

2020-2021



Finding Long-Term Care in the BRADD

SPONSORED BY THE BARREN RIVER LONG TERM CARE OMBUDSMAN PROGRAM



*A Community Long-Term Care Resource guide serving the counties of
Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren*

1700 Destiny Lane • Bowling Green, KY 42104 • 270-842-7587 • 1-800-355-7580

www.klaid.org/ombudsman

This guide was published by The Barren River Long Term Care Ombudsman Program. A program of Kentucky Legal Aid
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BARREN RIVER AREA AGENCY ON AGING
& INDEPENDENT LIVING

FAMILY CAREGIVER SUPPORT PROGRAM

BARREN RIVER



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This project is funded, in part, under a contract with the Kentucky Department for Aging and Independent Living,
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

Lynda Love
District Ombudsman
llove@klaid.org

1700 Destiny Lane
Bowling Green, KY 42104

1-800-355-7580
or 270-842-7587
www.klaid.org/ombudsman

Sherry Culp
KY State Long Term Care Ombudsman
Nursing Home Ombudsman Agency
of the Bluegrass, Inc. (NHOA)
Lexington, KY
1-859-277-9215

The call is free and confidential.
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- ✓ Helps in the cost of training of new volunteers for the Program

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- ✓ Assists with costs of Volunteer training materials
- ✓ Assists with the costs of Ombudsman brochures and other materials used for community education and other events

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**

Help change a life.



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Company/Organization: Name (if applicable)

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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

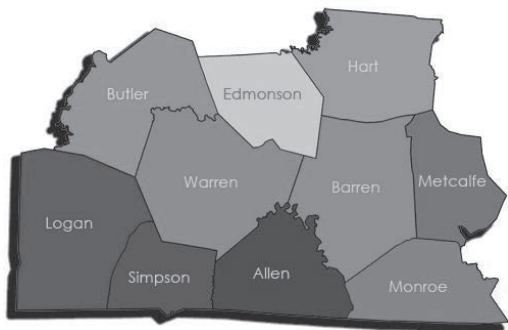
For questions please contact our office at 1-800-355-7580

Or email lhaynes@klaid.org

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

Donations to the Ombudsman Program are tax deductible. Receipts will be mailed to donors!

Thank You for supporting the Ombudsman Program!



Serving 10 County BRADD area



**MESSAGE FROM
DISTRICT
OMBUDSMAN
LYNDA LOVE**

Dear Readers,

As your District Ombudsman, it is an honor to provide you with the 19th edition of the "Finding Long Term Care in the BRADD."

It is our hope you find this guide to be informative, and helpful in finding the perfect long-term care placement for your loved one.

We work diligently to make this guide more user friendly and as up to date as possible for each of you to make the most informed decision.

Finding long-term care placement is a process and it is our hope this guide will be of great assistance to you throughout this difficult journey.

If you should ever have any questions or need additional information please do not hesitate to contact our office.

Sincerely,

Lynda Love

District Ombudsman
Barren River District
llove@klaid.org
1-800-355-7580

About this guide and the program

This guide is published for the Barren River Long Term Care Ombudsman Program (BRLTCOP) as a resource for consumers to help them with making informed long-term care decisions. This is the 19th edition published since 1980 of the "Finding Long Term Care in the BRADD" Consumer Guide.

The mission of the Long Term Care Ombudsman Program is to ADVOCATE, EDUCATE and TOUCH Lives of the residents in those facilities in the 10 county BRADD area. We serve Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren Counties.

For assistance with a concern or to find out more about our program or volunteering contact the local District Ombudsman Office at 1-800-355-7580.



We would like to thank Gerald Printing for publishing this guide for the last 4 years as well as all of our dedicated advertisers who make this publication possible.

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Inside Back Cover Ad ~ Graves Gilbert Clinic

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ABOUT THIS GUIDE

When seeking Long-Term Care services the starting point can be most difficult. This informative guide is designed to assist you from day one to placement with four easy steps. The guide will be a user friendly tool to assist you with understanding the process and all the terminology that you will need to make an informed decision. Let's start this journey together!

DAY 1...WHERE DO I START?

Step 1: Identify type of Level of Care needed (refer to level of care grid on page 2 for definition of each)

- a. Assisted Living Facility
- b. Personal Care Home
- c. Family Care Home
- d. Nursing Facility/Skilled
- e. Alzheimer's Licensed Nursing Facility

Step 2: Identify/Understand Payer Source for each Level of Care

- f. Assisted Living Facility-Private
- g. Personal Care Home-Private, with possible State Supplement (based on income)
- h. Family Care Home-Private
- i. Nursing Facility
 - 1. Short-Term Rehabilitation (Skilled)-Medicare/Insurance
 - 2. Long-Term Care-Medicaid/private

Step 3: Understand the difference between Medicaid and Medicare (refer to Medicaid and Medicare sections, pages 7-15)

Step 4: Selecting a Facility

(Refer to Selecting facility section, pages 16-17)

Levels of Care

The term “level of care refers to the particular way a facility or section of the facility is licensed and certified. Nursing facilities must be certified to participate in reimbursement programs such as Medicare or Medicaid.

LEVEL OF CARE GRID					
	Assisted Living	Family Care	Personal Care	Intermediate or Low Intensity Nursing Care	Skilled or High – Intensity Nursing Care
Licensing Requirement	Not licensed, but must be certified	Licensed as Family Care	Licensed as Personal Care	Licensed as Nursing Facility	
Inspections	Not inspected	Surveyed annually by the Office of Inspector General	Surveyed annually by the Office of Inspector General	Surveyed annually by the Office of Inspector General	
Resident Rights	Some limited rights	Specific rights under state law	Specific rights under state law	Specific rights under state law and federal rights if accepts federal funding	
Methods of Payment	Private pay and some LTC insurance	Private pay or State Supplemental Benefits	Private pay or State Supplemental Benefits	Private pay, some LTC insurance, Medicaid, VA Benefits	Private pay, some LTC insurance, Medicare, Medicaid, VA Benefits
Services Provided	Services provided will be determined by the admission contract	No medical care, supervision of medical needs, management of medications	No medical care, supervision of medical needs, management of medications	Assistance with activities of daily living, management of medications, custodial and restorative nursing care	Therapies, skilled nursing care, assistance with activities of daily living, management of medications, custodial and restorative nursing care
Social Worker Available	No regulatory requirement	No regulatory requirement	No regulatory requirement	A facility with more than 120 beds must employ a qualified social worker on a full-time basis	
Activity Program	No regulatory requirement	No regulatory requirement	Must have a daily activity program	Must have a daily activity program to include in-room activities for bedfast residents	
Nursing Availability	Not required, but normally will assist in arranging for home health services	Not required	Not required	RN 8 hours and LPN 24 hours per day	
Staffing Requirement	Must have “sufficient staff” but no specific ratios	Must have “sufficient staff” but no specific ratios	Must have “sufficient staff” but no specific ratios	Must have “sufficient staff” but no specific ratios. Must post staff schedule for every shift	
Physician Involvement	No regulatory requirement	Must have physician orders on file	Must have physician orders on file	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.	
Care Planning Requirement	No regulatory requirement	No regulatory requirement	Must develop a plan for provision of services	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	
Ombudsman Visits	No regulatory requirement	Ombudsman visits facility at least quarterly	Ombudsman visits at least quarterly	Ombudsman visits facility at least quarterly	

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 grand-fathered in and may not fully meet this requirement.

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-medication administration

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. 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. 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.

Family Care Home

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.

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. 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

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 those with Mental Illness and Developmentally Disabled/Intellectually Disabled (ICF/IID) 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.

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.

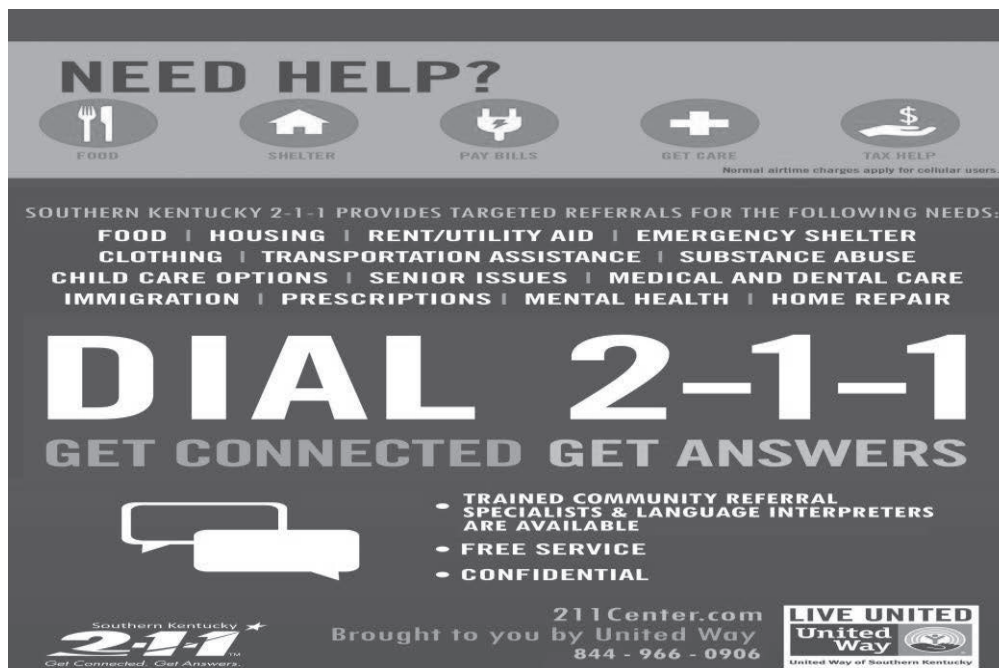
Nursing facilities often encourage Medicaid residents who were receiving skilled services but no longer need them to move to the section of the facility that is not certified for Medicare. They do this in order to keep the Medicare certified beds available for persons who require skilled services. However, 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.

Alzheimer’s Licensed Nursing Facility

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.

Magnolia Village Care and Rehabilitation Center in Warren County is the only licensed Alzheimer’s Nursing Facility in the BRADD.



NEED HELP?

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Medicaid

- Medicaid covers nursing facility care in a Medicaid certified bed, and the resident must meet the Medicaid patient need criteria/level of care.
- Medicaid coverage only begins after the patient's Medicare coverage has ended

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

Contact information for Medicaid

Department for Community Based Services Division of Family Support Services (DCBS)

1-855-306-8959

Processes applications for Medicaid in Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren counties.

Managed Care Options (MCO) call for coverage questions, 1-800-635-2570 or ***Medicaid's website*** at <http://chfs.ky.gov/dms/mcolinks.htm> or www.medicaid.gov.

Medicaid-Bed Holds/Leaves

- Medicaid shall cover and reimburse for reserved bed days for a maximum of fourteen (14) days per calendar.
- Medicaid shall cover and reimburse for reserved bed days for a maximum of ten (10) days per calendar year for leaves of absence other than hospitalization.

2020 KY Medicaid Eligibility Summary

- **Single Eligibility limit – allowed to keep \$2,349 when applying**
- **Couples may be allowed to keep \$4,000 in assets when both applying. \$2,000 if one applying.**
- **Income Eligibility for Individuals in NH = At or below \$2,349.00**

Those with income above this amount may still qualify by placing Amount over eligibility limit into a trust account called a QIT Quality Income Trust. The trust must be irrevocable and designate Medicaid to receive what is in the trust when the beneficiary passes away. Legal assistance is required to assist with setting up the trust. The money in the QIT is not counted as income to determine Medicaid Eligibility. Funds from the trust can be used to pay for residents care.

- **Income a resident receives less \$40 per month for Personal Needs Allowance is used to pay for the Nursing home costs.**
- **Personal Needs Allowance for Personal Care residents is \$60 per month.**
- **The maximum amount of home equity allowed is \$572,000**
- **Spouse is allowed to keep 50% of assets up to \$128,640 called Spouse Resource Allowance**
- **The Community Spouse is allowed to keep minimum of \$2,113.75 and maximum of \$3,216.00 and 100% of their marital assets up to \$25,728**

Penalty Period Calculation

Any amount over the \$2,000 limit must be spent in the SPEND DOWN procedure for care.

Remember that there is a 5 year look back period for gifts prior to applying for Medicaid.

Medicaid will not pay for care until penalty period is over.

Calculation: Amount over the limit or gift amount / divided by \$6,067, which creates the number of months before Medicaid kicks in.

Once Medicaid is approved it will retroactively go back and pay for up to 90 days prior to approval date.

Services included in the Nursing Facility (NF)

A NF participating in Medicaid must provide, or arrange for, nursing or related services and specialized rehabilitative services to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident.

Specific to each state, the general or usual responsibilities of the NF are shaped by the definition of NF service in the state's Medicaid State plan, which may also specify certain types of limitations to each service. States may also devise levels of service or payment methodologies by acuity or specialization of the nursing facilities.

Federal requirements specifications:

Each NF must provide, (and residents may not be charged for), at least:

- Nursing and related services
- Specialized rehabilitative services (treatment and services required by residents with mental illness or intellectual disability, not provided or arranged for by the state)
- Medically-related social services
- Pharmaceutical services (with assurance of accurate acquiring, receiving, dispensing, and administering of drugs and biologicals)
- Dietary services individualized to the needs of each resident
- Professionally directed program of activities to meet the interests and needs for well being of each resident
- Emergency dental services (and routine dental services to the extent covered under the state plan)
- Room and bed maintenance services
- Routine personal hygiene items and services

Residents may be charged for:

- Private room, unless medically needed
- Specially prepared food, beyond that generally prepared by the facility
- Telephone, television, radio
- Personal comfort items including tobacco products and confections
- Cosmetic and grooming items and services in excess of those included in the basic service
- Personal clothing
- Personal reading materials
- Gifts purchased on behalf of a resident
- Flowers and plants
- Social events and activities beyond the activity program
- Special care services not included in the facility's Medicaid payment

Spousal Impoverishment Provision:

Ensuring community spouses may remain at home in the community.

In 1988, Congress enacted provisions to prevent what has come to be called "spousal impoverishment," leaving the spouse who is still living at home in the community with little or no income or resources. These provisions help ensure that this situation will not occur and that community spouses are able to live out their lives with independence and dignity.

Under the Medicaid spousal impoverishment provisions, a certain amount of the couple's combined resources is protected for the spouse living in the community. Depending on how much of his or her own income the community spouse actually has, a certain amount of income belonging to the spouse in the institution can also be set aside for the community spouse's use.

Following is the minimum and maximum amount of resources and income that can be protected for a spouse in the community in 2020:

2020 SSI and Spousal Impoverishment Standards

SSI Benefit Rate (FBR)	Federal Benefit	SSI Standard	Resource	Income Cap Limit (300%)	Earned Income Break Even Point	Unearned Income Break Even Point
Individual	783.00	2,000.00		2,349.00	1,651.00	803.00
Couple	1,175.00	3,000.00		N/A	2,435.00	1,195.00
Substantial Gainful Activity (SGA) Limit:			1,260.00		(Blind SGA: 2,110.00)	
CPI Increase for 2020:				1.7%		
CPI Increase, Since September 1988:				114.4%		
Spousal Impoverishment			Effective 1-1-20		Unless Otherwise Noted	
Minimum		Monthly	2,113.75		All States (Except Alaska and Hawaii)	
Maintenance Needs Allowance (MMMNA):						
(Effective 7-1-19)				2,641.25	Alaska	2,432.50 Hawaii
Maximum		Monthly	Maintenance Needs	3,216.00		
Allowance:						
Community Spouse Monthly			634.13		All States (Except Alaska and Hawaii)	
Housing Allowance:						
(Effective 7-1-19)				792.38	Alaska	729.75 Hawaii
Community Spouse Resources:						
Minimum Resource Standard:				25,728.00		
Maximum Resource Standard				128,640.00		

Post-Eligibility Treatment of Income/Patient Liability

The post eligibility calculation is made to determine how much an individual in an institution (usually a nursing home) is able to contribute to cost of his/her own care (patient liability portion). It applies only to individuals who are institutionalized (most commonly to those in nursing facilities) and to certain individuals receiving home and community-based waiver services. The process only applies to those with income and only after their Medicaid eligibility has been established.

The contribution is determined by first calculating the individual's total income and then deducting certain amounts from that income. Specifically, the individual's contribution is his or her total income less the following deductions (often referred to as "protected amounts"):

- A personal needs allowance of \$40 for nursing home residents; \$30 for those that also receive SSI.
- If there is a community spouse and the spousal impoverishment rules discussed above apply, a community spouse's monthly income allowance, as long as the income is actually made available to the community spouse;
- A family monthly income allowance, if there are other family members living in the household;
- An amount for medical expenses incurred by the spouse who is in the medical facility.

Once the above items are deducted from the institutionalized individual's income, any remaining income is contributed toward the cost of his or her care in the institution.

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 whole life insurance policies.

Certain types of resources are excluded and are not considered in the Medicaid eligibility determination:

- 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 or retirement funds
- 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 \$595,000. 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.

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.

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.

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 facility 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

Medicare

Medicare Part A covers care in a skilled nursing facility (SNF) for up to 100 days during each spell of illness. If coverage criteria are met, the patient is entitled to full payment for the first 20 days of care. From the 21st through the 100th day, the patient is responsible for a daily co-insurance of \$176.00 (2020). The amount will generally increase each year.

Medicare should pay for skilled nursing facility care if:

- The patient received inpatient hospital care for at least three days and was admitted to the SNF within 30 days of hospital discharge. (In unusual cases, it can be more than 30 days.)

Important: Be certain that the patient was admitted to the hospital by the treating physician as an inpatient and not under “observation status.” Observation days in the hospital do not count as inpatient days and will not satisfy Medicare requirements for SNF coverage.

- A physician certifies that the patient needs SNF care.
- The beneficiary requires skilled nursing or skilled rehabilitation services, or both, on a daily basis. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel.
- The skilled nursing facility is a Medicare certified facility

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. 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.

The SNF Issues a Notice of Medicare Provider Non-Coverage (also known as a Generic Notice): The facility must tell you that they are discharging you, or they believe Medicare will no longer cover your care. Medicare rules require that the nursing home give you (or your representative) a standardized notice at least two days prior to the last

day of covered care. This standardized notice is called a “Notice of Medicare Provider Non-Coverage.” It is also referred to as a “Generic Notice.” The notice must include the date that coverage of care ends, the date you will become financially responsible for a continued stay at the nursing home, and a description of your right to an expedited appeal.

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 the annual deductible of \$198.00 (2020). 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

If you have Medicare prescription drug coverage (Part D) and live in a nursing home or other institution, you’ll get your covered prescriptions from a long-term care pharmacy that works with your 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 \$45.00 a month, and costs can go as high as \$500 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.

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 deficiency. 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.

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.

If you stay in a nursing facility for long-term care, you can join a Part D drug plan or switch to another when you enter the home, once a month while living at the home, or once within two months after leaving it. 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>.

Long Term Care Insurance

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.

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*.

Selecting a Facility

Location:

Rural or Urban

Proximity to family and friends

Size and Structure:

Large facility or small

Locked units (memory care)

Number of private and/or semi-private rooms

Services and Activities:

Review Activity Calendars to determine interest and types of activities offered

Salon/barber services on site

Therapy Programs available

Off-Site activities

Visiting the Facility:

- Observe cleanliness of facility and residents
- Observe room sizes
- Observe resident to staff interactions
- Observe activities/ask to see Monthly Activity calendar
- Ask to see Monthly Meal Menu/observe meals
- Ask to see staffing chart
- Visit evenings and weekends
- Observe exterior space/patio's/sitting areas

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/Surveys 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. 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:

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. 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. 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. It is also important to count only those persons who are actually working.

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.

Smoking Policies:

Long-term care facilities are rapidly declaring themselves to be smoke-free and are doing so for several reasons. In order to keep smoking facilities safe, many facilities are establishing strict/structured 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.

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.

Several facilities 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. Ask to see the written policy.

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.

Binding Arbitration Clauses:

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 to be admitted**. If you choose to sign, read it carefully. By signing, you are entering into a legal contract. Seeking legal advice is strongly encouraged prior to signing any contract.

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.

Advanced Directive Legal Decisions

Decisional Capacity

“Decisional capacity” is defined as “the ability to make and communicate a wish.” 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 person must be evaluated by a physician for a change in their decisional capacity to be determined.

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 decisions. Since the right to direct one’s own life is a basic civil liberty, such a determination requires a jury hearing.

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. 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. It is recommended that residents in long term care facilities have a copy of their advanced directives be kept in their medical records.

Many long-term care facilities interchange “Living Will” with “DNR”. There is a vast difference. 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 health care setting, not just the facility to which the person is being admitted.



Kentucky Legal Aid (KLA) provides free civil legal services for low income residents of western and south-central Kentucky. Some of our services include assistance with child support, custody, consumer fraud, domestic violence orders, employment issues and housing counseling. We provide benefits counseling to elderly and disabled persons regarding SSI, Food Stamps, Medicaid and Medicare and assistance with Power of Attorneys, Living Wills and Health Care Surrogates.

Call the KLA Intake Office at **1-866-452-9243** (toll free) or **270-782-5740, 8:30 a.m. to 6:00 p.m.** Monday through Thursday (Central Time Zone).

Five specific terms are used to describe the persons or instructions which will assist health-care decision making when the patient lacks decisional capacity. They are Power of Attorney, *Healthcare Surrogate*, *Living Will Directive*, *Responsible Party* and *Guardianship/Conservatorship*.

Power of Attorney

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 health care 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.

Healthcare 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 employee of the facility providing care cannot be named a surrogate unless he is a blood relative. 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 deemed not competent, 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 non-competent 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>.

LIVE UNITED



United Way of Southern Kentucky

GIVE TO UNITED WAY

Your support matters. It creates amazing opportunities for education, income, health, and safety net issues impacting young people, working families, and our seniors. However you choose to give, your donation makes a better life for people in our community and helps support the BARREN RIVER LONG TERM CARE OMBUDSMAN PROGRAM.

COMMUNITY RESOURCES FOR AGING

Assisted Living Facilities

Certified annually by the Kentucky Department of Aging and Independent Living. Residents receive assistance with: 1) daily ADL activities; with activities such as housekeeping, shopping and laundry; provided 3 meals a day; scheduled daily social activities; assistance with self-administered medication.

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 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/>

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

Create more moments.



When you're living life to its fullest, make sure there's a satisfying end. Clear the way for more quality time with your family. Get the care you deserve by reaching out to us at 270.782.7258 or visiting HosparusHealth.org.


HOSPARUS HEALTH®

Hospice Agencies

Agencies that provide comfort and support to terminally ill patients and their families.

Hosparus

270-782-7258 or 1-877-892-5858

101 Riverwood Ave. Suite B

Bowling Green, KY 42103

www.hosparus.org

Serves Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren counties

T.J. Samson Home Care

1301 N. Race St.

Glasgow, KY 42143

270-651-4430

Serves: Barren, Hart, Metcalfe and Monroe counties

Hospice House

270-782-3402 or 1-800-344-9479

5872 Scottsville Road

Bowling Green, KY 42104

www.hospicesoky.org/

Provides general inpatient, respite, and residential care – each with their own requirements.

Hospice of Southern Kentucky

270-782-3402 or 1-800-344-9479

5872 Scottsville Road

Bowling Green, KY 42104

www.hospicesoky.org/

Serves: Allen, Barren, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren Counties



TJ Samson **Home Care Program**

1301 N. Race Street • Glasgow, KY

270.651.4430

The T.J. Samson Home Care Program is a local, non-profit hospital-based Home Care provider serving Barren, Hart and Metcalfe counties.

Home Health Services:

- Skilled Nursing
- IV Therapy
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Home Health Aide
- Home and Community Based Services (Medicaid Program for personal care, respite and housekeeping)
- The only agency in the area to provide pediatric home care

Home Medical Equipment:

- Medical supplies: Ostomy, Foley, Urinary, Trach Care, Wound Care, Nutritional Supplements, CPAP, BiPAP, and more
- Oxygen with routine maintenance checks
- Non-Invasive Ventilator and licensed Respiratory Therapist visits

Hospice Care:

- T.J. Samson's Hospice Program is designed to provide comfort, counseling, and support to our patients and their family for life-limiting illnesses.
- Hospice is individualized care which affirms life and recognizes dying as a natural process that should be neither hastened nor prolonged and that can be met with richness of spirit.
- T.J. Samson's Hospice Program serves 10 counties in the BRADD area.

Mental Health – Providers & Services

BRASS, Inc. – Spouse Abuse Center

Crisis Line: 1-800-928-1183
or 270-843-1183
Warren County: 270-781-9334

Lifeskills, Inc. 270-901-5000
(See page 36)

Protection and Advocacy

1-800-372-2988
To protect and promote the rights
of Kentuckians with disabilities through
legally based individual and systemic
advocacy, and education.

Senior Perspectives

The Medical Center at Franklin
270-598-4920
www.themedicalcenterfranklin.org

Rivendell Behavioral Health

Legacy Unit
270-843-1199 or 1-800-548-2621
1035 Porter Pike
Bowling Green, KY 42103

Senior Perspectives

The Medical Center at Scottsville
270-622-2890
www.themedicalcenterscottsville.org

The Medical Center Outpatient Behavioral Health

250 Park St.,
Bowling Green, KY
270-796-2550

MENTAL HEALTH FACTS

- Over 20% of adults aged 60 and over suffer from a mental or neurological disorder
- 6.6% of all disability among people over 60 years is attributed to mental and neurological disorders.
- These disorders in older people account for 17.4% of Years Lived with Disability (YLDs).
- The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively.
- Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above.
- Substance abuse problems among older people are often overlooked or misdiagnosed.
- Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding these conditions makes people reluctant to seek help.

Reference: <http://www.who.int/mediacentre/factsheets/fs381/en/>



LifeSkills, Inc.

Premium Healthcare Services

Mental Health Services • Substance Abuse Services • Developmental/Intellectual Disability Services

Scottsville

512 Bowling Green Road
Scottsville, KY 42164
270-237-4481

Glasgow

608 Happy Valley Road
Glasgow, KY 42142
270-651-8378

Morgantown

202 Industrial Drive North
Morgantown, KY 42261
270-526-3877

Munfordville

118 West Union Street
Munfordville, KY 42765
270-524-9883

Russellville

433 Shelton Lane
Russellville, KY 42276
270-726-3629

Edmonton

112 Sartin Drive
Edmonton, KY 42129
270-432-4951

Franklin

1031 Brookhaven Road
Franklin, KY 42134
270-586-8826

Bowling Green

380 Suwannee Trail Street
Bowling Green, KY 42103
270-901-5000

Crisis & Substance Abuse

822 Woodway Drive
Bowling Green, KY 42101
270-901-5000

Children's Crisis Center

501 Chestnut Street
Bowling Green, KY 42101
270-901-5000

Tompkinsville

800 North Main Street
Tompkinsville, KY 42167
270-487-5655

Brownsville

205 Mohawk Street
Brownsville, KY 42210
270-597-2713

Covering All of South Central Kentucky

270-901-5000 • lifeskills.com

Personal Service Agencies

Provide non-medical in-home services directly or match clients with caregivers.

Comfort Keepers 270-782-3600
<http://www.comfortkeepers.com>
 730 Fairview Av., Suite A3
 Bowling Green, KY 42101

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

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

Home Instead Senior Care
 270-842-7540 or 1-866-442-7540
 1861 Westen St., Suite A

Bowling Green, KY 42104
www.homeinstead.com

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

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

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

Help at Home, LLC

Help at Home, LLC is a home care agency that has been providing compassionate, dependable care as an alternative to nursing home placement for over 40 years. Since 1975, we have provided the means for thousands of people to remain comfortably and safely *in their own home and communities* instead of relocating to a nursing home or long-term care facility.

Help At Home, LLC employs a large staff of trained Homemakers, Personal Care Aides, and Direct Support Professionals who are readily available to provide services for you or a loved one.

Help At Home, LLC is proud to be a quality, equal opportunity employer. We are fully insured and bonded, and all of our staff are thoroughly trained, tested, and background checked before ever entering a client's home. Offering competitive compensation and attractive benefits allows us to employ the best staff available. The professional, dedicated staff we employ is a big part of our success.



HOW TO APPLY:

Complete an online application at www.helpathome.com or contact

Tiffany Garrity for more information at 270-780-2130.




Help At Home, LLC offers unique employment opportunities to work with the elderly and individuals with developmental/intellectual disabilities in our community. We offer competitive wages, vacation & holiday benefits, insurance packages, free training, and a sign on bonus! We also offer flexible schedules to work around school schedules, child care needs, etc.

We are currently accepting applications for positions in the following counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson & Warren.

PERSONAL CARE	DD/ID SERVICES	FHP SERVICES
Our Personal Care Aides work directly with our elderly clients providing the following services in the clients own home:	Our Direct Support Professionals work with children and adults with developmental/intellectual disabilities either in a residential setting or in the consumer/guardians own home through SCL and Michelle P. Waiver services. Residential services are staffed 24/7 with shifts that are typically 12am-8am, 8am-4pm, 4pm-12am. MPW services are based on the allotted hours per participant and their desired schedule.	Our Family Home Providers welcome a person with varying degrees of developmental and/or intellectual disabilities into their own home as a way to promote independent living in a family setting. Our FHP's will provide service to the individuals as you would any member of your family, assisting them with medical appointments, transportation, meals and all aspects of ADL's.
<ul style="list-style-type: none"> Personal Care services Homemaking services Respite services 	<ul style="list-style-type: none"> Transportation to/from medical appointments 	<ul style="list-style-type: none"> Our FHP's are compensated a tax exempt \$90.00 per day stipend plus room and board for providing supports in a caring home.
Services are typically provided Monday-Friday; 8am-5pm STARTING PAY IS \$10.10/hr - \$10.50/hr	STARTING PAY IS \$9.00/hr - \$11.00/hr	Help At Home is willing to match or beat any competitors rate.

Help At Home, LLC
 1268 Campbell Lane, Suite 101 • Bowling Green, KY 42104
 Phone: 270-780-2130 • Fax: 270-780-2179 • Email: Tgarrity@helpathome.com
 Help At Home, LLC is an EEOC employer.

Veterans 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 \$1,911.00 per month to a single veteran, \$1,228.00 per month to a surviving spouse, or \$2,266.00 per month to a married veteran.

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.

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.

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.

Kentucky Department of Veteran's Affairs: <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 Outpatient Clinic – Bowling Green
600 US 31W Bypass, Bowling Green, KY 42101
270-782-0120 www.tennesseevalley.va.gov
(Fairview Shopping Center)



The Nursing Home Checklist

Use the Nursing Home Checklist when you visit a nursing home.

Take a copy of the Nursing Home Checklist when you visit to ask questions about resident life, nursing home living spaces, staff, residents' rooms, hallways, stairs, lounges, bathrooms, menus and food, activities, safety, and care.

Use a new checklist for each nursing home you visit. You can photocopy the checklist or print additional copies available at www.medicare.gov/NHCompare.

Name of Nursing Home: _____

Address: _____

Phone Number: _____

Date of Visit: _____

Basic Information	Yes	No	Comment
Is the nursing home Medicare-certified?			
Is the nursing home Medicaid-certified?			
Does the nursing home have the level of care I need?			
Does the nursing home have a bed available?			
Does the nursing home offer specialized services, such as a special unit for care for a resident with dementia, ventilator care, or rehabilitation services?			
Is the nursing home located close enough for friends and family to visit?			

Visit Nursing Home Compare at www.medicare.gov/NHCompare for more information.

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.

	Name of Residence	Contact Person	Phone Number	Date of Visit
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

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

RESIDENT'S PERSONAL INVENTORY LIST

Resident Name: _____

Room Number: _____

New Residence: _____

Transfer: _____

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

Signature confirmation of nursing facility staff:

LONG-TERM CARE FACILITY LISTING

30 Facilities:

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

*(NF): Skilled Nursing Facility; (PC): Personal Care Facility; (FC): Family Care Home
(ALZ): Alzheimer's Facility*

Allen County

Cal Turner Rehab & Specialty Care (NF)
Cornerstone Manor (PC)
Scottsville Manor (PC)

Barren County

Barren County Nursing and Rehab (NF)
Signature Healthcare of Glasgow Rehab
& Wellness Center (NF)
Glenview Health Care Facility (NF)
Glasgow State Nursing Facility (NF)
NHC Healthcare (NF and PC)
TJ Samson Skilled Nursing Unit (NF)

Butler County

Morgantown Care and Rehab (NF)

Edmonson County

Edmonson Center (NF & PC)

Hart County

Signature Healthcare of Hart County Rehab
& Wellness Center (NF)
Hart County Manor (PC)

Logan County

Auburn Health Care (NF)
Creekwood Place Nursing
& Rehab Center (NF)
Miller Family Care Home (FC)

Metcalfe County

Harper's Home for the Aged (PC)
Metcalfe Health Care Center (NF & PC)

Monroe County

Signature Healthcare of Monroe County
Rehab & Wellness Center (NF)

Simpson County

Franklin-Simpson Nursing and Rehab (NF)
Lewis Memorial Methodist Home (PC)

Warren County

Bowling Green Nursing and Rehab (NF)
Christian Health Center at Village Manor
(NF, PC)
Colonial Center (NF)
Fern Terrace of Bowling Green (PC)
Greenwood Nursing and Rehab (NF)
The Haven at Massey Springs (PC)
Hopkins Center (NF)
Magnolia Village (ALZ)
Signature Healthcare of the Bowling Green
(NF)

FACILITY RATE TABLE INFORMATION:

Allen County: Cal Turner Rehab and Specialty Care 456 Bumley Rd. Scottsville, KY 42164-6355				Website: http://www.themedicalcenterscottsville.org/ Email: woodjh@chc.net Phone: (270)622-2800 Fax: (270)622-2996				
Total Number of Beds 110	Type of License							
	Family Care 0	Personal Care 0		Nursing Facility 110		Alzheimer's 0	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 110			Medicare Only 0		
Room Rates	Skilled Care Room Rates			Information Reported To be current As of 4/01/20	Personal Care Room Rates			
	Private \$247.00	Semi-Private \$247.00	Rehab YES		Private N/A	Semi-Private N/A		
	Intermediate Care Room rates				Accepts State Supplement			
	Private \$190.00	Semi-Private \$175.00			N/A			
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: Administrator: Director of Nursing	Dr. Michael Lang Jacque Woodward Joy Lynn			Activity Director: Admissions Counselor: Social Services Director:		Donna Hammer Kim Duke & Samantha Traugher Sarah Hermin		
Allen County: Cornerstone Manor, LLC 515 Water St. – P.O. Box 528 Scottsville, KY 42164				Website: N/A Email: N/A Phone: (270)237-3485 Fax: (270)239-7824				Resident Phone: 270-239-3485
Total Number of Beds 36	Type of License							
	Family Care 0	Personal Care 36		Nursing Facility 0		Alzheimer's 0	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0			Medicare Only 0		
Room Rates	Skilled Care Room Rates			Information Reported To be current As of 1/16/20	Personal Care Room Rates			
	Private N/A	Semi-Private N/A			Private \$1,650/month	Semi-Private \$1,375/month		
	Intermediate Care Room rates				Accepts State Supplement			
	Private N/A	Semi-Private N/A			YES			
Ownership	For profit company: Cornerstone Manor, LLC P.O. Box 528, Scottsville, KY 42164							
Medical Director: Administrator: Director of Nursing	N/A Wanda Meador N/A			Activity Director: Admissions Coordinator: Social Services Director:		N/A N/A 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		
Total Number of Beds 40	Type of License				
	Family Care 0	Personal Care 40	Nursing Facility 0	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 1/13/20	Personal Care Room Rates	
	Private N/A	Semi-Private N/A		Private \$1,575/Month	Semi-Private \$1,350/Month
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		YES	
Ownership	Private For-Profit Entrepreneur: Health Systems of Kentucky 329 Townpark Circle – Suite 100, Louisville, KY 40243				
Medical Director: Administrator: Director of Nursing	N/A Lesa Keen Tamera Carter		Activity Director: Admissions Coordinator: Social Services Director:	Megan White Lesa Keen Lesa Keen	

Barren County: Barren County Nursing and Rehabilitation 300 Westwood St. Glasgow, KY 42141				Website: http://barrencountynursingandrehab.com/ Email: jgumm@barrencountynursingandrehab.com Phone: (270)651-9131 Fax: (270)651-6989		
Total Number of Beds 94	Type of License					
	Family Care 0	Personal Care 0	Nursing Facility 94	Alzheimer's 0	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 94		Medicare Only 0	
Room Rates	Skilled Care Room Rates			Information Reported To be current As of 12/5/20	Personal Care Room Rates	
	Private \$215.00	Semi-Private \$204.00	Rehab Yes		Private N/A	Semi-Private N/A
	Intermediate Care Room rates				Accepts State Supplement	
	Private \$215.00	Semi-Private \$204.00			N/A	
Ownership	For-Profit Corporation					
Medical Director: Administrator: Director of Nursing			Dr. Amelia Kiser Jason Gumm Jamie Maynard			
			Activity Director: Admissions Coordinator: Social Services Director:			
			Amy Loyall Karen Sherfy Ashley Perkins			

Barren County: Glasgow State Nursing Facility 207 State Ave. – P.O. Box 189 Glasgow, KY 42142-0189			Website: http://glasgowsnf.ky.gov/ Email: amanda.allen@ky.gov Phone: (270)659-4700 Fax: (270)651-1725		
Total Number of Beds 100	Type of License				
	Family Care 0	Personal Care 0	Nursing Facility 100	Alzheimer's 0	ICF Yes
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 100		Medicare Only 0
Room Rates	Skilled Care Room Rates		<i>Information Reported To be current As of 01/09/20</i>	Personal Care Room Rates	
	Private N/A	Semi-Private \$480.05		Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private \$480.05		N/A	
Ownership	No-Profit Corporation: State operated – Commonwealth of Kentucky				
Medical Director: Administrator: Director of Nursing: Asst. Dir. of Nursing	Dr. Phillip Bale Amanda Allen Kathy Brooks Amanda Lile		Activity Director: Admissions Coordinator: Social Services Director: Jamie Sheffield Jamie Sheffield Jamie Sheffield		
Barren County: Glenview Health Care Facility 1002 Glenview Dr. – P.O. Box 1507 Glasgow, KY 42142			Website: N/A Email: Kbush@glenviewfamily.com Phone: (270)651-8332 Fax: (270)651-8069		
Total Number of Beds 60	Type of License				
	Family Care 0	Personal Care 0	Nursing Facility 60	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 60		Medicare Only 0
Room Rates	Skilled Care Room Rates		<i>Information Reported To be current As of 01/22/20</i>	Personal Care Room Rates	
	Private & Semi-Private \$350.00			Private N/A	Semi-Private N/A
	Old Section	New Section		Accepts State Supplement	
	Private & Semi-Private \$220.00	Private & Semi-Private \$230-\$265		N/A	
Ownership	Entrepreneurship: Kay Bush/Lisa Howlett P.O. Box 1507, Glasgow, KY 42142				
Medical Director: Administrator: Director of Nursing: Asst. Dir. Of Nursing	Dr. Amelia Kiser Kay Bush Amanda Stiffey Tammy London		Activity Director: Admissions Coordinator: Social Services Director: Regina Poland Laura Burgan Laura Burgan		

Barren County: NHC Healthcare 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				
Total Number of Beds 206	Type of License								
	Family Care 0	Personal Care 12		Nursing Facility 194		Alzheimer's 0			
Certification of Nursing Facility Beds	Medicaid Only 0			Both Medicare & Medicaid 194			Medicare Only 0		
Room Rates	Skilled Care Room Rates				Information Reported To be current As of 01/15/20	Personal Care Room Rates			
	Private \$255-530 Avg. daily	Semi-Private \$215-\$250 Avg. daily	Rehab Yes	Private \$110.00 avg. daily		Semi-Private \$85.00 avg. daily			
	Intermediate Care Room rates					Accepts State Supplement			
	Private N/A	Semi-Private N/A				N/A			
Ownership	For Profit Corporation National Health Care P.O. Box 1398, Murfreesboro, TN 37130								
Medical Director: Administrator: Director of Nursing	Dr. Richard Clouse Denise Billingsley Tiffany Saltsman				Activity Director: Admissions Coordinator: Social Services Director:				Kim Dean Laura Hall Derek Curry

Barren County: <u>Signature HealthCARE of Glasgow Rehab & Wellness Center</u> 320 Westwood St. Glasgow, KY 42141					Website: http://ltcrevolution.com/signature-healthcare-of-glasgow-rehab-wellness-center Email: admin.glasgow@signaturehealthcarellc.com Phone: (270)651-3499 Fax: (270)651-7881						
Total Number of Beds 68	Type of License										
	Family Care 0		Personal Care 0		Nursing Facility 68		Alzheimer's 0		Other 0		
Certification of Nursing Facility Beds	Medicaid Only 0			Both Medicare & Medicaid 64			Medicare Only 4				
Room Rates	Skilled Care Room Rates				Information Reported To be current As of 01/20/20	Personal Care Room Rates					
	Private \$215.00		Semi-Private \$199.00			Rehab YES		Private N/A		Semi-Private N/A	
	Intermediate Care Room rates					Accepts State Supplement					
	Private N/A		Semi-Private \$199.00			YES					
Ownership	For-Profit Corporation: Signature HealthCARE of the Bluegrass 12201 Bluegrass Pkwy., Louisville, KY 40299										
Medical Director: Administrator: Director of Nursing	Dr. Amelia Kiser Leslie Smith Kim Poynter				Activity Director: Admissions Coordinator: Social Services Director:				Danielle Barlow Melinda Page Lyndsey Davis		

Barren County T.J. Samson Community Hosp. Skilled Nursing Unit 1301 N. Race St. Glasgow, KY 42141			Website: www.tjsamson.org Email: jreid@tjsamson.org Phone: (270)651-4458 Fax: (270)651-4786		
Total Number of Beds 16	Type of License				
	Family Care 0	Personal Care 0	Nursing Facility 16	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0		Medicare Only 16
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 01/22/20	Personal Care Room Rates	
	Private \$590.00	Semi-Private \$590.00		Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		N/A	
Ownership	Non-Profit T.J. Samson Community Hospital Corporation 1301 N. Race St., Glasgow, KY 42141				
Medical Director: Administrator: Director of Nursing	Dr. Amelia Kiser Jim Reid Christina Pedigo		Activity Director: Admissions Coordinator: Social Services Director:	James Neal James Neal James Neal	

Butler County: <u>Morgantown Care and Rehabilitation Center</u> 201 South Warren Street – P.O. Box 159 Morgantown, KY 42261				Website: www.morgantowncare.com Email: admin.morgantown@signaturehealthcarellc.com Phone: (270)526-3368 Fax: (270)526-3001		
Total Number of Beds 122	Type of License					
	Family Care 0	Personal Care 0	Nursing Facility 122	Alzheimer's 0	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 112		Medicare Only 10	
Room Rates	Skilled Care Room Rates			Information Reported To be current As of 01/27/20	Personal Care Room Rates	
	Private \$225.00	Semi-Private \$215.00	Rehab YES		Private N/A	Semi-Private N/A
	Intermediate Care Room rates				Accepts State Supplement	
	Private N/A	Semi-Private N/A			N/A	
Ownership	Private – For – Profit Corporation Signature Healthcare of the Bluegrass 12201 Bluegrass Parkway, Louisville, KY 40299					
Medical Director: Administrator: Director of Nursing	Dr. Ghayth Hammad Amy Phelps Deeana Phelps		Activity Director: Admissions Coordinator: Social Services Director:		Cindy Stewart Jamie Howard Tammy McClelland	

Edmonson County: Edmonson Center 813 S. Main St. – P.O. Box 709 Brownsville, KY 42210			Website: www.genesishcc.com Email:chris.swihart@genesishcc.com Phone: (270)597-2335 Fax: (270)597-2959		
Total Number of Beds 86	Type of License				
	Family Care 0	Personal Care 12	Nursing Facility 74	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 74		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 02/01/20	Personal Care Room Rates	
	Private \$345.00	Semi-Private \$317.00		Private 3472/month	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		N/A	
Ownership	For – Profit Corporation Genesis Health Care 1369 Stewartstown Rd. – Morgantown, WV 26508				
Medical Director: Administrator: Director of Nursing Asst. Dir. Of Nursing	Dr Pravin Avula and Dr. Sanjay Kaul Chris Swihart Darlene Myers Joseph Stewart		Activity Director: Admissions Coordinator: Social Services Director:	Mary Johnson Scott Lindsey Meredith "Nikki" Chapman	

Hart County: Hart County Manor 205 Bridge St. – P.O. Box 129 Munfordville, KY 42765			Website: N/A Email: N/A Phone: (270)524-7327 Fax: (270)524-7326		
Total Number of Beds 54	Type of License				
	Family Care 0	Personal Care 54	Nursing Facility 0	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 01/23/20	Personal Care Room Rates	
	Private N/A	Semi-Private N/A		Private \$2,486 month	Semi-Private \$1,243 month
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		YES	
Ownership	Private For-Profit Mike Vaught 717 North Shady Lane, Eubank, NY 42567				
Medical Director: Administrator: Director of Nursing	N/A Michael Vaught N/A		Activity Director: Admissions Coordinator: Social Services Director:	Barry Ford Jennie Staples – Asst. Admin. Jennie Staples – Asst. Admin.	

Hart County:
Signature HealthCARE of Hart County Rehab & Wellness Center
 1505 South Dixie Street
 Horse Cave, KY 42749

Website: <http://ltcrevolution.com/signature-healthcare-of-hart-county-rehab-wellness-center>
 Email: admin.hart@signaturehealthcarellc.com
 Phone: (270)786-2200
 Fax: (270)786-6102

Total Number of Beds 104	Type of License				
	Family Care 0	Personal Care 0	Nursing Facility 104	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 104		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 1/9/20	Personal Care Room Rates	
	Private \$239.00 daily	Semi-Private \$229.00 Daily		Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private \$239.00 daily	Semi-Private \$229.00 daily		N/A	
Ownership	For – Profit Corporation Signature HealthCARE of the Bluegrass 12201 Bluegrass Pkwy., Louisville, KY 40299				
Medical Director: Administrator: Director of Nursing	Dr. Phillip Bale Devin Dane Barbara Wood, RN		Activity Director: Admissions Coordinator: Social Services Director:	Beth Ann Estes Angie Croghan Candi Spears	

Logan County:
Auburn Health Care
 139 Pearl St. – P. O. Box 9
 Auburn, KY 42206

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

Total Number of Beds 66	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		Information Reported To be current As of 1/20/20	Personal Care Room Rates	
	Private \$229.00	Semi-Private \$209.00		Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		N/A	
Ownership	Private For-Profit Company Bolster Health Care Group – Nancy Bolster 506 Allensville St. – P.O. Box 427, Elkton, KY 42220				
Medical Director: Administrator: Director of Nursing	Dr. Ashley Bennett Desirae Cocanougher Larraine Young		Activity Director: Admissions Coordinator: Social Services Director: Jennifer O'Neal Brandi Davenport Brandi Davenport		

Logan County: Creekwood Place Nursing and Rehab Center 107 Boyles Drive Russellville, Ky 42276				Website: www.creekwoodplacenursing.com Email: cjordan@creekwoodnr.com Phone: (270)726-9049 Fax: (270)726-8706			
Total Number of Beds 104	Type of License						
	Family Care 0	Personal Care 0		Nursing Facility 104	Alzheimer's 0	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 104		Medicare Only 0		
Room Rates	Skilled Care Room Rates			Information Reported To be current As of 1/22/20	Personal Care Room Rates		
	Private \$290.00	Semi-Private \$215.00	REHAB YES		Private N/A	Semi-Private N/A	
	Intermediate Care Room rates				Accepts State Supplement		
	Private N/A	Semi-Private \$215.00			N/A		
Ownership	Non-Profit Corporation Creekwood Place Nursing and Rehab Center, Inc. 107 Boyles Dr., Russellville, KY 42276						
Medical Director: Administrator: Director of Nursing Asst. Dir. of Nursing	Dr. Manoj Majmudar Christy Jordan Lena Ward Robin Huddleston			Activity Director: Admissions Coordinator: Social Services Director:		Travis Bryan Tammy Tinsley Stacie Castile	

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	
Total Number of Beds 3	Type of License				
	Family Care 3	Personal Care 0	Nursing Facility 0	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 01/21/20	Personal Care Room Rates	
	Private N/A	Semi-Private N/A		Private \$2,000/month	Semi-Private \$2,000/month
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		N/A	
Ownership	Entrepreneurship Roman D. Miller Jr. 89 Laurel Scott Rd., Auburn, KY 42206				
Medical Director: Administrator: Director of Nursing	N/A Carrie Miller N/A		Activity Director: N/A Admissions Coordinator: N/A Social Services Director: N/A		

Metcalfe County: <u>Harper's Home for the Aged</u> 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				
Total Number of Beds 27	Type of License									
	Family Care 0		Personal Care 27		Nursing Facility 0		Alzheimer's 0		Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0			Both Medicare & Medicaid 0			Medicare Only 0			
Room Rates	Skilled Care Room Rates				<i>Information Reported To be current As of 01/23/20</i>	Personal Care Room Rates				
	Private N/A		Semi-Private N/A			Private \$1,283/month		Semi-Private \$1,283.00/month		
	Intermediate Care Room rates					Accepts State Supplement				
	Private N/A		Semi-Private N/A			YES				
Ownership	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: Administrator: Director of Nursing	Connie Prostko, APRN Cary Dabney Linda Grissom				Activity Director: Admissions Coordinator: Social Services Director:				Virgina Estes Linda Grissom Linda Grissom	

Metcalfe County: <u>Metcalfe Health Care Center</u> 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							
Total Number of Beds 84	Type of License									
	Family Care 0		Personal Care 13		Nursing Facility 71		Alzheimer's 0		Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0			Both Medicare & Medicaid 71			Medicare Only 0			
Room Rates	Skilled Care Room Rates				<i>Information Reported To be current As of 1/8/20</i>	Personal Care Room Rates				
	Private \$210.00		Semi-Private \$200.00			Private \$65.00		Semi-Private \$55.00		
	Intermediate Care Room rates					Accepts State Supplement				
	Private \$210.00		Semi-Private \$200.00			YES				
Ownership	Entrepreneurship Metcalfe County Court House Edmonton, KY 42128					Management: Wells Health Systems 725 Harvard Drive Owensboro, KY 42301				
Medical Director: Administrator: Director of Nursing Asst Dir. Of Nursing	Dr. Dusty Dunn Amy Neighbors Cassandra Brown Sandy Stearns				Activity Director: Admissions Coordinator: Social Services Director:				Shelia McCoy Kandis Gallagher 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			
Total Number of Beds 104	Type of License						
	Family Care 0	Personal Care 0	Nursing Facility 104	Alzheimer's 0	Other 0		
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 104		Medicare Only 0		
Room Rates	Skilled Care Room Rates			<i>Information Reported To be current As of 1/11/18</i>	Personal Care Room Rates		
	Private \$205.00	Semi-Private \$195.00	Rehab YES		Private N/A	Semi-Private N/A	
	Intermediate Care Room rates				Accepts State Supplement		
	Private \$205.00	Semi-Private \$195.00			YES		
Ownership	For-Profit Corporation Signature HealthCARE of the Bluegrass 12201 Bluegrass Pkwy., Louisville, KY 40299						
Medical Director: Administrator: Director of Nursing	Dr. Kimberly Eakle Rita Crabtree Kim Poynter		Activity Director: Admissions Coordinator: Social Services Director:		Jamie Turner Ashley Crabtree-Hume Vickie Moody		

Simpson County: Franklin-Simpson Nursing and Rehab P.O. Box 367 – 414 Robey St. Franklin, KY 42134				Website: www.franklinsimpsonrehab.com/ Email: admin@franklinsimpsonrehab.com Phone: (270)586-7141 Fax: (270)586-6686			
Total Number of Beds 98	Type of License						
	Family Care 0	Personal Care 0	Nursing Facility 98	Alzheimer's 0	Other 0		
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 98		Medicare Only 0		
Room Rates	Skilled Care Room Rates			<i>Information Reported To be current As of 01/09/20</i>	Personal Care Room Rates		
	Private \$238.00	Semi-Private \$223.00	Rehab YES		Private N/A	Semi-Private N/A	
	Intermediate Care Room rates				Accepts State Supplement		
	Private \$238.00	Semi-Private \$223.00			N/A		
Ownership	Private For-Profit Corporation Preferred Care Partners Management Group 5240 West Plano Parkway, Plano, TX 75093						
Medical Director: Administrator: Director of Nursing	Dr. Robert Wesley Amy Blair Amber Hicks		Activity Director: Admissions Coordinator: Social Services Director:		Jeff Sailing Angie Wolf Jasmine Bass		

Simpson County: <u>Lewis Memorial Methodist Home</u> 2905 Bowling Green Rd. Franklin, KY 42134		Website: www.lewismemorial.org Email: lewismemorialhome@gmail.com Phone: (270)586-3461 Fax: (270)586-8915			
Total Number of Beds 23	Type of License				
	Family Care 0	Personal Care 23	Nursing Facility 0	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0		Medicare Only 0
Room Rates	Skilled Care Room Rates		<i>Information Reported To be current As of 1/9/20</i>	Personal Care Room Rates	
	Private N/A	Semi-Private N/A		Private \$1425-\$1475 month	Semi-Private \$1375-\$1425 month
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		YES	
Ownership	Non-Profit Religious Lewis Memorial Inc. 2905 Bowling Green, Rd., Franklin, KY 42134				
Medical Director:	N/A		Activity Director:	Janie Rigsby	
Administrator:	Vicki Tyler		Admissions Coordinator:	N/A	
Director of Nursing	Christy Higginbotham		Social Services Director:	N/A	

Warren County: <u>Bowling Green Nursing and Rehab</u> 1561 Newton Ave. Bowling Green, KY 42104		Website: N/A Email: tracie.branham@pcitexas.net Phone: (270)842-1611 Fax: (270)842-3858			
Total Number of Beds 66	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		<i>Information Reported To be current As of 01/27/20</i>	Personal Care Room Rates	
	Private \$227.00	Semi-Private \$212.00		Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private \$227.00	Semi-Private \$212.00		N/A	
Ownership	For-Profit Corporation Preferred Care, Inc. 5500 W. Plano Parkway, Suite 100, Plano, TX 75093				
Medical Director:	Dr. Joseph Allen		Activity Director:	Carmen Owens	
Administrator:	Tracie Branham		Admissions Coordinator:	Kee Kee Williams	
Director of Nursing	Sherri Ravuri		Social Services Director:	Tyler Muse	
Asst. Dir. Of Nursing	Ronda Kell				

Warren County: Christian Health Center at Village Manor 1800 Westen Ave. Bowling Green, KY 42104				Website: www.liveatvillagemanor.com Email: contact@ccc1884.org Phone: (270)796-6643 Fax: (270)796-6733		
Total Number of Beds 97	Type of License					
	Family Care 0	“Bridgepointe” Personal Care 56	Nursing Facility 39	Alzheimer's 0	ICF 2 - Yes	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 8		Medicare Only 14	
Room Rates	Skilled Care Room Rates			Information Reported To be current As of 01/21/20	Personal Care Room Rates	
	Private \$302	Semi-Private \$271	Rehab YES		Private Varies by need	Semi-Private N/A
	Intermediate Care Room rates				Accepts State Supplement	
	Private N/A	Semi-Private \$239			NO	
Ownership	Non-Profit Corporation Christian Care Communities, Inc. 12710 Townepark Way, Suite 1000, Louisville, KY 40243-1596					
Medical Director: Administrator: Director of Nursing			Dr. Anson Hsieh Chris Minnich Donna Howard			
			Activity Director: Admissions Coordinator: Social Services Director:			
			-Vacant- Sherria Hawkins Sherria Hawkins			

Warren County: Colonial Center 2365 Nashville Rd. Bowling Green, KY 42101			Website: www.geneshihcc.com Email: jessica.lopez@genesishcc.com Phone: (270)842-1641 Fax: (270)782-9961		
Total Number of Beds 48	Type of License				
	Family Care 0	Personal Care 0	Nursing Facility 48	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 48		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 1/19/20	Personal Care Room Rates	
	Private \$320.00	Semi-Private \$306.00		Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		N/A	
Ownership	For-Profit Corporation Genesis Health Care 1369 Stewartstown Rd., Morgantown, WV 26508				
Medical Director: Administrator: Director of Nursing Asst. Dir. of Nursing	Dr. Ashley Bennett Jessica Lopez Ashley Pruitt -Vacant-		Activity Director: Admissions Coordinator: Social Services Director: Camalia Dennis Alison Ray Alison Ray		

Warren County:
Fern Terrace of Bowling Green, LLC

1030 Shive Lane
Bowling Green, KY 42103

Website: www.fernterrace.com/bg/bgindex.html

Email: valarie@fernterrace.com

Phone: (270)781-6784 Resident Phone: 270-842-9801

Fax: (270)782-2037

Total Number of Beds 114	Type of License				
	Family Care 0	Personal Care 114	Nursing Facility 0	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0		Medicare Only 0
Room Rates	Skilled Care Room Rates		Information Reported To be current As of 1/23/20	Personal Care Room Rates	
	Private N/A	Semi-Private N/A		Private \$1,459/month	Semi-Private \$1,243 month
	Intermediate Care Room rates			Accepts State Supplement	
	Private N/A	Semi-Private N/A		YES	
Ownership	Private For-Profit Entrepreneurship Jack Simpson 7 Woodford St., Owensboro, KY 42301 Management: Genesis Health Care				
Medical Director: Administrator: Asst. Administrator	N/A Valarie Carter Jodie Key		Activity Director: Admissions Coordinator: Social Services Director: Deborah Barraza Valarie Carter Deborah Barraza		

Warren County:
Greenwood Nursing and Rehabilitation Center

5079 Scottsville Rd. – P.O. Box 51547
Bowling Green, KY 42104

Website: www.greenwoodnursing.com

Email: grw71-admin@greenwoodnursing.com

Phone: (270)782-1125

Fax: (270)782-6952

Total Number of Beds 128	Type of License				
	Family Care 0	Personal Care 0	Nursing Facility 128	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 120		Medicare Only 8
Room Rates	Skilled Care Room Rates			Personal Care Room Rates	
	Private \$451.00	Semi-Private \$345.00	Rehab YES	Private N/A	Semi-Private N/A
	Intermediate Care Room rates			Accepts State Supplement	
	Private \$271.00	Semi-Private \$234.00	Information Reported To be current As of 01/20/20	N/A	
Ownership	For-Profit Corporation Thames Health Care Group, LLC P.O. Box 6159, 1435 Hwy. 258, Kinston, NC 28501				Management: Principle LLC
Medical Director: Administrator: Director of Nursing	Dr. Joseph Allen Jonathan McGuire Nicole Jessie		Activity Director: Admissions Coordinator: Social Services Director:	Nolly Brandon Mendi Willis Lori Woodward and Bethann Daugherty	

Warren County: <u>The Haven At Massey Springs</u> 2945 Smallhouse Road Bowling Green, KY 42104		Website: http://masseyspringsseniorliving.com/haven-memory-care/ Email: cgray@goodworksunlimited.com Phone: 270-904-1999 Fax: 1-866-818-1137			
Total Number of Beds 18	Type of License				
	Family Care 0	Personal Care 18	Nursing Facility 0	Alzheimer's 0	Other 0
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 0	Medicare Only 0	Private Pay 18
Room Rates	Skilled Care Room Rates			<i>Information Reported To be current As of 1/20/20</i>	Personal Care Room Rates
	Private N/A	Semi-Private N/A	Rehab N/A		Private \$5,250 monthly
	Intermediate Care Room rates				Accepts State Supplement
	Private N/A	Semi-Private N/A			N/A
Ownership	For-Profit Corporation				
Medical Director Executive Director Clinical Director	Leigh Mooneyhan Amanda Springer		Activity Director: Administrative Assistant		Sarah Clark Kim Thompson

Warren County: <u>Hopkins Center</u> 460 S. College St. – P.O. Box 70 Woodburn, KY 42170		Website: www.genesishcc.com/HopkinsKY Email: loren.ward@genesishcc.com Phone: (270)529-2853 Fax: (270)529-9836				
Total Number of Beds 50	Type of License					
	Family Care 0	Personal Care 0	Nursing Facility 50	Alzheimer's 0	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 50	Medicare Only 0		
Room Rates	Skilled Care Room Rates			<i>Information Reported To be current As of 01/10/20</i>	Personal Care Room Rates	
	Private \$283.00	Semi-Private \$269.00	Rehab YES		Private N/A	Semi-Private N/A
	Intermediate Care Room rates				Accepts State Supplement	
	Private	Semi-Private			N/A	
Ownership	For-Profit Corporation Genesis HealthCare 101 East St., Kennett Square, PA 19348					
Medical Director: Administrator: Director of Nursing	Dr. Michael Collins Loren Ward Marla Staples		Activity Director: Admissions Coordinator: Social Services Director:		Edna Bauer Eddie Wagoner Eddie Wagoner	

Warren County: <u>Magnolia Village Care and Rehabilitation Center</u> 1381 Campbell Lane Bowling Green, KY 42104				Website: www.geneshihcc.com/MagnoliaVillage Email: jennifer.soldevilla@genesishcc.com Phone: (270)843-0587 Fax: (270)843-0874		
Total Number of Beds 60	Type of License					
	Family Care 0	Personal Care 0	Nursing Facility 0	Alzheimer's 60	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 30		Medicare Only 30	
Room Rates	Skilled Care Room Rates			<i>Information Reported To be current As of 01/07/20</i>	Personal Care Room Rates	
	Private \$305.00	Semi-Private \$372.00	Rehab YES		Private N/A	Semi-Private N/A
	Intermediate Care Room rates				Accepts State Supplement	
	Private N/A	Semi-Private N/A			N/A	
Ownership	For-Profit Corporation Genesis HealthCare 101 East St., Kennett Square, PA 19348					
Medical Director: Administrator: Director of Nursing	Dr. John Gover Jennifer Soldevilla Janet York		Activity Director: Admissions Coordinator: Social Services Director:		Liza Yabrough Ryan Kingery Darla Waymon	

Warren County: <u>Signature Healthcare of Bowling Green</u> 550 High St. Bowling Green, KY 42102				Website: http://shcofbowlinggreen.com/ Email: admin.bowlinggreen@signaturehealthcarellc.com Phone: (270)843-3296 Fax: (270)793-0218		
Total Number of Beds 176	Type of License					
	Family Care 0	Personal Care 0	Nursing Facility 148	"The Bridge" Alzheimer's 28	Other 0	
Certification of Nursing Facility Beds	Medicaid Only 0		Both Medicare & Medicaid 146		Medicare Only 30	
Room Rates	Skilled Care Room Rates			<i>Information Reported To be current As of 2/23/18</i>	Personal Care Room Rates	
	Private \$270/daily	Semi-Private \$240/daily			Private N/A	Semi-Private N/A
					Accepts State Supplement	
					Rehab YES	N/A
Ownership	For-Profit Corporation Signature HealthCARE 12201 Bluegrass Pkwy., Louisville, KY 40299					
Medical Director: Administrator: Director of Nursing	Dr. Nirav Sheth Fred Rowe Carrie Mallinson, RN		Activity Director: Admissions & Marketing Coordinator: Social Services Director:		Larry Meador Tiffany Hinton, CNA Lindsey Sila	

NOTES:

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Lovers Lane Chapel
820 Lovers Lane
Bowling Green, KY 42103

Broadway Chapel
832 Broadway
Bowling Green, KY 42101

(270)843-3111
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