, Breckinridge, Clinton, Cumberland, Edmonson, Grayson, Green, Hardin, Hart, Larue, Marion, Meade, Metcalfe, Monroe, Nelson, Russell, Simpson, Taylor, Warren and Washington in Kentucky

South Central AHEC
Western Kentucky University • 1906 College Heights Blvd. #41038
Bowling Green, KY 42101-1038
Phone: 270-745-3325 • Fax: 270-745-5928

The Barren River Long Term Care Ombudsman Program relies on volunteers to help serve our residents in our long-term care facilities in all ten counties of our BRADD district. If you would like to learn about becoming a volunteer or know someone contact our office for more information at 1-800-355-7580 or by email to lhaynes@klaid.org
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- Specially trained Alzheimer’s care staff
- Transportation coordination
- Nursing services

The Medical Center Home Care Program

The Medical Center Home Care Program provides skilled nursing care and appropriate therapy services to patients recovering from illness or surgery and those with a chronic disease or disability so he or she can:

- stay at home and out of the hospital
- maintain health and function
- become more independent
- reduce medical costs

Our services include Skilled Nursing, Rehabilitation/Therapy, Homemaker/Home Health Aides and Social Services. Our clinical staff is on-call 24/7 to meet the needs of patients in Allen, Edmonson, Butler, Simpson and Warren Counties.

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Considerations that our qualified, courteous
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have been serving the folks of Bowling Green and
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With over 260 years of combined experience, we feel
we are adapt to most any given problem, under any
given circumstance.

Over the years the faces may have changed, but the
end objective has always remained the same. That is
to ensure the families we serve are satisfied, and are
completely pleased with choices they have made.

Since the conception of J.C. Kirby and Son Funeral
Chapels and Crematory, making the funeral
meaningful, as well as possible to endure, has always
been in the forefront. That, in part is why Mr. Kevin
Kirby, owner and president of J.C. Kirby and Son
Funeral Chapels and Crematory also established the
Bowling Green Monument Company as well as
Bowling Green Gardens Cemetery.

www.jckirbyandson.com

<table>
<thead>
<tr>
<th>Lovers Lane Chapel</th>
<th>Broadway Chapel</th>
</tr>
</thead>
<tbody>
<tr>
<td>820 Lovers Lane</td>
<td>832 Broadway</td>
</tr>
<tr>
<td>Bowling Green, KY 42103</td>
<td>Bowling Green, KY 42101</td>
</tr>
</tbody>
</table>

(270)843-3111
(270)842-1496 Fax
E-mail: info@jckirbyandson.com