St. Elizabeth HEALTHCARE
Care Coordination

Nursing Home Placement Handbook

WHAT DOES "QUALIFYING STAY" FOR SKILLED NURSING HOME PLACEMENT MEAN?

Dear Patient,

Please read the following information if you are a Medicare beneficiary here in the hospital and may need skilled nursing care in a nursing home after discharge.

In order for Medicare to pay for your subsequent skilled care in a nursing home you must have a "qualifying stay" in a hospital. You must have been a hospital inpatient for a medically necessary stay of at least three consecutive calendar days within 30 days of admission to the skilled facility (i.e., three midnights). There are very specific guidelines that are used to determine whether you qualify to be an inpatient in the hospital. To be considered a qualifying stay, the services you are receiving in the hospital must be sufficient enough to meet these guidelines.

If you are an observation patient for any part of or all of your hospital stay, none of the observation days count toward the three-day qualifying stay. Inpatient hospitalization is considered necessary for conditions that could not have been safely treated in a less acute setting such as observation. If your physician orders you to be an inpatient and you do not meet Medicare's criteria for an inpatient stay, your hospital stay will not be considered a qualifying stay. You must have required acute care services.

The receiving facility should verify that you have a qualifying stay before accepting you for transfer. The nursing home or skilled facility can accept you for skilled services without a qualifying stay, but the care would not be covered by Medicare and you would need to make payment arrangements with the facility.

If you have questions or would like more information please call: 1-800-MEDICARE or visit www.cms.gov or www.Medicare.gov.

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INTRODUCTION

As a patient considering nursing home placement, you probably have many questions about nursing homes and their admission procedures. This handbook is made available to you as a guide to understanding what steps must be completed to obtain a nursing home bed. (** See starred paragraph below.) This handbook provides you with valuable information and should answer many of your questions.

The hospital realizes that the process of nursing home placement can be a very difficult and emotional experience. In order to assist you with the complex procedure of nursing home placement and to ease some of the stress involved, social workers are available to assist you and your family.

If your medical condition warrants nursing home placement, a social worker reviews this handbook with you and your family and acts as coordinator and liaison between you, your physician, the staff nurses, the nursing home and your family.

****NOTE:** Nursing homes in the Northern Kentucky area usually DO NOT have immediate openings and most have long waiting lists. It is VERY IMPORTANT to begin the steps toward nursing home placement as soon as the decision is made that this type of continued care is the best option for you.

CARE COORDINATION DEPARTMENT

Each nursing unit has a social worker available. Services include:

- counseling you and your family regarding your acceptance and adjustment to nursing home placement, as well as, issues involving nursing home placement procedures
- presenting you with a list of area nursing homes (see pages 14-17)
- helping you determine which method of payment to the nursing home is most appropriate for you
- keeping the nursing homes informed of your medical condition and any changes in your level of care
- notifying you, your family and your physician when an appropriate bed has been located
- coordinating the date and time of transfer to the nursing home with you, your family, your physician and the nursing home
- determining appropriate transportation arrangements
- answering any questions about the nursing home process you may have

FAMILY RESPONSIBILITY

You will be requested by the social worker to appoint an individual from your family or someone you trust to become actively involved in the various steps necessary to obtain placement in a nursing home. These steps include:

- visiting various nursing homes that are unfamiliar
- obtaining, completing and submitting application forms as required by the nursing home. (Some nursing homes only require a phone call to place a patient's name on their waiting list until a bed is available.)

  ***NOTE:** Contact with the nursing homes should begin immediately following your initial discussion with the social worker.

  REMEMBER - The longer you wait to complete applications at nursing homes the less likely that a nursing home bed will be available at the time you are ready for discharge from the hospital.
- investigating the patient's financial assets
- reporting to the social worker the anticipated method of payment for nursing home placement
- applying for financial coverage if necessary (See section entitled MEDICAID)
- making arrangements for someone to become power-of-attorney or guardian if required by one of the nursing homes of your choice
- signing the required admission papers at the nursing home on or before the day of admission
- appointing someone to complete nursing home placement activities if the person handling the above steps for nursing home placement becomes unavailable due to: vacation, work schedule or unexpected circumstances

PAYMENT OF NURSING HOME COSTS

The four (4) types of financial coverage for nursing home costs are Medicare, Medicaid, Private Insurance and Personal Funds.

1. Medicare Benefits - This is a FEDERAL program with pre-determined eligibility criteria for financial coverage in a nursing home.

NOTE: Medicare will pay only for patients who require SKILLED

2. Medicaid Benefits - This is a STATE program with pre-determined criteria for financial coverage in a nursing home. This program provides monthly financial coverage for patients ineligible for Medicare benefits in a nursing home. The patient's monthly income is supplemented by Medicaid to cover the monthly charges of the nursing home. Eligibility is based on your resources and income. *(See Addendum 1B & 2B for a detailed description of Medicaid benefits.)*

3. Private Insurance Coverage - Some insurance plans may cover a portion of nursing home costs. Your policy will indicate the extent of your coverage or you may wish to call your insurance agent or company benefits manager to discuss details.

4. Personal Funds - If you do not qualify for Medicare/Medicaid benefits, you may enter any nursing home on a private pay basis. Please notify the social worker if this is your intent.

LEVELS OF CARE

Below are the three levels of care available in the nursing home and the basic care requirement of each level of care. (**NOTE:** Not all levels of care are available in all nursing homes.) The type of care that you require as you enter the nursing home is the major factor utilized by nursing homes to determine the appropriate level of care.

1. Skilled - You require daily skilled nursing by a registered nurse (RN) or rehabilitation services that can be carried out only in a skilled nursing facility. **Very few patients are classified at this level of care.** *Example:* Mr. Smith suffered a stroke. He needs physical therapy on a daily basis. Mr. Smith is also unable to eat and has a new feeding tube for total nutrition. At this time, the patient's care needs require supervision of a registered nurse.

2. Intermediate - You require nursing care which does not require a registered nurse (RN). The care can be provided by a licensed practical nurse (LPN) or a nurse assistant under the supervision of a registered nurse (RN). *Example:* Mrs. Jones sustained a head injury several years ago. She is confused and confined to bed. Mrs. Jones has a foley catheter and requires oxygen. At this time, the patient's care needs require supervision of a licensed practical nurse or certified nurses assistant.

3. Personal - You are able to perform daily activities with supervision. *Example:* Mrs. Green has chronic arthritis. She manages most of her daily activities, yet help is available if needed. Medication is monitored and distributed.

ST. ELIZABETH HEALTHCARE SKILLED NURSING UNITS AT FLORENCE AND FT. THOMAS

A nursing unit providing *short-term care* (two to three weeks maximum) for patients who require daily skilled nursing is available at St. Elizabeth Florence and St. Elizabeth Ft. Thomas.

You MAY be eligible for this unit based on an evaluation of your skilled nursing needs and on the skilled nursing insurance benefits that you have available.

This unit is NOT a substitute for nursing home placement in the community. Before you are admitted to this unit, you will be asked to begin steps to locate a community nursing home or develop a plan for assistance once you are ready for home discharge.

MEDICALLY READY FOR DISCHARGE

Your physician determines when you are ready for discharge. He or she may refer to your condition as *stable*. This means that you may need continued care but not in a hospital setting.

You and your physician are advised when there are no nursing home beds available in the Northern Kentucky area. If this occurs, your physician may advise you to wait for a nursing home vacancy at home. If home health care is indicated, a Care Coordinator or Social Worker may be able to assist in setting this up.

If home care is inappropriate and no local nursing home beds are available, a social worker can help you locate an appropriate nursing home bed elsewhere in Kentucky, Southwest Ohio or Southeast Indiana.

NURSING HOME VACANCY

When a VACANCY in a licensed nursing home becomes available, it is offered to you if:

- you are medically ready for discharge, as directed by your physician
- you have financial coverage acceptable to the nursing home
- your physical needs can be cared for in that particular nursing home

(**NOTE:** A vacancy is offered to you from a licensed nursing home within a fifty (50) mile radius of your home.)

DISCONTINUANCE OF MEDICARE BENEFITS

You may risk discontinuance of all Medicare benefits and other insurance benefits if you are determined (by your physician) to be medically ready for discharge and you REFUSE an available nursing home bed in a licensed nursing facility within a 50 mile radius of your home.

***NOTE:** A 50 mile radius of your home may include nursing homes in Ohio and Indiana.

Discontinuance of benefits may occur even if the level of care of the vacant bed offered to you is higher than you require. (For example, you require personal care, but the only bed available is an intermediate care bed.) If your Medicare benefits are discontinued, you are financially responsible for those additional days you remain in the hospital.

***NOTE:** Most secondary insurance programs will not cover hospital costs if Medicare benefits have been discontinued.

In addition, you may risk discontinuance of Medicare benefits if you are medically ready for discharge yet you refuse to allow the social worker to assist you in arranging a post-hospital care plan or you refuse to allow your name to be placed on the waiting list of a particular licensed nursing home facility in a 50 mile radius of your home.

***NOTE:** You must consider ALL nursing homes in the Northern Kentucky area within a 50 mile radius.

CONCLUSION

Thank you for taking time to read this handbook. Hopefully, it has answered many of your questions about nursing home placement. Please feel free to call the social worker to discuss any further questions.

You may reach a social worker by asking your nurse to contact the social worker on your nursing unit or by calling the Care Coordination Department.

St. Elizabeth Edgewood – **(859) 301-2275**

St. Elizabeth Covington – **(859) 301-2275**

St. Elizabeth Grant – **(859) 824-8240**

St. Elizabeth Ft. Thomas – **(859) 572-3207**

St. Elizabeth Florence – **(859) 212-5290**

ADDENDUM 1A - MEDICARE PROGRAM

The Medicare program consists of two parts:

1. PART A

This portion of the Medicare program pays for both hospitalization and nursing home care.

Nursing Home coverage is provided if the patient meets a medical criteria (you must require daily skilled care) as well as the following additional criteria:

a. The patient must meet a three (3) day inpatient hospitalization requirement. (Qualifying Stay).

   The term **"Qualifying Stay"** refers to a Medicare guideline, that affects reimbursement of skilled nursing care following an inpatient hospital stay. In order for Medicare to pay for skilled care in a nursing home, the patient must have been admitted to a hospital as an "inpatient" for a medically necessary stay of at least three consecutive days (i.e., midnights). The three-day requirement begins on the first day of an inpatient admission to the hospital, and must occur within 30 days of admission to the skilled nursing facility. There are very specific Medicare regulations for determining if a patient is an "inpatient" or an "observation" patient. An admission solely for the purpose of getting a patient admitted to a nursing home does not meet the Medicare requirement. A patient can certainly be admitted to a nursing home following an observation stay; however, Medicare will not cover that stay.

   If you or your loved one are considering a transfer to a skilled nursing facility or a nursing home, please discuss this information with your social worker as early in the admission as possible to determine if this is a "Qualifying Stay".

b. The physician must certify that the patient requires daily skilled nursing care.

c. Both before and after admission to a nursing home, the Care Coordinator and/or an independent group of physicians/nurses, must agree that the person is, in fact, receiving daily skilled nursing care.

If patients meet the above criteria and are admitted to a nursing home, they may be eligible for UP TO one hundred (100) days of coverage available under the Medicare program.

The first twenty (20) days are known as FULL days. This means that the Medicare program pays fully (100%) for the nursing care in a semi-private room.

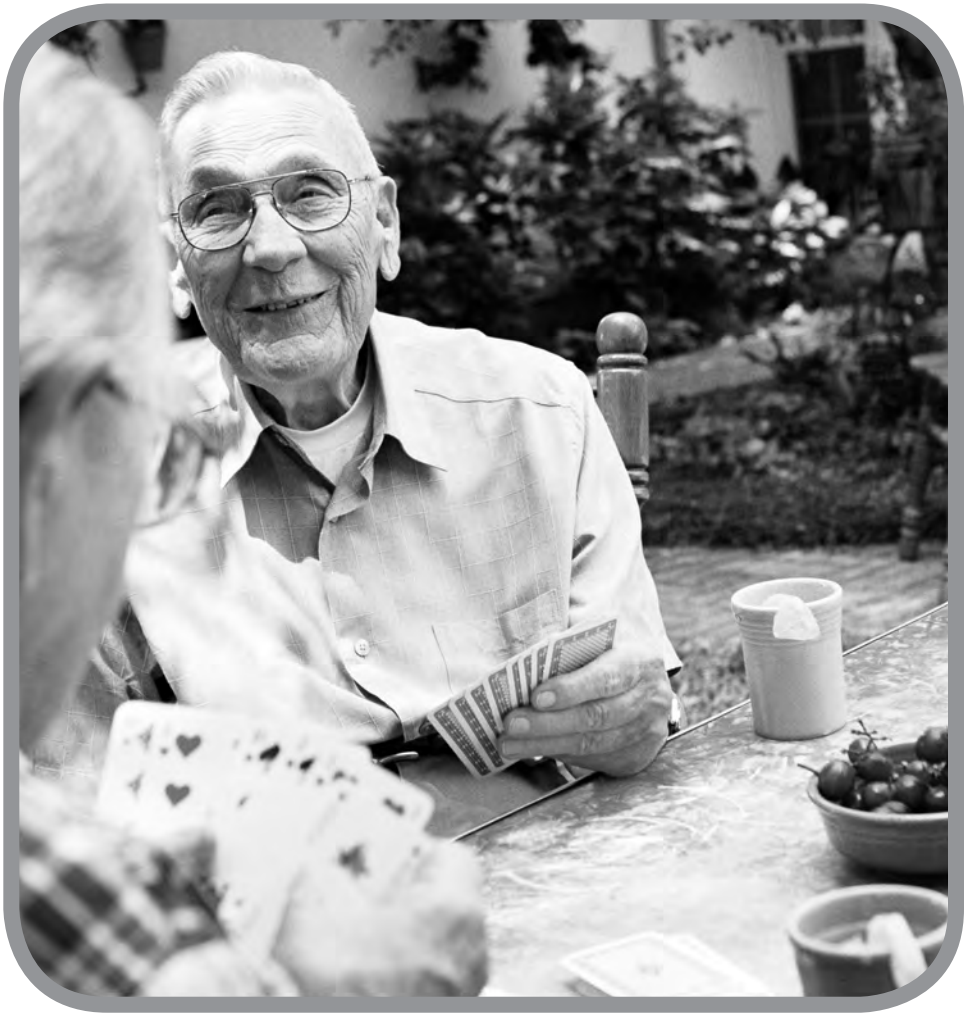
ADDENDUM 1A, (continued)

The next eighty (80) days are known as **COINSURANCE** days. This means you pay a daily rate of $144.50 for the nursing care in a semi-private room, while Medicare pays a daily rate of anything over the $144.50 (This amount usually increases every Jan. 1).

NOTE: A supplemental insurance may pay the co-insurance shares. Please check your policy.

While you are in a nursing home receiving Medicare benefits, the following services are covered:

1) Semi-private room and food
2) Medications
3) Medical supplies
4) Physical Therapy
5) Occupational Therapy
6) Speech Therapy



ADDENDUM 2A -

MEDICARE PROGRAM (continued)

The illustration below is designed to graphically show you how many days are available under the Medicare program:

1 ……..20	21…….....100
20 Full Days Medicare pay 100%	80 Coinsurance Days You pay $144.50 per day; Medicare pays per day any amount over $144.50

(Note: The $144.50 daily rate usually increases each year on January 1.)

******IMPORTANT -** Just because a patient is eligible for up to one hundred (100) days of Medicare coverage in a nursing home does **NOT** mean the patient will receive the **ENTIRE** one hundred (100) day benefit coverage. Medicare payment in the nursing home is dependent upon the patient's need for receiving **DAILY** skilled nursing care.

Each day the patient is in the nursing home, the Utilization Review Committee reviews the patient's medical record to determine if the patient is receiving daily skilled nursing care. If the patient no longer requires DAILY skilled nursing care, the Utilization Review Committee may discontinue the patient's Medicare coverage in the nursing home.

2. PART B

This portion of the Medicare program must be purchased through a deduction from your Social Security earnings. You will know the coverage is in force if the words "Medical Insurance" are typed on your Medicare card. This coverage pays for the following services:

1) Physicians services
2) Ambulance services
3) Laboratory services
4) Physical Therapy
5) Occupational Therapy
6) Speech Therapy

The Medicare program under Part B pays eighty percent (80%) of the bill for the above services. The person is responsible for twenty percent (20%) of the bill plus the value of the annual deductible.

ADDENDUM 3A -

PRIVATE INSURANCE PLANS

Please carefully check your insurance policy booklet since policies vary greatly. Your booklet explains the portion the insurance plan pays and what you will need to pay. IT should also indicate whether it pays for all levels of care in a nursing home or only the skilled level of care. Nursing homes, also, differ in how they work with insurance companies. Some nursing homes bill the insurance company for the monthly charges while others expect you to pay the monthly charges and submit the bill to your insurance company for reimbursement.

ADDENDUM 1B -

MEDICAID PROGRAM IN KENTUCKY

Medicaid assists eligible patients with the monthly cost in a nursing home. The patient's monthly income (minus $40 for personal use) is applied to the monthly cost of the nursing home. The additional amount needed to pay the nursing home's monthly charges is paid by Medicaid – **For a spouse remaining at home, a minimum monthly income of $1,892 may be kept from the couple's monthly income. If there are verifiable shelter expenses, the maximum monthly income could increase to $2,841.**

NOTE: The rates may increase yearly. A case worker at the Medicaid office can provide you with the most accurate information.

Application for Medicaid may be made with the Cabinet for Families and Children/Department of Social Insurance (CFC/DSI) ***in the county where the nursing home is located.***

The following are the numbers for the CFC/DSI offices in the eight Northern Kentucky Counties:

Boone County: (859) 371-6900

Campbell County: (859) 292-6700

Kenton County: (859) 292-6600

Carroll County: (502) 732-4271

Owen County: (502) 484-3458

Grant County: (859) 824-5202

Pendleton County: (859) 654-6123

Gallatin County: (859) 567-7281

Medicaid eligibility is determined by **INCOME** and **RESOURCES.**

1. INCOME

The monthly income of the individual applying for Medicaid may **NOT** exceed the monthly cost of the nursing home. The gross monthly income for a patient entering a nursing home in the Personal Care level is $2,094. A case worker at the Medicaid office can provide additional information. **NOTE:** Income is defined as money received from statutory benefits (Social Security, VA pension, Black Lung benefits and Railroad Retirement benefits), pension plans, rental property, investments or wages for labor or services. Income may be earned or unearned.

2. RESOURCES

The resources of an individual applying for Medicaid and entering into a nursing facility must be within the Medicaid guidelines. The resources of the spouse of the nursing home resident are always considered for Medicaid eligibility.

ADDENDUM 2B

MEDICAID PROGRAM (continued)

EXAMPLES:

A. $2,000 – resource allowance for single person entering a nursing home.

B. $4,000 – resource allowance for married couple entering a nursing home.

C. $2,000 – resource allowance for spouse entering a nursing home (the other spouse remains at home).

The resource allowance for the spouse at home is based on a Medicaid provision that the resources ("countable income") of a married couple must be divided in half. The spouse at home keeps a minimum of $22,728 to a maximum of $113,640. The spouse entering the nursing home needs to spend down to $2,000 if his/her half of the resources is over $2,000.

Resources ("countable income") are defined as cash money and any other personal property or real property that an individual or couple owns; has the right, authority or power to convert to cash. Resources may include, but are not limited to: checking and savings accounts, stocks or bonds, certificates of deposit, automobiles, land, buildings, burial reserves and life insurance policies, and some type of trusts.

The following resources are excluded in Medicaid eligibility determination: home property and adjoining land, if spouse or disabled child resides there, or in a hardship case, household goods and personal effects; the first $1,500 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; KEOGHs; retirement funds and other deferred tax protected assets until accessed. A case worker at the Medicaid office can provide you with more details re: "countable income" / resources.

NOTE: The Department of Social Insurance (Medicaid office) does investigate transferred resources. If resources are transferred 60 months or less prior to the Medicaid eligibility application, approval for Medicaid benefits could be jeopardized.

ESTATE RECOVERY: Kentucky Department of Social Insurance implements a program called "estate recovery". After the death of the patient (a Medicaid recipient) the state may claim the home through probate court.

EXCEPTION: The spouse, dependent child or disabled adult-child of the deceased lives in the home.

ADDENDUM 3B

PAPERWORK NECESSARY WHEN APPLYING FOR MEDICAID

1. Social Security card
2. Medicare claim card
3. **Health Insurance card -** You will need the amount of the premium paid and method of payment (monthly, quarterly, etc.)
4. **Verification of Income -** you will need a letter from Social Security or other source of income. A letter form Social Security may be obtained by calling **1-800-772-1213** or by going to your local Social Security office. (In Northern Kentucky the office is located at 7 Youell, Florence, KY 41042) Hours: 9 a.m. - 4: p.m. Mon. - Fri.
5. **Bank statements -** You will need bank statements from the three (3) months proceeding the present month **OR** a letter from the bank verifying checking and savings accounts.
6. **Records of other accounts -** You will need bank statements from the three (3) months proceeding the present month **OR** a letter from the bank verifying checking and savings accounts.
7. **Life Insurance policies -** You will need to obtain the policy or a copy of the policy.
8. **Burial policies -** You will need to obtain the policy or a copy of the policy.

MEDICAID PROGRAM IN OHIO AND INDIANA

The eligibility requirements for Medicaid in Ohio and Indiana may differ from Kentucky Medicaid.

The following are the numbers for the agencies that administer the Medicaid program in Ohio and Indiana:

OHIO

Department of Human Services

Hamilton County: (513) 946-2480

Clermont County: (513) 732-7111

Warren County: (513) 695-1420

Butler County: (513) 887-400

INDIANA

Family & Social Service Administration Division of Family and Children

www.in.gov-f ssa

1-800-403-0864

ADDENDUM 1C

INTERNET LINKS TO CHOOSING A NURSING HOME

The purpose of providing these Internet links is to acquaint the online community with information available in choosing a nursing home. The websites listed are provided “as is”. St. Elizabeth Healthcare does not warrant the accuracy of the information provided through these websites.

www.medicare.gov, www.chfs.ky.gov, www.cms.gov

The official U.S. Government sites for information regarding Medicare, Medicaid and Extended Care Facilities.

QUALIFYING STAY AND NURSING HOME PLACEMENT

The term "Qualifying Stay" refers to a Medicare Guideline that affects reimbursement of skilled nursing care following an INPATIENT HOSPITAL STAY. In order for Medicare to pay for skilled care in a nursing home, the patient must have been admitted to a hospital as an "INPATIENT" for a medically necessary stay of at least three (3) consecutive days (ie., midnights). The three-day requirement begins on the first day of an inpatient admission to the hospital, and must occur within 30 days of admission to a skilled nursing facility. There are very specific Medicare regulations for determining if a patient is an "Inpatient" or "Observation Patient". An admission solely for the purpose of getting a patient into a nursing home DOES NOT meet the Medicare requirement. A patient can be admitted to a nursing home following an observation stay; however, Medicare will not cover that stay.

If you or a loved one are considering a transfer to a skilled nursing facility or a nursing home, please discuss this information with your social worker as early in your hospital stay as possible to determine if your stay is a "Qualifying Stay".

NURSING HOME CONTACT INFORMATION

Please ask for the Admissions Department when calling for availability.

BOONE COUNTY

Florence Park

Address: 6975 Burlington Pike, Florence, KY 41042
Phone: (859) 525-0007
Certified Beds: 150 Medicare/Medicaid

Bridgepoint Care and Rehabilitation

Address: 7300 Woodspoint Dr., Florence, KY 41042
Phone: (859) 371-5731
Certified Beds: 151 Medicare/Medicaid

CAMPBELL COUNTY

Carmel Manor

Address: Carmel Manor Rd., Ft. Thomas, KY 41075
Phone: (859) 781-5111
Certified Beds: 65 Medicare/Medicaid
60 Personal Care
* Will **NOT** accept patients under 63 years

Northern Kentucky Baptist Convalescent Center

Address: 120 West Main St., Newport, KY 41075
Phone: (859) 581-1938
Certified Beds: 167 Medicare/Medicaid
- Skilled and Intermediate:
- 30 Personal Care

Highlandspring of Ft. Thomas

Address: 960 Highland Ave., Ft. Thomas, KY 41075
Phone: (859) 572-0660
Certified Beds: 140 Medicare/Medicaid
- Skilled and Intermediate:
- A Specialty Rehabilitation Unit:

KENTON COUNTY

BAPTIST TOWERS

Address: 800 Highland Ave., Covington, KY 41011
Phone: (859) 491-3800
Certified Beds: 45 Beds (5) Medicaid

COVINGTON LADIES HOME

Address: 702 Garrard St., Covington, KY 41011
Phone: (859) 431-6913
Certified Beds: 32 Beds (Personal Care only)
- State assistance certified

EMERITUS AT EDGEWOOD

Address: 2950 Turkeyfoot Rd., Edgewood, KY 41017
Phone: (859) 426-1888
Certified Beds: 116 Personal Care beds
- Includes a 24-bed Alzheimer's Unit

MADONNA MANOR

Address: 2344 Amsterdam Rd., Villa Hills, KY 41017
Phone: (859) 341-3981
Certified Beds: 35 Medicare/Medicaid beds
- Skilled, Intermediate Care, Personal Care and Respite care

A new building will be complete July 2011 and will include an additional 25 beds.

PROVIDENCE PAVILION

Address: 401 East 20th St., Covington, KY 41014
Phone: (859) 283-6600
Certified Medicare and Medicaid Beds

REGENCY MANOR

Address: 11725 Madison Pk., Independence, KY 41051
Phone: (859) 356-9294
Certified Beds: 59 beds (Personal Care only)

- Medicare Certified

REGENCY NORTH

Address: 401 E. 20th Street, 2nd Floor, Covington, KY 41014
Phone: (859) 291-3200
Certified Beds: 30 Personal Care Beds

ROSEDALE MANOR

Address: 43rd & Glenn, Covington, KY 41015
Phone: (859) 431-2244
Certified Beds: 240 Medicare/Medicaid beds

- Skilled Care
- Intermediate Care
- 60 Personal Care

ST. CHARLES CARE CENTER

Address: 500 Farrell Dr., Covington, KY 41010
Phone: (859) 331-3224
Certified Beds: 91 Medicare/Medicaid beds

- Skilled Care

VILLA SPRINGS

Address: 600 Viox, Erlanger, KY 41018
Phone: (859) 727-6700
Certified Beds: 140 Medicare/Medicaid beds

- Skilled and Intermediate Care

VILLAGE CARE CENTER AT BAPTIST VILLAGE

Address: 2990 Riggs Rd., Erlanger, KY 41018
Phone: 727-9330
Certified Beds: 100 Medicare/Medicaid beds

- Skilled and Intermediate Care

WOODCREST MANOR

Address: 3876 Turkeyfoot Dr., Elsmere, KY 41018
Phone: (859) 342-8775
Certified Beds: 127 Medicare/Medicaid beds

- Skilled and Intermediate Care

CARROLL COUNTY

GREEN VALLEY HEALTH AND REHABILITATION CENTER

Address: 1203 11th St., Carrollton, KY 41008
Phone: (502) 732-6683
Certified Beds: 78 Medicare/Medicaid beds
- Skilled and Intermediate Care

GALLATIN COUNTY

GALLATIN HEALTHCARE CENTER

Address: 9 Center St., Warsaw, KY 41095
Phone: (859) 567-4548
Certified Beds: 120 Medicare/Medicaid beds
- Skilled and Intermediate Care

GRANT COUNTY

GRANT MANOR REHAB AND NURSING CENTER

Address: 201 Kimberly Lane, Williamstown, KY 41097
Phone: (859) 824-7803
Certified Beds: 95 Medicare/Medicaid beds
- Skilled and Intermediate Care

OWEN COUNTY

OWEN MANOR CARE AND REHABILITATION CENTER

Address: Highway 127, Owenton, KY 40359
Phone: (502) 484-5721
Certified Beds: 100 Medicare/Medicaid beds
- Skilled and Intermediate Care

PENDLETON COUNTY

RIVER VALLEY NURSING HOME

Address: 305 Taylor Drive, Butler, KY 41006
Phone: (859) 472-2217
Certified Beds: 60 Medicare/Medicaid beds
- Skilled and Intermediate Care

NOTE: For additional information on choosing a nursing home you may want to check out the following INTERNET web sites:

www.Medicare.gov

www.chfs.ky.gov

www.cms.gov

NOTES

NOTES

St. Elizabeth HEALTHCARE

St. Elizabeth Covington
1500 James Simpson, Jr. Way
Covington, KY 41011
(859) 655-8800

St. Elizabeth Edgewood
1 Medical Village Dr.
Edgewood, KY 41017
(859) 301-2000

St. Elizabeth Falmouth
512 South Maple Ave.
Falmouth, KY 41040
(859) 572-3500

St. Elizabeth Florence
4900 Houston Rd.
Florence, KY 41042
(859) 212-5200

St. Elizabeth Ft. Thomas
85 North Grand Ave.
Ft. Thomas, KY 41075
(859) 572-3100

St. Elizabeth Grant
238 Barnes Rd.
Williamstown, KY 41097
(859) 824-8240

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