



**JEFFERSON COUNTY, WEST VIRGINIA**  
**Department of Engineering, Planning and Zoning**  
**Office of Planning and Zoning**  
 116 East Washington Street, 2<sup>nd</sup> Floor  
 Charles Town, West Virginia 25414

File #: 24-2-CUP  
 R'cvd Date: 01 / 24 / 24  
 Mtg. Date: 02 / 22 / 24  
 Fee Paid: \$ 600.00  
 Staff Int.: jth

Email: [zoning@jeffersoncountywv.org](mailto:zoning@jeffersoncountywv.org)

Phone: (304) 728-3228

**Application for a Conditional Use Permit**

**Project Name**  
Songbird House Assisted Living Residence

**Property Owner Information** **Property Owner (jth)**  
 Name: Sharon Hallinan, Manager MARK R & JENNIFER A BALDWIN  
 Business Name: Blue Iris LLC 1163 GARDNERS LN  
 Mailing Address: 20383 Middlebury St, Ashburn VA 20147 SHEPHERDSTOWN, WV 25443  
 Phone Number: 703-401-5884 Email Response: ladyslipperproperties@gmail.com Mail  Yes  
 Response:  No

**Applicant Information**  
 Name: Beata Scott  
 Business Name: Songbird House LLC  
 Mailing Address: 20383 Middlebury St Ashburn VA 20147 Mail  Yes  
 Phone Number: 703-867-1193 Email Response: beata.scott.idb@gmail.com Response:  No

**Engineer(s), Surveyor(s), or Consultant(s) Information**  
 Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mail  Yes  
 Phone Number: \_\_\_\_\_ Email Response: \_\_\_\_\_ Response:  No

**Physical Property Details** **Parcel ID: 09001700090003 (jth)**  
 Physical Address: \_\_\_\_\_, Shepherdstown, WV 25443 1163 Gardners Lane  
 Tax District: Shepherdstown (09) Map No: 0017 Parcel No. 0009  
 Parcel Size: 6.6 acres Deed Book: 1123 Page No: 428

**Zoning District (please check one)**

Residential Growth (RG) <input type="checkbox"/>	Industrial Commercial (I-C) <input type="checkbox"/>	Rural* (R) <input checked="" type="checkbox"/>	Residential-Light Industrial-Commercial (R-LI-C) <input type="checkbox"/>	Village (V) <input type="checkbox"/>	Neighborhood Commercial (NC) <input type="checkbox"/>
General Commercial (GC) <input type="checkbox"/>	Highway Commercial (HC) <input type="checkbox"/>	Light Industrial (LI) <input type="checkbox"/>	Major Industrial (MI) <input type="checkbox"/>	Planned Neighborhood Development (PND) <input type="checkbox"/>	Office/Commercial Mixed-Use (OC) <input type="checkbox"/>

\* For properties in the Rural Zoning District:  
 Is property located on a primary or secondary road?

Yes  No

Name of Road and/or Route Number:

Gardners Lane Rt 116/1

State the proposed land use as listed in Appendix C and provide a description of the proposed use.

Residential Care Home. Maintain residential purpose for an assisted living residence for up to 32 people.

Please provide any information or known history regarding this property.

Property was previously occupied by original owner, single family.

Please respond in detail to the following questions to show how the proposed project complies with the criteria located in Section 6.3 of the Zoning Ordinance:

1. How is the proposed use compatible with the goals of the adopted Comprehensive Plan? Section 6.3A.1

Goal 5 Encourage the development of a comprehensive range of housing options for residents of all incomes and at all lifecycle stages. Objectives 6,8,9, and 11 are specifically applicable.

2. How is the proposed use compatible in intensity and scale with the existing and potential land uses on surrounding properties? How will the proposed project mitigate potential threat to public health, safety, and welfare? Sec. 6.3A.2

Fully compatible as intended uses remains as a residence. There is no threat to public health, safety, or welfare or to the adjacent/nearby eight residential properties.

3. Describe how the proposed site development will be designed such that the use will not hinder nor discourage the appropriate development and use of adjacent land and buildings. Section 6.3A.3

N/A. There is no development on any adjacent land/buildings. No new construction of the property bldg. Parking area will be added. See attached plat sketch and photos.

4. Neighborhood character and surrounding property values shall be safeguarded by requiring implementation of the landscaping buffer requirements found in Appendix B and Section 4.11 of this Ordinance. Section 6.3A.4

I am aware of the landscaping buffer requirements and will adhere to them.

I am aware of the landscaping buffer requirements; however, I may be seeking a variance to modify them.

5. Commercial and Industrial Uses shall be in conformance with Section 8.9 of the Zoning Ordinance.

I am aware of the standards outlined in Section 8.9 of the Zoning Ordinance and will be in compliance.

6. For properties in the Rural zoning district, roadway adequacy shall be assessed by the Comprehensive Plan's Highway Road Classification Map. If a rural parcel is not shown as commercial on the Future Land Use Guide or does not front on a Principal Arterial, Minor Arterial, or Major Collector road (as identified in the Comprehensive Plan), the applicant shall submit trip generation data, including Average Daily and Peak Hour trips, for the Board of Zoning Appeals to review in conjunction with the Highway Problem Areas Map when determining roadway adequacy for the proposed use. Section 6.3A.6.

Applicable (Trip Generation Data attached)

Not Applicable

The information given is correct to the best of my knowledge. Property Owner Signature Required.

John Hallin Dec 20, 2023  
Property Owner Date

[Signature] 1/24/2024  
Property Owner Date

## Conditional Use Permit Application

The requirements for a Conditional Use Permit are outlined in Article 6, Section 6.3 of the Jefferson County Zoning and Land Development Ordinance.

While not required, all applicants are encouraged to schedule a Pre-Proposal Conference with the Office prior to the submission of a Conditional Use Permit application.

### Please submit the following documents:

Conditional Use Permit Application Form (attached) with application fee

- Application Fee: \$250 + \$50/acre *Check # 1026*

Site Sketch

- Show location of proposed building(s) / additions to existing buildings *None*
- Show location of proposed parking area → *Attached*
- Show location of proposed access → *No changes*
- Show location of proposed sign(s) → *None*
- Show topography, natural features, etc. *N/A*
- Show existing vegetation and/or location of proposed landscaping → *photos attached*

Narrative (optional) *Attached*

- Description of the proposed land use. May include information pertaining to hours of operation, number of employees, number of customers, etc.
- Traffic characteristics – type and frequency of traffic (i.e. both existing traffic and level of traffic that would be generated by proposed land use.
- Any other relevant information.

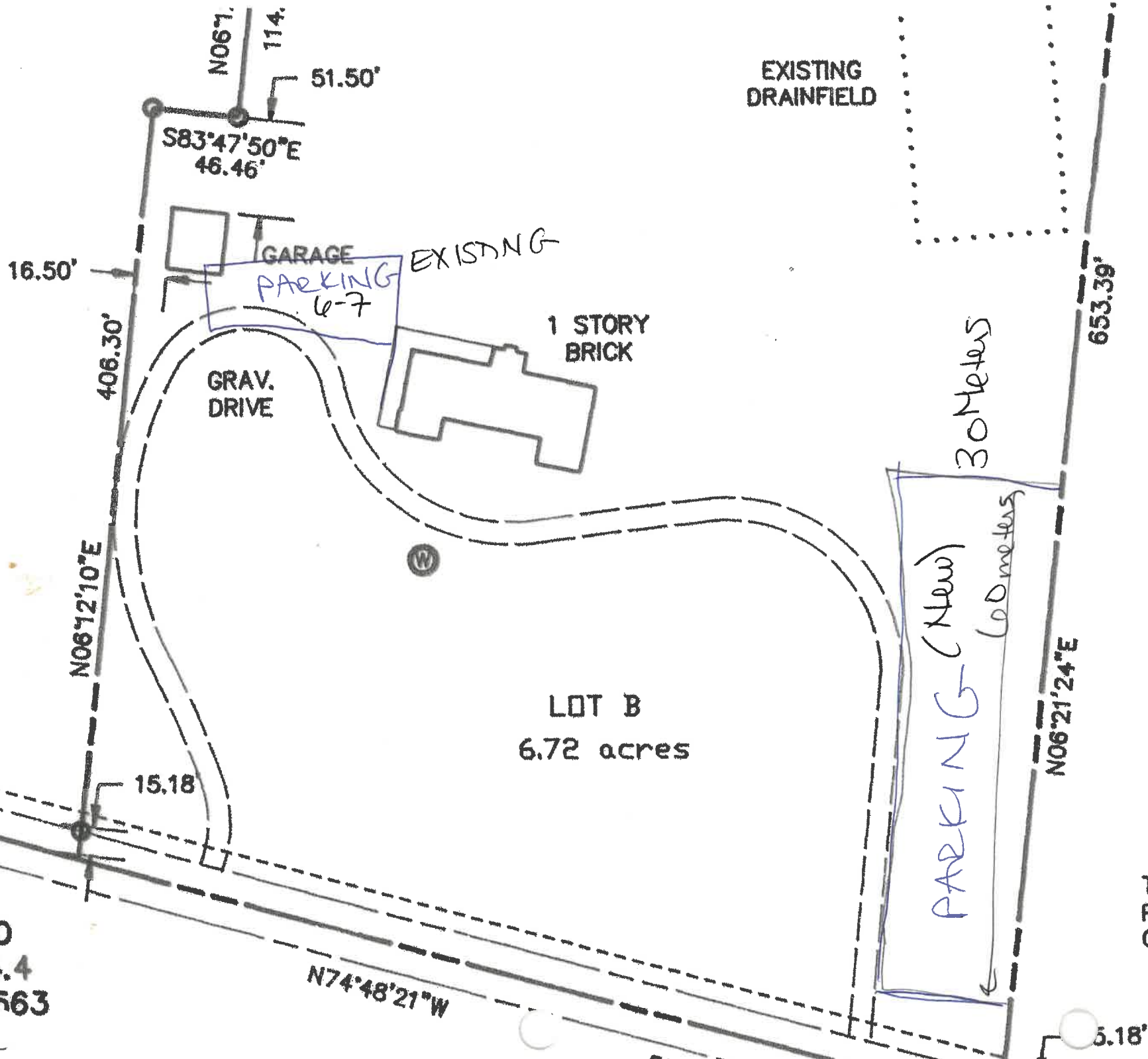
List of adjoining property owners and mailing addresses

- This includes the properties located across any road, right-of-way, or easement. *Attached*  
The Jefferson County Court House is the source for property owner information.

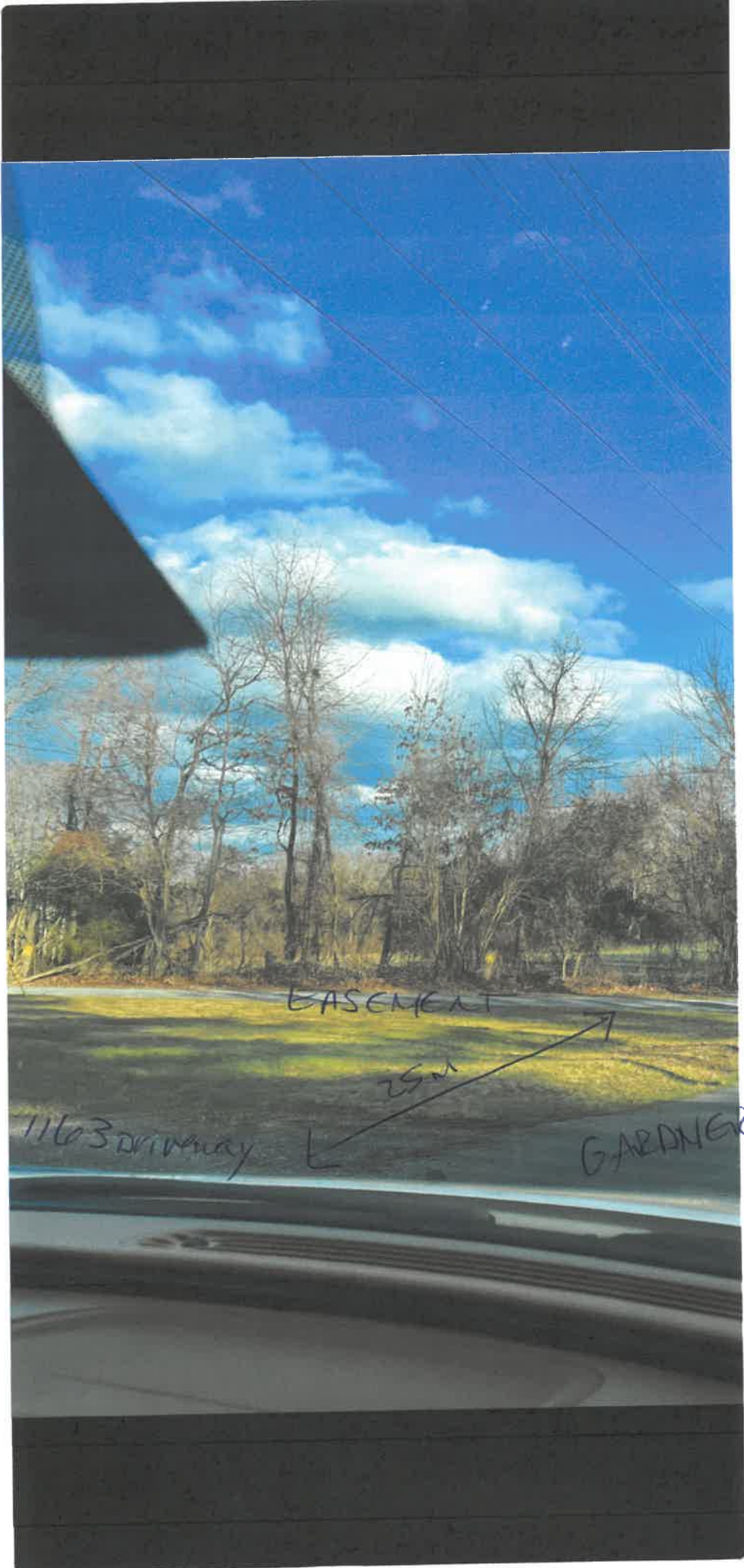
**Note:** Approval of a Conditional Use Permit, with or without conditions, allows the proposed land use only. Further processing may be required prior to commencement (i.e. site plan).

A Conditional Use Permit shall become void eighteen (18) months after the date of issuance if the construction or use for which the permit was issued has not commenced. A one-time extension of this time frame may be granted by the Board of Zoning Appeals after evaluation of the hardship involved with noncompliance of this regulation. The length of time extended shall be at the discretion of the Board of Zoning Appeals and shall not exceed eighteen (18) months. (Section 3.2G)

HUBBARD  
T.M. 17/4.4  
.B. 423/563



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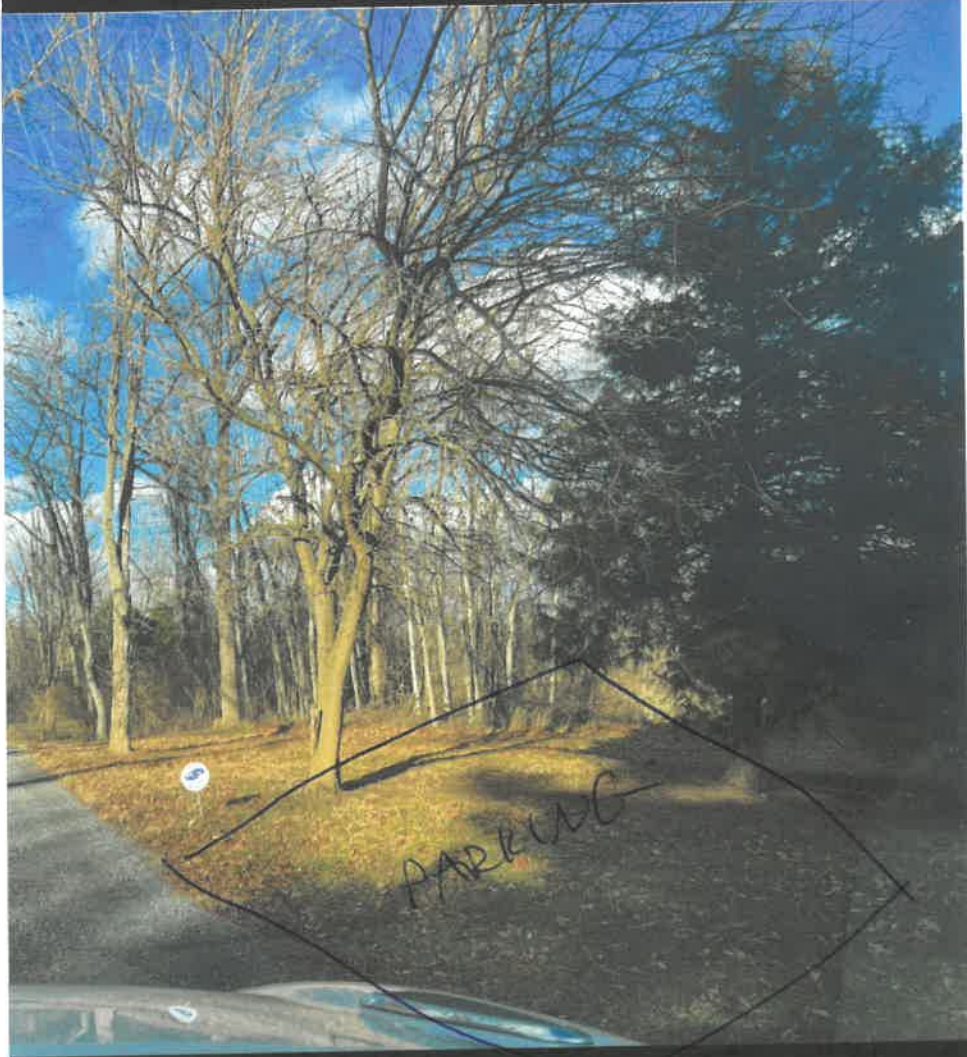


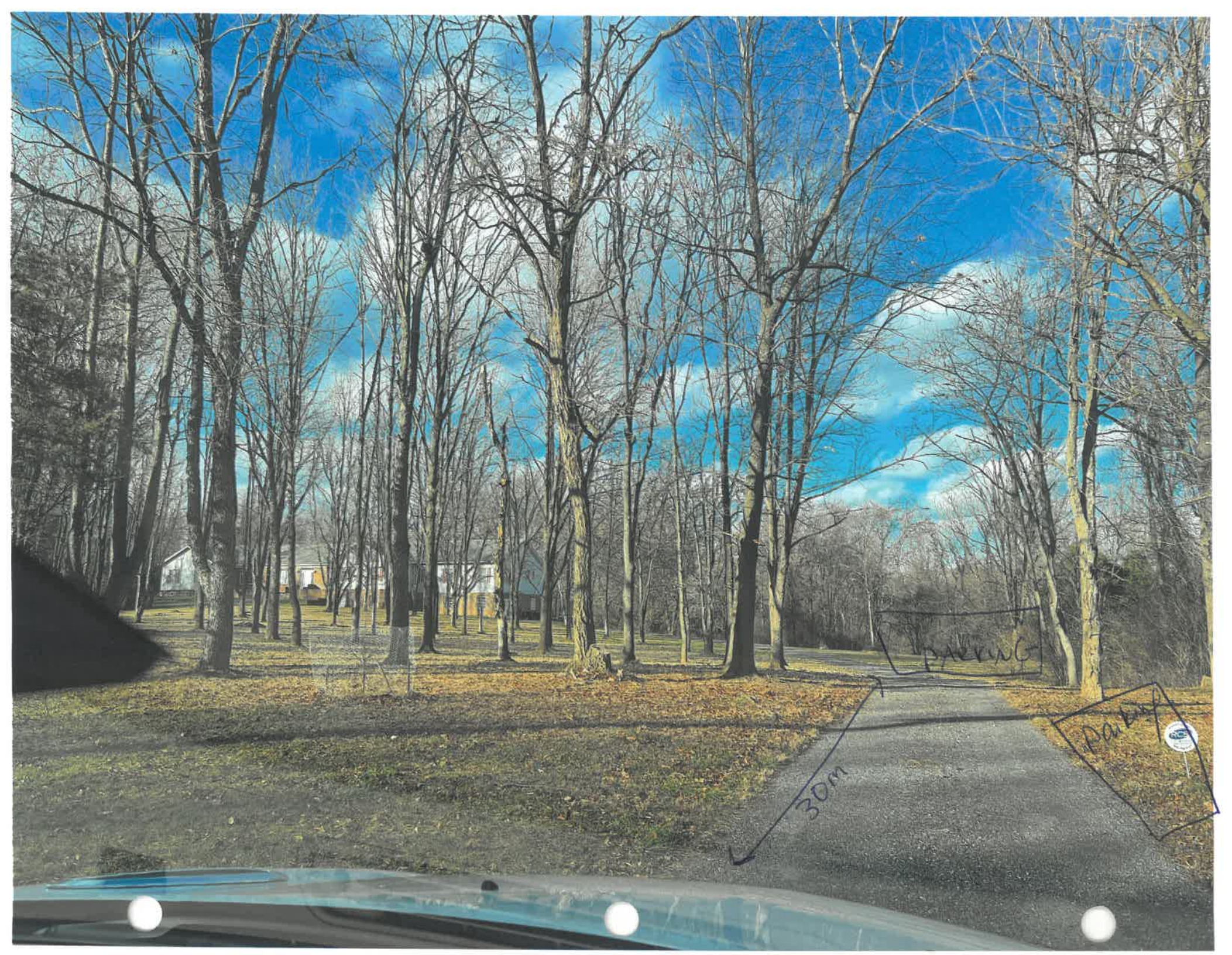
BASEMENT

25m

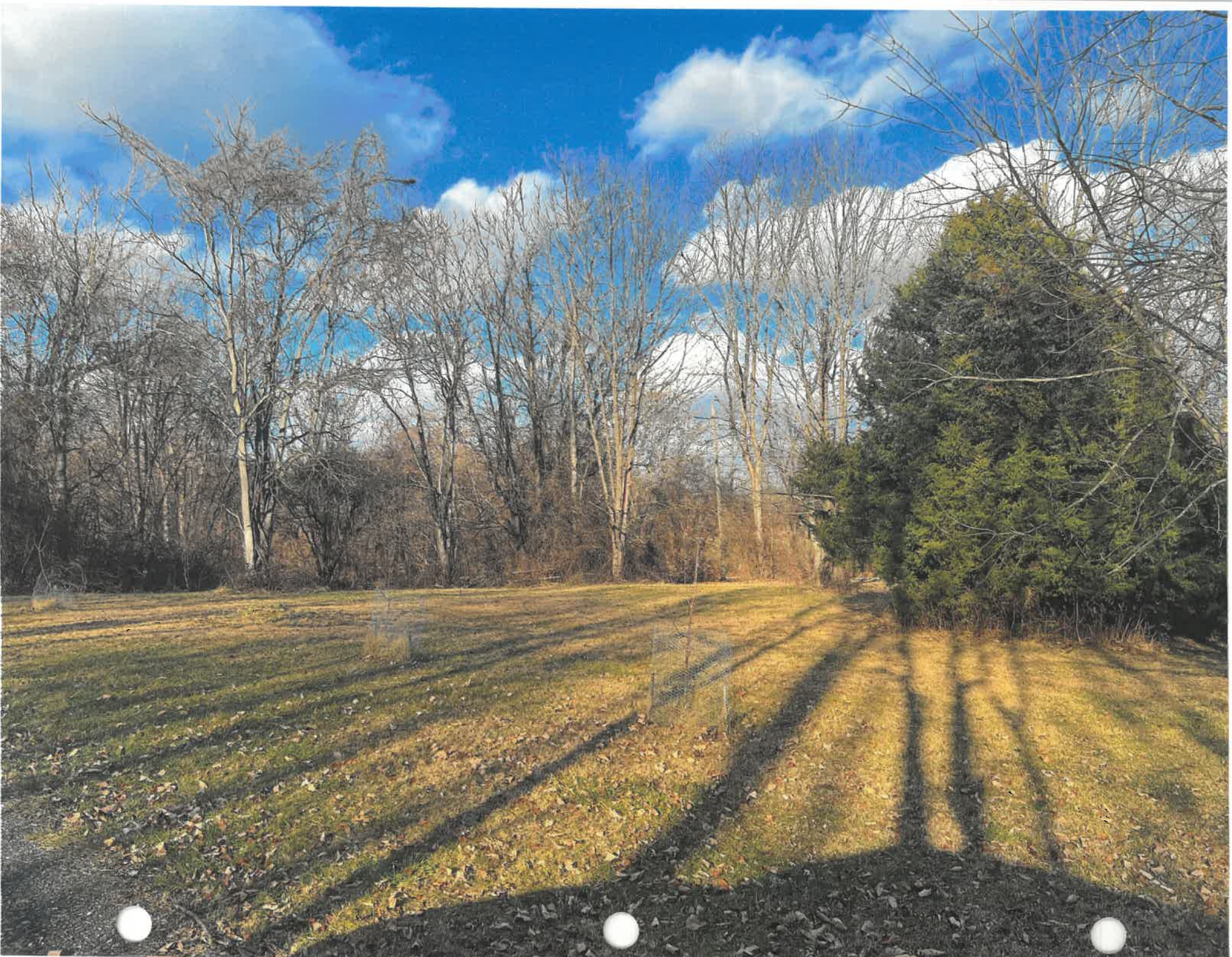
1163 driveway

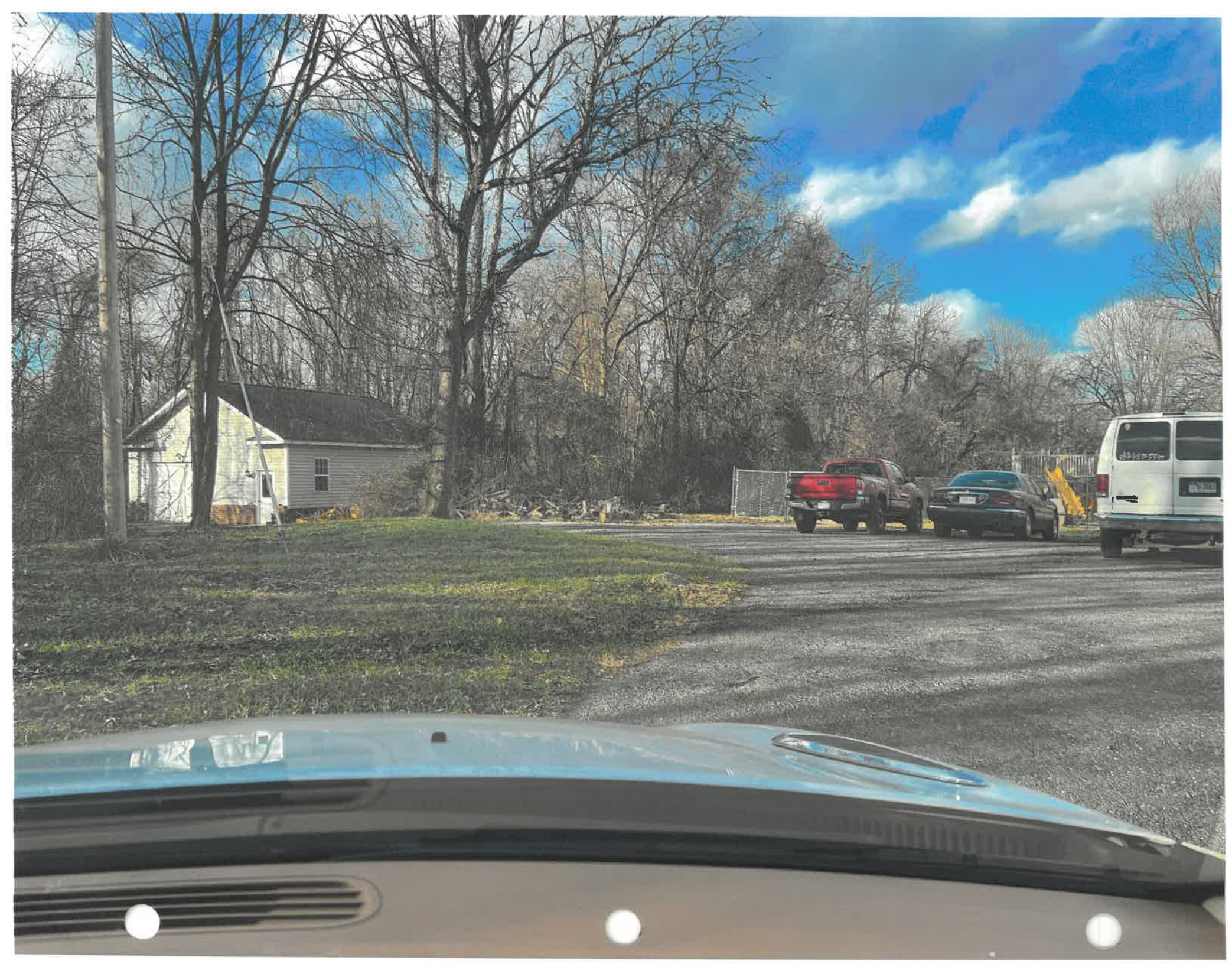
GARDNERS LANE

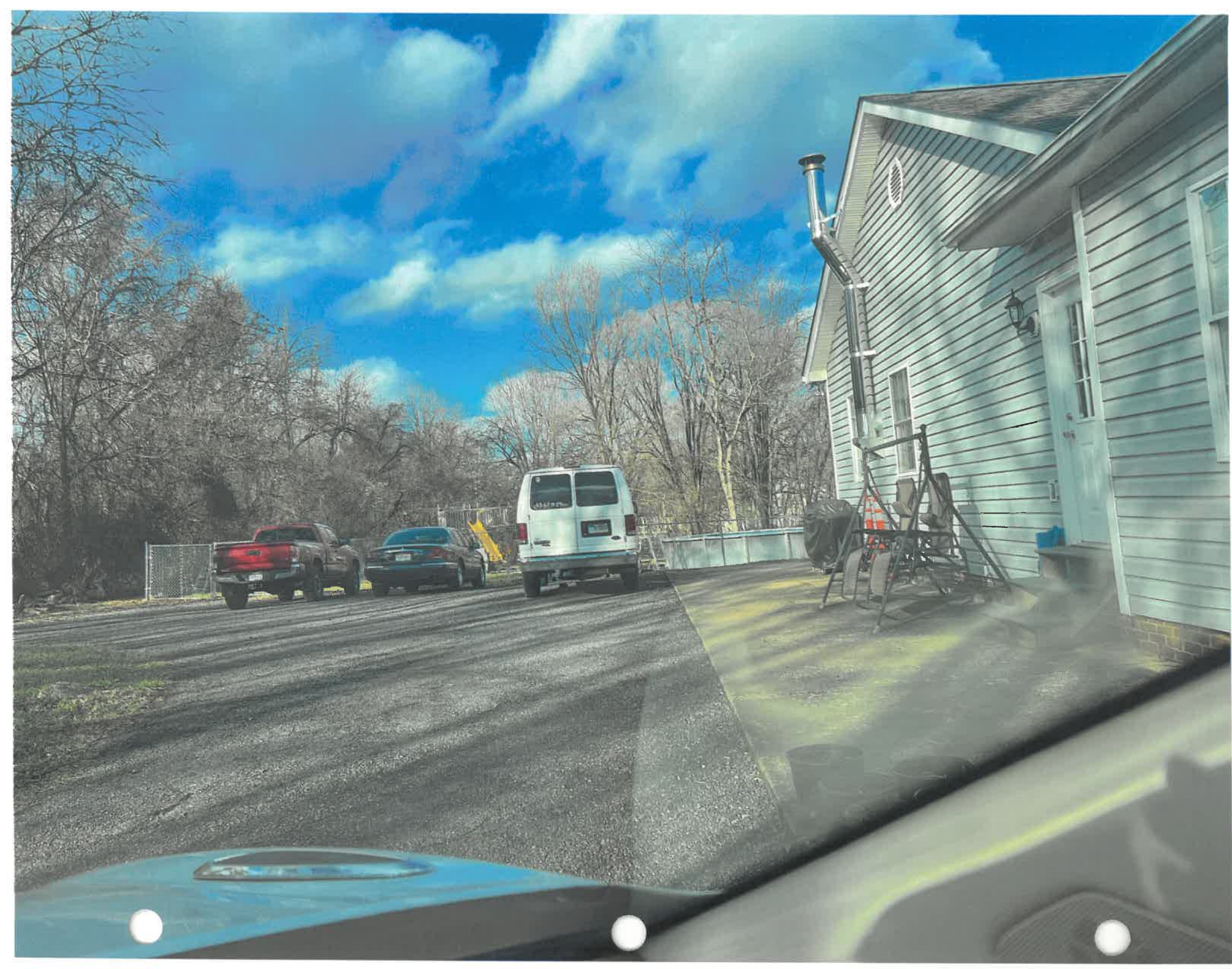
















## 1163 Gardners Lane, Shepherdstown WV 25443

**I. Purpose:** Request to lift the single family restriction and permit the use for a residential assisted living home through a conditional use permit. Blue Iris LLC currently has this property under contract with the sale contingent upon this conditional use permit being granted.

This use is compatible within the residential zoning area as it being used as a place where people live. This use is also consistent with the Comprehensive Plan 2035 "Envision Jefferson" as amended April 12, 2022 which "provides a vision and map for the long term future of Jefferson County" (P.6) "intended to reach beyond current physical, political and institutional constraints" (P. 12). **TAB A**

Throughout this document and noted with green highlight we address each area of the CUP application and the applicability to the Comprehensive Plan.

### **II. Compatibility with the Envision Jefferson Comprehensive Plan**

A. One of the five broad elements of the Envision Jefferson Comprehensive Plan is Land Use and Growth Management, with goals, objectives, and recommendations addressing housing and land use. The proposed use of our property as an assisted living residence is consistent with the following:

#### **CUP Application Section 6.3.A.1 Proposed plan is consistent with the goals of the Comprehensive Plan**

Several goals, objectives and recommendations, particularly Goal 5, are relevant:

**Goal 1:** Require urban intensity residential and non-residential development to occur within exiting urbanized areas, approved urban growth boundaries, villages and/or the County's preferred and identified growth areas.

**Objective #3:** Establish a broader variety of commercial, residential, and mixed use zoning categories appropriate to the County's needs.

#### **Goal 2: Rural Land Use Planning Recommendations (P.39)**

1. Recognize the rights and viability of existing rural residential neighborhoods
  - a. Balance artisan, home occupation and cottage industry rights with the maintenance and character of rural neighborhoods by considering the size and scope of all activities within designated rural neighborhoods.
2. Allow and promote a greater range of agricultural and/or artisan uses within the rural areas ...
3. Revise existing Jefferson County land use requirements and site plan standards to reduce regulatory barriers related to ...artisan (cottage industry P. 242) operations.

**Goal 3:** Encourage renewal, redevelopment, and limited expansion of villages to allow village-scale residential development and compatible neighborhood commercial activities of village-scaled businesses, residential uses including small scale multi-family housing and applicable community facilities within designated village areas and in potential village expansion areas

**Goal 5:** Encourage the development of a comprehensive range of housing options for residents of all incomes and at all lifecycle stages within Jefferson County.

- i. **Objective 6:** Encourage developers, contractors and homeowners to build new homes and to renovate homes to accommodate residents across the entire lifecycle.
- ii. **Objective 8:** Encourage the adaptive reuse (renovation and utilization) of existing structures for housing, even including non-residential structures.
- iii. **Objective 11:** Encourage the development of communities that provide a variety of care for elderly and/or disabled residents within Jefferson County in close proximity to transportation corridors, medical facilities and everyday needs.

The location of 1163 Gardners Lane is within 2 miles of downtown Shepherdstown where everyday needs, and basic medical care are readily available. Jefferson Medical Center and WVU Medicine Berkely Medical Center are both just 11 miles away.

#### **Housing Recommendations (Goal 5) P. 60**

1. Actively support and enable the development of a wide range of affordable, workforce, senior and disabled housing units.

11. Work with state legislators to address housing, building codes, and aging related issues.

- a. Review and amend as necessary the assisted living and nursing homes West Virginia permitting process which may impact the feasibility of age-in-place or transitional housing communities in Jefferson County,

B. These goals and objectives clearly support Jefferson County's assessment of its aging population and their needs, specifically cited in the Comprehensive Plan cited below:

In Section 1.E. Housing, p. 51, it is noted that Jefferson County experienced significant housing growth since the 1970's (p.51), the changing demographics of Jefferson County have indicated a need for a wide range of housing options. This would be a change from the existing development pattern in Jefferson County and would encourage developers, neighborhoods, and residents to be more creative and open to alternative housing concepts and designs. (P.55)

The changing demographics of Jefferson County are further noted by the US Census Bureau data (P.161-162) showing that Jefferson County's "baby boomer" population has increased more than any other age demographic. It is expected that Jefferson County will continue to grow in the coming decades. ( P. 163).

#### **"Lifecycle and Accessible Housing, P. 59**

As the baby boomer generation ages over the next several decades, there will be an increased demand for housing options that will allow seniors and the disabled to live within their communities and lessen the need for these groups to live in age-segregated

and/or institutional settings. A significant amount of input was received during the Envision Jefferson 2035 process that indicated that Jefferson County must prepare for its aging population and provide options to allow successful aging-in-place residential opportunities.

As Jefferson County becomes a community more largely made up of older residents, there is concern that a large portion of current county residents may not be able to continue to reside in the County. This is due to a variety of factors, including the following:

- a. The lack of existing housing or neighborhoods built to accommodate handicapped living requirements;
- b. The lack of transitional elder housing/communities which allow a resident to transition from an independent living (with/without supportive medical and maintenance services), to assisted living support, and ultimately to skilled nursing care.

The County can advocate for a greater quality of life for aging and handicapped residents by encouraging a range of housing options which will support and promote a greater well-being and quality of life.”

### III. West Virginia State Policy

Beyond Jefferson County, the state of West Virginia has actually made state policy addressing these very same issues.

#### WV Code Article 5D    TAB B

##### **§16-5D-1. Purpose.**

(a) It is the policy of this state to encourage and promote the development and utilization of resources to ensure the effective care and treatment of persons who are dependent upon the services of others by reason of physical or mental impairment who may require limited and intermittent nursing care, including those individuals who qualify for and are receiving services coordinated by a licensed hospice. Such care and treatment requires a living environment for such persons which, to the extent practicable, will approximate a normal home environment. To this end, the guiding principle for administration of the laws of the state is that such persons shall be encouraged and assisted in securing necessary care and treatment in noninstitutional surroundings.

(b) In recognition that for many such persons effective care and treatment can only be secured from proprietary, voluntary and governmental assisted living residences, it is the policy of this state to encourage, promote and require the maintenance of assisted living residences so as to ensure protection of the rights and dignity of those using the services of assisted living residences.

West Virginia Code at §16-5D-2. Definitions.

(1) "Assisted living residence" means any living facility, residence, or place of accommodation, however named, available for four or more residents, in this state which is advertised, offered, maintained, or operated by the ownership or management, whether for a consideration or not, for the express or implied purpose of having personal assistance or supervision, or both, provided to any residents therein who are dependent upon the services of others by reason of physical or mental impairment and who may also require nursing care at a level that is not greater than limited and intermittent nursing care; Provided, That the care or treatment in a household, whether for compensation or not, of any person related by blood or marriage, within the degree of consanguinity of second cousin to the head of the household, or his or her spouse, may not be deemed to constitute an assisted living residence within the meaning of this article. Nothing contained in this article applies to hospitals, as defined under §16-5B-1 of this code; or state institutions, as defined under §25-1-3 or §27-1-6 of this code; or residential care homes operated by the federal government or the state; or institutions operated for the treatment and care of alcoholic patients; or offices of physicians; or hotels, boarding homes, or other similar places that furnish to their guests only room and board; or to homes or asylums operated by fraternal orders pursuant to §35-3-1 et seq. of this code; **TAB A**

(6) "Limited and intermittent nursing care" means direct hands-on nursing care of an individual who needs no more than two hours of nursing care per day for a period of time no longer than 90 consecutive days per episode; Provided, That such time limitations shall not apply to an individual who, after having established a residence in an assisted living residence, subsequently qualifies for and receives services coordinated by a licensed hospice and such time limitations shall not apply to home health services provided by a Medicare-certified home health agency. Limited and intermittent nursing care may only be provided by or under the supervision of a registered professional nurse and in accordance with rules proposed by the secretary for legislative approval in accordance with the provisions of §29A-3-1 et seq. of this code."

Individuals whose needs exceed the limits of intermittent nursing care must be placed in other than assisted living residences, such as skilled nursing facilities, formerly known as nursing homes.

By definition, The WV Office of Health Facility Licensure and Certification defines an assisted living residence as "a housing alternative for older adults who may need help with dressing, bathing, eating and toileting, but do not require the intensive medical and nursing care provided in nursing homes". **TAB C**

#### IV. Elder Care Service Types and Shortages of Care

A. To fully understand our request, it is important for us to explain and define some terms. Assisted living facilities, nursing homes, skilled nursing and other similar terms are not interchangeable. They are in fact very different services delivered in very different environments to populations with very different conditions and needs. **TAB Mc**

Generally, senior living communities fall into 1 of 4 categories: independent living, assisted living, memory care and skilled nursing, once referred to as a "nursing home", seen today as an antiquated term. Assisted living services are delivered in a non-clinical environment, offering help with activities of daily living (ADLs) such as eating, grooming, bathing, toileting, mobility and transferring; diet and nutritional services, and medication support. Activities are planned, such as holiday celebrations, and other amenities within the residence are offered for social enjoyment. Elderly people can often feel

isolated or alone and find great companionship in assisted living residences. The vast majority of residents eventually need higher levels of care and transition to nursing homes, now known as skilled nursing facilities.

A nursing home, or skilled nursing facility, offers the highest level of care possible outside of a hospital. Nursing homes deliver 24 hour care to people with complex medical conditions and need hands-on monitoring assistance. These residents are often confined to a bed and are there long-term to receive comprehensive healthcare interventions, such as medication injections, feeding tubes, IV's and infection care. Physicians and nurses are on the premises as well as other medical professionals such as occupational therapists, speech therapists, and medical equipment, such as Xray machines, are typical. The extensive medical services within a nursing home are why the cost of this care is significantly higher than assisted living.

Songbird House is not seeking licensure within WV for a nursing home, and we do recognize the Jefferson County Zoning Ordinance simply does not have a category for assisted living residence and thus has categorized Songbird House as a nursing home. The distinction is important to understand that our residents are not severely ill, are not receiving medical care beyond basic medications, but just cannot live independently.

B. Whether one is seeking assisted living or skilled nursing, there are great shortages in the availability of care nationwide as well as in West Virginia and Jefferson County. It is not surprising that it is the policy of WV to promote assisted living residences in a normal home environment in noninstitutional surroundings especially considering these national issues, and even here in Jefferson County, of shortages for senior care. For example:

- Forbes Magazine, October 2022 article stated TAB E
  - "The assisted living industry is in crisis. There simply aren't enough communities to house the rising number of seniors who need them."
  - "Researchers say the number of people age 85+ will triple by 2060. The solution for ensuring they have access to comfortable housing they can afford is not simple, but it presents an unprecedented opportunity for the business community building more facilities to meet this demand."
- A May 2023 survey of 425 nursing home providers by the American Health Care Association showed 48 % of nursing homes have a wait list for prospective patients/residents. **TAB F**
- A shortage of beds has forced hospitals to keep patients longer, cited by National Public Radio interview in October 2022 with health care professionals in Vermont. **TAB G**
- In April 2023, Relias Media interviewed officials at the Veterans Administration about the shortage of nursing home beds and the need for creative solutions. **TAB G**
  - "The nursing home crisis of too few beds...is expected to continue for the foreseeable future. Case managers....and care leaders need to find alternative solutions that will keep patients safe and avoid unnecessary hospitalizations."
- The American Health Care Association and National Center for Assisted Living (AHCA/NCAL), which represents more than 14,000 nursing homes and long term care facilities released a report in August 2023 stating economic reasons "are forcing nursing homes to limit admissions, down size or even close entirely, leaving tens of thousands of

vulnerable residents displaced, and countless prospective residents and families in desperate search of care.”**TAB H**

- The shortage of beds in Minnesota is forcing residents to stay in hospitals longer, as cited in “Skilled Nursing News” April 2023.**TAB I**
- All of this has risen to national attention as the Biden Administration is taking action as outlined in the State of the Union address earlier this year to “protect seniors lives” and “enhance access to home and community based-services”, among many other initiatives. **TAB J**

**V. Population and Capacity of Beds for Elder Care**

Our application/presentation includes additional data on the aging population and availability of beds and care within assisted living residences in WV and Jefferson County. According to the US Census Bureau, as of July 2022, the population of WV is 1,775,156 with 21.2% over the age of 65, equating to 376,333 elderly persons. **TAB K**

1. Jefferson County, the 8<sup>th</sup> most populous of WV 55 counties, with a total population of 58,979 residents, 17.6% over the age of 65, which is 10,380 elderly residents. **TAB L**
2. Using data from the WV Office of Health Facility Licensure and Certification, **TAB M**

WV Total State Small Assisted Living Residences	27	334 beds
Large ALRs	60	3,215 beds
Legally Unlicensed Home (<3 beds)	42	126 beds
<b>TOTAL</b>	<b>129</b>	<b>3,675 beds</b>

The top 7 most populous counties of WV combined provide 1,669 of the state total 3,215 assisted living beds.

Eleven counties, all less populated than Jefferson, combined provide the remaining 1,546 beds across the state.

Jefferson County has 0 small residences, 0 large residences and only 1 LUH for a total of 3 beds.

3. There are 122 nursing homes in WV with a total of 10,744 beds, and only 3 nursing homes are in Jefferson County with 244 beds.

	<u># Nursing Homes</u>	<u># Beds</u>
WV	122	10,744
Jefferson	3	244

## VI. Cost Comparisons of Assisted Living vs. Nursing Homes

According to Genworth Financial, a major long term care insurance company, the monthly cost for a nursing homes is almost double that of assisted living residences, largely because they are medical facilities and assisted living residences are not. **TAB N.**

Genworth Financial also reports that in 2021, the median cost for in-home care with a home health aide was \$61,776, with the average hourly rate from \$19 in West Virginia to \$36 in Minnesota, a national average of \$27. There is no expectation that costs will reduce in the future. Elderly populations have few choices due limited and reduced numbers of beds in nursing homes, waiting lists for beds, unaffordable in home care with home health aides. Assisted living residences offer more affordability than nursing homes, provide home-like environments, and non-institutional surroundings (yet are controlled and regulated by the state **TAB O**

## VII. Songbird House LLC Specifics regarding 1163 Gardners Lane, Shepherdstown WV

The following is a brief description of the property facts and operational notions of Songbird House.

### 1. Property Characteristics

- a. Residence to maintain its residential purpose as alternative housing for up to 32 elderly occupants who cannot live independently. This is compatible for its current use as a residence and does not change the residential or neighborhood character.
- b. The property is under contract contingent upon approval of this CUP. This ranch house has 9800 sq ft, 17 rooms, 3 fireplaces, exterior patios, garden, pool and playset for visiting children/grandchildren. There is a detached garage for parking as well as the 2 entrance driveway that circles the front of the property. The property has a fenced in pool and mature trees on a 6.6 acre lot. **TAB S**

### 2. Why this property well suited for an Assisted Living Residence?

- c. Features that make this property ideal include more than 9,800 ft<sup>2</sup> across 5 social spaces of a living room, dining room, and great room, and huge recreation room. An established garden for farm to table organic produce is a truly unique feature for the ALR purpose.
- d. Peaceful, natural surroundings are a stress free environment.
- e. Over 6 acres of beautifully landscaped property, with mature trees, a pool, patios and playsets for young ones coming to visit.

### 2. CUP Section 6.3.A.2 Compatible in Intensity and Scale with existing potential land uses on the adjoining and confronting properties, and poses no threat to public health, safety and welfare:

There is already a good deal of travelling activity along Gardners Lane for current business purposes and future development plans, some of which is already underway. The

assisted living residence is compatible with the scale and intensity of land uses on the adjoining and nearby properties. For example:

- Already approved are the new Elementary and Middle Schools to be built at the end of Gardner's Lane on the end that hits Route 230.
- A large development is already underway on the other end of Morgan Grove near the park.
- One neighbor ran a roofing business from their property.
- Another neighbor ran daycare/childcare activities from the property.
- Across the street from us, the Zoning board approved for the Developers who recently acquired it to break the 20 acre piece into four to add three more potential home sites.
- On the other side of one neighbor's is a longstanding Small Engine repair shop.

Further, we offer the following to address the additional elements of this criteria:

1. No damage to public interests at all.
  - a. There is benefit to the public interests
    - i. There is profound need for senior care
    - ii. WV policy recognizes this as well, encouraging care delivered in a normal home environment in non-institutional surroundings
    - iii. The surplus from our garden and fruit trees will be shared with the community through food bank donations, partnering with local groups such as the boy scouts to help harvest and donate. **TAB T**
2. No damage to any public property at all as there is no public property adjacent to or touching our property boundaries.
3. There will be no exterior signage or advertising visible from the exterior.

**CUP Section 6.3A.3 Proposed development shall be such that the use will not hinder Nor discourage the appropriate development and use of the adjacent land and buildings**

4. No nuisance concerns
  - b. Residents are quiet
  - c. No commercial or excessive traffic
    - i. No food delivery/suppliers as we shop ourselves, grow in our garden, and the onsite Executive Chef prepares all meals fresh every day in the residence.
    - ii. No laundry service trucks as we do our own laundry in house
    - iii. No commercial trash as we compost, recycle, repurpose, and will use Apple Valley Waste in the same fashion as the neighborhood
    - iv. State review staff are scheduled to inspect only once per year
    - v. No moving trucks with resident belongings/furnishings as we are a fully furnished turned key residence, a unique business model for assisted living.
    - vi. The only vehicles accessing the property are normal passenger cars.

- vii. No traffic from “customers” as we have none. Visiting hours are limited, brief, not every day, and do not extend into any time of day generally considered as “quiet hours”

**CUP Section 6.3A.6 For properties in the rural zoning district, roadway adequacy shall be assessed**

We have already made contact with the Department of Highways for the entrance permit, but note, there is no construction necessary to access this property from Gardners Lane. **TAB XYZ**

**Trip Generation Data**

Parking: Caregivers are 4-6 per day (**TAB U**), and the property has sufficient parking in its expansive driveway and garage for caregivers and visitors. In addition, for benchmarking purposes only, if we compared our property use to a cottage industry as shown at TAB U, our projected trip data is less. The property is not within a neighborhood and is accessed directly from the main road, Gardners Lane, Rt 16/1.

- d. With 9,800 ft<sup>2</sup> and 1 parking space per 400 ft<sup>2</sup>, we do have ample space on the 6.6 acre lot, expansive driveway and garage for 25 parking spaces. However, as we are not a retail store with customers or deliveries, and 25 parking spaces exceeds the licensing requirements for parking. With parking of 1:5 for residents (although highly unlikely residents will have vehicles) and 6-7 staff, licensing only requires 14 spaces. We do recognize the need for visitor parking and intend to provide ample visitor parking, but 25 spaces is excessive for our particular purpose. We do respectfully request some relaxation of the parking requirement to a level more suitable for our purpose and not a general standard.
- e. Property picture, description, floorplan (Tab S), and septic system information is provided showing the useable drainfield area is 10,000 sq ft, ten times greater than the current system designed for the property. There is sufficient area to expand the septic system. We have contracted with a Jefferson County certified septic installer and begun to assess the property for a system expansion.
- f. This tab also includes Google earth photos to show surrounding property uses nearby along Gardners Lane. **TAB V**

**CUP Section 6.3A.4 Neighborhood character and surrounding property values shall be safeguarded by requiring the implementation of landscaping buffer requirements.**

There is already very dense foliage and wooded area, at least 20 meters, between the property and the nearest neighbor. We are not adding any buildings to the lot nor any expansions to the property. If additional landscape buffering is deemed necessary, we will add to the existing landscaping.

**CUP Section 6.3A.5 Commercial Uses shall be in conformance with Section 8.9 of this ordinance**

- g. Nothing about elderly residents or the lifestyle within the residence will produce offensive odors, noise, dirt, gases, pollution, debris, vibrations, bright exterior lights to impact neighbors.
  - h. No nuisance objects have been or will be added to the property, such as satellite dishes or cell towers nor fixed installation of any equipment or machinery will occur at the property.
  - i. There is no construction noise from backing up trucks or machinery, no industrial pollution.
  - j. Our septic installer has already confirmed our property size is sufficient to expand the septic system to meet our purpose as well as sufficient space for a reserve or replacement system of the same size. We intend to follow all the guidance and protocols for proper use and maintenance of our septic system, and intend to exceed the recommended standards for frequency of emptying the septic tank.
1. Songbird House is abiding by all WV regulations for licensing as an Assisted Living Residence.

**Trip Data; Songbird House Assisted Living Residence at 1163 Gardners Lane Shepherdstown**

<u>Time of Day</u>	<u># Cars Leave/Arrive</u>	<u>Purpose</u>	<u>Day of Week</u>
7am	4	Caregiver Staff	Mon-Sun
3pm	4	Caregiver Staff	Mon-Sun
11pm	4	Caregiver Staff	Mon-Sun
Noon-3pm	3	Visitors	Mon, Wed, Fri
Noon-6pm	5	Visitors	Sunday

Visitation schedules may be coordinated with families such that the residence is not overwhelmed with visitors or the quality of visiting is less than desired. Visitation for compassionate care will increase this schedule depending on residents needs and circumstances.

Note: For benchmarking purposes only, a cottage industry IAW Section 4A.5 Zoning Ordinance

A. Can have up to 4 non-resident employees working at the property

E. Excluding employee commuting, 15 business related vehicle visits per day with no more than 60 visits per week are allowed.

Compared to a cottage industry:

	<u>Employees Commuting</u>	<u>Visits Per Day</u>	<u>Visits Per Week</u>
Songbird House	12	1-3	1-8
Cottage Industry	4	15	60

# WV Real Estate Assessment Data



[About](#)
[New Search](#)
[Structure Drawing](#)

Parcel ID 19-09-0013-0021-0008 Tax Year 2023 County Jefferson Date 1/11/2024  
 Root PID 19090013002100080000

## Property Owner and Mailing Address

Owner(s) REMEMBRANCE BIBLES INC  
 Mailing Address PO BOX 2021, MARTINSBURG, WV 25402

## Property Location

Physical Address 442 GARDNERS LANE  
 E-911 Address 442 GARDNERS LN Shenandoah Junction WV 25443  
 Parcel ID 19-09-0013-0021-0008  
 County 19 - Jefferson  
 District 9 - Shepherdstown District  
 Map [0013](#) (Click for PDF tax map)  
 Parcel No. 0021  
 Parcel Suffix 0008  
 Map View Link <https://mapwv.gov/parcel/?pid=19-09-0013-0021-0008>

## General Information

Tax Class	Book / Page	<u>Deeded</u> Acres	<u>Calculated</u> Acres	Legal Description
3	1121 / 727	1.030	0.94	RESIDUE,FOUTZ & LT A-1 DOMER (1.03 AC)
			0.94	

## Cost Value

Dwelling Value \$22,900  
 Other Bldg/Yard Values \$29,860  
 Commercial Value ---

## Appraisal Value

Land Appraisal \$72,300  
 Building Appraisal \$52,800  
 Total Appraisal \$125,100

## Building Information

Property Class R - Residential  
 Land Use 108 - Mobile Home  
 Sum of Structure Areas 384

# WV Real Estate Assessment Data



[About](#) | 
 [New Search](#) | 
 [Structure Drawing](#)

Parcel ID 19-09-0013-0022-0005 Tax Year 2023 County Jefferson Date 1/11/2024  
 Root PID 19090013002200050000

## Property Owner and Mailing Address

Owner(s) MAY CRYSTAL M  
 Mailing Address 341 GARDNERS LN, SHEPHERDSTOWN, WV 25443

## Property Location

Physical Address 341 GARDNERS LANE  
 E-911 Address 341 GARDNERS LN Shepherdstown WV 25443  
 Parcel ID 19-09-0013-0022-0005  
 County 19 - Jefferson  
 District 9 - Shepherdstown District  
 Map [0013](#) (Click for PDF tax map)  
 Parcel No. 0022  
 Parcel Suffix 0005  
 Map View Link <https://mapwv.gov/parcel/?pid=19-09-0013-0022-0005>

## General Information

Tax Class	Book / Page	<u>Deeded Acres</u>	<u>Calculated Acres</u>	Legal Description
2	954 / 72	1.330	1.38	1 1/3 AC MORGAN, JONES
			1.38	

## Cost Value

Dwelling Value \$103,300  
 Other Bldg/Yard Values \$1,240  
 Commercial Value ---

## Appraisal Value

Land Appraisal \$101,100  
 Building Appraisal \$104,500  
 Total Appraisal \$205,600

## Building Information

Property Class R - Residential  
 Land Use 101 - Residential 1 Family  
 Sum of Structure Areas 1,056

# WV Real Estate Assessment Data



[About](#) [New Search](#) [Structure Drawing](#)

Parcel ID 19-09-0013-0021-0006 Tax Year 2023 County Jefferson Date 1/11/2024  
Root PID 19090013002100060000

## Property Owner and Mailing Address

Owner(s) CROUSE ANTHONY W & SANDRA L  
Mailing Address 614 GARDNER LN, SHEPHERDSTOWN, WV 25443

## Property Location

Physical Address 614 GARDNERS LANE  
E-911 Address See end of report for listing of multiple E-911 addresses for this parcel  
Parcel ID 19-09-0013-0021-0006  
County 19 - Jefferson  
District 9 - Shepherdstown District  
Map [0013](#) (Click for PDF tax map)  
Parcel No. 0021  
Parcel Suffix 0006  
Map View Link <https://mapwv.gov/parcel/?pid=19-09-0013-0021-0006>

## General Information

Tax Class	Book / Page	<u>Deeded</u> <u>Acres</u>	<u>Calculated</u> <u>Acres</u>	Legal Description
2	973 / 607	0.930	1.02	RESIDUE (.93 AC) CROUSE-WENG #7077
			1.02	

## Cost Value

Dwelling Value \$86,700  
Other Bldg/Yard Values \$68,210  
Commercial Value ---

## Appraisal Value

Land Appraisal \$69,200  
Building Appraisal \$155,200  
Total Appraisal \$224,400

## Building Information

Property Class R - Residential  
Land Use 101 - Residential 1 Family  
Sum of Structure Areas 1,792

# WV Real Estate Assessment Data



[About](#) [New Search](#) [Structure Drawing](#)

Parcel ID 19-09-0017-0009-0009 Tax Year 2023 County Jefferson Date 1/11/2024  
Root PID 19090017000900090000

## Property Owner and Mailing Address

Owner(s) GEORGE KRISTIE A  
Mailing Address PO BOX 1895, SHEPHERDSTOWN, WV 25443

## Property Location

Physical Address 1243 GARDNERS LANE  
E-911 Address 1243 GARDNERS LN Shepherdstown WV 25443  
Parcel ID 19-09-0017-0009-0009  
County 19 - Jefferson  
District 9 - Shepherdstown District  
Map [0017](#) (Click for PDF tax map)  
Parcel No. 0009  
Parcel Suffix 0009  
Map View Link <https://mapwv.gov/parcel/?pid=19-09-0017-0009-0009>

## General Information

Tax Class	Book / Page	<a href="#">Deeded Acres</a>	<a href="#">Calculated Acres</a>	Legal Description
2	1011 / 14	5.570	<u>5.58</u> 5.58	5.57 AC GEORGE

## Cost Value

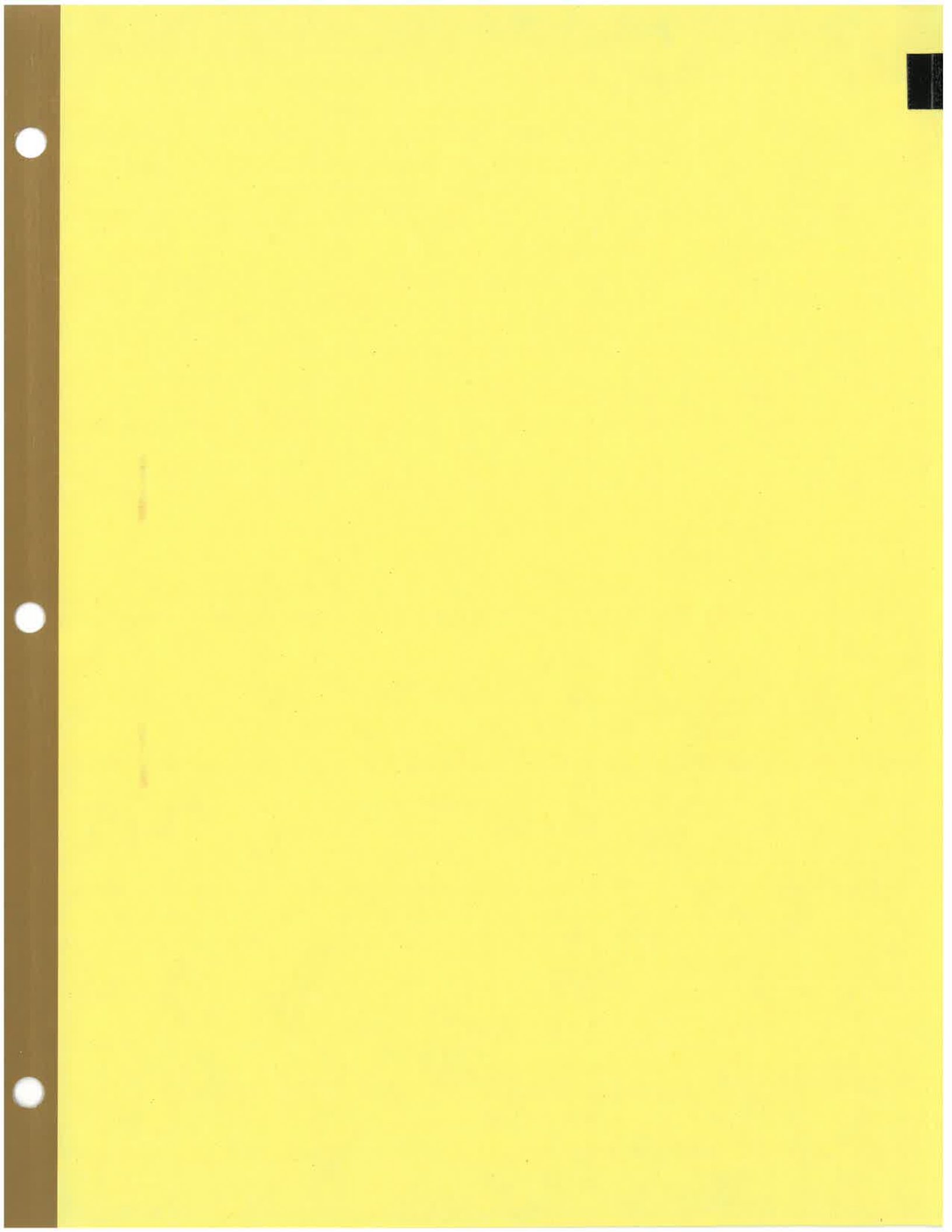
Dwelling Value \$453,000  
Other Bldg/Yard Values \$33,920  
Commercial Value ---

## Appraisal Value

Land Appraisal \$159,000  
Building Appraisal \$486,900  
Total Appraisal \$645,900

## Building Information

Property Class R - Residential  
Land Use 101 - Residential 1 Family  
Sum of Structure Areas 4,768



***ENVISION JEFFERSON 2035***  
***Comprehensive Plan***



**Jefferson County, West Virginia**

*Adopted: January 14, 2015*

*Amended: April 12, 2022*

The Plan would not be as complete and forward thinking as it is were it not for the 2 ½ years of dedicated hours by citizen volunteers and staff efforts as well as considerable public input into the process. The Plan includes numerous recommendations and implementation strategies which will need to be pursued over the coming years. By adopting this Plan, the County Commission demonstrates the County's commitment to the implementation of the Plan. Adoption of the Plan does not begin the implementation of any item nor does it legally obligate the County to implement any particular recommendation. The implementation will require specific actions by the County Commission, the Planning Commission, the County's Departments and contingency agencies, non-profit associations, community organizations, and the residents of Jefferson County. *The Envision Jefferson 2035 Comprehensive Plan* provides a vision and map for the long-term future of Jefferson County and implementation of its recommendations will be a critical next step.

### History of Planning in Jefferson County

During the 1950s and early 1960s, citizens in the County saw the Federal Government acquire Harpers Ferry's historic structures and express interest in using the banks of the Shenandoah and Potomac Rivers for a national parkway. Fifty miles to the east, the Washington, D.C. and Baltimore, MD Metropolitan Areas were growing rapidly, as were most major urban areas on the eastern seaboard, and projections showed that eventually growth would move into Jefferson County. With the development of Dulles International Airport, citizens recognized this as a magnet for growth that could affect the County.

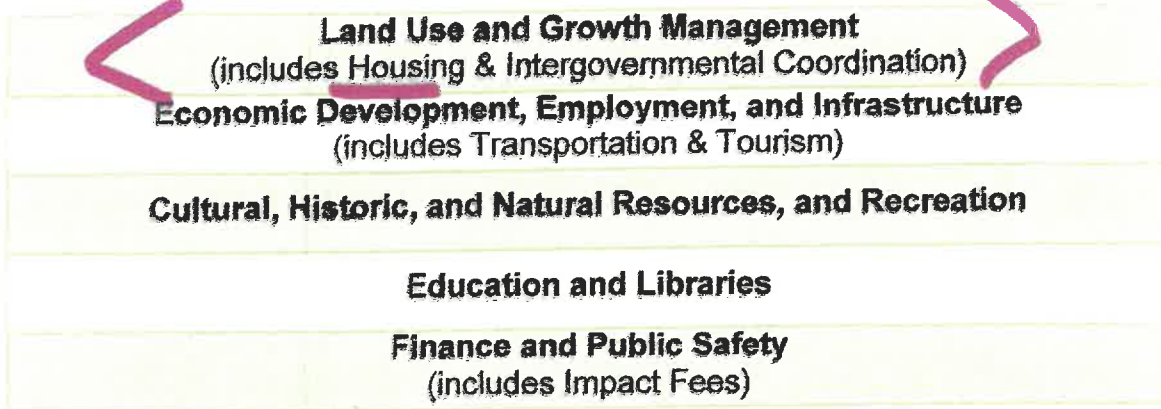
Citizen groups petitioned the Jefferson County Commission to appoint a Planning Commission and in March 1967 the first Planning Commission was selected. With the assistance of Federal funds, the Planning Commission hired a consultant to prepare a Comprehensive Plan in 1968 as a blueprint for future growth in the County. The Comprehensive Plan was formally adopted in June 1972, along with the County's first Subdivision Ordinance. This Ordinance was substantially revised, first in 1973 and again in 1979.

In July 1985, the Planning Commission appointed a Citizen Advisory Committee to help update the 1968 Comprehensive Plan. Working independently with the help of State and County staff, the Committee completed that task at the end of 1986, and the document was approved by the County Commission in December 1986.

Both the 1968 and 1986 Comprehensive Plans called for zoning to be implemented. In 1973, the Planning Commission began preparing a Zoning Plan for the County. In May 1976, the Zoning Plan was placed on the ballot for public referendum and was defeated. In implementing the 1986 Comprehensive Plan, a flexible zoning system was proposed. In 1988, zoning was adopted in Jefferson County which included the Land Evaluation and Site Assessment (LESA) point system which permitted denser developments in rural areas if urban level amenities were within a certain distance.

## GOALS AND OBJECTIVES

A key element of any land use planning document is the development of a statement of realistic Goals and Objectives which lay the groundwork for the recommendations and implementation strategies of the vision. As the planning process progressed, the Steering Committee grouped goals and recommendations into the following five broad elements which provide the framework for the Plan.



The Goals and Objectives of the *Envision Jefferson 2035 Comprehensive Plan* can be found in Appendix D. The Goals and Objectives were developed after the existing conditions (data and trends analysis) and issues analysis were completed and were agreed upon by the County Commission to provide direction to the Steering Committee as they continued the public input process for the purpose of developing the Recommendations of this Plan. As the Recommendations were developed, occasionally a strategy identified in the Goals and Objectives may have been determined by the County Commission to require a modification and the Recommendations may appear in conflict with the Goals and Objectives. If such conflict exists, the Recommendations are the final product of the Plan and are to be relied upon to provide guidance to the Planning Commission and County Commission in their land use and development decision making process. As such, the Goals and Objectives are a resource that reflects the evolution of the thought processes throughout the development of this Plan, but the Recommendations specify the end goal.

The five elements incorporate the components that are required and/or recommended by WV Code 8A. The components are:

**Required:** Land Use, Housing, Transportation, Infrastructure, Public Services, Rural, Recreation, Economic Development, Community Design, Preferred Development Areas, Renewal and/or Redevelopment, Financing, and Historic Preservation.

**Recommended:** History, Environmental, Tourism, Conservation, Safety, and Natural Resource(s).

A comprehensive planning document generally covers a twenty year planning horizon and is intended to reach beyond current physical, political, and institutional

constraints. The process of developing goals begins with an examination of existing conditions related to each of the categories listed above and the analysis of issues and opportunities throughout the County. The most important sources for the draft Goals and Objectives were public input from four public meetings conducted in 2013, results of an online survey available countywide, and discussion and submitted comments from the Steering Committee. For additional information related to the Existing Conditions and Public Involvement and Outreach, see Appendices B and C.

The previous four Comprehensive Plans for Jefferson County were policy based planning efforts. The *Envision Jefferson 2035 Comprehensive Plan* includes the creation of recommendations and related maps, including land use maps, which are the fundamental elements and are based on future needs and projected actions. The Future Land Use Guide will need to be viewed in conjunction with the recommendations found in the Plan when reviewing a variety of land use decisions. Foldout versions of all the maps are found in Appendix F.

One of the key concepts that a Comprehensive Plan addresses through its Future Land Use Map or Guide is the location of new development within the County. As the cost of maintaining and providing services and utilities increases, there is a need to target infrastructure and community service investments in these areas that will support new growth. The Future Land Development Map (as shown on page 15) provides a broad overview of these concepts. In Jefferson County, there are four broad types of land use activity which are identified and discussed in this Plan:

- Urban Growth Boundaries (UGBs), Charles Town and Ranson, which are locations within Jefferson County where urban scale development is anticipated over the planning horizon of Envision Jefferson 2035. Shepherdstown's adopted Growth Management Boundary (GMB) is not anticipated to have urban scale development if it remains in the unincorporated area. Therefore, the use of the term UGB throughout this document refers to the Charles Town and Ranson UGBs only.
- Six identified Preferred Growth Areas (PGAs) which are also locations within Jefferson County where urban scale development is to be targeted over the planning horizon of this Plan and a seventh PGA identified for Residential Areas identified for low and medium density residential detached housing.
- Rural/Agricultural Areas, where the Plan recommends that non-urban scale development occur and where the rural/agricultural economy is to be enhanced and promoted.
- Eight Village communities that can host increased growth, planned commercial services, and infrastructure development.

A larger version of the Future Land Development Map is available in Appendix F – Maps.

The remaining roadways are privately owned and are maintained by the residents of a community, by owners of properties adjoining a roadway, or by members of a Homeowners Association (HOA).

Since West Virginia county governments have little control over the roadways in their jurisdiction, planning for interconnectivity of developments requires creative solutions. HOAs are reluctant to allow automobile traffic that is not generated by the subdivision to utilize their road system because they are not contributing to the maintenance costs. When an accident occurs where there is not interconnectivity, drivers are unable to be rerouted away from the main roads/entrances and rescue vehicles are forced to work through the stalled traffic to get to the accident site. Conversely, in a more connected development, the side streets would serve as a valve to the main roadway while also being used as a way for rescue vehicles to get to an accident site.

With this in mind, it is important for Jefferson County to work with the West Virginia Division of Highways, land developers, and homeowners associations in order to be in a position to better connect neighborhoods via an enhanced street network including walking, biking, or trail paths and to provide for a more efficient public utility system. Additional information regarding transportation can be found in the "Economic Development, Employment, and Infrastructure Element (includes Transportation)" on page 64.

### **Redevelopment**

There are numerous examples, both locally and nationally, of existing buildings that have been repurposed and retrofitted to meet modern needs. Examples range from large barns that have been repurposed for small local business or into apartment buildings to factories that have been reutilized as mixed-use facilities incorporating housing, offices and retail. More modern buildings have been repurposed as churches, schools, or public libraries with the ability for adaptive reuses presenting many applications.

In many cases, the repurposing of a building not only benefits the community by redefining the fabric of a neighborhood, but tends to be less costly than new construction once financial incentives are factored into the total cost. The reuse of older buildings also benefits the environment by retaining a building that might otherwise end in a landfill, saving the use of new building materials, and not developing on existing farmland or open space. With abandoned or underutilized structures, the concept of reutilization and revitalization is something that should be explored; however, at times the State Building Code makes rehabilitation of existing structures difficult.

In some areas of Jefferson County there are buildings that may avail themselves to be converted into residential structures. While some, like the upper levels of stores in the municipalities and villages are available, other buildings, such as former warehouses and other such structures and barns, require additional creativity to recognize as potential dwellings. By providing guidance and directing potential developers to

### **Rural/Agricultural Areas**

Rural/Agricultural properties outside the UGBs and PGAs are allowed to develop using the "by right" standard of one lot per 15 acres and a cluster development of one lot per ten acres. Over the past number of years, the Zoning Ordinance has been amended to allow many additional uses in the Rural District to promote more rural agricultural uses and value added operations. The 2008 Subdivision and Land Development Regulations have been amended to reduce the site improvement standards for rural business. This Plan proposes that a holistic review of Rural zoned properties should occur that would allow for greater scope and variety of agriculture related activities and rural recreation. It should be noted that regardless of location, whether in an UGB, GMB, or PGA, all Rural zoned properties shall be permitted to undertake the activities noted above. Additionally, this Plan proposes that the Zoning Ordinance be reviewed and amended to consider a higher density for rural/agricultural lots utilizing the cluster provision instead of allowing rural residential developments via the Condition Use Permit process.

***Land Evaluation Site Assessment (LESA)  
also known as the  
Conditional Use Permit (CUP) process  
outside the UGB or PGA***

Currently, any land use not listed as a Principal Permitted Use in the Zoning Ordinance may be proposed on any property utilizing the LESA/CUP process. This Plan recommends eliminating the LESA system and modifying the CUP process for use exclusively for non-residential development projects in the Rural Zoning District.

It is expected that urban level residential and non-residential development (and redevelopment efforts) will focus in the UGBs and identified PGAs in the next two decades. In addition, it is anticipated that the bulk of new investment by public entities will take place in these areas over the 20-year timeframe of this Plan.

### **Retention of Existing Zoning Map Classifications**

As part of the Envision Jefferson 2035 process, there are no zoning map amendments (rezoning requests) or reductions in existing zoning rights proposed by the County. The existing zoning on any property in the County will not be affected by this process. This Plan, including the Future Land Use Guide, does not propose to reduce the rights of any property owner. The Plan and the Future Land Use Guide propose to retain vested property rights which are reflected by the Future Land Use designations. The Future Land Use Guide includes a depiction of the Growth Area Boundary that was included on the Study Area Map of the *2004 Comprehensive Plan*.

operations where the public is invited to the site and should reflect scale and intensity of use. It should be noted that there are a variety of state and national regulatory agencies that review the safety and quality of products and consumable goods created on the farm. As such, there are limits to local ability to address certain agricultural issues.

Prevalent in discussions with Jefferson County's agricultural communities was the desire to have more flexibility in the types of uses and activities that take place on their properties. While there has been an increase in the number of farms in Jefferson County in recent years, many of the farms provide a limited income from farming activities. In 2007, 28% of all farm operators reported an income of more than \$10,000 from agricultural activities; however, in 2012 that number improved with 42% of all farm operators reporting an income of more than \$10,000 from agricultural activities, according to the U.S. Agricultural Census. As a result, many farm operators are in the position of working the equivalent of multiple full time jobs (the job that pays for the farm, as well as the work needed to continue operations of the farm). By having additional flexibility in uses and operations, farm operators might be able to continue to have a viable business while devoting more time and resources to on-site needs, instead of having to work off-site to pay for the farm.

### **The Artisan Community**

Numerous artisans have discovered the natural beauty and rural qualities of Jefferson County. These artisans have established studios or cottages in the rural areas of the County, drawing visitors to their workshops, festivals, and other events where the artists are able to show and sell their work.

In comparison to farm operators, artisans operating studios on rural properties have a different set of concerns and typically function as small or limited cottage industries. However, the ability for artisans to expand their businesses on their home sites, to offer complementary businesses, or to manage larger scale temporary events may not be permitted under existing zoning and land use regulations. When amendments to these regulations are considered, scale and intensity should be taken into consideration. Since some of these operations take place in or adjacent to residential developments, special attention should be paid to the neighbors' concerns and environmental issues. Additional information regarding the artisan community can be found in the Economic Development, Employment, and Infrastructure Element.

### **Existing Neighborhoods in the Rural Environment**

While most of the land outside of the Urban Growth Boundaries and/or Preferred Growth Area is zoned as Rural, several pockets of large lot development and rural residential subdivisions coexist within the County's rural agricultural areas. Home sites in these subdivisions typically have larger lot sizes than in subdivisions in the existing Residential Growth (RG) Zoning District or subdivisions served by water and sewer, but are of a smaller scale than the farms that surround them. Homes in the large lot developments and rural residential subdivisions are typically served by private well

and septic systems, with a limited probability that public services will be extended to these properties in the future. The preservation of the quality of life and rural lifestyle for existing and future residents is of great importance for property owners in these communities.

The following recommendations address the needs of the agricultural community, artisan community and the rural environment.

**Rural Land Use Planning Recommendations (Goal 2)**

1.	Recognize the rights and viability of existing rural residential neighborhoods.
	a. Balance artisan, home occupation, and cottage industry rights with the maintenance of the character of rural neighborhoods by considering the size and scope of all activities within designated rural neighborhoods.
2.	Allow and promote a greater range of agricultural and/or artisan uses within the rural areas on existing farmlands to incentivize the expansion of the rural economy within Jefferson County.
	a. Collaborate with key stakeholders in the agricultural community to update the County's zoning and land use recommendations to broaden the range of permitted complementary and accessory on-farm uses.
	b. Identify types of farm activities that may be successful based on the soils on individual properties and the proximity of Jefferson County to relevant markets.
3.	Revise existing Jefferson County land use requirements and site plan standards to reduce regulatory barriers related to agricultural and/or artisan operations.
	a. Revise local regulations to balance production and marketing of artisan or agricultural products on-site, considering the individual use, size, and scale of the operation as appropriate to the property site.
	b. Waive or modify the roads, parking, and stormwater regulations on farms for on-site production and marketing enterprises, to the extent possible.
4.	Protect the viability of agricultural lands and wildlife corridors by encouraging the utilization of cluster subdivisions as the preferred form of residential development within rural areas.
	a. Allow residential development outside of the Urban Growth Boundaries or Preferred Growth Areas to develop only as rural cluster subdivisions, in accordance with existing land use rights.
	b. Amend the Zoning Ordinance to eliminate the Land Evaluation Site Assessment (LESA) system and to modify the Conditional Use Permit (CUP) process in the Rural Zoning District, which would be used for compatible non-residential development only.

	<p>c. Amend the Zoning Ordinance density provisions related to Cluster Developments to utilize a higher density such as one unit per five acres, with provisions for a maximum lot size and a mandatory retention of a set percentage of the original tract in agricultural uses, open space, and/or forest/woods, instead of allowing for rural residential development to occur using the LESA/CUP system.</p>
	<p>d. Amend the Subdivision Regulations to permit a Cluster Development of any size to process as a minor subdivision, provided that the subdivision standards shall apply.</p>
	<p>e. Encourage the creation of subdivisions that incorporate working farmland or community gardens in Development Supported Agriculture programs.</p>
	<p>f. Consider amending the provision in the Jefferson County Zoning and Land Development Ordinance related to the transfer of land between parent and child to include other family members, such as sibling to sibling.</p>
5.	<p>Encourage a variety of mechanisms to protect existing farmlands, key farm buildings, and scenic corridors within Jefferson County.</p>
	<p>a. Identify funding sources for farmland protection which could come from local, state and federal sources in addition to fundraising opportunities.</p>
6.	<p>Involve members of the agricultural community in planning and land use decisions related to rural lands within Jefferson County.</p>
	<p>a. Establish collaborative and interactive mechanisms for the Planning and Zoning staff and economic development officials to coordinate with the agriculture community that will enable the farming community's input in the planning and zoning process.</p>
7.	<p>Explore policies in concert with the Public Service District (PSD) and municipalities regarding rural water and sewer infrastructure.</p>
	<p>a. Explore legislative options that would allow equitable distribution of cost sharing with entire development community along with rate paying base (i.e. Capital Improvement Fees).</p>

## 1.E. Housing

A significant amount of data related to the state of housing in Jefferson County can be found in the separate document titled *Existing Conditions of the Envision Jefferson 2035 Comprehensive Plan*. An abbreviated summary of the Existing Conditions can be found in Appendix B – Existing Conditions.

Jefferson County experienced significant housing growth in the 1970's (55% increase in housing units) resulting in the creation of a Planning Commission and implementation of Subdivision Regulations. Since 1980, the County's number of housing units has grown at a rate of 20-26% per decade. Below is a map of minor and major (conventional) subdivisions in Jefferson County. A larger version of this map can be found in Appendix F – Maps, along with a subdivision map showing housing developments by each decade. A minor subdivision is defined as any subdivision with two lots and a Residue or less prior to October 2008 and any subdivision with four lots and a Residue or less after October 2008. A major (conventional) subdivision is defined as any subdivision with three lots and a Residue prior to October 2008 and five lots and a residue after October 2008.

This section provides an overview on the available buildable lots in the County, the impact that location has on housing demand and prices, the affordability of housing, issues related to lifecycle housing and home maintenance, as well as delineating recommendations and implementation strategies to support the Goals and Objectives.

**Washington D.C. Area Housing Affordability  
2013 Median Home Sales Price (by County)**

Washington, D.C.	\$475,000
<b>Inner Ring Counties</b>	
Montgomery County, MD	\$400,000
Alexandria, VA	\$485,000
Arlington County, VA	\$525,000
Prince George's County, MD	\$197,000
<b>Outer Ring Counties</b>	
Howard County, MD	\$385,000
Fairfax County, VA	\$455,000
Loudoun County, VA	\$419,000
Prince William County VA	\$309,900
Frederick County, MD	\$268,500
<b>Outlying Areas</b>	
Clarke County, VA	\$319,000
Frederick County, VA	\$204,750
<b>Berkeley and Jefferson Counties, West Virginia</b>	
Jefferson County, WV	\$192,750
Berkeley County, WV	\$140,000

Source: Real Estate Business Intelligence from MLS data

While Jefferson County has seen growth in the number of detached single family homes over the decades, the changing demographics of Jefferson County have indicated a need for a wide range of housing options. This would be a change from the existing development pattern in Jefferson County and would encourage developers, neighborhoods, and residents to be more creative and open to alternative housing concepts and designs.

**Housing Affordability**

In Jefferson County, an in-migration pattern has served to increase home prices while limiting affordable housing options for long-time and current residents employed in Jefferson County. Over 90% of all housing units in Jefferson County are single family detached units which also affects the ability to provide affordable housing options.

Affordable Housing can generally be defined as decent, safe and sanitary shelter, of adequate size so as to not cause overcrowding, and does not require any more than 30% of a household's annual gross income.

transportation impacts from additional residents in a neighborhood. Accessory dwellings should be built to blend into the neighborhood, allowing homeowners to have additional flexibility to house family members that might need to live in their home for a long-term period.

### **Lifecycle and Accessible Housing**

As the baby boomer generation ages over the next several decades, there will be an increased demand for housing options that will allow seniors and the disabled to live within their communities and lessen the need for these groups to live in age-segregated and/or institutional settings. A significant amount of input was received during the Envision Jefferson 2035 process that indicated that Jefferson County must prepare for its aging population and provide options to allow successful aging-in-place residential opportunities. As Jefferson County becomes a community more largely made up of older residents, there is concern that a large portion of current county residents may not be able to continue to reside in the County. This is due to a variety of factors, including the following:

- a. The lack of existing housing or neighborhoods built to accommodate handicapped living requirements;
- b. The lack of transitional elder housing/communities which allow a resident to transition from an independent living (with/without supportive medical and maintenance services), to assisted living support, and ultimately to skilled nursing care;
- c. The lack of adaptable public transportation services that would enable the elder/aging population to continue economic and community participation without relying on personal automobiles.

The County can advocate for a greater quality of life for aging and handicapped residents by encouraging a range of housing options which will support and promote a greater well-being and quality of life, including viable employment opportunities. This can be done through the incorporation of universal design features into homes such as lower lighting switches, wide hallways that can accommodate a walker or wheelchair, and handholds along walls and in bathtubs or by incorporating a second, separate dwelling space within the same footprint of a home. It can also provide options for extended families to live under one roof while retaining a sense of freedom for younger or older residents.

By taking these steps, it is possible to lower living costs for the elderly or disabled individuals. The high costs of nursing or full-time assisted care facilities can quickly strip away the life savings of a family. Many of the issues that might arise from a change in surroundings and a loss of independence can quickly destroy the mental and physical state of an individual.





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Home > Facility Type List > Assisted Living Residence



## FACILITY TYPE INFORMATION

### ASSISTED LIVING RESIDENCE

A housing alternative for older adults who may need help with dressing, bathing, eating, and toileting, but do not require the intensive medical and nursing care provided in nursing homes.




Click here for a detailed classification of assisted living residences.

#### Licensure Applications

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For information about the AMAP (Approved Medication Assistive Personnel) program click here.

**Rules & Regulations****Code of Federal Regulations**

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FORBES + SMALL BUSINESS

# The Crisis And Opportunity In The Assisted Living Shortage

Paul Griffin Forbes Councils Member  
Forbes Business Council COUNCIL POST | Membership (Fee-Based)

Oct 14, 2022, 09:30am EST

*Paul Griffin III, CEO at Griffin Living, an award-winning real estate development firm specializing in innovative senior living communities.*



GETTY

The assisted living industry is in *crisis*. There simply aren't enough communities to house the rising number of seniors who need them. And just like any other business, when demand outpaces supply, prices *skyrocket*, which has left millions of American families making tough choices about caring for their elder loved ones.

Our seniors deserve better than an uncertain future, and the problem is only expected to get worse as the Baby Boomer generation continues to age. Researchers say the number of people 85+ will triple by 2060. The solution for ensuring they have access to comfortable housing they can afford is not simple, but it presents an unprecedented opportunity for the business community — building more facilities to meet this demand.

## The Roots Of The Assisted Living Shortage

The assisted living shortage is a many-faceted problem that has only been exacerbated by the Covid-19 pandemic. During the pandemic, our economy effectively ground to a halt, with labor shortages, supply chain issues, and the general economic slump slowing development projects. However, people didn't stop aging.

Now, the economy has opened up, but assisted living developers are still dealing with residual supply chain issues and labor shortages. Facilities aren't being constructed fast enough to meet demand — there are about a million units on the market right now for about 70 million Baby Boomers. The number of people in that demographic who require two or more daily care tasks (medication management, cleaning, etc) and qualify for assisted living is constantly growing. With inflation at a 40-year high, builders and managers of assisted living facilities are absorbing enormous costs for everything from borrowing money to buying supplies. Those extra costs are rolling downhill, passing to regular families whose wages have stagnated.

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In short, it costs more than ever to house a person in assisted living, but families have less than ever to pay those costs.

### Regular Americans Are Getting Pummeled

One of the most commonly asked questions when prospective residents tour one of our assisted living facilities is "What happens if I run out of money?"

Right now, the average cost of senior living facilities in the United States stands at \$44,880 per year. Compare this figure with the 2020 median household income of \$67,521, and it's easy to see why families struggle to afford assisted living for their parents or grandparents. Seniors have mostly fixed incomes (even if social security adjusts with inflation), which means it's even more difficult to pay for their own costs, and some may carry guilt over putting this undue burden on their children. Long-term care insurance usually does not cover assisted living, so most people pay for assisted living care with private funds.

In their fear of running out of money, many seniors are making the dangerous decision to live at home longer without the care and daily oversight they need. They view assisted living as more of a last resort, something to put off as long as possible because it costs so much.

Some seniors opt to move straight into nursing homes, which are generally partially funded by health insurance or Medicare. While this may be a solution, it forces people who would be content with the freedom and comfort of assisted living into a nursing facility with more restrictions, sicker neighbors and fewer freedoms. When the question becomes trading quality of life for elder care, especially for our grandparents and elders who have contributed so much to the world, something needs to change.

### Solving The Assisted Living Crisis Is An Opportunity For Developers

The crisis in the assisted living industry presents an incredible opportunity for developers and investors willing to step in and deal with the headaches required to build and manage more facilities. With projections that the number of people over age 85 will triple by 2060, assisted living investors, developers, and operators may have the potential to see significant profits by building more facilities now.

With more facilities available, the equilibrium in supply and demand will bring down prices for assisted living care to more digestible levels for families with average incomes. Senior living development and management present a golden opportunity in business — to do well by doing good by building the kind of housing for our seniors that we would want for ourselves and our loved ones.

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Paul Griffin

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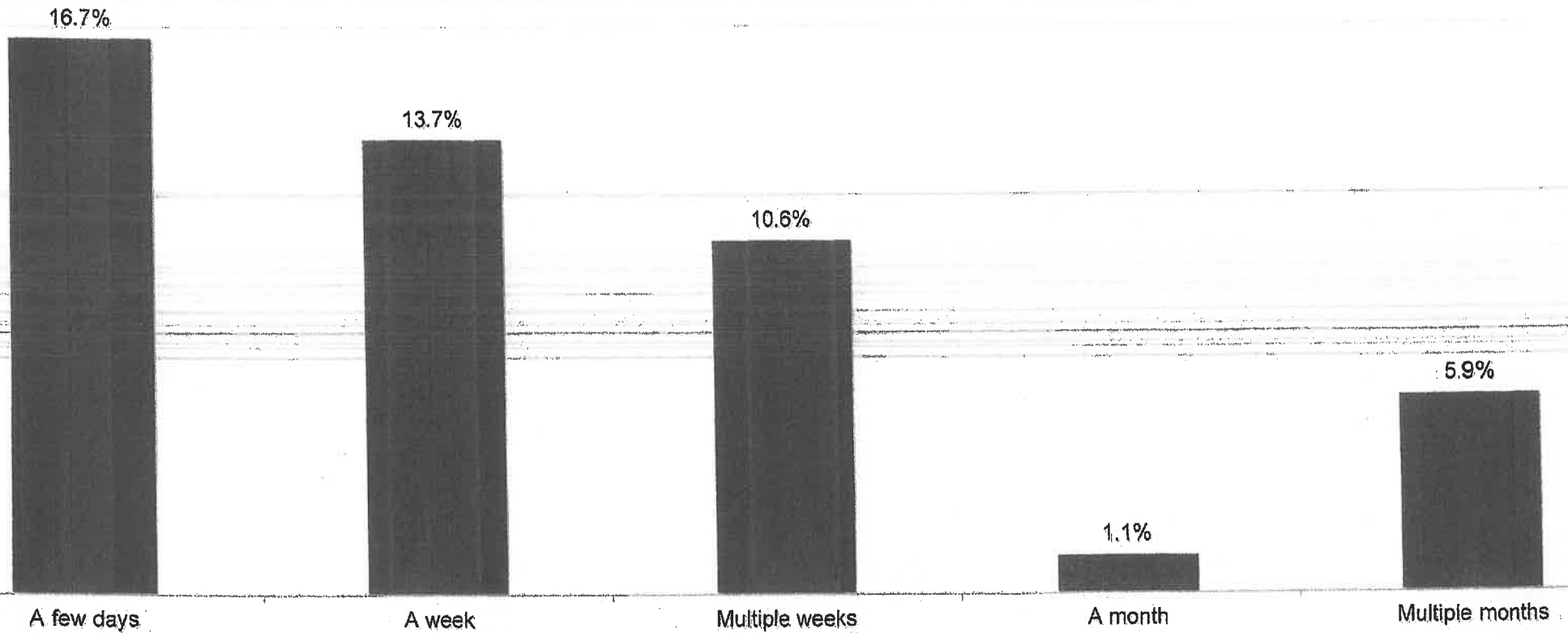
# State of the Nursing Home Industry

Survey of 425 nursing home providers highlights  
persistent staffing and economic crisis

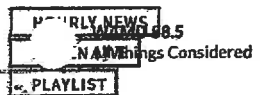
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## 48% of nursing homes have a waiting list for prospective residents/patients of at least a few days

On average, how long is your waiting list for prospective residents/patients?







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# < Limited nursing home beds force hospitals to keep patients longer

December 7, 2022 · 5:00 AM ET

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STEVE INSKEEP, HOST:

The nationwide shortage of nursing home staff also means a shortage of care. Nursing homes cannot take on as many residents, and that means many people who should be moving into nursing homes instead spend more time stuck in hospitals. Vermont Public's Nina Keck reports.

NINA KECK, BYLINE: Kathy Dick is a retired nurse who lives in Sudbury, Vt. She remembers when she first began to worry about a close friend.

KATHY DICK: She was taking a couple of us out for lunch, and she couldn't figure out how to pay the bill.

KECK: Her friend was in her mid-70s, had no children and lived alone. Signs of dementia became more frequent, and Dick worried because her friend also had diabetes and hypertension.

DICK: And it became obvious to me that she was not functioning well and just was deteriorating before my eyes.

KECK: Her friend ended up in the emergency department multiple times, and long-term care became the only option. But finding an available bed took months. Meanwhile, her friend stayed in the hospital. Kathleen Boyd says this is not a new problem. Boyd directs care management at Rutland Regional Medical Center.

KATHLEEN BOYD: This is a growing concern not just in Vermont but all over the country because people are living longer.

KECK: She says on any given day, they have five to 10 patients waiting in the hospital for long-term care. Not all have dementia; some have serious psychiatric disorders or are impaired because of substance abuse or traumatic brain injury. Some may have been homeless, incarcerated or violent. Boyd says they come to the emergency department for valid reasons, but once they're stabilized, she says insurance won't pay for their care anymore, and long-term care is hard to find.

BOYD: Because the facilities will look at the documentation, and they will say, we don't have the staff to be able to monitor and manage this potentially agitated individual.

KECK: While nursing homes can say no, hospitals can't. Many end up caring for patients like this for weeks, months, sometimes even years. With little to no reimbursement, it's costing hospitals millions and pushing up health care prices for everyone.

STEPHEN LEFFLER: It's a huge, huge issue.

KECK: Dr. Stephen Leffler is president of the University of Vermont Medical Center.

LEFFLER: I was on one of our floors on Friday rounding, and more than 40% of the patients on one floor were all waiting for nursing home placement.

KECK: That means fewer beds are available for others needing hospital care.

LEFFLER: I'm an ER doctor by training. Nothing bothers me more than people who - their doctors said, you need to go to the academic medical center. And we've said, yes, you do, but we can't take you right now. For most of my career, that almost never happened. It happens every single day now.

KECK: And it's happening at hospitals all over the country. More than 30 medical organizations, including the American Medical Association, wrote an impassioned letter to President Biden last month, calling the situation a public health emergency. Low wages and workforce shortages exacerbated by the pandemic are at the heart of this problem. Many skilled long-term care facilities have had to hire more costly traveling nurses, straining already tight budgets. That's forced many nursing homes to take beds offline. Medicaid pays for the majority of nursing home patients in the U.S., and a number of states have increased reimbursement rates and provided additional funding. But so far, it's not enough.

For NPR News, I'm Nina Keck in Chittenden, Vt.

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# Shortage of Nursing Home Beds Prompts Creative Solutions

April 1, 2023

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**By Melinda Young**

The nursing home crises of too few beds and not enough staff is expected to continue for the foreseeable future. Case managers, discharge planners, and transition of care leaders need to find alternative solutions that will keep patients safe and avoid unnecessary hospitalizations.

The results of recent research into a population of veterans shows what can work when a nursing home bed is not an option or when the patient does not want to go there — which has occurred more often since the COVID-19 crisis began in 2020.

Researchers found a stark decline in VA patients transitioned to nursing homes during the pandemic, partly due to fewer beds and patients' fear of COVID-19.<sup>1</sup>

"What we've heard from our case managers is veterans were stating a clear preference for staying in a nursing home," says Portia Y. Cornell, PhD, MSPH, lead study author and an associate professor at the University of Michigan. The study, published in *Journal of the American Geriatrics Society*, found that 10% of veterans who were discharged to nursing homes during the pandemic were discharged to nursing homes during the pandemic.

health services, policy, and practice at Brown University. "At that point, a case manager has to figure out where the veteran is going to get care."

## Alternate Options

Alternative options include a home care program and telehealth. "What a case manager needs to do is pool all of those resources. It can be a little more complicated than finding a nursing home bed," Cornell says.

The following are Cornell's suggestions for how case managers can find the best alternative post-discharge resources for patients:

- **Caregiver support services.** The VA offers a home care program that provides caregiver support and training. Some caregivers are even eligible for cash benefits, depending on the veteran's service record and disability.

A monthly stipend for caregivers can help them afford to stay home with the patient, since they often give up a job to do so. A caregiver support program can provide training, mentoring, phone follow-up, and emotional support for patients' caregivers.

The idea is to support patients by also supporting the well-being of the people who are taking care of them. "It's complicated to take care of someone who has dementia, or to learn how to transport someone out of bed," Cornell says.

A caregiver program could provide one-on-one coaching, online educational programs, video health, and phone support. Some states provide caregiver support services and cash benefits through Medicaid, but they are not as comprehensive or generous as the VA's program.

- **Phone support.** "The VA has an ongoing initiative to expand access to telehealth for veterans," Cornell says. "That includes telehealth from home with a tablet or computer."

Another telehealth option is to visit a local outpatient clinic and meet with specialists via a phone/video connection at the clinic.

"Before the 2020 pandemic took off, the VA was already doing a lot of things to expand access to telehealth," Cornell explains.

 Chat with an Expert

In March 2020, the VA issued a nationwide directive, canceling all non-urgent in-person appointments. This forced providers to pivot quickly to telehealth services. "If anyone had not figured out how to use the new system and how to use telehealth, they had to learn very quickly," Cornell says. "Whatever they needed to do, they did it."

Telehealth encounters expanded to all disciplines and have become more broadly available. If patients cannot access a computer or tablet for video calls, then health systems can provide one.

"Even if a veteran doesn't have a smartphone, tablet, or computer, the VA can help with that as well. It's part of bridging the digital divide," Cornell says. Since patients may live in remote and rural areas without high-speed internet access, it also is important to maintain phone support as a tool, she adds.

- **Home care services.** Patients living at home also may need medical and non-medical assistance, such as housekeeping services, wheelchair ramp installation, and other home modifications. These may require community resources or finding a home care agency that also can provide help with cooking, cleaning, bathing, and dressing.

"The VA has funds for both skilled home care and homemaker services," Cornell says. Other payers may not provide much assistance for these.

There also are capacity and access barriers to home care services in the pandemic era.

"Anecdotally, the need went up for home health services, but the capacity didn't go up," Cornell says. "The VA programs that offer those supports saw a lot of interest and did what they could, but in the short term they could only do so much. The VA is investing more and more into home-based care."

The goal for every case manager is to ensure any care transition is good for patients. "That can only happen if home support and caregiver support are adequate," Cornell notes. "They need equipment, and to understand infection control."

There always will be patients who need 24-hour skilled nursing care, and they need access to nursing home services. But alternatives can work for many patients. "The VA is looking at how they can support home-based programs and community-based programs like assisted living," Cornell says.

- Patients should receive care in the most home-like setting possible, where they can preserve their independence, she adds.

## REFERENCE

- Cornell PY, Magid KH, Corneau E, et al. Decline in veterans' admissions to nursing homes during COVID-19: Fewer beds, more fear, and finding alternative care settings. *J Am Med Dir Assoc* 2023;S1525-8610(22)00999-9.



**Issue Date:** April 1, 2023

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# New Report Finds Access To Nursing Home Care A Growing Crisis

## Nearly 450,000 Residents At Risk Of Displacement Under Federal Staffing Mandate

RESEARCH AND DATA WORKFORCE

Released: August 23, 2023

[AHCAPressOffice@ahca.org](mailto:AHCAPressOffice@ahca.org)

**WASHINGTON, D.C.** — The American Health Care Association and National Center for Assisted Living (AHCA/NCAL), representing more than 14,000 nursing homes and other long term care facilities across the country that provide care to approximately five million people each year, released a data-backed report today that illustrates the growing access to care crisis within the nursing home sector.

Nationwide labor shortages, coupled with inflation and chronic government underfunding, have forced nursing homes to limit admissions, downsize or even close entirely – leaving tens of thousands of vulnerable residents displaced, and countless prospective residents and families in desperate search of care.

**The report reveals that during the pandemic, an overall decline in the number of nursing homes accelerated by nearly four times. Specifically, from 2020 to present:**

- 579 nursing homes closed.
- More than 21,000 residents have been displaced by closures.
- 30 more U.S. counties became nursing home deserts.
- Two out of five closures had four- or five-star ratings.
- Only three new nursing homes have opened in 2023, compared to an average of 64 each year between 2020 and 2022.

**Additionally, the report highlights a survey of nursing home providers from June 2023, which found that due to ongoing labor shortages:**

- Fifty-five percent of nursing homes are turning away prospective residents and patients.
- Forty-eight percent of nursing homes have waitlists spanning at least a few days.
- Twenty-one percent of nursing homes are downsizing beds or units, and 24 percent have closed a wing, unit or floor because of labor shortages.

During the pandemic, nursing homes lost more of their workforce than any other health care sector—approximately 15 percent or 250,000 workers. While most other health care sectors have largely rebounded, nursing homes are not projected to return to pre-pandemic workforce levels until 2026.

“Too many of our nation’s seniors are having to look farther and wait longer for the long term and post-acute care they need. These are sobering numbers and should serve as a wake-up call to policymakers to help nursing homes rebuild,” said **Mark Parkinson, president and CEO of AHCA/NCAL**.

As nursing homes struggle to overcome labor shortages and stay afloat, the Biden Administration is expected to propose a federal staffing mandate, currently without corresponding funding or workforce development programs. The report notes a December 2022 analysis by CLA, which found that **nearly 450,000 nursing home residents are at risk of displacement** if facilities cannot increase their workforce and must reduce their census to comply with an arbitrary staffing ratio.

“With a growing elderly population, federal policymakers are at a crossroads in terms of how we address this access to care crisis,” **continued Parkinson**. “If they proceed with unfunded staffing mandates, this situation will only get worse. Instead, we need comprehensive policies and meaningful investments that will address the caregiver shortage and protect access to high-quality nursing home care.”

AHCA has long advocated for common-sense solutions and laid out several in its Care for Our Seniors Act. Among them are proper Medicaid funding, as well as numerous programs that will attract and retain caregivers and build a strong workforce.

View the full Access to Care Report [HERE](#).

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By Tim McInerney | October 27, 2023

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Like many markets across the country, the Twin Cities in Minnesota are confronting a reduction in skilled nursing beds, which is forcing patients to remain in hospitals for longer periods of time — with skilled nursing-at-home gaining momentum as a solution to these discharge pressures.

“The average length-of-stay on the hospital side is eight days for patients waiting for a SNF bed, whereas those with SNF-at-home go home in three days — that tells you that this is solving a problem we have in Minnesota, where there are not enough SNF

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programs, and has enabled Twin Cities health system Allina Health to conduct more than 5,000 home-based acute care episodes, according to a press release issued last week. The "majority" of those are SNF-at-home episodes, Crist told SNN, with about 30% of Inbound's patients avoiding a hospitalization and the remainder avoiding a SNF stay.

Inbound is poised to expand in new markets, while another significant hospital-at-home player — Contessa Health — is likewise seeing growth.

Contessa, which is part of home health giant Amedisys (Nasdaq: AMED), does not have hard data on how hospital length-of-stay correlates with SNF-at-home episodes. But Amedisys is hearing anecdotally of discharge pressures that are increasing length of stay, Chairman and outgoing CEO Paul Kusserow and Contessa Health Vice President, Strategy & Development Kendall Hagood told SNN.

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SEPT 01, 2023

## FACT SHEET: Biden-Harris Administration Takes Steps to Crack Down on Nursing Homes that Endanger Resident Safety

*Biden Administration Delivers on the President's State of the Union Promise with Proposed Federal Minimum Staffing Requirements, Tougher Enforcement Initiatives, and Efforts to Expand Nursing Workforce*

The nursing home industry receives nearly \$100 billion annually from American taxpayers, yet too many nursing homes chronically understaff their facilities—resulting in poor, substandard care that endangers residents. When nursing homes stretch workers too thin, residents may be forced to go without basic necessities like hot meals and regular baths, or even forced to lie in wet and soiled diapers for hours.

Residents also suffer avoidable injuries like falls and bedsores. Workers become burnt out from the daily struggle to deliver the quality care they know their residents deserve. During the pandemic, over 200,000 nursing home residents and workers died—around one-fifth of all COVID-19 deaths in the United States.

President Biden is committed to building a long-term care system where all seniors can age with dignity, where people with disabilities can receive high-quality services and supports in the setting of their choice, and where there is a pipeline of direct care workers into good-paying jobs with the free and fair choice to join a union. In his State of the Union address, President Biden pledged that his Administration would “protect seniors’ lives and life savings by cracking down on nursing homes that commit fraud, endanger patient safety, or prescribe drugs they don’t need.”

In April, President Biden signed an Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers, a first of its kind, government-wide commitment to support caregivers, direct care workers, and families

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caring for children, people with disabilities, and aging loved ones. The Executive Order carries forward Department of Health and Human Services (HHS) actions to enhance access to home and community-based services, raise wages for and retain direct care workers, help residents smoothly transition back home from nursing homes, and advance a government-wide strategy to lift up family caregivers. It also builds on the President's 2024 budget request for a \$150 billion transformative investment in home care.

Today, the Biden-Harris Administration is following through on the President's commitment to nursing home residents and their families. HHS is announcing important new steps to crack down on nursing homes that endanger resident safety:

- **The Centers for Medicare & Medicaid Services (CMS) is proposing a rule to set a federal floor for staffing levels, so that nursing home owners could not slash staffing to unsafe levels.** If finalized, the proposal would require every facility to have a Registered Nurse on site 24/7, to have a certain minimum number of registered nurses and nurse aides to help provide routine care, and to staff according to resident needs based on a robust assessment of the facility's residents. To ensure affected nursing homes have ample time to hire necessary staff, CMS is proposing that the minimum staffing requirements go into effect in phases.
- To improve nursing home safety in the short-term, **CMS is also announcing new efforts to improve enforcement of existing staffing standards, which currently require nursing homes to provide "sufficient" staffing and eight hours per day of Registered Nurse care.** These actions will help address substandard care and strengthen accountability even before the new minimum staffing requirements come into effect.
- **The HHS Office of the Inspector General (HHS-OIG) is also undertaking important oversight of nursing home performance,** examining nursing home spending of taxpayer funds, inappropriate prescribing of antipsychotic medications, and emergency preparedness planning by facilities.

In addition, HHS is announcing new steps to help expand the nursing workforce:

- **CMS, in partnership with the Health Resources and Services Administration (HRSA), is announcing a national nursing career pathways campaign.** The campaign will help recruit, train, retain, and transition workers into nursing home careers as nursing staff. **This plan will invest over \$75 million in scholarships and tuition reimbursement.**

Today's announcement builds on steps taken by the Administration over the past few years to support nursing home residents and workers. These efforts also align with the Administration's continued support for care at home, including significant investments in home and community-based services.

### **Setting a Minimum Federal Floor for Safe Levels of Nursing Home Staffing**

Staffing levels at nursing homes are closely linked to quality of care. For instance, a study of one state's nursing facilities showed that even a 20-minute increase in staffing per resident day from a Registered Nurse was associated with 22% fewer cases of COVID-19 and 26% fewer COVID-related deaths in nursing homes. Other studies similarly find that higher staffing is associated with better quality of patient care and patient health outcomes. Chronic understaffing disproportionately affects facilities serving a higher share of residents from certain racial and ethnic groups. In recent years, there has been a disturbing trend towards private equity firms and other large corporate owners purchasing nursing homes and slashing levels of staff as a way to maximize profits.

Research suggests the result is more illness and more deaths in those homes. For example, a working paper examining 18,000 nursing home facilities between 2000 and 2017 found that private equity ownership increased excess mortality for residents by 10%, increased prescription of antipsychotic drugs for residents by 50%, decreased hours of frontline nursing staffing by 3%, and increased taxpayer spending per resident by 11%. The study implies an additional 20,150 lives lost as a result of private equity ownership.

Based on a multi-faceted approach aimed at determining the minimum level and type of staffing needed to ensure long-term care facilities have a workforce sufficient for resident safety and well-being, **CMS is proposing a rule to set a federal floor for staffing levels.** Under the proposed rule, if finalized:

- Nursing facilities must have a Registered Nurse on site around-the-clock. The academic literature has repeatedly found that having a trained professional on site 24/7 is important for improving nursing home safety. Under the proposal, 22% of nursing homes would have to hire Registered Nurses to meet this requirement.
- In addition to having at least one Registered Nurse full-time, nursing homes must provide at least .55 hours (33 minutes) per resident day of care from a Registered Nurse, exceeding standards in nearly all states. Staffing hours per resident per day are the total number of hours worked by each type of staff divided by the total number of residents. This means that a facility with 100 residents would be required to provide a total of 55 Registered Nurse hours over the course of a day. If broken out into 8-hour shifts, this would mean having two Registered Nurses on staff for each 8-hour shift, and a third Registered Nurse for one shift during the day. Under the proposal, 36% of nursing homes would have to hire Registered Nurses to meet the hours per resident day standard after accounting for Registered Nurses hired for the 24/7 requirement.
- Nurse aides are especially critical to safe, quality care. These workers help residents with basic tasks of daily living, like eating, bathing, and going to the bathroom. Under the proposal, nursing homes must provide 2.45 hours (2 hours and 27 minutes) per resident day of care from nurse aides, exceeding standards in all states. This means a nursing home would need roughly ten nurse aides per each 8-hour shift in a facility with 100 residents. Under the proposal, 68% of nursing homes would have to hire nurse aides to meet this requirement.

When accounting for average hours currently worked by other types of workers that are not covered by these standards, this translates to expected nurse staffing of about 3.9 hours per resident per day.

The proposal also makes clear that the numerical staffing levels are a floor—not a ceiling—for safe staffing. Under the proposal, nursing homes would have to undertake a robust assessment of their particular facility, including consulting with workers and their representatives, to determine whether higher levels of staffing and what staff competencies are needed to meet the needs of their particular resident population. Nursing homes caring for residents with more acute needs may well have to hire more workers than the minimum standards in order to provide a safe environment. In addition, state laws with higher staffing requirements would not be preempted.

The federal minimum staffing standards proposed by CMS are robust yet achievable. For example, non-profit nursing homes are about three times as likely as for-profit homes to already provide staffing at or above the proposed levels. We recognize that nursing homes in rural areas may face greater challenges and require greater time to hire additional workforce. To ensure that affected nursing homes have ample time to identify and hire the necessary workers, the proposed rule would give most nursing homes three years to meet the new standard for nurses and nurse aides, and nursing homes located in rural areas would have five years to meet the new standards. To meet the requirement for a Registered Nurse on site 24/7, rural facilities would have three years and all other facilities would have two years.

The proposal includes possible hardship exemptions from the minimum staffing requirements. The need for an exemption must be proven with documentation that demonstrates meaningful efforts to hire workers at prevailing wages, as well as demonstrated financial investments in staffing.

The proposal also increases transparency about how taxpayer dollars are being spent. If finalized as proposed, state Medicaid agencies would need to publicly report the percent of payments for Medicaid-covered services that are spent on compensation for direct care workers and support staff in nursing facilities and intermediate care facilities for individuals with intellectual disabilities.

### **Increasing Nursing Home Accountability**

As the Administration works to implement the new proposed minimum federal floor for staffing, it is also committed to improving nursing home

safety in the immediate-term. That's why today HHS is announcing new efforts to improve enforcement of existing standards. HHS is taking action to:

- **Increase Audits of Nursing Homes' Staffing:** CMS is expanding audits of the direct care staffing data that nursing homes must report to make sure that federal and state inspectors, as well as residents and their families, have accurate information, including through Nursing Home Care Compare, CMS' informational website that families and prospective residents use to learn about facilities.
- **Ensure Taxpayer Dollars Go Toward Safe, High-Quality Care:** HHS-OIG is performing new oversight work to follow the money on how nursing homes spend the taxpayer funds they receive. This will include analysis of how nursing homes may profit at the expense of taxpayers and residents by using services, suppliers, or facilities controlled by parties they own or are otherwise connected to, rather than from vendors who might charge a more competitive price. These "related-party transactions," have not only obscured how taxpayer funds are being used by nursing homes, but also obscure whether profits and payouts to shareholders are prioritized above investments in resident safety and fair wages for workers.
- **Improve Nursing Home Inspections:** CMS will undertake new analyses of state inspection findings to ensure cited deficiencies receive the appropriate consequence, particularly in incidences involving resident harm. These analyses will ensure citations are applied more consistently and reflect the seriousness of the deficiency, permitting appropriate follow-through and enforcement.
- **Crack Down on Inappropriate Antipsychotic Prescribing Practices and Risks:** Grave concerns persist that nursing homes are overprescribing dangerous antipsychotic drugs to residents. To support efforts to reduce the misuse of these powerful medications, HHS-OIG is examining risks at nursing homes that have concerning prescribing practices. This builds on recent actions by CMS to increase oversight of inappropriate use of antipsychotic medication.
- **Enhance Resident Safety During Emergencies:** Nursing home residents are often among the most vulnerable to public health emergencies, and recent emergencies have exposed weaknesses in

FACT SHEET: Biden-Harris Administration Takes Steps to Crack Down on Nursing Homes that Endanger Resident Safety | The ...

nursing home emergency planning and harm to residents who suffered from inadequate care. The HHS-OIG is undertaking a new effort to improve resident safety during emergencies, including launching a national study of nursing home preparedness and key challenges, and identifying practices to strengthen protections for residents.

The Administration is committed to using its existing authorities to enhance the safety, quality, and accountability of nursing facilities. But Congress also needs to act. **For over eight years, funding for survey and certification programs to conduct health and safety inspections hasn't changed, even as the volume of complaints about nursing homes has risen. That's why the President's 2024 budget called on Congress to adequately fund nursing home inspections.**

### **Growing the Nursing Workforce and Supporting Job Quality**

CMS, in partnership with HRSA, is launching a new nursing home staffing campaign to help workers pursue careers in nursing homes. To bolster recruitment, training, and retention among nursing home workers, CMS will invest over \$75 million in scholarships and tuition reimbursement for nursing workers through the Civil Money Penalty Reinvestment Program. CMS will also work to streamline entry to and raise awareness of rewarding career opportunities in nursing homes.

These new investments are on top of the hundreds of millions of dollars the Administration has made available to invest in training and recruiting nurses and other caregivers. For example:

- The Department of Labor's Nursing Expansion Grant program made nearly \$80 million in grants available to address barriers to training in the nursing workforce and expand our national pipeline of qualified nursing professionals. These funds have been allocated to programs across the country to train healthcare professionals and paraprofessionals, including direct care workers, to advance in their careers and to increase the number of clinical and vocational nursing instructors and educators.
- HRSA has also provided grant funding to increase the number of nursing preceptors—those who supervise nursing students in clinical rotations—

to help support nursing schools in expanding admissions to train more students and providing those students with clinical exposure.

- The American Rescue Plan also supported HRSA's Nurse Corps scholarship and loan repayment program with \$200 million in funding.

Tying together these critical investments, HHS is strengthening the health workforce through its Health Workforce Initiative by connecting skilled health care providers to communities in need through grants, loan repayment, and scholarship programs and helping to build the pipeline of health workers in the most underserved communities.

### **Building on Other Nursing Home Reform Progress**

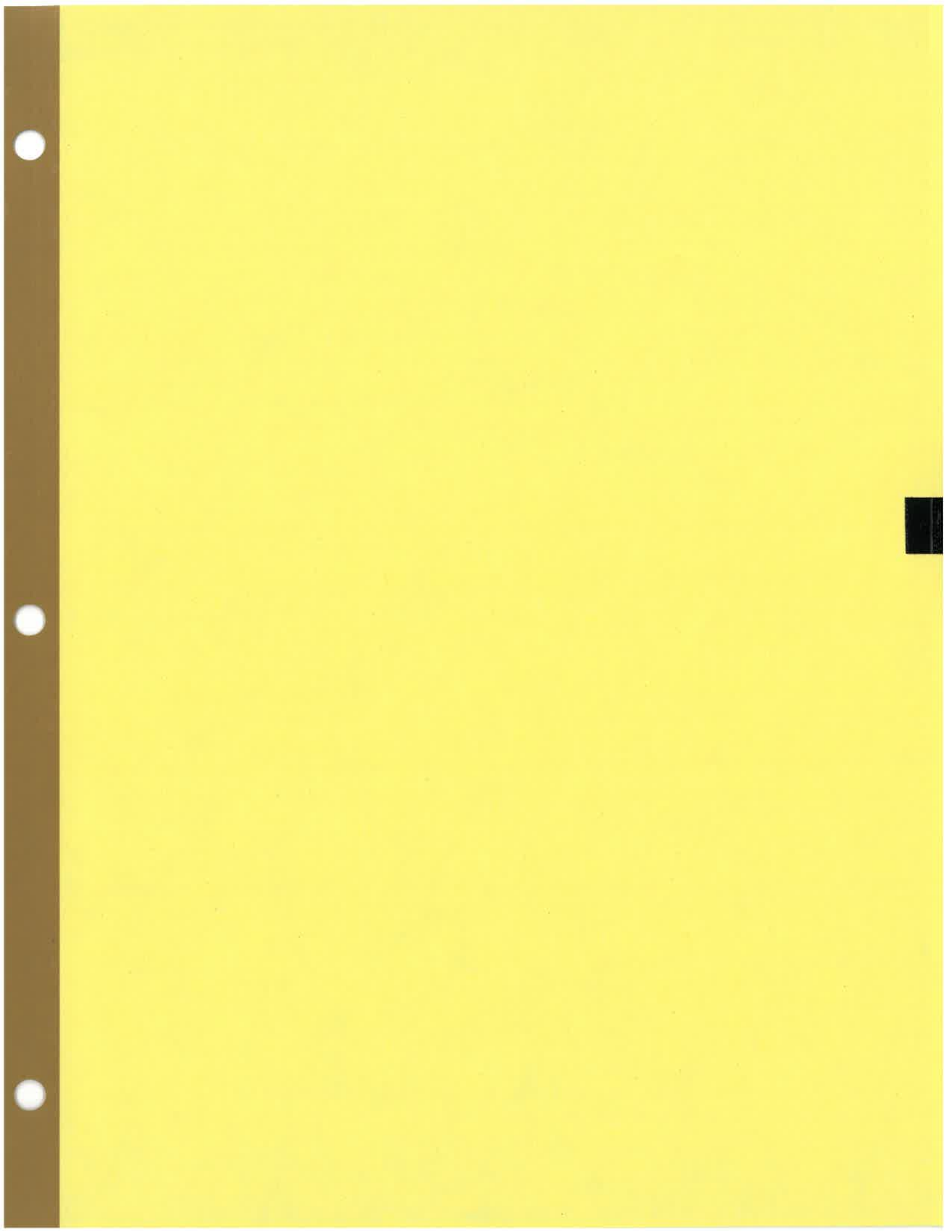
Today's announcement builds on steps taken by the Administration to support nursing home residents and workers in furtherance of the President's Action Plan. These include:

- **Shedding light on ownership and management.** CMS issued a proposed rule requiring nursing homes to disclose additional information about their owners and management, and sets the stage for the disclosure of whether these entities are private equity investors or real estate investment trusts. For the first time, CMS also released data on mergers, acquisitions, ownership changes, and consolidations of Medicare-enrolled hospitals and nursing homes, and data identifying common ownership across facilities.
- **Incentivizing quality performance through Medicare and Medicaid funding.** CMS issued a final rule updating Medicare payment policies and rates for FY 2024, including an over \$1 billion payment increase under the Skilled Nursing Facility (SNF) Prospective Payment System and updates to the Skilled Nursing Facility ("SNF") Quality Reporting Program and the SNF Value-Based Purchasing Program to encourage high-quality care. CMS has also issued a bulletin encouraging states to use their Medicaid authorities to drive better health outcomes for residents and improve staff pay, training, and retention.
- **Strengthening oversight of the worst-performing nursing homes.** CMS implemented escalating penalties and raised the safety standards for homes in the Special Focus Facility program, which provides

oversight for the worst-performing nursing homes. It also enhanced technical assistance to help such facilities improve.

- **Addressing misdiagnosis and overprescribing.** CMS is giving the public more access to information on misdiagnosis of schizophrenia, which can lead to overprescribing of dangerous antipsychotics. CMS is conducting audits of schizophrenia coding by nursing homes and adjusting Care Compare quality ratings based on audit findings involving inaccurate schizophrenia diagnoses.
- **Preventing abuse and Medicare fraud.** CMS issued a final rule requiring nursing home owners to be fingerprinted for federal background checks.
- **Cracking down on illegal debt collection.** CMS and the Consumer Financial Protection Bureau are reinforcing regulations banning facilities from illegally holding families responsible for their loved ones' nursing home debt.
- **Improving pandemic preparedness.** CMS updated guidance to require an infection control specialist be on site at least part-time in nursing homes to improve response to pandemics—not just an off-site consultant as the prior Administration allowed.
- **Improving families' ability to comparison shop.** Caregivers and prospective residents can better choose between facilities based on improvements to the Nursing Home Five-Star Quality Rating System and Care Compare, including new data on turnover, weekend staffing, and charges of violations, as well as owners, affiliated entities, and chains.
- **Increasing vaccination access.** HHS is working to increase COVID-19 vaccination rates for long-term care residents. CMS finalized the adoption of quality measures intended to encourage nursing homes to ensure all residents and workers are up-to-date on their COVID-19 vaccinations. Additionally, CMS recently finalized requirements for nursing homes and other long-term care facilities to offer COVID-19 vaccines to residents and workers and provide education on their benefits.

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## QuickFacts

### West Virginia; Jefferson County, West Virginia

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

All Topics	West Virginia	Jefferson County, West Virginia
Population Estimates, July 1, 2022, (V2022)	1,775,156	58,979
PEOPLE		
<b>Population</b>		
Population Estimates, July 1, 2022, (V2022)	1,775,156	58,979
Population estimates base, April 1, 2020, (V2022)	1,793,755	57,707
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	-1.0%	2.2%
Population, Census, April 1, 2020	1,793,716	57,701
Population, Census, April 1, 2010	1,852,994	53,498
<b>Age and Sex</b>		
Persons under 5 years, percent	5.0%	5.0%
Persons under 18 years, percent	19.8%	21.0%
Persons 65 years and over, percent	21.2%	17.6%
Female persons, percent	50.1%	50.0%
<b>Race and Hispanic Origin</b>		
White alone, percent	92.8%	88.0%
Black or African American alone, percent (a)	3.7%	6.4%
American Indian and Alaska Native alone, percent (a)	0.3%	0.4%
Asian alone, percent (b)	0.9%	1.8%
Native Hawaiian and Other Pacific Islander alone, percent (a)	7	0.1%
Two or More Races, percent	2.2%	3.3%
Hispanic or Latino, percent (b)	2.1%	7.0%
White alone, not Hispanic or Latino, percent	91.2%	81.9%
<b>Population Characteristics</b>		
Veterans, 2017-2021	118,598	4,795
Foreign born persons, percent, 2017-2021	1.6%	4.7%


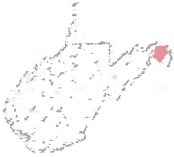





















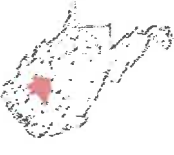














Randolph County is the largest by area at 1,040 square miles (2,694 km<sup>2</sup>), and Hancock County is the smallest at 83 square miles (215 km<sup>2</sup>).<sup>[8]</sup> Kanawha County contributed land to the founding of 12 West Virginia counties<sup>[12]</sup> and has the largest population (175,515 in 2022). Wirt County has the smallest population (5,091 in 2022).<sup>[8]</sup> The oldest county is Hampshire, established in 1754, and the newest is Mingo, established in 1895.<sup>[1]</sup> Spruce Knob, located in Pendleton County, is the state's highest point at 4,863 feet (1,482 m).<sup>[13]</sup> Federal Information Processing Standard (FIPS) codes, which are used by the United States government to identify counties uniquely, are five-digit numbers. For West Virginia, they start with 54 and end with the three-digit county code (for example, Barbour County has FIPS code 54001). Each county's code is provided in the table below, linked to census data for that county.<sup>[14]</sup>

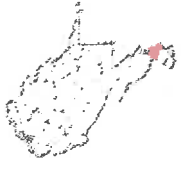


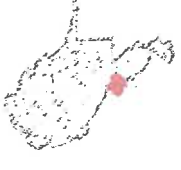



## Counties



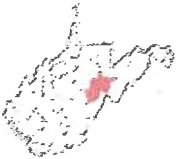
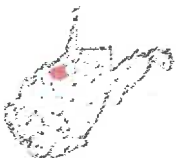




County	FIPS code <sup>[14]</sup>	County seat <sup>[7]</sup>	Est. <sup>[11]</sup>	Origin <sup>[1][12]</sup>	Etymology <sup>[1][12]</sup>	Population <sup>[15]</sup>	Area <sup>[7]</sup>	Map
<b>Barbour County</b>	001 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54001,00">http://www.census.gov/quickfacts/table/PST04521/5/54001,00</a> )	<u>Philippi</u>	<b>1843</b>	Harrison, Lewis, and Randolph counties	Philip P. Barbour (1783–1841) United States Speaker of the House (1821–23)	15,414	341 sq mi (883 km <sup>2</sup> )	
<b>Berkeley County</b>	003 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54003,00">http://www.census.gov/quickfacts/table/PST04521/5/54003,00</a> )	<u>Martinsburg</u>	<b>1772</b>	Frederick County (Virginia)	Norborne Berkeley (1717–70) Royal Governor of Virginia (1768–70)	129,490	321 sq mi (831 km <sup>2</sup> )	
<b>Boone County</b>	005 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54005,00">http://www.census.gov/quickfacts/table/PST04521/5/54005,00</a> )	<u>Madison</u>	<b>1847</b>	Cabell, Kanawha, and Logan counties	Daniel Boone (1734–1820) American frontiersman	20,968	503 sq mi (1,303 km <sup>2</sup> )	
<b>Braxton County</b>	007 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54007,00">http://www.census.gov/quickfacts/table/PST04521/5/54007,00</a> )	<u>Sutton</u>	<b>1838</b>	Kanawha, Lewis, and Nicholas counties	Carter Braxton (1736–97) Signer of the Declaration of Independence	12,185	514 sq mi (1,331 km <sup>2</sup> )	
<b>Brooke County</b>	009 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54009,00">http://www.census.gov/quickfacts/table/PST04521/5/54009,00</a> )	<u>Wellsburg</u>	<b>1796</b>	Ohio County	Robert Brooke (1761–1800) Governor of Virginia (1794–96)	21,733	89 sq mi (231 km <sup>2</sup> )	
<b>Cabell County</b>	011 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54011,00">http://www.census.gov/quickfacts/table/PST04521/5/54011,00</a> )	<u>Huntington</u>	<b>1809</b>	Kanawha County	William H. Cabell (1772–1853) Governor of Virginia (1805–08)	92,730	282 sq mi (730 km <sup>2</sup> )	
<b>Calhoun County</b>	013 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54013,00">http://www.census.gov/quickfacts/table/PST04521/5/54013,00</a> )	<u>Grantsville</u>	<b>1858</b>	Gilmer County	John C. Calhoun (1782–1850) United States Vice President (1825–32)	6,068	281 sq mi (728 km <sup>2</sup> )	
<b>Clay County</b>	015 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54015,00">http://www.census.gov/quickfacts/table/PST04521/5/54015,00</a> )	<u>Clay</u>	<b>1858</b>	Braxton and Nicholas counties	Henry Clay (1777–1852) United States Senator Kentucky (1823–25) United States Speaker of the	7,814	342 sq mi (886 km <sup>2</sup> )	

County	FIPS code <sup>[14]</sup>	County seat <sup>[7]</sup>	Est. <sup>[1]</sup>	Origin <sup>[1][12]</sup>	Etymology <sup>[1][12]</sup>	Population <sup>[15]</sup>	Area <sup>[7]</sup>	Map
<b>Doddridge County</b>	017 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54017,00">http://www.census.gov/quickfacts/table/PST045215/54017,00</a> )	West Union	1845	Harrison, Lewis, Ritchie, and Tyler counties	House (1849–52) Philip Doddridge (1773–1832) United States Congressman (Virginia) (1829–32)	7,898	320 sq mi (829 km <sup>2</sup> )	
<b>Fayette County</b>	019 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54019,00">http://www.census.gov/quickfacts/table/PST045215/54019,00</a> )	Fayetteville	1831	Kanawha, Greenbrier, Logan, and Nicholas counties	Marquis de Lafayette (1757–1834) French-born American Revolutionary War General	39,487	664 sq mi (1,720 km <sup>2</sup> )	
<b>Gilmer County</b>	021 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54021,00">http://www.census.gov/quickfacts/table/PST045215/54021,00</a> )	Glenville	1845	Kanawha and Lewis counties	Thomas Walker Gilmer (1802–44) United States Secretary of the Navy (1844) Governor of Virginia (1840–41)	7,325	340 sq mi (881 km <sup>2</sup> )	
<b>Grant County</b>	023 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54023,00">http://www.census.gov/quickfacts/table/PST045215/54023,00</a> )	Petersburg	1863	Hardy County	Ulysses S. Grant (1822–85) United States President (1869–77)	10,968	477 sq mi (1,235 km <sup>2</sup> )	
<b>Greenbrier County</b>	025 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54025,00">http://www.census.gov/quickfacts/table/PST045215/54025,00</a> )	Lewisburg	1778	Montgomery County (Virginia) and Botetourt County (Virginia)	Greenbrier River	32,435	1,021 sq mi (2,644 km <sup>2</sup> )	
<b>Hampshire County</b>	027 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54027,00">http://www.census.gov/quickfacts/table/PST045215/54027,00</a> )	Romney	1754	Augusta County (Virginia) and Frederick County (Virginia)	County of Hampshire in England	23,468	642 sq mi (1,663 km <sup>2</sup> )	
<b>Hancock County</b>	029 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54029,00">http://www.census.gov/quickfacts/table/PST045215/54029,00</a> )	New Cumberland	1843	Brooke County	John Hancock (1737–93) One of the Signers of the Declaration of Independence Governor of Massachusetts (1780–85) and (1787–93)	28,172	83 sq mi (215 km <sup>2</sup> )	
<b>Hardy County</b>	031 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54031,00">http://www.census.gov/quickfacts/table/PST045215/54031,00</a> )	Moorefield	1798	Hampshire County	Samuel Hardy (1758–85) Virginia delegate to the Continental	14,192	583 sq mi (1,510 km <sup>2</sup> )	








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	5/54031,00)				Congress (1783–85)			
<b>Harrison County</b>	033 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54033,00">http://www.census.gov/quickfacts/table/PST04521/5/54033,00</a> )	Clarksburg	1784	Monongalia County	Benjamin Harrison V (1728–91) Governor of Virginia (1781–84)	84,915	416 sq mi (1,077 km <sup>2</sup> )	
<b>Jackson County</b>	035 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54035,00">http://www.census.gov/quickfacts/table/PST04521/5/54035,00</a> )	Ripley	1831	Kanawha, Mason, and Wood counties	Andrew Jackson (1767–1845) United States President (1829–37)	27,716	466 sq mi (1,207 km <sup>2</sup> )	
<b>Jefferson County</b>	037 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54037,00">http://www.census.gov/quickfacts/table/PST04521/5/54037,00</a> )	Charles Town	1801	Berkeley County	Thomas Jefferson (1743–1826) United States President (1801–09)	58,979	210 sq mi (544 km <sup>2</sup> )	
<b>Kanawha County</b>	039 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54039,00">http://www.census.gov/quickfacts/table/PST04521/5/54039,00</a> )	Charleston	1789	Greenbrier and Montgomery County (Virginia)	Kanawha River	175,515	903 sq mi (2,339 km <sup>2</sup> )	
<b>Lewis County</b>	041 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54041,00">http://www.census.gov/quickfacts/table/PST04521/5/54041,00</a> )	Weston	1816	Harrison County	Charles Lewis (1736–74) American Colonel killed at the Battle of Point Pleasant <sup>[18]</sup>	16,767	389 sq mi (1,008 km <sup>2</sup> )	
<b>Lincoln County</b>	043 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54043,00">http://www.census.gov/quickfacts/table/PST04521/5/54043,00</a> )	Hamlin	1867	Boone, Cabell, Kanawha, and Putnam counties	Abraham Lincoln (1809–65) United States President (1861–65)	19,901	438 sq mi (1,134 km <sup>2</sup> )	
<b>Logan County</b>	045 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54045,00">http://www.census.gov/quickfacts/table/PST04521/5/54045,00</a> )	Logan	1824	Cabell and Kanawha counties, Giles County (Virginia), and Tazewell County (Virginia)	Chief Logan (c. 1723–80) Mingo leader	31,316	454 sq mi (1,176 km <sup>2</sup> )	
<b>Marion County</b>	049 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54049,00">http://www.census.gov/quickfacts/table/PST04521/5/54049,00</a> )	Fairmont	1842	Harrison and Monongalia counties	Francis Marion (1732–95) American Revolutionary War General (1757–82)	55,952	310 sq mi (803 km <sup>2</sup> )	


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<b>Marshall County</b>	051 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54051,0">http://www.census.gov/quickfacts/table/PST045215/54051,0</a> )	Moundsville	1836	Ghio County	John Marshall (1755–1835) United States Secretary of State (1800–01) Chief Justice of the United States (1801–35)	29,752	307 sq mi (795 km <sup>2</sup> )	
<b>Mason County</b>	053 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54053,0">http://www.census.gov/quickfacts/table/PST045215/54053,0</a> )	Point Pleasant	1804	Kanawha County	George Mason (1725–92) United States Constitutional Convention "Father of the Bill of Rights"	25,000	432 sq mi (1,119 km <sup>2</sup> )	
<b>McDowell County</b>	047 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54047,0">http://www.census.gov/quickfacts/table/PST045215/54047,0</a> )	Welch	1858	Tazewell County (Virginia)	James McDowell (1795–1851) Governor of Virginia (1843–46)	17,850	535 sq mi (1,386 km <sup>2</sup> )	
<del><b>Mercer County</b></del>	055 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54055,0">http://www.census.gov/quickfacts/table/PST045215/54055,0</a> )	Princeton	1837	Giles County (Virginia) and Tazewell County (Virginia)	Hugh Mercer (1726–77) American Revolutionary War General (1775–76)	<i>very close</i> <del>58,700</del> <i>no</i>	420 sq mi (1,088 km <sup>2</sup> )	
<b>Mineral County</b>	057 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54057,0">http://www.census.gov/quickfacts/table/PST045215/54057,0</a> )	Keyser	1866	Hampshire County	abundant mineral resources	26,855	328 sq mi (850 km <sup>2</sup> )	
<b>Mingo County</b>	059 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54059,0">http://www.census.gov/quickfacts/table/PST045215/54059,0</a> )	Williamson	1896	Logan County	Mingo Native Americans	22,573	423 sq mi (1,096 km <sup>2</sup> )	
<b>Monongalia County</b>	061 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54061,0">http://www.census.gov/quickfacts/table/PST045215/54061,0</a> )	Morgantown	1778	Augusta County (Virginia)	Latin derivation for Monongahela River	106,869	361 sq mi (935 km <sup>2</sup> )	
<b>Monroe County</b>	063 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54063,0">http://www.census.gov/quickfacts/table/PST045215/54063,0</a> )	Union	1799	Greenbrier County	James Monroe (1758–1831) United States Senator (Virginia) (1790–94) Governor of Virginia (1799–1802) and (1811)	12,296	473 sq mi (1,225 km <sup>2</sup> )	

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					United States President (1817–25)			
<b>Morgan County</b>	065 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54065.0">http://www.census.gov/quickfacts/table/PST045215/54065.0</a> )	Berkeley Springs	1820	Berkeley and Hampshire counties	Daniel Morgan (1736–1802) United States Congressman (Virginia) (1797–99)	17,430	229 sq mi (593 km <sup>2</sup> )	
<b>Nicholas County</b>	067 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54067.0">http://www.census.gov/quickfacts/table/PST045215/54067.0</a> )	Summersville	1818	Greenbrier, Kanawha, and Randolph counties	Wilson Cary Nicholas (1761–1820) United States Senator (Virginia) (1799–1804) Governor of Virginia (1814–16)	24,335	649 sq mi (1,681 km <sup>2</sup> )	
<b>Ohio County</b>	069 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54069.0">http://www.census.gov/quickfacts/table/PST045215/54069.0</a> )	Wheeling	1776	Augusta County (Virginia)	Ohio River	41,447	106 sq mi (275 km <sup>2</sup> )	
<b>Pendleton County</b>	071 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54071.0">http://www.census.gov/quickfacts/table/PST045215/54071.0</a> )	Franklin	1788	Augusta County (Virginia), Rockingham County (Virginia), and Hardy	Edmund Pendleton (1721–1803) First Continental Congress (1774)	6,011	698 sq mi (1,808 km <sup>2</sup> )	
<b>Pleasants County</b>	073 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54073.0">http://www.census.gov/quickfacts/table/PST045215/54073.0</a> )	Saint Marys	1851	Ritchie, Tyler, and Wood counties	James Pleasants, Jr. (1769–1836) United States Senator (Virginia) (1819–22) Governor of Virginia (1822–25)	7,586	131 sq mi (339 km <sup>2</sup> )	
<b>Pocahontas County</b>	075 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54075.0">http://www.census.gov/quickfacts/table/PST045215/54075.0</a> )	Marlinton	1821	Bath County (Virginia), Pendleton, and Randolph	Pocahontas (c. 1595–1617) Powhatan Native American slave of early English settlers	7,819	940 sq mi (2,435 km <sup>2</sup> )	
<b>Preston County</b>	077 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54077.0">http://www.census.gov/quickfacts/table/PST045215/54077.0</a> )	Kingwood	1818	Monongalia County	James Patton Preston (1774–1843) Governor of Virginia (1816–19)	34,172	648 sq mi (1,678 km <sup>2</sup> )	

County	FIPS code <sup>[14]</sup>	County seat <sup>[7]</sup>	Est.	Origin <sup>[1][12]</sup>	Etymology <sup>[1][12]</sup>	Population <sup>[15]</sup>	Area <sup>[7]</sup>	Map
<b>Putnam County</b>	079 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54079,0">http://www.census.gov/quickfacts/table/PST04521/5/54079,0</a> )	Winfield	1848	Cabell, Kanawha, and Mason counties	Israel Putnam (1718–90) American Revolutionary War General	57,015	346 sq mi (896 km <sup>2</sup> )	
<b>Raleigh County</b>	081 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54081,0">http://www.census.gov/quickfacts/table/PST04521/5/54081,0</a> )	Beckley	1850	Fayette County	Sir Walter Raleigh (1554–1618) English explorer and poet	72,882	607 sq mi (1,572 km <sup>2</sup> )	
<b>Randolph County</b>	083 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54083,0">http://www.census.gov/quickfacts/table/PST04521/5/54083,0</a> )	Elkins	1787	Harrison County	Edmund Jennings Randolph (1753–1813) Governor of Virginia (1786–88) First United States Attorney General (1789–94)	27,600	1,040 sq mi (2,694 km <sup>2</sup> )	
<b>Ritchie County</b>	085 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54085,0">http://www.census.gov/quickfacts/table/PST04521/5/54085,0</a> )	Harrisville	1843	Harrison, Lewis, and Wood counties	Thomas Ritchie (1778–1854) nationally influential Virginia newspaper publisher	8,207	454 sq mi (1,176 km <sup>2</sup> )	
<b>Roane County</b>	087 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54087,0">http://www.census.gov/quickfacts/table/PST04521/5/54087,0</a> )	Spencer	1863	Gilmer, Jackson, and Kanawha counties	Spencer Roane (1762–1822) Virginia Supreme Court Justice (1794–1822)	13,834	484 sq mi (1,254 km <sup>2</sup> )	
<b>Summers County</b>	089 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54089,0">http://www.census.gov/quickfacts/table/PST04521/5/54089,0</a> )	Hinton	1871	Fayette, Greenbrier, Mercer, and Monroe counties	George W. Summers (1804–68) United States Congressman (Virginia) (1843)	11,762	361 sq mi (935 km <sup>2</sup> )	
<b>Taylor County</b>	091 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54091,0">http://www.census.gov/quickfacts/table/PST04521/5/54091,0</a> )	Grafton	1844	Barbour, Harrison, Marion counties	John Taylor of Caroline (1753–1824) United States Senator (Virginia) (1792–84) and (1803) and (1822–24)	16,342	173 sq mi (448 km <sup>2</sup> )	
<b>Tucker County</b>	093 ( <a href="http://www.census.gov/quickfacts/table/PST04521/5/54093,0">http://www.census.gov/quickfacts/table/PST04521/5/54093,0</a> )	Parsons	1866	Randolph County	Henry St. George Tucker (1780–1848) United States Congressman (Virginia) (1815–19) Virginia	6,568	419 sq mi (1,085 km <sup>2</sup> )	

*no  
but way  
close*

County	FIPS code <sup>[14]</sup>	County seat <sup>[7]</sup>	Est. <sup>[1]</sup>	Origin <sup>[1][12]</sup>	Etymology <sup>[1][12]</sup>	Population <sup>[15]</sup>	Area <sup>[7]</sup>	Map
					Supreme Court (1831–41)			
<u>Tyler County</u>	095 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54095,0">http://www.census.gov/quickfacts/table/PST045215/54095,0</a> )	Middlebourne	1814	Ohio County	John Tyler, Sr. (1747–1813) Governor of Virginia (1808–11)	8,183	258 sq mi (668 km <sup>2</sup> )	
<u>Upshur County</u>	097 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54097,0">http://www.census.gov/quickfacts/table/PST045215/54097,0</a> )	Buckhannon	1851	Barbour, Lewis, and Randolph counties	Abel Parker Upshur (1790–1844) United States Secretary of the Navy (1841–43) United States Secretary of State (1843–44)	23,712	355 sq mi (919 km <sup>2</sup> )	
<u>Wayne County</u>	099 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54099,0">http://www.census.gov/quickfacts/table/PST045215/54099,0</a> )	Wayne	1842	Cabell County	"Mad" Anthony Wayne Major General (1745–96) American Revolutionary War (1775–83) and (1792–96) United States Congressman Georgia (1791)	37,998	506 sq mi (1,311 km <sup>2</sup> )	
<u>Webster County</u>	101 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54101,0">http://www.census.gov/quickfacts/table/PST045215/54101,0</a> )	Webster Springs	1860	Braxton, Nicholas, and Randolph counties	Daniel Webster (1782–1852) United States Senator Massachusetts (1827–41) and (1845–50) United States Secretary of State (1841–53) and (1850–52)	8,167	556 sq mi (1,440 km <sup>2</sup> )	
<u>Wetzel County</u>	103 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54103,0">http://www.census.gov/quickfacts/table/PST045215/54103,0</a> )	New Martinsville	1848	Tyler County	Lewis Wetzel (1763–1808) noted frontiersman	14,025	359 sq mi (930 km <sup>2</sup> )	
<u>Wirt County</u>	105 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54105,0">http://www.census.gov/quickfacts/table/PST045215/54105,0</a> )	Elizabeth	1848	Jackson and Wood counties	William Wirt (1772–1834) United States Attorney General (1817–29)	5,091	233 sq mi (603 km <sup>2</sup> )	
<u>Wood County</u>	107 ( <a href="http://www.census.gov/quickfacts/table/PST045215/54107,0">http://www.census.gov/quickfacts/table/PST045215/54107,0</a> )	Parkersburg	1798	Harrison County	James Wood (1741–1813) Governor of Virginia (1796–99)	83,340	367 sq mi (951 km <sup>2</sup> )	

County	FIPS code <sup>[14]</sup>	County seat <sup>[7]</sup>	Est.	Origin <sup>[1][12]</sup>	Etymology <sup>[1][12]</sup>	Population <sup>[15]</sup>	Area <sup>[7]</sup>	Map
	5/54107,00)							
<b>Wyoming County</b>	109 (http://www.census.gov/quickfacts/table/PST04521/5/54109,00)	Pineville	1850	Logan County	derived from Lenape Native American term for "wide plain"	20,527	501 sq mi (1,298 km <sup>2</sup> )	

## See also

- List of governors of West Virginia
- List of National Historic Landmarks in West Virginia
- List of West Virginia counties by socioeconomic factors

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	Small ALRs		Large ALRs		Nursing Homes		Legally Unlicensed		Population >65
	# Facilities	Beds	# Facilities	Beds	# Facilities	Beds	# Facilities	Beds	
<b>All West Virginia</b>	<b>27</b>	<b>334</b>	<b>60</b>	<b>3,215</b>	<b>122</b>	<b>10,774</b>	<b>42</b>	<b>126</b>	
<b>More Populated</b>									
Jefferson	0	0	0	0	3	244	1	3	10,380
Berkeley	2	28	2	237	2	188			
Cabell	2	14	5	351	5	496			
Harrison	2	28	2	166	7	383			
Kanawha	5	40	5	446	11	840			
Monongalia			3	210	4	282			
Raleigh			1	70	4	387			
Wood			4	189	5	292			
<b>TOTAL</b>			<b>22</b>	<b>1,669</b>					
<b>11 Lesser Populated</b>		224							
Putnam									
Logan									
Marion									
Fayette									
Randolph									
Boone									
Wyoming									
Jackson									
Mercer									
Lincoln									
Wirt					1	36			
<b>Add'l 16 Less Pop.</b>				<b>1,546</b>					





# Office of Health Facility Licensure & Certification

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- Applications
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- Programs ▾
- Health Care Facilities ▾
- Rules & Regulations
- Contacts ▾



Home > Facility Lookup > Search Results > MARTINSBURG HEALTHCARE CENTER Details

## FACILITY LOOKUP

### MARTINSBURG HEALTHCARE CENTER DETAILS

- Home
- Health Investigations
- Life Safety Inspections
- Location

#### General Information

Legal Name:  
Four Leaf Clover Leasing Co., LLC

Facility Type:  
NURSING HOME (NH) - SNF/NF DUAL CERT

Health Facility/Provider Search

Facility Name	Legal Name	Administrator	Opened	Closed	Physical Address	City	Zip	County	Phone Number	FAK	Abbreviation	Total Beds
VALEY CARE HOMES, INC 111 (AIR/AI2)	BRALEY CARE HOMES, INC. 111 (AIR/AI2)		2008/11/17		16192 US 60	Hurricane	25526	Putnam	(304)201-3677	(304)201-3678	SALR	16
CENTRAL AVE ASSISTED LIVING	CENTRAL AVE ASSISTED LIVING		2006/04/11		1046 CENTRAL AVE	Charleston	25902	Kanawha	(304)414-0135	(304)414-0136	SALR	8
CLARK'S CHRISTIAN CARE, INC	CLARK'S CHRISTIAN CARE, Inc.		1999/09/16		145 WALNUT STREET	EAST BANK	25067	Kanawha	(304)595-4171	(304)595-4171	SALR	12
CONCORD I	PRESTERA CENTER FOR MENTAL HEALTH SERVICES, INC.		2004/10/04		2218 WASHINGTON ST E	Charleston	25901	Kanawha	(304)342-8042	No Phone	SALR	8
CONCORD II	Prestera Center for Mental Health Services, Inc. dba Concord II		2004/11/30		5511 NOYES AVENUE	Charleston	25304	Kanawha	(304)925-7728	(304)925-8489	SALR	8
COUNTRY VILLA CARE INC	COUNTRY VILLA CARE INC		2001/12/19		78 HIGH STREET	BUFFALO	25033	Putnam	(304)937-4110	No Phone	SALR	13
CRESS MANOR ASSISTED LIVING	PRESTERA CENTER FOR MENTAL HEALTH SERVICES, INC.		2011/08/27		1436 7TH AVENUE	HUNTINGTON	25703	Cabell	(304)399-1275	(304)399-1077	SALR	8
DIGNITY ASSISTED LIVING	DIGNITY ASSISTED LIVING		2011/03/04		657 MAIN STREET	Chapmanville	25508	Logan	No Phone	No Phone	SALR	16
FITZWATER ASSISTED LIVING THE STERLING PLACE	FITZWATER ASSISTED LIVING THE STERLING PLACE		2012/08/17		213 LOCUST AVENUE	FAIRMONT	26554	Marion	No Phone	(304)363-8353	SALR	13
GAULEY RIVER ASSISTED LIVING	GAULEY RIVER ASSISTED LIVING, LLC		2012/12/03		4947 GAULEY RIVER ROAD	Gauley Bridge	25085	Fayette	No Phone	(304)632-1634	SALR	16
GREENICH CARE HOME INC	GREENICH CARE HOME INC		1997/04/23		67 GREENICH AVENUE	Bunker Hill	25413	Berkeley	(304)229-3624	No Phone	SALR	12
LAVENDER FIELDS ASSISTED LIVING	LAVENDER FIELDS ASSISTED LIVING, LLC DBA LAVENDER FIELDS ASSISTED LIVING		2007/06/20		150 WATER STREET	Beverly	26253	Randolph	(304)630-1108	(304)630-2072	SALR	16
MAGNOLIA ASSISTED LIVING, INC	Magnolia Assisted Living, Inc		2021/04/20		1708 THISTLEWOOD DR	Hurricane	25526	Putnam	No Phone	No Phone	SALR	12
MANCHIN ASSISTED LIVING, LLC	Manchin Assisted Living, LLC		2018/03/26		140 PROFESSIONAL PLACE	Bridgeport	26330	Harrison	(304)946-9270	(304)946-9272	SALR	20
MARY WOELFEL ASSISTED LIVING	PRESTERA CENTER FOR MENTAL HEALTH SERVICES, INC.		2011/10/18		921 23RD STREET	Huntington	25701	Cabell	(304)697-1270	(304)399-1077	SALR	6
MEADOW BROOK ASSISTANCE WITH LIVING	MEADOW BROOK ASSISTANCE WITH LIVING, INC.		2007/10/26		5700 CAMP CREEK ROAD	JULIAN	25529	Boone	(304)369-0038	(304)369-0039	SALR	16
MONARCH RAL LLC/DBA COUNTRYSIDE ASSISTED LIVING	MONARCH RAL LLC/DBA COUNTRYSIDE ASSISTED LIVING		2008/11/19		1228 BERKELEY STATION ROAD	MARTINSBURG	25404	Berkeley	(304)596-6227	(304)596-6226	SALR	16
MULLENS MANOR ASSISTED LIVING, INC	MULLENS MANOR, INC		2015/06/18		1238 GUYANDOTTE AVE	Mullens	25882	Wyoming	(304)294-2591	No Phone	SALR	12
PLEASANT ACRES	PLEASANT ACRES CHRISTIAN HAVEN ASSOCIATION		1997/05/14		41 PLEASANT ACRES DRIVE	Fairmont	26554	Marton	(304)366-0816	(304)366-0816	SALR	14
PRIDE CARE, LLC	RIDGE CARE, LLC		2001/09/09		135 ANTELOPE LANE	Pinecroft	24739	Mercer	(304)487-1278	(304)487-5650	SALR	16
ROCKIN CHAIR RESIDENTIAL CARE INC	ROCKIN CHAIR RESIDENTIAL CARE INC		2006/12/27		2103 PINEGROVE ROAD	Laroca	25971	Mercer	(304)384-4299	(304)384-4300	SALR	16
ROSE MANOR	Mullens Manor, Inc DBA Rose Manor		2018/02/05		27 MAIN STREET	Pineville	24874	Wyoming	No Phone	No Phone	SALR	16
STERS ELDER CARE LLC	Sisters Elder Care		2023/06/14		2520 HOOD AVE	SHINNSTON	26431	Harrison	No Phone	No Phone	SALR	8
VIRGINIA MANOR	VIRGINIA MANOR				1112 VIRGINIA STREET	RAVENSWOOD	26164	Jackson	(304)273-9482	(304)273-9236	SALR	10
WALNUT PLACE	Prestera Center for Mental Health Services, Inc. dba Walnut Place		2011/03/04		2603 KNOX AVENUE	St Albans	25177	Kanawha	(304)721-8915	(304)721-8959	SALR	4
WHITMAN ADULT LIVING	WHITMAN ADULT LIVING		2005/12/19		2375 WHITMAN CREEK ROAD	WHITMAN	25652	Logan	(304)239-2004	(304)239-2004	SALR	16
WODSIDE MANOR	PRESTERA CENTER FOR MENTAL HEALTH SERVICES, INC.		2004/09/29		8134 SCITES STREET	WEST HAMLIN	25971	Lincoln	(304)824-7015	(304)824-7015	SALR	6

Facility Name	Legal Name	Administrator	Opened	Physical Address	City	Zip	County	Phone Number	FAIR	Total B.
WIN'S COURT (RETREAT)	WIN'S COURT RETREAT, INC.		2001/03/28	1435 WASHINGTON PIKE	Wellburg	26070	Brooke	(304)837-0941	(304) 237-3394	065
ARTHUR & HOODES CENTER AT EDGEWOOD SUMMIT (ALR/ALZ)	EDGEWOOD SUMMIT, INC. DBA ARTHUR & HOODES CENTER AT EDGEWOOD SUMMIT (ALR/ALZ)		2013/12/05	808 BAKER LANE	Charleston	25302	Marion	No Phone	No Phone	22
ASSISTED LIVING AT EVERGREEN	PERSONAL CARE AT EVERGREEN, INC. DBA ASSISTED LIVING AT EVERGREEN, INC.		2002/04/26	3105 COLLINGBURY ROAD	Morgantown	26502	Monongalia	(304)838-8401	(304)838-8402	18
AUTUMN WALK, INC.	AUTUMN WALK, INC.		2002/04/25	413 MCDOUGLAS STREET	Ruffalo	25884	Greenbrier	(304)334-5596	(304)334-5505	48
BULACLAND	BULACLAND		1999/11/01	4208 ROCKY HOLLOW RD	Grifton	28354	Taylor	(910)285-2874	(304)225-2862	24
COCKDALE CHARLESTON GARDENS (ALR/ALZ)	Emeritus Operation Tradename Cockdale Charleston Gardens (ALR/ALZ)		2001/04/01	849 ASSOCIATION DRIVE	Charleston	25311	Kanawha	(304)343-6000	(304)343-5875	26
DAR GROVE ASSISTED LIVING	GREENVIEW INVESTORS CEDAR GROVE OPERATOR, LLC TRADENAME CEDAR GROVE ASSISTED LI		1999/03/22	110 NICHELLETTE ROAD	HANGERSBURG	26104	Wood	(304)234-6023	No Phone	21
CELEBRATION VILLA OF TRAYS VALLEY (ALR/ALZ)	EC OP CO TRAYS VALLEY, LLC TRADENAME CELEBRATION VILLA OF TRAYS VALLEY		2007/10/04	4009 OUTLOOK DRIVE	Shoreline	25526	Fayette	(304)267-4749	No Phone	85
CELEBRATION VILLA OF MARTINSBURG	EC OP CO MARTINSBURG, LLC TRADENAME CELEBRATION VILLA OF MARTINSBURG		2004/06/19	216 GLOUCESTER DRIVE	Martinsburg	25401	DeWales	(304)127-5890	No Phone	77
COUNTRY VIEW ASSISTED LIVING, INC.	COUNTRY VIEW ASSISTED LIVING, INC.		2018/07/12	2818 SERUCA TRAIL SOUTH	Farmington	24943	Marshall	(304)533-4300	(304)755-6333	97
BISHOP MARLEWOOD USSEE LLC TRADENAME BLMCROFT OF MARLEWOOD	BISHOP MARLEWOOD USSEE LLC TRADENAME BLMCROFT OF MARLEWOOD		2018/10/01	1402 MARLEWOOD DRIVE	BRIDGEPORT	26110	Harrison	(304)488-0202	(304)488-0205	42
FUMMURST, THE HOUSE OF FRIENDSHIP, INC.	FUMMURST, THE HOUSE OF FRIENDSHIP, INC.		1998/09/03	1228 NATIONAL ROAD	Wheeling	26003	Ohio	(304)242-2646	(304)242-0885	56
CHARLESTON OPERATIONS, LLC DBA Grand Meadows (ALR/ALZ)	CHARLESTON OPERATIONS, LLC DBA Grand Meadows (ALR/ALZ)		2013/02/13	5 DEWLEY DRIVE	Scott Depot	25549	Putnam	(304)760-5200	(304)757-1294	48
PARO'S ELDER CARE LLC	PARO'S ELDER CARE LLC		2008/04/28	1156 STONEY LONESOME ROAD	Farmington	24954	Marion	(304)534-1139	(304)732-8864	60
MULLERS MANOR INC DBA Glen Ridge Manor	MULLERS MANOR INC DBA Glen Ridge Manor	REBECCA LOVEJOY BUZZO	2008/03/24	10544 POLAR STAR RD	GLYE ROGERS	25966	Waynes	(304)284-7002	(304)284-7002	57
GLENWOOD HEALTHCARE CENTER	Glenwood Park Leasing Co. LLC		1998/04/30	1924 GLENWOOD PARK RD	Brickton	24739	Marion	(304)425-8128	No Phone	18
GOLDEN OAKS RESIDENTIAL BOARD AND CARE INC	GOLDEN OAKS RESIDENTIAL BOARD AND CARE INC		1998/07/14	108 LEE ROAD	ROLLANSBEE	26027	Brooke	(304)327-2496	(304)327-2467	33
MORGAN HARMONY OPERATIONS LLC TRADENAME HARMONY AT MORGANTOWN	MORGAN HARMONY OPERATIONS LLC TRADENAME HARMONY AT MORGANTOWN		2012/05/28	1357 APPLE HARBEST DRIVE	MARTINSBURG	25405-1195	DeWales	(304)288-9783	No Phone	19
HARMONY AT MORGANTOWN (ALR/ALZ)	HARMONY AT MORGANTOWN		2012/06/25	54 Merrimack Drive	MORGANTOWN	26502	Monongalia	(304)212-6930	No Phone	40
HARMONY AT SOUTHWINDSE	HARMONY AT SOUTHWINDSE		2020/12/05	801 WENTON WAY	CHARLESTON	25309	Kanawha	No Phone	No Phone	1
HARMONY AT WHITE OAKS (ALR/ALZ)	HARMONY AT WHITE OAKS		2019/12/16	2025 WHITE OAKS BOULEVARD	BRIDGEPORT	26130	Waynes	No Phone	No Phone	18
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HARMONY AT SOUTHWINDSE	HARM									

Health Facility/Provider Search

EHLER, MILDRED M	Beheler, Mildred M	2015/02/03	1059 CEDAR CREST DRIVE	Huntington	25705	Cabell	(304)733-0470	LUHC	3
ERLIN, WANDA SUE	BERLIN, WANDA SUE	2012/04/09	520 S WASHINGTON STREET	Berkeley Springs	25411	Morgan	(304)258-1222	LUHC	3
IAS, LISA	BIAS, LISA	2011/10/31	2375 WHITMAN ROAD	WHITMAN	25652	Logan	(304)239-2006	LUHC	3
ARR, SIBYL (DBA PRIVATE HOME)	CARR, SIBYL (dba Private Home)	1998/02/20	585 OTTERLICK ROAD	IVYDALE	25113	Clay	(304)286-2653	LUHC	3
ATHERINE VEST	Catherine Vest	2007/03/23	4775 OLD ELLIENS ROAD	BUCKHANNON	26201	Upshur	No Phone	LUHC	3
CHRISTIAN, KAREN	CHRISTIAN, KAREN	2013/03/25	186 WINFREY LANE	Oakdale	24739	Mercer	No Phone	LUHC	3
LARK, JESSIE	CLARK, JESSIE	2010/12/09	6780 BIG GRAVE CREEK ROAD	MOUNDSVILLE	26041	Marshall	(304)845-0773	LUHC	3
LARK'S CHRISTIAN CARE 2	Clark's Christian Care, Inc 2	2010/05/10	1923 1ST AVENUE	East Bank	25067	Kanawha	(304)595-1580	LUHC	3
COLEMAN, LILLIAN D	Coleman, Lillian D dba Coleman House	2014/01/08	107 FIRST STREET EAST	SAINT ALBANS	25177	Kanawha	(304)727-2782	LUHC	3
AWSON, KATHY (DBA KATHY'S ADULT FAMILY HOME CARE)	DAWSON, KATHY (dba Kathy's Adult Family Home Care)	2000/08/21	1415 PURDY AVENUE	MOUNDSVILLE	26041	Marshall	(304)843-2196	LUHC	3
OWNEY, LESLIE DBA MARTHA MANOR	Downy, Leslie dba Martha's Manor	2017/06/22	830 HALLBECK ROAD	Morgantown	26508	Monongalia	(304)291-2945	LUHC	3
JBANK, MARIANNA (DBA EUBANK HOME CARE)	EUBANK, MARIANNA (dba Eubank Home Care)	2000/12/26	370 Sycamore Street	Clarksburg	26301	Harrison	(304)622-8834	LUHC	3
FITZWATER, DON (DBA FITZWATER'S GRACIOUS LIVING)	FITZWATER, DON (dba Fitzwater's Gracious Living, Inc)	2004/04/13	613 MORGANTOWN AVENUE	FAIRMONT	26534	Marion	(304)363-8430	LUHC	3
ILMORE, ANNA CHRISTINE	Gilmore, Anna Christine (dba Home Sweet Home)	2017/07/12	88 BROGG DRIVE	RIDGELEY	26753	Mineral	(814)494-2231	LUHC	3
ARRIS, STEPHON C	Harris, Stephen C	2015/05/18	612 RANDOLPH ST	CHARLESTON	25302	Kanawha	(304)768-1365	LUHC	3
ENDERSON, PATRICIA	HENDERSON, PATRICIA	2007/07/26	3720 NORTHWEST TURNPIKE	PENNSBORO	26415	Ritchie	No Phone	LUHC	3
HILL TOP MANOR	CHRISTNER, PATRICIA (dba Hill Top Manor)	2003/05/27	5792 RIPLEY ROAD	POINT PLEASANT	25550	Mason	(304)675-6183	LUHC	3
UNTER, KOREELA	Hunter, Koreela dba Koki's Home	2018/03/02	1745 ROLLING HILLS ROAD	Charleston	25314	Kanawha	(304)345-9654	LUHC	3
QUINTA TONI (DBA CONCHETTA'S HEALTH HOME CARE)	IAQUINTA, TONI (dba Conchetta's Health Home Care)	2001/01/13	2150 DAVIS STREET	FAIRMONT	26554	Marion	(304)366-3636	LUHC	3
JARRETT, PAM	Jarrett, Pam dba Angel's Touch Personal Care Home	2015/05/04	617 1/2 HIGH ST	St Albans	25177	Kanawha	(304)721-8867	LUHC	3
JONES, TINA	JONES, TINA	2009/03/24	1401 HACKER CREEK RD	PHILIPPI	26416	Barbour	(304)457-2515	LUHC	3
LEWIS, DELLA	LEWIS, DELLA	1998/03/09	37 ROBINSON STREET	Oak Hill	25901	Fayette	(304)469-8086	LUHC	3
ARKLEY, THERESA LYNN	MARKLEY, THERESA LYNN (dba Tender Mercies Health Care Hom	2023/05/01	1206 MARION AVE	FAIRMONT	26554	Marion	(304)612-4544	LUHC	3
AVES, LINDA	Mayes, Linda	2015/06/12	1648 JEFFERSON AVE	Huntington	25704	Cabell	(304)412-2310	LUHC	3
McNURLEN, AIMEE D/BA TENDER HEART HOME CARE)	McNurten, Aimee D/BA Tender Heart Home Care	2018/03/06	4438 CHESTNUT ROAD	South Charleston	25309	Kanawha	No Phone	LUHC	3
MILLS, SHELBY (DBA SHELBY MILLS BOARD & CARE)	MILLS, SHELBY	1998/02/18	62 MAYORS ROAD	POWELLTON	25161	Fayette	(304)442-4072	LUHC	3
NELSON, SHELBY (DBA NELSON'S BOARD & CARE)	NELSON, SHELBY (dba Nelson's Board & Care)	2001/09/18	151 ROBBIE COURT	Princeton	24740	Mercer	(304)487-2612	LUHC	3
NORMAN, TONYA KAY (DBA SWEET BLESSINGS CARE HOME)	NORMAN, TONYA KAY (dba Sweet Blessings Care Home)	2012/08/01	2603 ROOSEVELT AVE	St Albans	25177	Kanawha	No Phone	LUHC	3
PALMER, SANDRA DBA PALMER BOARD AND CARE	PALMER, SANDRA	2004/12/28	808 SHENANDOAH JCT ROAD	SHENANDOAH JUN	25442	Jefferson	(304)725-7992	LUHC	3
POORE, DEBBIE (DBA PERSONALLY YOURS)	POORE, DEBBIE (dba Personally Yours)	2000/10/10	57 MONUMENT DR	PAW PAW	25434	Morgan	(304)496-8410	LUHC	3
RITCHIE, PHYLLIS (DBA RITCHIE'S ROOM AND BOARD)	RITCHIE, PHYLLIS (dba Ritchie's Room and Board)	1996/02/27	207 RUSSELL AVE	SISTERSVILLE	26175	Tyler	(304)652-2531	LUHC	3
ROSIEK, NELLIE IANE	ROSIEK, NELLIE IANE	2007/11/15	830 STEELE HOLLOW ROAD	Spencer	25276	Roane	(304)927-3385	LUHC	3
SAYILLA, KERRI (DBA SHINING STARR)	SAYILLA, KERRI (dba Shining Starr)	2012/05/23	3044 MOUNT VERNON ROAD	HURRICANE	25526	Putnam	(304)964-2266	LUHC	3
SELLERS, KERRI A	SELLERS, KERRI A	2004/07/23	2708 BESSENER ROAD	JANE LEW	26378	Lewis	(304)881-8141	LUHC	3
SIMS, MANNY (DBA SIMS BOARDING CARE)	SIMS, MANNY (dba Sims Boarding Care)	1996/11/23	54 OWENS AVE	PURSGLOVE	26548	Monongalia	(304)595-3503	LUHC	3
SIRS, MANNY (DBA CARING HOUSE)	SIRS, MANNY (dba Caring House)	1998/01/18	704 BENONI AVENUE	Fairmont	26354	Marion	(304)363-0758	LUHC	3
SNIDER, KRISTIE D	SNIDER, KRISTIE D	2011/10/14	34 WOLF RUN ROAD	ORMA	25268	Calhoun	No Phone	LUHC	3
SWISHER, CHASTITY DBA JANET'S HEAVENLY HOME	Swisher, Chastity dba Janet's Heavenly Home	2019/01/08	1444 SOUTH PRESTON HIGHWAY	Tunnelton	26444	Preston	(304)892-7036	LUHC	3
THOMAS-BALDWIN, CONNIE (DBA ALMOST HOME)	THOMAS-BALDWIN, CONNIE	2006/05/19	760 TACKETTS BRANCH	HURRICANE	25526	Putnam	No Phone	LUHC	3
VERTON, REKA	VERTON, REKA	2009/02/09	57 HILL RIDGE ROAD	HEATERS	26627	Brauton	(304)765-7916	LUHC	3
WEERLEY, RADA (DBA RADA'S CARE HOME)	WEERLEY, RADA (dba Rada's Care Home)	1996/03/20	2453 WILLOW FORK ROAD	SISTERSVILLE	26175	Tyler	(304)653-1422	LUHC	3
WOTRING, AMY (DBA AMY'S SPECIAL TOUCH)	WOTRING, AMY (dba Amy's Special Touch)	2010/02/26	167 ASH POLE ROAD	TERRA ALTA	26764	Preston	(304)789-6654	LUHC	3

Facility Name	Legal Name	Physical Address	City	Zip	County	Phone Number	Facility Type	Total Beds
INSTED CENTER	106 Tyree Street Operations, LLC	96 TYREE STREET	Ansted	25812	Fayette	(304)658-5771	NURSING HOME (NH)	60
ARTHUR B. HODGES CENTER, THE	Arthur B. Hodges Center at Edgewood Summit	300 BAKER LANE	Charleston	25302	Kanawha	(304)720-2740	NURSING HOME (NH)	20
AUTUMN LAKE HEALTHCARE AT CRYSTAL SPRINGS	200 Whitman Avenue OPCO LLC	200 WHITMAN AVENUE	ELKINS	26241	Randolph	(304)636-2033	NURSING HOME (NH)	84
ECKLEY HEALTHCARE CENTER	Heartland Leasing Co., LLC	100 HEARTLAND DRIVE	Beckley	25801	Raleigh	(304)256-1650	NURSING HOME (NH)	201
ELMONT HEALTHCARE CENTER	Riverview Leasing Co., LLC	506 RIVERVIEW ROAD	BEILMONT	26134	Pleasants	(304)665-2065	NURSING HOME (NH)	68
ERKELEY SPRINGS HEALTHCARE CENTER	Autumn Leasing Co., LLC	456 AUTUMN ACRES ROAD	BERKELEY SPRINGS	25411	Morgan	(304)258-3673	NURSING HOME (NH)	120
RAXTON HEALTHCARE CENTER	Days Leasing Co., LLC	859 DAYS DRIVE	SUTTON	26603	Braxton	(304)265-2861	NURSING HOME (NH)	65
RIDGEPORT HEALTHCARE CENTER	Crestview Terrace Leasing Co., LLC	41 CRESTVIEW TERRACE	Bridgeport	26330	Harrison	(304)842-7101	NURSING HOME (NH)	60
RIGHTWOOD CENTER	840 Lee Road Operations, LLC	840 LEE ROAD	FOLLANSBEE	26037	Brooke	(304)527-1100	NURSING HOME (NH)	115
ABELL HEALTHCARE CENTER	Hidden Brook Leasing Co., LLC	30 HIDDEN BROOK WAY	CULLODEN	25510	Cabell	(304)390-5709	NURSING HOME (NH)	90
AMERON HEALTHCARE CENTER	Wilson Leasing Co., LLC	ROUTE 4, BOX 20	CAMERON	26093	Marshall	(304)686-3318	NURSING HOME (NH)	60
ANTERBURY CENTER	80 Maddex Drive Operations, LLC	80 MADDEX DRIVE	SHEPHERDSTOWN	25443	Jefferson	(304)876-9422	NURSING HOME (NH)	62
ARE HAVEN CENTER	2720 CHARLES TOWN ROAD OPERATIONS, LLC	2720 CHARLES TOWN ROAD	MARTINSBURG	25401	Berkeley	(304)263-0933	NURSING HOME (NH)	68
EDAR RIDGE CENTER	302 Cedar Ridge Road Operations, LLC	302 CEDAR RIDGE ROAD	Sissonville	25320	Kanawha	(304)884-0046	NURSING HOME (NH)	119
HARLESTON HEALTHCARE CENTER	Chesterfield Leasing Co., LLC	3819 CHESTERFIELD AVENUE	CHARLESTON	25304	Kanawha	(304)835-4771	NURSING HOME (NH)	150
LARKSBURG HEALTHCARE CENTER	Dawson Run Leasing Co., LLC	2096 DAWSON RUN ROAD	CLARKSBURG	26301	Harrison	(304)624-6500	NURSING HOME (NH)	98
LAY HEALTHCARE CENTER	Clinic Leasing Co., LLC	1053 CLINIC DRIVE	IVYDALE	25113	Clay	(304)286-4204	NURSING HOME (NH)	60
COLUMBIA ST. FRANCIS HOSPITAL	Columbia St. Francis Hospital	333 LAIDLEY STREET	Charleston	25322	Kanawha	(304)347-6500	NURSING HOME (NH)	29
COMPLETE CARE AT DAWNVIEW LLC	Complete Care at Dawnview LLC	1 DIANE DRIVE	FORT ASHBY	26719	Mineral	(304)298-3602	NURSING HOME (NH)	66
COMPLETE CARE AT OAK RIDGE LLC	Complete Care AT Oak Ridge LLC	1000 ASSOCIATION DRIVE	CHARLESTON	25311	Kanawha	(304)347-4372	NURSING HOME (NH)	74
CONTINUOUS CARE CENTER WHEELING HOSPITAL	Continous Care Center Wheeling Hospital	236 HULLIEM PLACE	WHEELING	26003	Ohio	(304)243-3800	NURSING HOME (NH)	144
CORTLAND ACRES NURSING HOME	Cortland Acres Association, Inc.	39 CORTLAND ACRES LANE	Thomas	26292	Tucker	(304)463-4181	NURSING HOME (NH)	94
WESTVIEW MANOR HEALTHCARE CENTER	Court Leasing Co., LLC	199 COURT STREET	JANE LEW	26326	Lewis	(304)884-7811	NURSING HOME (NH)	72
DUNBAR CENTER	Dunbar Center	501 CALDWELL LANE	DUNBAR	25064	Kanawha	(304)744-4761	NURSING HOME (NH)	120
A. HAWISE HEALTHCARE CENTER	Route 55 Leasing Co., LLC	18086 STATE ROUTE 55	BAKER	26801	Hardy	(304)897-5903	NURSING HOME (NH)	60
ANGLE POINTE HEALTHCARE CENTER	27th Street Leasing Co., LLC	1600 27TH STREET	Parterburg	26101	Wood	(304)485-6476	NURSING HOME (NH)	160
ELIZABETH CARE CENTER	Elizabeth Care Center	83 Little Kanawha Pkwy	ELIZABETH	26143	Wirt	No Phone	NURSING HOME (NH)	36
KINGS REHABILITATION & CARE CENTER	Elkins Regional Convalescent Center, Inc.	2533 BEVERLY PIKE	ELKINS	26243-901	Randolph	(304)696-1391	NURSING HOME (NH)	111
IRIMONT HEALTHCARE AND REHABILITATION CENTER	Guardian Elder Care at Fairmont, LLC	130 KAUFMAN DRIVE	Fairmont	26554	Marion	(304)363-5633	NURSING HOME (NH)	120
YETTEVILLE HEALTHCARE CENTER	Hresan Leasing Co., LLC	100 HRESAN BOULEVARD	FAYETTEVILLE	25840	Fayette	(304)574-0170	NURSING HOME (NH)	60
ASGOWN HEALTH AND REHABILITATION	Glasgow Health And Rehabilitation	120 MELROSS DRIVE, BOX 350	GLASGOW	25096	Kanawha	(304)595-1155	NURSING HOME (NH)	108
ENNVILLE CENTER	Sunbridge Glenville Health Care, LLC	111 FAIRGROUND ROAD	GLENVILLE	26351	Gilmer	(304)462-5218	NURSING HOME (NH)	65
ENWOOD HEALTHCARE CENTER	Glenwood Park Leasing Co., LLC	1924 GLEN WOOD PARK ROAD	PRINCETON	24239	Mason	(304)425-8128	NURSING HOME (NH)	80
300 SAMMARTIN SOCIETY BARBOUR COUNTY	Belington SNF Operations LLC	216 SAMMARTIN CIRCLE	BELINGTON	26250	Barbour	(304)823-2555	NURSING HOME (NH)	57
300 SHEPHERD NURSING HOME	Good Shepherd Nursing Home, LC	158 BOYSTON LANE	Wheeling	26083	Ohio	(304)242-1083	NURSING HOME (NH)	192
LANIT REHABILITATION AND CARE CENTER	Grant Rehabilitation and Care Center	127 EARLY AVENUE	Petersburg	26947	Grant	(304)257-4233	NURSING HOME (NH)	110
JARDAN ELDER CARE AT WHEELING	Guardian Elder Care at Wheeling, LLC	20 BOWESTRAD AVENUE	Wheeling	26003	Ohio	(304)234-0500	NURSING HOME (NH)	150
IMPISHIRE CENTER	Hampshire Center	260 SUNRISE BOULEVARD	ROMNEY	26757	Hampshire	(304)822-2527	NURSING HOME (NH)	62
IMPISHIRE MEMORIAL HOSPITAL	Valley Health Hampshire Memorial Hospital, Inc.	363 SUNRISE BLVD	ROMNEY	26757	Hampshire	(304)822-4561	NURSING HOME (NH)	30
IRITAGE CENTER	Heritage Center	101 13TH STREET	HUNTINGTON	25701	Cabell	(304)525-7622	NURSING HOME (NH)	160
ODEN VALLEY CENTER	422 23rd Street Operations, LLC	422 23RD STREET	GAR HILL	25901	Fayette	(304)465-1803	NURSING HOME (NH)	80
LLCREST HEALTHCARE CENTER	Kenmore Leasing Co., LLC	462 KENMORE DRIVE	DANVILLE	25053	B Boone	(304)369-0966	NURSING HOME (NH)	90
LITTOP CENTER	Saddle Shop Road Operations, LLC	152 SADDLESHOP ROAD	HILLTOP	25855	Fayette	(304)468-2966	NURSING HOME (NH)	120
LBROOK HEALTHCARE CENTER	Holbrook Leasing Co., LLC	183 HOLBROOK ROAD	Buckhannon	26201	Upshur	(304)472-3280	NURSING HOME (NH)	110
PEMONT HOSPITAL	Hopemont Hospital	150 HOPEMONT DRIVE	Terra Alta	26764	Preston	(304)789-2411	NURSING HOME (NH)	98
INTINGTON HEALTH AND REHABILITATION CENTER	Seventeenth Street Associates, LLC	1720 17TH STREET	HUNTINGTON	25701	Cabell	(304)529-6031	NURSING HOME (NH)	186
CKIE WITHROW HOSPITAL	Jackie Withrow Hospital	105 SOUTH EISENHOWER DRIVE	BECKLEY	25801	Raleigh	(304)256-6600	NURSING HOME (NH)	199
HN MANCHIN SR HEALTH CARE CENTER	John Manchin Sr Health Care Center	401 GUFFEY STREET	Fairmont	26554	Marion	(304)343-2300	NURSING HOME (NH)	41
YSER HEALTHCARE CENTER	Southern Leasing Co., LLC	135 SOUTHERN DRIVE	KEYSER	26726	Mineral	(304)788-3415	NURSING HOME (NH)	122
IGWOOD HEALTHCARE CENTER	Miller Leasing Co., LLC	300 MILLER ROAD	KINGWOOD	26537	Preston	(304)329-3195	NURSING HOME (NH)	120
CIN HOSPITAL	Lekin Hospital	11522 Ohio River Road	WEST COLUMBIA	25287	Mason	(304)675-0880	NURSING HOME (NH)	114
VISBURG HEALTHCARE CENTER	Rocky Hill Leasing Co., LLC	979 ROCKY HILL ROAD	RONCVERTE	24970	Greenerler	(304)645-7770	NURSING HOME (NH)	90
COLIN HEALTHCARE CENTER	Monday Leasing Co., LLC	200 MONDAY DRIVE	HAMLIN	25523	Lincoln	(304)824-3133	NURSING HOME (NH)	60
DSIDE HEALTHCARE CENTER	Springfield Center LLC	10797 SENECA TRAIL SOUTH	LINDSIDE	24951	Monroe	(304)753-4332	NURSING HOME (NH)	60
SAN CENTER	Three Mile Curve Operations, LLC	55 LOGAN MINGO MENTAL HEA	LOGAN	25601	Logan	(304)752-2273	NURSING HOME (NH)	66
DISON PARK HEALTHCARE	Fairhaven Op Co., LLC	700 MADISON AVENUE	Huntington	25704	Cabell	(304)531-0032	NURSING HOME (NH)	41
DISON, THE	The Madison	161 BAKERS ROAD	MORGANTOWN	26508	Monongalia	(304)285-0692	NURSING HOME (NH)	62
IN STREET CARE	Main Street Hinton	115 SUMMER	HINTON	25951	Summers	(304)466-6080	NURSING HOME (NH)	34
NSFIELD PLACE	Broadus Hospital dba Mansfield Place	95 HEALTHCARE	PHILIPPI	26416	Barbour	(304)457-1260	NURSING HOME (NH)	60

MAPLES NURSING HOME	Maples Nursing Home	1600 BLAND STREET	Bluefield	24701	Mercer	(304)327-2485	NURSING HOME (NH)	60
MAPLEWOOD HEALTHCARE CENTER	BP WV Maplewood Leasing Co., LLC	1081 MAPLEWOOD DRIVE	BRIDGEPORT	26330	Harrison	(304)842-4135	NURSING HOME (NH)	77
MARMET CENTER	1 Sulphur Drive Operations LLC	ONE SULPHUR DRIVE	MARMET	25315	Kanawha	(304)949-1580	NURSING HOME (NH)	90
MARTINSBURG HEALTHCARE CENTER	Four Leaf Clover Leasing Co., LLC	209 CLOVER STREET	MARTINSBURG	25404	Berkeley	(304)263-8921	NURSING HOME (NH)	120
MCDOWELL HEALTHCARE CENTER	Venus Leasing Co., LLC	150 VENUS ROAD	GARY	24836	McDowell	(304)448-2121	NURSING HOME (NH)	100
Meadowbrook Acres	Harrel Memorial Nursing Center	2149 GREENBRIER STREET	CHARLESTON	25311	Kanawha	(304)944-4268	NURSING HOME (NH)	60
MERCER HEALTHCARE CENTER	Southview Leasing Co., LLC	1275 SOUTHVIEW DRIVE	BLUEFIELD	24701	Mercer	(304)375-5448	NURSING HOME (NH)	123
MILETREE CENTER	825 Summit Street Operations, LLC	825 SUMMIT STREET	SPENCER	25276	Roane	(304)927-1007	NURSING HOME (NH)	62
Minnie Hamilton Health Care	Minnie Hamilton Health Care Center	186 HOSPITAL DRIVE	Graentsville	26147	Calhoun	(304)354-9244	NURSING HOME (NH)	24
MONTGOMERY GENERAL ELDERLY CARE	Montgomery General Elderly Care	501 ADAMS STREET	MONTGOMERY	25136	Fayette	No Phone	NURSING HOME (NH)	60
MONTGOMERY GENERAL HOSPITAL	Montgomery General Hospital, Distinct Part	401 6TH AVENUE	Montgomery	25136	Fayette	(304)442-5151	NURSING HOME (NH)	44
MORGANTOWN HEALTH AND REHABILITATION, LLC	MORGANTOWN HEALTH AND REHABILITATION, LLC	1379 VAN VOORHIS RD	MORGANTOWN	26505	Monongalia	(304)599-9480	NURSING HOME (NH)	100
MORGANTOWN HEALTHCARE CENTER	Mon General Leasing Co., LLC	30 MON GENERAL DRIVE	Morgantown	26505	Monongalia	(304)285-2720	NURSING HOME (NH)	120
MOUNDSVILLE HEALTHCARE CENTER	Floral Leasing Co., LLC	2200 FLORAL STREET	Moundsville	26041	Marshall	(304)865-1035	NURSING HOME (NH)	129
MOUNTAIN VIEW CARE CENTER	Eldercare of Jackson County, LLC	107 MILLER DRIVE	RIPLEY	25271	Jackson	(304)372-5115	NURSING HOME (NH)	120
ELLA'S AT AUTUMN LAKE HEALTHCARE	499 Ferguson Road OPCO LLC	499 Ferguson road	ELKINS	26241	Randolph	(304)636-1008	NURSING HOME (NH)	100
EW MARTINSVILLE CENTER	Sunbridge Mountain Care Management, LLC	225 RUSSELL AVENUE	NEW MARTINSVILLE	26195	Wetzel	(304)455-2600	NURSING HOME (NH)	100
HIO VALLEY HEALTH CARE	Ohio Valley Health Care	222 NICOLETTE ROAD	PARKERSBURG	26104	Wood	(304)485-5137	NURSING HOME (NH)	66
PARKERSBURG CENTER	Parkersburg Center	1716 GIRON ROAD	PARKERSBURG	26101	Wood	(304)485-5511	NURSING HOME (NH)	66
PENDLETON MANOR	Pendleton Manor	68 GOOD SAMARITAN DRIVE	FRANKLIN	26807	Pendleton	(304)338-1321	NURSING HOME (NH)	91
PERPOINT CENTER AT FAIRMONT CAMPUS	1543 Country Club Road Manor Operations, LLC	1543 COUNTRY CLUB ROAD	Fairmont	26554	Marion	(304)363-2273	NURSING HOME (NH)	120
PIKE LODGE	Pine Lodge	405 STANFORD ROAD	Beckley	25801	Raleigh	(304)252-6517	NURSING HOME (NH)	120
PINE VIEW NURSING AND REHABILITATION CENTER	Pine View Nursing and Convalescent Home, Inc.	400 MCKINLEY AVENUE	HARRISVILLE	26362	Nichols	(304)643-2712	NURSING HOME (NH)	56
PLEASANT VALLEY HEALTHCARE CENTER	Sandhill Leasing Co., LLC	640 SAND HILL ROAD	POINT PLEASANT	25550	Mason	No Phone	NURSING HOME (NH)	100
POCAHONTAS CENTER	Stillwell Road Operations LLC	5 EVERETT TIBBS ROAD	MARLINTON	24954	Pocahontas	(304)799-7375	NURSING HOME (NH)	68
PRINCETON HEALTH CARE CENTER	Princeton Health Care Center	315 COURTHOUSE RD.	PRINCETON	24740	Mercer	(304)447-2458	NURSING HOME (NH)	120
PUTNAM CENTER	Putnam Center	300 SEVILLE ROAD	HURRICANE	25526	Putnam	(304)757-5805	NURSING HOME (NH)	120
RAINELLE HEALTHCARE CENTER	Pennsylvania Leasing Co., LLC	276 Pennsylvania Avenue	RAINELLE	25963	Greenbrier	(304)438-6127	NURSING HOME (NH)	60
RALEIGH CENTER	Raleigh Center	1691 RITTER DRIVE	DANIELS	25832	Raleigh	(304)763-3051	NURSING HOME (NH)	68
RAVENSWOOD VILLAGE	200 Ritchie Avenue Operations, LLC	200 RITCHIE AVENUE	RAVENSWOOD	26184	Jackson	(304)273-9385	NURSING HOME (NH)	62
REVER OAKS HEALTHCARE CENTER	100 Parkway Leasing Co., LLC	100 PARKWAY DRIVE	Clarksburg	26301	Harrison	(304)754-6401	NURSING HOME (NH)	120
VERSIDE HEALTH AND REHABILITATION CENTER	Beverly Enterprises - West Virginia, Inc.	6500 MACCORRLE AVENUE SW	SANIT ALBANS	25172	Kanawha	(304)769-0002	NURSING HOME (NH)	90
JANE GENERAL HOSPITAL	Roane General Hospital, Distinct Part	200 HOSPITAL DRIVE	Spencer	25278	Roane	(304)527-4474	NURSING HOME (NH)	65
ROSEWOOD CENTER	8 Rose Street Operations, LLC	8 ROSE STREET	GRAFTON	26354	Taylor	(304)265-0095	NURSING HOME (NH)	69
SALEM CENTER	Salem Center	255 SUNBRIDGE DRIVE	SALEM	26476	Harrison	(304)782-3000	NURSING HOME (NH)	88
NECA TRAIL HEALTHCARE CENTER	BP WV Maplewood Leasing Co., LLC	1115 MAPLEWOOD AVENUE	Lewistown	24901	Greenbrier	(304)645-3076	NURSING HOME (NH)	80
SHENANDOAH CENTER	Shenandoah Center	50 MULBERRY TREE STREET	CHARLES TOWN	25414	Jefferson	(304)734-1101	NURSING HOME (NH)	78
SISTERSVILLE CENTER	Sistersville Center	204 WOOD STREET	SISTERSVILLE	26175	Tyler	(304)592-1022	NURSING HOME (NH)	68
BARBARA'S MEMORIAL NURSING HOME	St. Barbara's Memorial Nursing Home	134 ST BARBARAS ROAD	MCDONOUGH	26594	Marion	(304)594-5120	NURSING HOME (NH)	57
JOSEPH'S HOSPITAL	St. Joseph's Hospital, Distinct Part	AMALIA DRIVE #2	Buckhannon	26201	Upshur	(304)473-3000	NURSING HOME (NH)	26
MARY'S HOSPITAL	St. Mary's Hospital, Distinct Part	2900 FIRST STREET	Huntington	25702	Cabell	(304)526-8983	NURSING HOME (NH)	19
ONE PEAR PAVILION	Fox Nursing Home, Inc.	125 FOX LANE	Chester	26034	Hancock	(304)387-0101	NURSING HOME (NH)	60
MMERS HEALTHCARE CENTER	John Cook Leasing Co., LLC	198 JOHN COOK NURSING HOM	HINTON	25951	Summers	(304)466-0332	NURSING HOME (NH)	120
MMERSVILLE HEALTHCARE CENTER	Professional Park Leasing Co., LLC	712 PROFESSIONAL PARK DRIVE	SUMMERSVILLE	26851	Nicholas	No Phone	NURSING HOME (NH)	90
NOALE NURSING HOME	Sundale Nursing Home	800 J.C. ANDERSON DRIVE	MORGANTOWN	26505	Monongalia	(304)599-0497	NURSING HOME (NH)	100
YLOR HEALTHCARE CENTER	Hospital Leasing Co., LLC	2 HOSPITAL PLAZA	GRAFTON	26354	Taylor	No Phone	NURSING HOME (NH)	60
AYS VALLEY CENTER	Teays Valley Center	1390 NORTH POPLAR FORK ROAD	HURRICANE	25526	Putnam	(304)757-7829	NURSING HOME (NH)	124
INITY HEALTH CARE OF LOGAN	Trinity Health Care Services, Inc.	1000 WEST PARK AVENUE	LOGAN	25601	Logan	(304)752-8729	NURSING HOME (NH)	120
INITY HEALTH CARE OF MINGO	Trinity Health Care Services, Inc.	100 HILLCREST DRIVE	WILLIAMSON	25661	Mingo	(304)735-7005	NURSING HOME (NH)	90
GART CENTER AT FAIRMONT CAMPUS	1539 Country Club Road Operations, LLC	1539 COUNTRY CLUB ROAD	FAIRMONT	26554	Marion	(304)366-9100	NURSING HOME (NH)	119
LITED TRANSITIONAL CARE CENTER	United Transitional Care Center	327 MEDICAL PARK DRIVE	Bridgeport	26330	Harrison	(681)342-5174	NURSING HOME (NH)	32
LLY CENTER	1000 Lincoln Drive Operations, LLC	1000 LINCOLN DRIVE	CHARLESTON	25309	Kanawha	(304)768-4400	NURSING HOME (NH)	130
IR MEMORIAL HOSPITAL	War Memorial Hospital, Distinct Part	1 HEALTHY WAY	Berkeley Springs	25411	Morgan	(304)258-6502	NURSING HOME (NH)	16
WYNE HEALTHCARE CENTER	Route 152 Leasing Co., LLC	6999 ROUTE 152	WAYNE	25570	Wayne	(304)687-7007	NURSING HOME (NH)	60
WBSTER HEALTHCARE CENTER	Erbacon Leasing Co., LLC	411 ERBACON ROAD	COWEN	26206	Webster	(304)226-5301	NURSING HOME (NH)	60
WELTON GERIATRIC CENTER	Welton Geriatric Center	2525 PENNSYLVANIA AVENUE	WELTON	26082	Hancock	(304)723-4300	NURSING HOME (NH)	137
WELTON MEDICAL CENTER	Welton Medical Center, Distinct Part	601 COLLIER'S WAY	Welton	26062	Hancock	(304)797-6000	NURSING HOME (NH)	33
WELSBURG HEALTHCARE CENTER	Valley Haven Leasing Co., LLC	70 VALLEY HAVEN DR	WELSBURG	26070	Brooke	(304)394-5322	NURSING HOME (NH)	60
ST VIRGINIA VETERANS NURSING FACILITY	WV Veterans Nursing Facility	ONE FREEDOM	Cheraburg	26301	Harrison	(304)626-1800	NURSING HOME (NH)	120
WITE SULPHUR SPRING	Route 92 Operations, LLC	345 POCAHONTAS	White Sulphur Springs	24986	Greenbrier	(304)536-4661	NURSING HOME (NH)	68
LOW TREE HEALTHCARE	Blue Ridge Nursing, LLC	1263 SOUTH GREEN	CHARLES TOWN	25414	Jefferson	(304)725-6575	NURSING HOME (NH)	104

VILLOWS CENTER	723 Summers Street Operations, LLC	723 SUMMERS STREET	PARKERSBURG	26101	Wood	(304)428-5573	NURSING HOME (NH)	97
VORTHINGTON HEALTHCARE CENTER	Thirty Six Leasing Co., LLC	2675 36TH STREET	Parkersburg	26104	Wood	(304)485-7447	NURSING HOME (NH)	105
WYOMING HEALTHCARE CENTER	Warrior Leasing Co., LLC	236 WARRIOR WAY	NEW RICHMOND	24867	Wyoming	(304)294-7586	NURSING HOME (NH)	60
								10744



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# About Us

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## Our Promise

For over 145 years, we have been focused on helping our customers navigate caregiving options, protect and grow their retirement income, and prepare for the financial challenges that come as we age. We're here to be a trusted ally for everybody who needs care as they age and anybody who loves them.



West Virginia - State

## Monthly Cost

2021

### Home Health Care

Homemaker Services

\$3,527

Homemaker Health Aide

\$3,575

*Based on annual rate divided by 12 months (assumes 44 hours per week).*

### Adult Day Health Care

Adult Day Health Care

\$1,083

*Based on annual rate divided by 12 months.*

### Assisted Living Facility

Private, One Bedroom

\$4,180

*As reported, monthly rate, private, one bedroom.*

### Nursing Home Care

Semi-Private Room

\$11,619

Private Room

\$12,212

*Based on annual rate divided by 12 months.*

The information shown above is based on a specific scenario generated by the [Genworth 2021 Cost of Care](#). Future years are calculated by assuming an annual 3% growth rate. For more information and location comparison, visit [genworth.com/costofcare](https://genworth.com/costofcare).

Virginia - State

## Monthly Cost

2021

### Home Health Care

Homemaker Services

\$4,767

Homemaker Health Aide

\$4,954

*Based on annual rate divided by 12 months (assumes 44 hours per week).*

### Adult Day Health Care

Adult Day Health Care

\$1,690

*Based on annual rate divided by 12 months.*

### Assisted Living Facility

Private, One Bedroom

\$5,250

*As reported, monthly rate, private, one bedroom.*

### Nursing Home Care

Semi-Private Room

\$8,213

Private Room

\$9,155

*Based on annual rate divided by 12 months.*

The information shown above is based on a specific scenario generated by the [Genworth 2021 Cost of Care](#). Future years are calculated by assuming an annual 3% growth rate. For more information and location comparison, visit [genworth.com/costofcare](https://www.genworth.com/costofcare).

## Maryland - State

### Monthly Cost

2021

#### Home Health Care

Homemaker Services

\$5,148

Homemaker Health Aide

\$5,148

*Based on annual rate divided by 12 months (assumes 44 hours per week).*

#### Adult Day Health Care

Adult Day Health Care

\$1,928

*Based on annual rate divided by 12 months.*

#### Assisted Living Facility

Private, One Bedroom

\$4,900

*As reported, monthly rate, private, one bedroom.*

#### Nursing Home Care

Semi-Private Room

\$10,342

Private Room

\$12,167

*Based on annual rate divided by 12 months.*

The information shown above is based on a specific scenario generated by the [Genworth 2021 Cost of Care](#). Future years are calculated by assuming an annual 3% growth rate. For more information and location comparison, visit [genworth.com/costofcare](https://genworth.com/costofcare).

## Pennsylvania - State

### Monthly Cost

2021

#### Home Health Care

Homemaker Services

\$4,957

Homemaker Health Aide

\$4,957

*Based on annual rate divided by 12 months (assumes 44 hours per week).*

#### Adult Day Health Care

Adult Day Health Care

\$1,625

*Based on annual rate divided by 12 months.*

#### Assisted Living Facility

Private, One Bedroom

\$4,100

*As reported, monthly rate, private, one bedroom.*

#### Nursing Home Care

Semi-Private Room

\$10,403

Private Room

\$11,157

*Based on annual rate divided by 12 months.*

The information shown above is based on a specific scenario generated by the [Genworth 2021 Cost of Care](#). Future years are calculated by assuming an annual 3% growth rate. For more information and location comparison, visit [genworth.com/costofcare](https://genworth.com/costofcare).

District of Columbia - State

## Monthly Cost

2021

### Home Health Care

Homemaker Services

\$5,577

Homemaker Health Aide

\$5,577

*Based on annual rate divided by 12 months (assumes 44 hours per week).*

### Adult Day Health Care

Adult Day Health Care

n/a

*Based on annual rate divided by 12 months.*

### Assisted Living Facility

Private, One Bedroom

\$6,978

*As reported, monthly rate, private, one bedroom.*

### Nursing Home Care

Semi-Private Room

\$10,494

Private Room

\$10,494

*Based on annual rate divided by 12 months.*

The information shown above is based on a specific scenario generated by the [Genworth 2021 Cost of Care](#). Future years are calculated by assuming an annual 3% growth rate. For more information and location comparison, visit [genworth.com/costofcare](https://genworth.com/costofcare).



## Cost of Care Trends & Insights

Genworth: Financial Solutions for Long Term Care / Aging & You / Aging & Your Finances / Cost of Care / Cost of Care Trends & Insights

### Since 2004, families across America have counted on us to help them understand the cost of care.

Our research in 435 cities and towns across all 50 states has not only helped individuals plan for their own care but helped policymakers with forecasting and legislative reform. In 2021, the 18th year of the survey, the United States continued to grapple with the COVID-19 pandemic and the national median costs associated with all long-term care service providers increased compared to 2020 data.

Type of Service	Rate Type	2021 National Median Values	2020 National Median Values	Year-Over-Year Increase
Homemaker	Hourly	\$26	\$24	10.64%
Home Health Aide	Hourly	\$27	\$24	12.50%

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Facility Type	Frequency	2020 Rate	2021 Rate	% Change
<b>Assisted Living Facility</b>	Monthly	\$4,500	\$4,300	4.65%
<b>Nursing Home Semi-Private Room</b>	Monthly	\$7,800	\$7,650	1.96%
<b>Nursing Home Private Room</b>				

Source: Genworth Cost of Care Surveys 2017-2021; Conducted by Carescout®

## Why Cost of Care is Increasing

Since we started tracking the cost of care in 2004, long term care services have been on the rise. Certainly, though, the last two years have brought new challenges to a challenging landscape. While already experts in caring for vulnerable populations, in response to COVID-19 care providers increased their use of personal protective equipment (PPE) and enhanced their trainings and protocols to meet the health and safety concerns of their clientele. Costs associated with those measures, as well as compliance with guidelines and regulations, contribute to increases in rates seen this year. These COVID-19-related costs, though, are expected to dissipate over time and represent a small proportion of the overall increase in the 2021 rates.

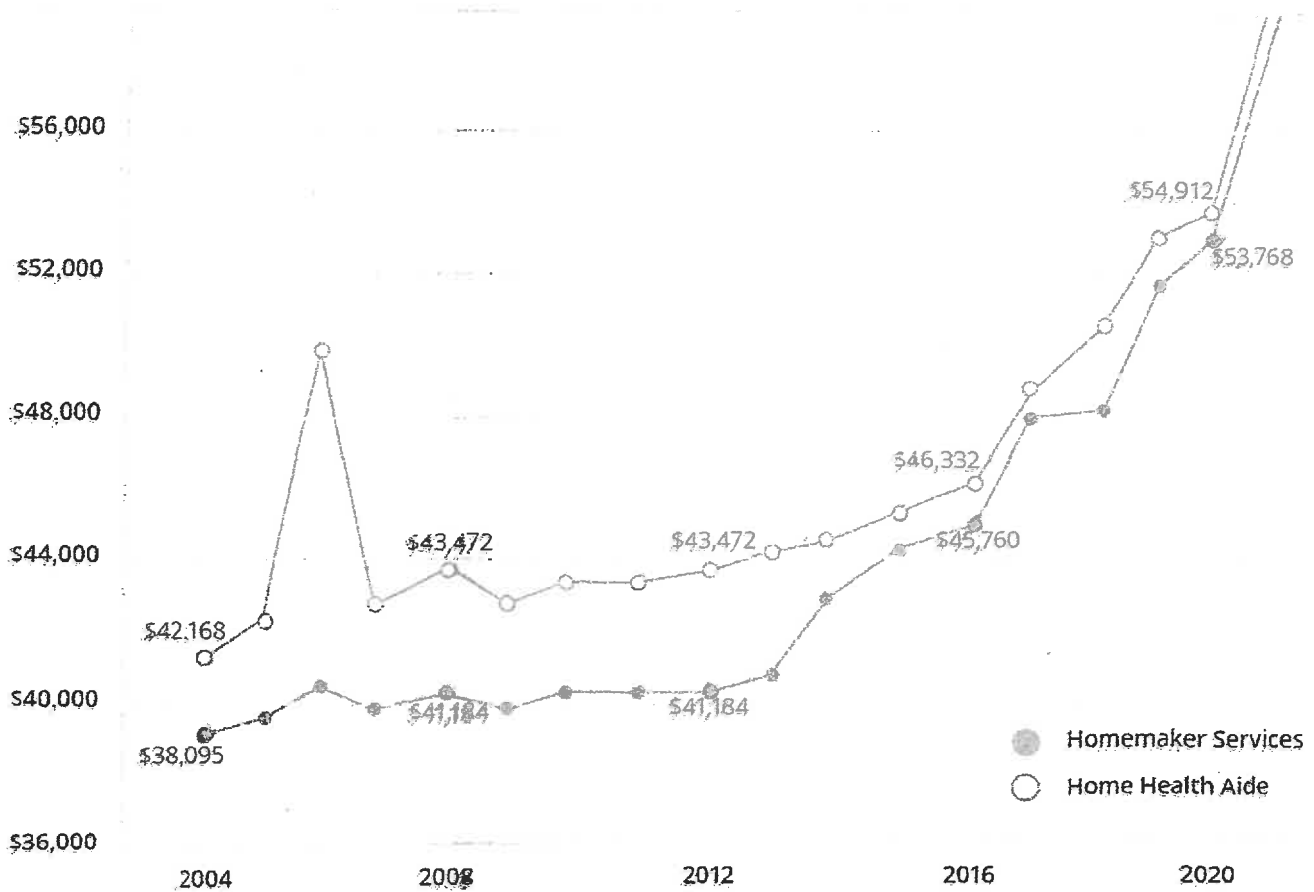
The core driver of increases in the cost of care services remains supply and demand. Every day until 2030, 10,000 Baby Boomers will turn 65<sup>1</sup> and seven out of ten of them will require long-term care services at some point<sup>2</sup>. The level of care needed by this rapidly aging population has itself increased over the years<sup>3</sup>. The high turnover rate and insufficient supply of professionals to meet this growing demand pre-date the COVID-19 pandemic<sup>4</sup>, but are now amplified as those providing care on the frontline must consider their own risk of exposure against increasing opportunities for competitive salaries in alternative lines of work.

## Genworth Cost of Care 2004 - 2021

### In-Home Care Costs<sup>5</sup>

Pay Online

Login

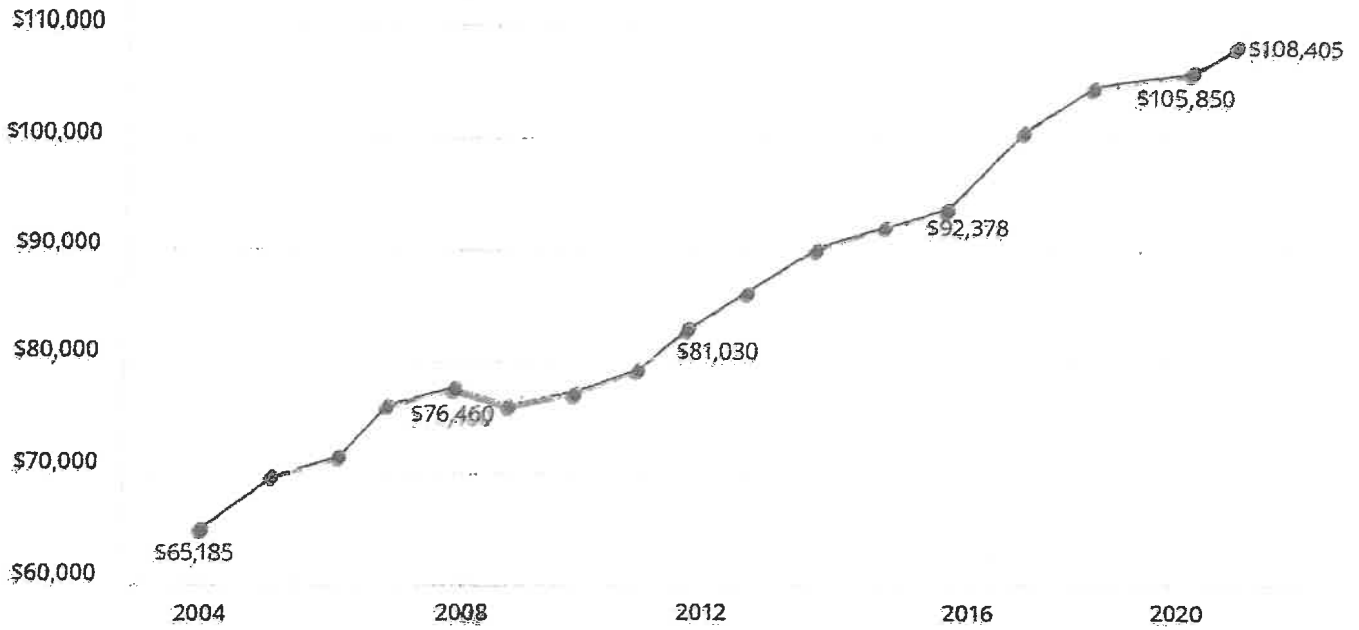


# \$27.00

## National hourly cost for a Home Health Aide in 2021<sup>6</sup>

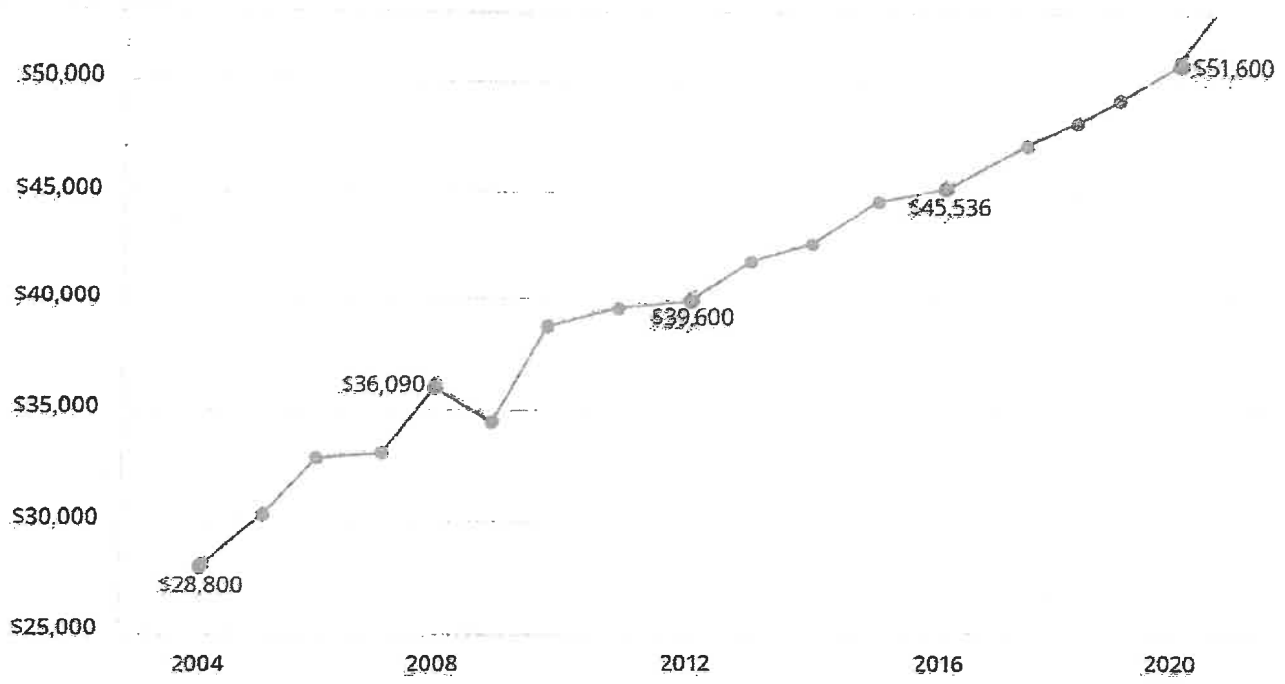
The median yearly cost of in-home care in the United States in 2021 was \$61,776 for a Home Health Aide and \$59,488 for Homemaker services. The hourly rate for a Home Health Aide ranged from \$19 in West Virginia to \$36 in Minnesota.

[Pay Online](#)   [Login](#)



## Assisted Living Facility Costs<sup>8</sup>

[Pay Online](#)   [Login](#)



## Cost of Care Supporting Insights



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TITLE 64  
LEGISLATIVE RULE  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SERIES 13  
NURSING HOME LICENSURE

**§64-13-1. General.**

1.1. Scope. It is the purpose of this rule to implement state and federal law governing the licensing, operation, and standard of care in nursing homes located in the State of West Virginia. Compliance with this rule will help each resident attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with a comprehensive assessment and plan of care and prevailing standards of care, and will promote a standard of care that assures that the ability of each resident to perform activities of daily living does not diminish unless the resident's ability is diminished solely as a result of a change in the resident's clinical condition.

1.2. Authority. W. Va. Code §16-1-4, §16-5C-5, and §16-5C-21(b).

1.3. Filing Date. April 29, 2021.

1.4. Effective Date. July 1, 2021.

1.5. Sunset Provision. This rule will terminate and have no further force or effect upon August 1, 2026.

1.6. Application. This rule applies to nursing home residents and their legal representatives as well as every individual and every form of organization, whether incorporated or unincorporated, including any partnership, corporation, trust, association, or political subdivision of the state that operates or applies to operate a nursing home as defined in this rule and W. Va. Code §§16-5C-1, *et seq.*

1.7. Variances From This Rule.

1.7.1. The department may grant a variance from any provision of this rule if it determines that:

1.7.1.a. Strict compliance would impose a substantial hardship on the licensee;

1.7.1.b. The licensee will otherwise meet the goal of the rule; and

1.7.1.c. A variance will not result in less protection of the health, safety and welfare of the residents.

1.7.2. A variance shall not be granted from a provision pertaining to residents' rights.

1.7.2.a. Separate federal variance procedures may apply for provisions of this rule and are contained in the federal nursing home regulations.

1.7.2.b. Requests for variances from West Virginia fire safety and building construction requirements shall be addressed to the appropriate authorities.



TITLE 64  
LEGISLATIVE RULE  
BUREAU FOR PUBLIC HEALTH

SERIES 14  
ASSISTED LIVING RESIDENCES

**§64-14-1. General.**

1.1. Scope. -- This legislative rule establishes specific standards and procedures to provide for the health, safety, and the protection of the rights and dignity of residents of assisted living residences. This rule should be read in conjunction with W. Va. Code §§16-5D-1, *et seq.* The West Virginia Code is available in public libraries and on the Legislature's web page, <http://wvlegislature.gov/>.

1.2. Authority. -- W. Va. Code §16-5D-5 and §16-1-4.

1.3. Filing Date. -- May 1, 2019.

1.4. Effective Date. -- July 30, 2019.

1.5. Sunset Provision. -- This rule shall terminate and have no further force or effect on July 30, 2024.

1.6. Application. -- This rule applies to any individual person and any organization, incorporated or unincorporated, including a partnership, corporation, trust, association or political subdivision of the State establishing, maintaining or operating an assisted living residence as defined in W. Va. Code §16-5D-2 and this rule. This rule does not apply to homes or asylums operated by fraternal orders pursuant to W. Va. Code §§35-3-1, *et seq.*, or to health care facilities subject to other applicable licensure rules, such as nursing homes, residential care communities, and behavioral health centers.

1.7. Enforcement. -- This rule is enforced by the Secretary of the Department of Health and Human Resources, or his or her designee.

**§64-14-2. Definitions.**

2.1. Definitions incorporated by reference. -- Those terms defined in W. Va. Code §§16-5D-1, *et seq.*, are incorporated herein by reference.

2.2. Abuse. -- The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods and services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.



# Agent Full

1163 Gardners Ln, Shepherdstown, WV 25443

Active

Residential

\$950,000



16/3

16/1



Shepherdstown Pike

16/1

17/1

Google

Map data ©2023

MLS #: WVJF2008904  
 Tax ID #: 09 17000900030000  
 Ownership Interest: Fee Simple  
 Structure Type: Detached  
 Levels/Stories: 2  
 Waterfront: No  
 Garage: Yes

Beds: 6  
 Baths: 5  
 Above Grade Fin SQFT: 5,292 / Estimated  
 Assessor AbvGrd Fin SQFT: 5,972  
 Price / Sq Ft: 179.52  
 Year Built: 2000  
 Style: Ranch/Rambler  
 Central Air: Yes  
 Basement: Yes

### Location

County: Jefferson, WV  
 In City Limits: No  
 Municipality: Shepherdstown  
 Subdiv / Neigh: WILLOW SPRINGS

School District: Jefferson County Schools  
 Election District: 1

### Taxes and Assessment

Tax Annual Amt / Year: \$3,200 / 2022  
 School Tax: \$1,828  
 County Tax: \$1,371 / Annually  
 City/Town Tax: Annually  
 Clean Green Assess: No  
 Zoning: 101

Tax Assessed Value: \$785,400 / 2022  
 Imprv. Assessed Value: \$623,300  
 Land Assessed Value: \$162,100  
 Land Use Code: 004  
 Block/Lot: #B

### Rooms

	Bed	Bath
Main	6	4 Full
Lower 1		1 Full

### Building Info

Above Grade Fin SQFT: 5,292 / Estimated  
 Below Grade Fin SQFT: 4,526 / Estimated  
 Total Below Grade SQFT: 4,916 / Estimated  
 Total Fin SQFT: 9,818 / Estimated  
 Tax Total Fin SQFT: 9,572  
 Total SQFT: 10,208 / Estimated  
 Foundation Details: Block  
 Basement Type: Partially Finished

Construction Materials: Brick, Vinyl Siding  
 Below Grade Unfin SQFT: 390 / Estimated

### Lot

Lot Acres / SQFT: 6.72a / 292723.2sf / Estimated  
 Fencing: Chain Link

### Parking

Detached Garage - # of Spaces: 1  
 Total Parking Spaces: 1

Features: Detached Garage, Driveway, Garage - Front Entry

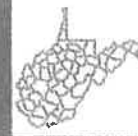
### Interior Features

Interior Features: Fireplace(s): 2, Wood; Accessibility Features: None

### Exterior Features

Exterior Features: Pool: Yes - Personal; Personal Pool Features: Above Ground Pool

# WV Real Estate Assessment Data



[About](#)   [New Search](#)   [Structure Drawing](#)

Parcel ID 19-09-0017-0009-0003   Tax Year 2023   County Jefferson   Date 12/3/2023  
 Root PID 19090017000900030000

## Property Owner and Mailing Address

Owner(s) BALDWIN MARK R & JENNIFER A  
 Mailing Address 1163 GARDNERS LN, SHEPHERDSTOWN, WV 25443

## Property Location

Physical Address 1163 GARDNERS LN  
 E-911 Address 1163 GARDNERS LN Shepherdstown WV 25443  
 Parcel ID 19-09-0017-0009-0003  
 County 19 - Jefferson  
 District 9 - Shepherdstown District  
 Map [0017](#) (Click for PDF tax map)  
 Parcel No. 0009  
 Parcel Suffix 0003  
 Map View Link <https://mapwv.gov/parcel/?pid=19-09-0017-0009-0003>

## General Information

Tax Class	Book / Page	Deeded Acres	Calculated Acres	Legal Description
2	1123 / 428	6.630	6.60	LT #B WEAVER (6.63AC)
			6.60	

## Cost Value

Dwelling Value \$645,400  
 Other Bldg/Yard Values \$13,080  
 Commercial Value ---

## Appraisal Value

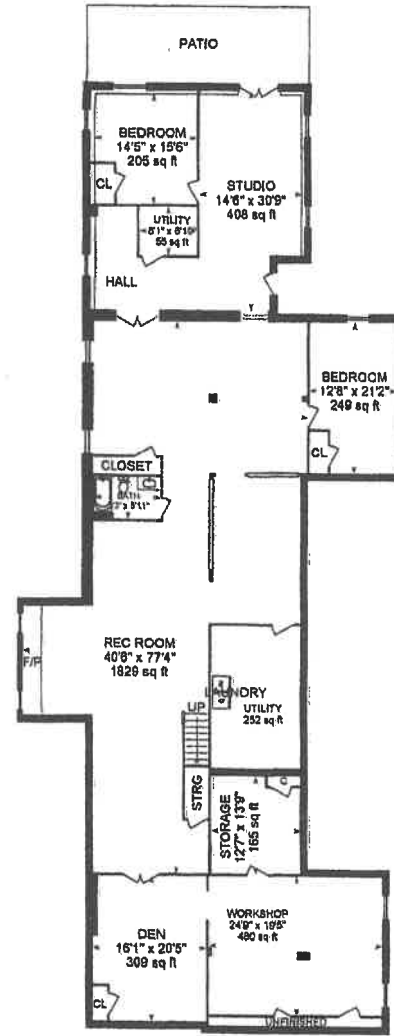
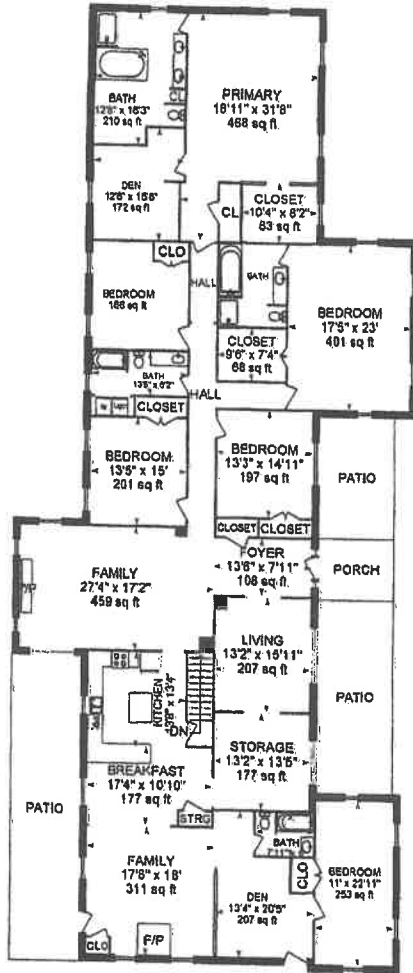
Land Appraisal \$201,300  
 Building Appraisal \$658,500  
 Total Appraisal \$859,800

## Building Information

Property Class R - Residential  
 Land Use 101 - Residential 1 Family  
 Sum of Struct Areas 8,548

# 1163 Gardners Ln, Shepherdstown, WV

Main Building: Above Grade Finished Area 5292.36 sq ft

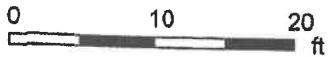
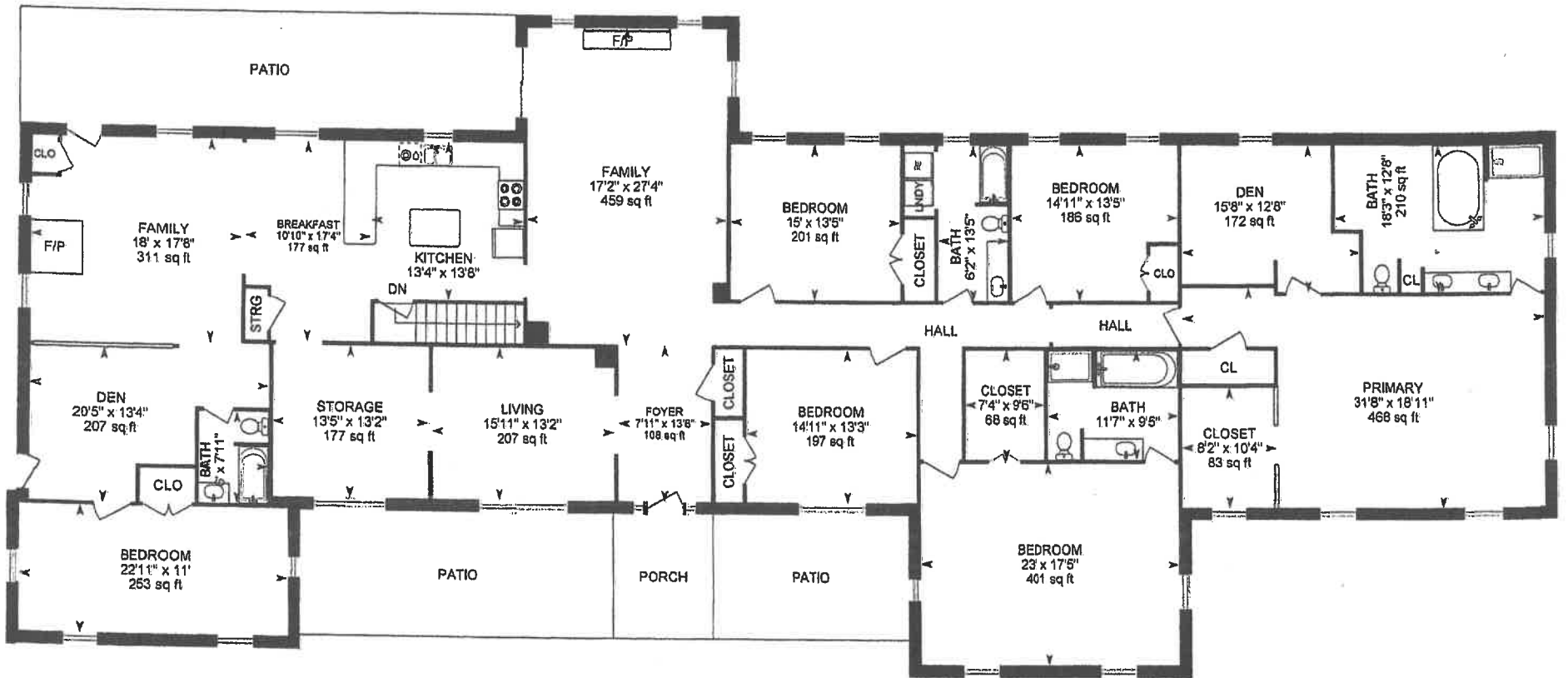


White regions are excluded from total floor area in IGUIDE floor plans. All room dimensions and floor areas must be considered approximate and are subject to independent verification.

PREPARED: 2023/08/19

# 1163 Gardners Ln, Shepherdstown, WV

Main Floor Finished Area 5292.36 sq ft



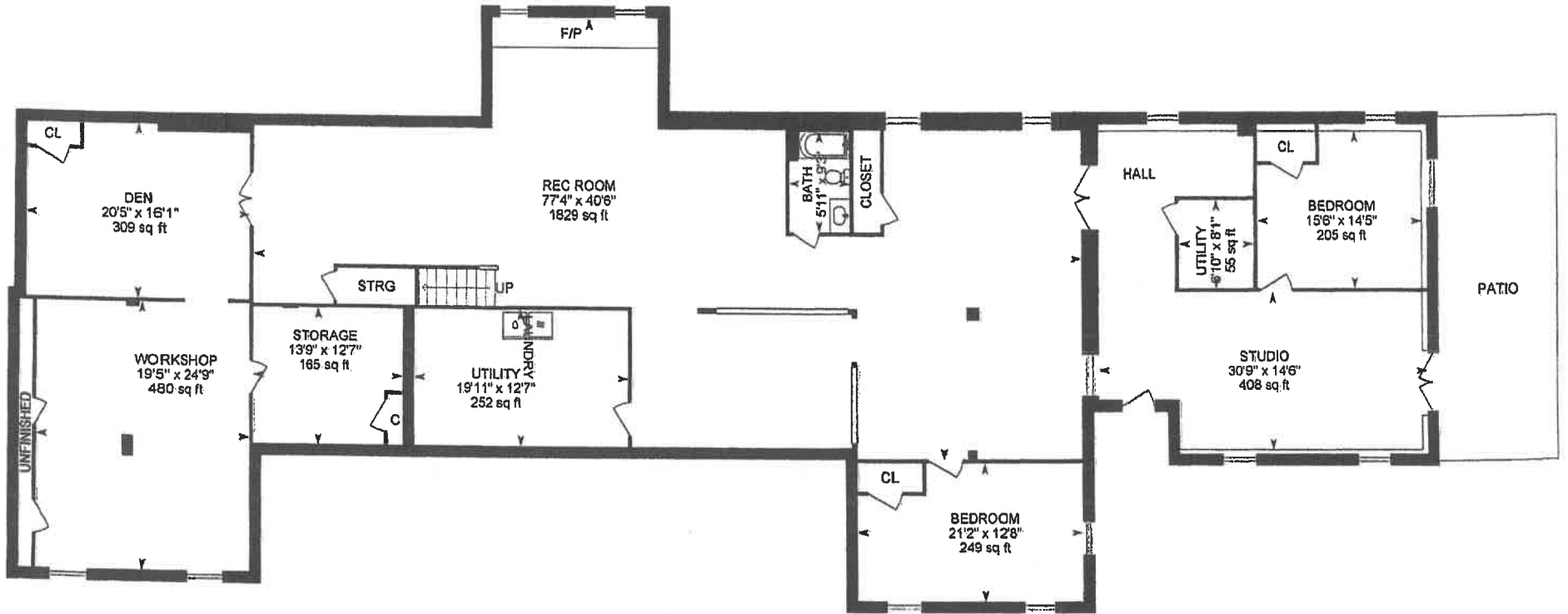
PREPARED: 2023/08/19



White regions are excluded from total floor area in IGUIDE floor plans. All room dimensions and floor areas must be considered approximate and are subject to independent verification.

# 1163 Gardners Ln, Shepherdstown, WV

Basement (Below Grade) Finished Area 4525.96 sq ft  
Unfinished Area 389.89 sq ft



PREPARED: 2023/08/19



White regions are excluded from total floor area in iGUIDE floor plans. All room dimensions and floor areas must be considered approximate and are subject to independent verification.

# 1163 Gardners Ln, Shepherdstown, WV

## Property Details

### Room Measurements

Only major rooms are listed. Some listed rooms may be excluded from total interior floor area (e.g. garage). Room dimensions are largest length and width; parts of room may be smaller. Room area is not always equal to product of length and width.

#### Main Building

##### MAIN FLOOR

Bath: 12'8" x 18'3" | 210 sq ft  
Bath: 9'5" x 11'7" | 107 sq ft  
Bath: 13'5" x 6'2" | 81 sq ft  
Bath: 7'11" x 6' | 47 sq ft  
Bedroom: 13'5" x 14'11" | 186 sq ft  
Bedroom: 11' x 22'11" | 253 sq ft  
Bedroom: 13'5" x 15' | 201 sq ft  
Bedroom: 13'3" x 14'11" | 197 sq ft  
Bedroom: 17'5" x 23' | 401 sq ft  
Breakfast: 17'4" x 10'10" | 177 sq ft  
Closet: 9'6" x 7'4" | 68 sq ft  
Closet: 10'4" x 8'2" | 83 sq ft  
Den: 12'8" x 15'8" | 172 sq ft  
Den: 13'4" x 20'5" | 207 sq ft  
Family: 17'8" x 18' | 311 sq ft  
Family: 27'4" x 17'2" | 459 sq ft  
Foyer: 13'6" x 7'11" | 108 sq ft  
Kitchen: 13'8" x 13'4"  
Living: 13'2" x 15'11" | 207 sq ft  
Primary: 18'11" x 31'8" | 468 sq ft  
Storage: 13'2" x 13'5" | 177 sq ft

##### BASEMENT

Bath: 9'3" x 5'11" | 52 sq ft  
Bedroom: 12'8" x 21'2" | 249 sq ft  
Bedroom: 14'5" x 15'6" | 205 sq ft

### Floor Area Information

Floor areas include footprint area of interior walls. All displayed floor areas are rounded to two decimal places. Total area is computed before rounding and may not equal to sum of displayed floor areas.

#### Main Building

##### MAIN FLOOR

Finished Area: 5292.36 sq ft  
Unfinished Area: N/A

##### BASEMENT (Below Grade)

Finished Area: 4525.96 sq ft  
Unfinished Area: 389.89 sq ft

#### ANSI Z765-2021, Main Building

Above Grade Finished Area: 5292.36 sq ft  
Above Grade Unfinished Area: N/A  
Below Grade Finished Area: 4525.96 sq ft  
Below Grade Unfinished Area: 389.89 sq ft

# 1163 Gardners Ln, Shepherdstown, WV

---

## Property Details

### Room Measurements

Den: 16'1" x 20'5" | 309 sq ft

Rec Room: 40'6" x 77'4" | 1829 sq ft

Storage: 12'7" x 13'9" | 165 sq ft

Studio: 14'6" x 30'9" | 408 sq ft

Utility: 12'7" x 19'11" | 252 sq ft

Utility: 8'1" x 6'10" | 55 sq ft

Workshop: 24'9" x 19'5" | 480 sq ft

### Floor Area Information

# 1163 Gardners Ln, Shepherdstown, WV

## iGUIDE Method of Measurement

### Definitions

**Interior Area** is a per floor calculation, made by measuring to the inside surface of the exterior walls. The footprint of all interior walls and staircases is typically included.

**Excluded Area** is a sum of the area of all rooms (measured to the inside surface of room walls) that are excluded from the Interior Area for a floor and the footprint of corresponding walls. Prescribed area exclusions can vary from region to region. Examples of exclusions are spaces open to below, garages, cold cellars, crawl and reduced height spaces.

**Exterior Wall Footprint** is the sum of the estimated area of the perimeter wall segments bounding both Interior and Excluded Areas.

**Exterior Area** is a per floor calculation, made by measuring to the outside surface of the exterior walls and is represented by the sum of the Interior Area and the Exterior Wall Footprint.

**Grade** is the ground level at the perimeter of the exterior finished surface of a house. A floor is considered to be above grade if its floor level is everywhere above grade.

**Total Interior Area** is the sum of all Interior Areas.

**Total Excluded Area** is the sum of all Excluded Areas.

**Total Exterior Area** is the sum of all Exterior Areas.

**Finished Area** is a per floor calculation made by adding all enclosed areas in a house that are suitable for year-round use based upon their location, embodying walls, floors, and ceilings and which are similar to the rest of the house. Footprint of walls is attributed to finished area only when the walls are bounding finished areas.

**Unfinished Area** is a per floor calculation made by adding all enclosed areas that do not meet the criteria for Finished Area. Exceptions are outdoor and non-walkable areas, for example porches or areas open to below. Footprint of walls is attributed to unfinished area only when the walls are exclusively bounding unfinished areas.

### Notes

For exterior walls that are adjacent to the outside of the property, where typically only the interior side has measurement data, an estimation of the exterior wall thickness (as directly measured at the property) is used to calculate its footprint. Considerations are not made for varying wall thickness along the perimeter.

### Disclaimer

All dimensions and floor areas must be considered approximate and are subject to independent verification.

### PDF Floor Plans

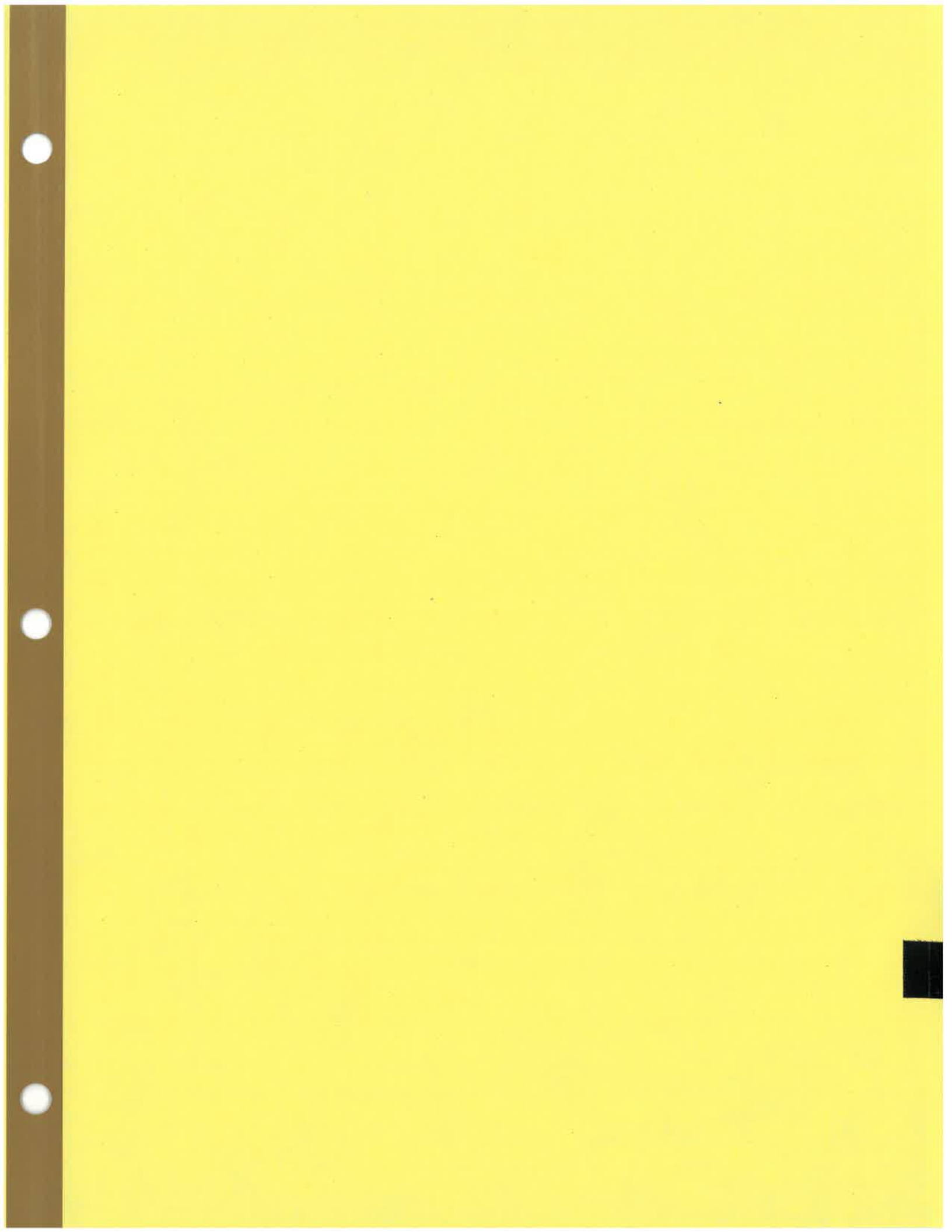
**A. RECA RMS 2017:** Color is used to indicate all included areas. Excluded and not reported areas are shown in white. Walls are always shown in black.

**B. ANSI Z765 2021:** Color is used to indicate all finished areas. Unfinished and not reported areas are shown in white. Walls are always shown in black.

### More Information About the Standards

**A. RECA RMS 2017:** <https://www.reca.ca/licensees-learners/tools-resources/residential-measurement-standard>

**B. ANSI Z765 2021:** <https://www.homeinnovation.com/z765>



# Food Pantry

Shepherdstown Shares has opened a free pantry!

If you are struggling with unemployment or under-employment, please let us help you.

The pantry is available to anyone living in the greater Shepherdstown area.

CHAPEL OF TRINITY EPISCOPAL, 200 W. GERMAN ST.

## HOURS:

MONDAYS 4:30pm - 6:30pm

THURSDAYS 4:30pm - 6:30pm

SATURDAYS 2:00pm - 5:00pm

If you and your family are struggling, contact us at [Shepshares@gmail.com](mailto:Shepshares@gmail.com) to fill out a client information form and start using our pantry.

Shares is grateful to Trinity Episcopal for their donation of the space, and to JCCM, Food Lion, Martin's, and the people of Shepherdstown for their support. Contact [shepshares@gmail.com](mailto:shepshares@gmail.com) to volunteer. Drop donations at the pantry. The vestibule is always open. Please GIVE HERE.

## YOUR PRIVACY

Shares is a group of volunteers who value your trust. We are not connected to any government or church and will *never* share your personal information. We use the information to discover what you need, and use the totals of who we serve (never the names) to inform our donors and ask for grant support.

# Donate

Shares is a 501 (c)(3) tax-exempt organization, Tax ID #85-0893689. We are powered by volunteers.

PayPal donations may be made by clicking the button below or directly to [shepshares@gmail.com](mailto:shepshares@gmail.com). Please use the Friends & Family function to save us the fee.



Each Sunday, Shares conducts our Spare Your Change program on S. King St. during the Farmers Market. Come and empty those piggy banks - your change can change lives in your community.

Checks may be mailed to:  
 Shepherdstown Shares  
 Post Office Box 1780  
 Shepherdstown, WV 25443

Donations of groceries should be dropped at our pantry at 200 W. German St. The vestibule is always open. We can arrange to have a volunteer there if you would prefer.

If you would like to volunteer, drop by the pantry during open hours or contact us at [shepshares@gmail.com](mailto:shepshares@gmail.com).

#### Shepherdstown Shares

is a 501(c)(3) charitable organization, Tax ID #85-0893689, and a West Virginia registered non-profit organization addressing the needs of our community as they arise. Contact us via [Shepshares@gmail.com](mailto:Shepshares@gmail.com) Find us on socials:

**HOME**

# **BERKELEY COUNTY CCAP/LOAVES & FISHES**

**NEED ASSISTANCE? ([/NEED-ASSISTANCE/](#))**

## **OUR MISSION**

provides emergency food and financial assistance to low income and underserved residents of

**[CLICK HERE TO LEARN MORE \(/about-us/\)](#)**

check local TV, radio or schools' website for school closure announcements

549 N. Queen St. Martinsburg

<https://ccaploavesandfishes.com>



**Trip Data; Songbird House Assisted Living Residence at 1163 Gardners Lane Shepherdstown**

<u>Time of Day</u>	<u># Cars Leave/Arrive</u>	<u>Purpose</u>	<u>Day of Week</u>
7am	4	Caregiver Staff	Mon-Sun
3pm	4	Caregiver Staff	Mon-Sun
11pm	4	Caregiver Staff	Mon-Sun
Noon-3pm	3	Visitors	Mon, Wed, Fri
Noon-6pm	5	Visitors	Sunday

Visitation schedules may be coordinated with families such that the residence is not overwhelmed with visitors or the quality of visiting is less than desired. Visitation for compassionate care will increase this schedule depending on residents needs and circumstances.

Note: For benchmarking purposes only, a cottage industry IAW Section 4A.5 Zoning Ordinance

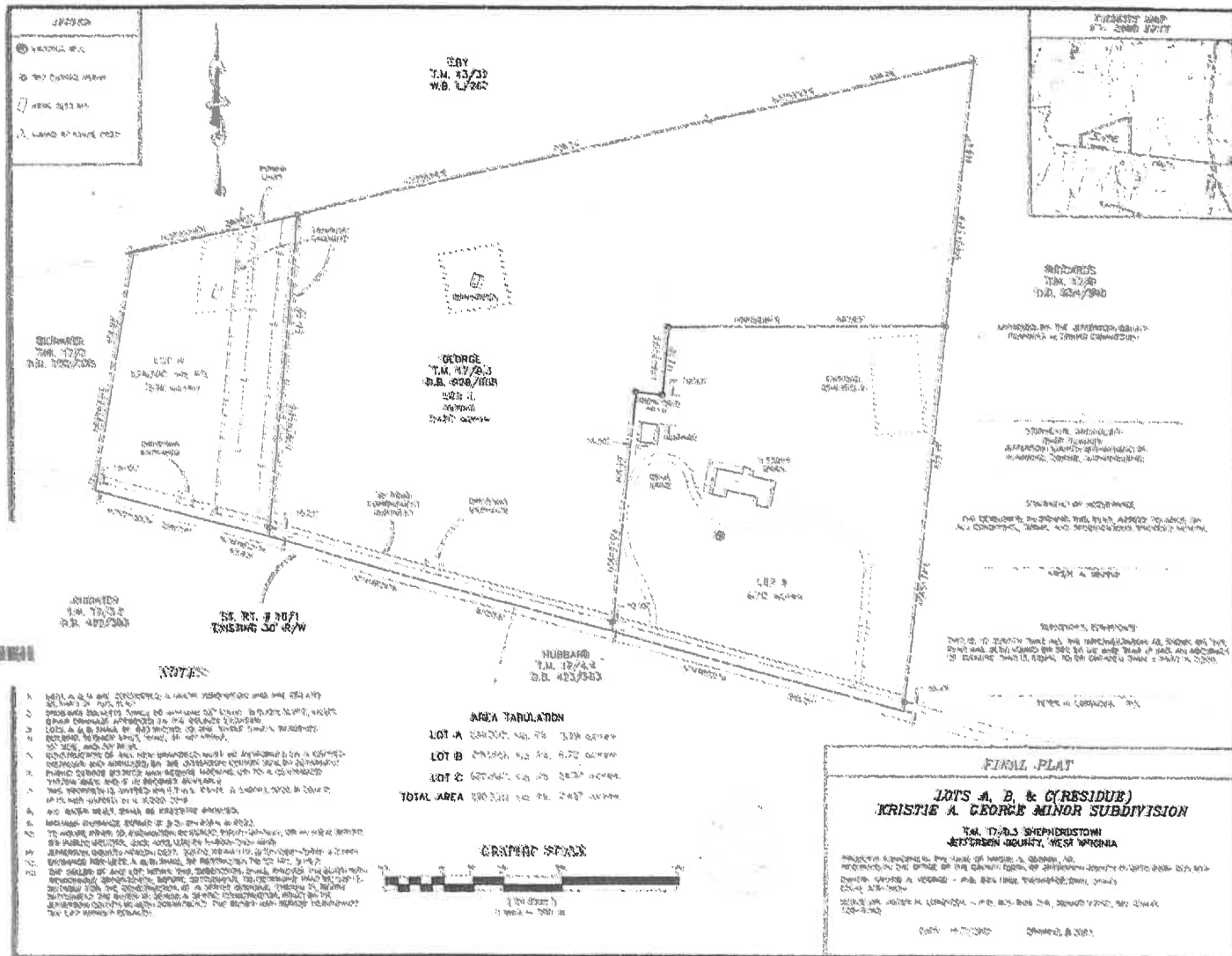
- A. Can have up to 4 non-resident employees working at the property
- E. Excluding employee commuting, 15 business related vehicle visits per day with no more than 60 visits per week are allowed.

Compared to a cottage industry:

	<u>Employees Commuting</u>	<u>Visits Per Day</u>	<u>Visits Per Week</u>
Songbird House	12	1-3	1-8
Cottage Industry	4	15	60



1162 Gardner's Lane  
 Book 19  
 Page 15

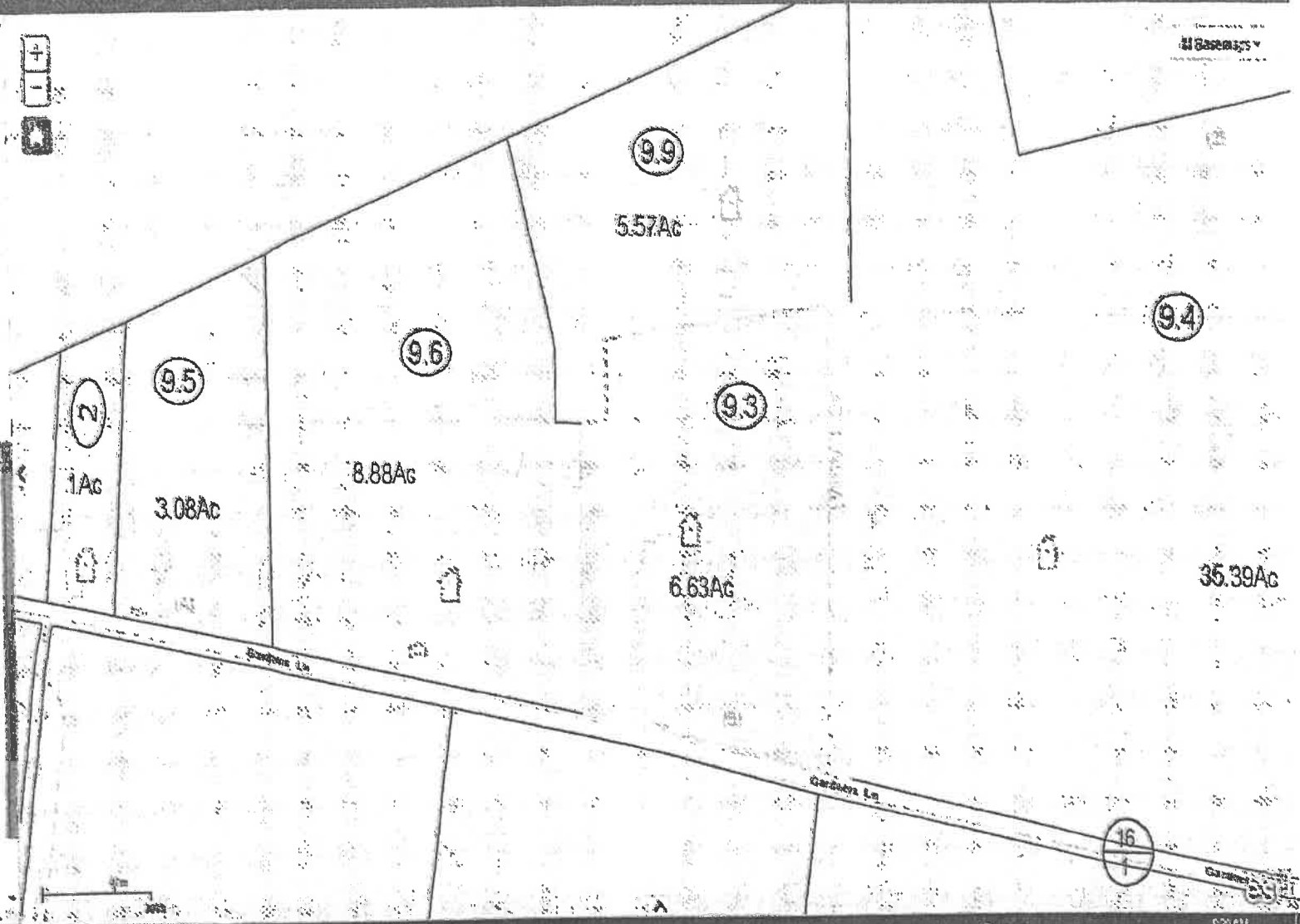


# Jefferson County West Virginia Tax Map Viewer

Tax Year: 2023  
 Parcel ID: 05 17600500030000  
 Deeded Owner: BALDWIN MARK R & JENNIFER A  

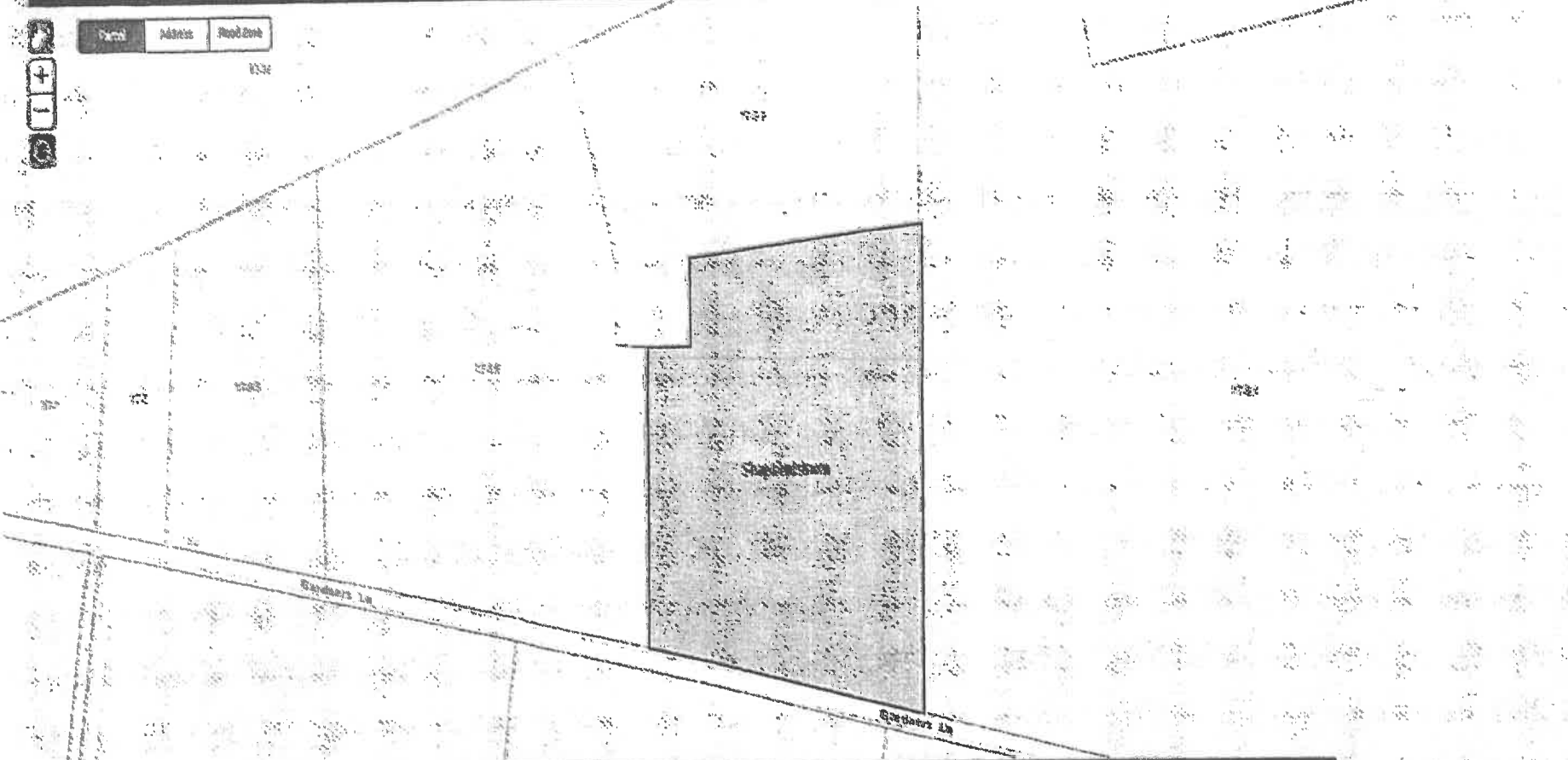

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 Parcel ID: 05 17600500030000  
 Tax Year: 2023  
 Deeded Owner: BALDWIN MARK R & JENNIFER A  
 C/O:  
 Owner Address: 1363 GARDNERS LN  
 LA:  
 City: SHEPHERDSTOWN  
 State: WV  
 Zip: 25443  
 Deed Book Page: 1023428  
 Description: LT #5 WEAVER  
 TO 63AC  
 Year Built: 2020  
 # Stories: 1  
 Square Foot Living Area: 6548  
 # Rooms: 17  
 # Bedrooms: 6  
 # Full Baths: 5  
 # Half Baths: 0  
 Heat Type: Central with AC  
 Fuel Type: Gas  
 Heat System: Warm Air  
 Land Appraised (100%): 291300  
 Building Appraised (100%): 638500  
 Total Appraised (100%): 859800  
 Last Sale Date: 4/30/2013  
 Last Sale Amount: 260900  
 Legal Area: 0  
 Calculated Parcel Area (SF): 287853  
 County Tax Information: County Tax Info  
 Map Card Viewer: Map Card Print: Print



# West Virginia Property Viewer

Parcel Address Road Name



Toggle Highlight: ON | Copy URL | Parcel ID: 19-09-0017-0009-0003 | Details | Zoom | Close X

Owner(s):	BALDWIN MARK R JENNIFER A	Community:	JEFFERSON
Address:	1163 GARPOMERS LN	E-911 Address:	1163 GARPOMERS LN, Shepherdstown, WV, 25443
Class Type:	Residential	External Links:	
Legal Description:	LT 1-B WEAVER (6.61AC)	Flood Info:	This parcel appears to be in a LOW RISK flood hazard zone. Learn more at WV Flood Tool

[Click here for parcel assessment report](#) | [Having questions about a property?](#)

Scale: 1:2,157  
Units: Feet  
(Click on map to expand)

STATE OF WEST VIRGINIA

Permit No.: ST-199900-67

INSPECTION TO BE  
PRINTED OR TYPED

Jefferson Co HEALTH DEPARTMENT

Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_

County: Jefferson

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

County Road: \_\_\_\_\_

Name of Owner: Kristie George Installer: Gerold Robinson

Address: P.O. Box 89 Gore VA 22367

Property Location: RT 1611

Type of Facility: Home Facility is: New  Existing ( ) Lot Size: 24,176 Sq. Ft. (Acres)

Design Loading in gpd/No. Bedrooms: 4 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1500 Material: concrete Manufacturer: Mantinslans

Distances (in feet) of Tank to: Dwelling: 100' Private  Public ( ) Water Source: 150' Property Line: 30'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches  or Bed ( ) Gravelless Pipe ( ), Diameter: \_\_\_\_\_ inches  
Chamber Soil Absorption Trenches ( ) or Bed ( )

Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )  
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: \_\_\_\_\_

No. of Lines: 4 Length (in feet) of Each: 87, 87, 87, 87

Width of Trenches: 36 inches/foot Depth to Bottom of Field: 30 inches

If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Approved and Adequate Materials Used? Yes  No ( ) Size Equates to: 1044 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 200 Private ( )/Public ( ) Water Source: 100' Property Line: 30

Remarks: \_\_\_\_\_


An inspection indicates that the sewage disposal system described above **DOES MEET**  **DOES NOT MEET** ( ), **CANNOT BE DETERMINED TO MEET** ( ) the minimum standards established by the West Virginia Bureau of Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Sketch  
on  
BACK



Draw Arrow toward North

Visit Date(s): 9/13/99

Final Inspection Date: 9/13/99

Sanitarian: [Signature]

Road

Proposed Home Site

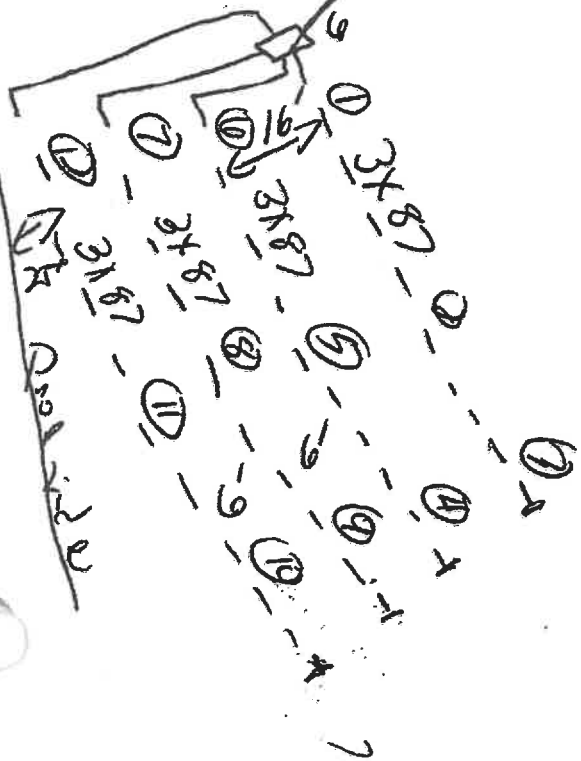
150'

100'



41'

1	3 1/2
2	3 1/4
3	3 1/4
4	4
5	5 1/4
6	5 1/2
7	5 3/4
8	5 3/4
9	5 3/4
10	6 3/4
11	6 1/4
12	6 3/4



**WV STATE DEPARTMENT OF HEALTH**  
**Office of Environmental Health Services**  
**ENVIRONMENTAL ENGINEERING DIVISION**



**WELL COMPLETION REPORT**

Date(s) 12/15/99 County Jefferson Permit #: DW-19-9900-52  
 Town: \_\_\_\_\_ Area Name/Location Rte 16/1  
 Well Owner: Kristie George Address: P.O. Box 89  
 Telephone Number: 540/662-7250 Gore, VA 22637  
 Well Driller: High Point Drilling, Inc Address: P.O. Box 190  
 Telephone Number: 725-1644 Charles Town WV 25414

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-3	Loose dirt & stone	Type of Well: <u>Limestone</u> Drilling Method: <u>Rotary</u>
4	Bedrock	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
4-618	Solid limestone. Had 1 GPM @ 585' and 2 GPM @ 618' Couldn't tell where we picked up water.	Well Depth: <u>618</u> Date Completed: <u>9/13/99</u>
		CASING: Length <u>21</u> Feet Height above ground <u>1 1/2</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		<b>SCREEN</b>
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>63</u>		
Pumping Rate (GPM)	<u>2</u>		
Pumping Level (Ft Below Grade)	<u>600</u>		
Duration of Test (In Hours)	<u>2 hrs</u>		
Recovery Time to Static Level (In Hours)	<u>12 hrs</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
 Well Cap: Type, Make, Etc. Royer Casting  
 Well Seal: Type, Make, Etc. \_\_\_\_\_  
 Well Platform:  
 Length \_\_\_\_\_ Width \_\_\_\_\_ Thickness \_\_\_\_\_  
 Grouting:  Yes  No  
 All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Donald R. Giardino 502  
 Name Certification No.  
High Point Drilling, Inc.  
 Registered Business Name  
Donald R. Giardino 12/15/99  
 Signed Date

SS-183 7/96

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA  
Jefferson County HEALTH DEPARTMENT  
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-19-9900-62NH

Tax Map \_\_\_\_\_ Parcel # \_\_\_\_\_

County Road No.: \_\_\_\_\_

Owner: Kristie George  
Address: Po Box 89  
Gore Virginia 22637

Certified Installer: Gerald Robinson  
Address: Po Box 1249  
Harpers Ferry WV 25425

You are hereby issued a permit to:  install, or  modify an on-site sewage disposal system located:  
Rt 1611

Facility: house Design Flow: 4 Bdrm Lot Size: 24.176 Sq. Ft./Acres Water Source: well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION DATED 8-12-99, AND THE PROPER INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SEWAGE SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

- Septic tank - Capacity: 1000 gallons or more, Constructed of: Precast Concrete
  - Soil disposal system with a minimum equivalency of 1020 square feet of conventional gravel trench area.
- Depth to the bottom of the trench or bed installation shall be: 36 inches from original ground surface,
- Gravel system: Lengths of lines: 85, 85, 85, 85, \_\_\_\_\_, \_\_\_\_\_ feet, Width: \_\_\_\_\_ inches.
  - Chamber system: Number of units: \_\_\_\_\_, Length of lines: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ units, Manufacturer of chamber: \_\_\_\_\_
  - Bed system:  Gravel,  Chamber; Length: \_\_\_\_\_ feet, Width: \_\_\_\_\_ feet.
  - Other: \_\_\_\_\_

This permit is non-transferable and automatically expires 12 months after issue date.

This permit is **NULL and VOID** when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 72 hours or more prior to planned inspection time.

August 17, 1999  
Issue Date

Jefferson / 728-8415  
County Office / Phone Number

Sketch of system:

See Attached



Draw Arrow  
Toward North

Additional specifications  
on reverse:

Fair D. Allaway, M.D.  
Health Officer or Sanitarian



WEST VIRGINIA DEPARTMENT OF HEALTH



PERMIT

OWNER: Kristhe George and DRILLER: Don Giardina

are hereby issued a permit to Construct a well located  
(Construct, Modify or Abandon)  
at Rt 16/1

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date Issued August 17, 1999

Joe D. Allura

Expires August 17, 2000

Issuing Officer Jefferson County Title \_\_\_\_\_  
County Health Department

Permit No. DW-19-9900-52

This permit is not transferable and any change of information submitted in application dated \_\_\_\_\_ will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

ST-19-9900-62NH

SS-182  
Rev. 12/88

# State of West Virginia

DW-19-9900-52-

Jefferson Co HEALTH DEPARTMENT

FOR HEALTH DEPARTMENT USE ONLY

Date Recv'd. 8/12/99 Permit #: WW \_\_\_\_\_ ST \_\_\_\_\_ Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

Date Site Evaluated: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

PART I  
APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL  
OR  
INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM

Instructions: Part I of this application is to be completed by the owner. State and county health department regulations require that water wells and sewage disposal systems be located, designed and constructed in accordance with published standards.

Property Owner: Kristie Ann George  
(please print)

Address: P.O. Box 99 Gore, VA 22637 CELL 540 539 8887

Date: 8-12-99 Telephone: (home) 540-662-7250 (business) 540-662-6415

Water Well  Sewage Disposal System

LOCATION OF PROPERTY (be specific) RT 230 TO ~~THE~~ TURNER LANE RT 16/1  
APP 1/2 MILE ON RIGHT SEE SIGN LOT I

Name of Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Lot: 1

Size of Lot: 24,176 sq.ft./acres  Residence; No. of Bedrooms 4 No. of individuals served: 5  
 Other \_\_\_\_\_

Property Deed Recorded in Book No.: 550-633 Page: 359-497 Date Recorded: \_\_\_\_\_

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

Kristie Ann George  
(signature of owner)

\*\*\*\*\*  
PLEASE PROCEED TO COMPLETE PARTS II AND III, IF NECESSARY  
\*\*\*\*\*

PART II  
WATER WELL INFORMATION

Water well will be  constructed  modified and will be used for  potable water,  water exploration,  abandoned or other purposes: \_\_\_\_\_

Well Driller: High Point Drilling, Inc. Phone No.: 304/725-644

Business Address: P.O. Box 190 Charles Town, WV 25414

Type of Casing: Steel - 18"

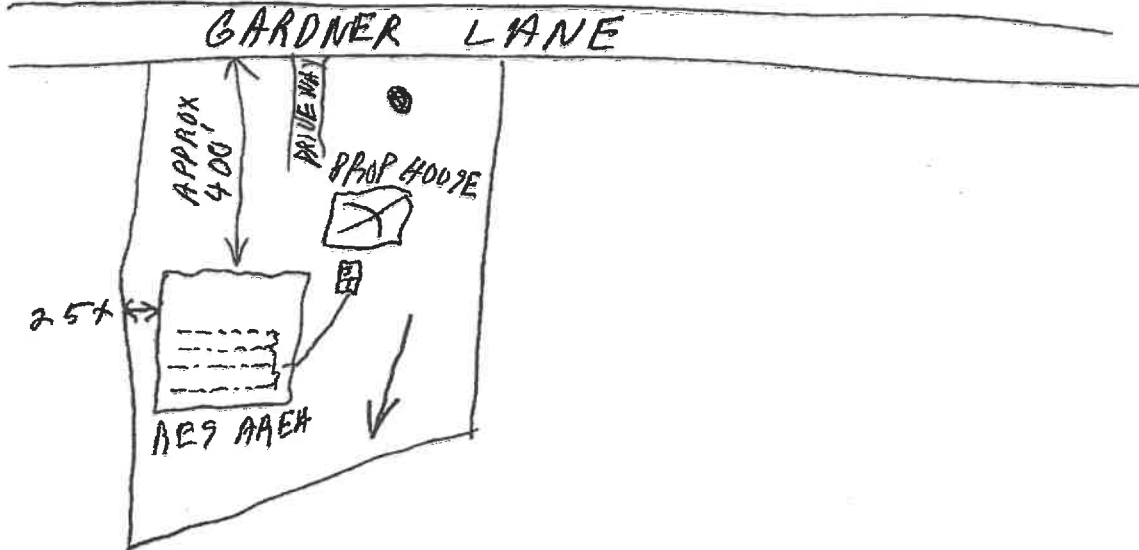
Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments _____	Sewers & Drains (non-watertight) _____	Privies (vault) _____
Sewage Absorption Fields <u>100'</u>	Sewers & Drains (hydrostat. tested) _____	Barnyard/Feeding Water Areas _____
Septic Tank <u>50'</u>	Sewage Holding Tank _____	
Other: _____		

SIGNATURE of DRILLER Walt R. ... CERTIFICATION # 502 DATE 8/16/99

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Water Supply	<input checked="" type="checkbox"/> Percolation Test Site
--- Soil Absorption Line	→ Dir. of Ground Slope	— Property Line
Trees	<input checked="" type="checkbox"/> ST Septic Tank	<input checked="" type="checkbox"/> MH Mobilehome



PART III  
SEWAGE DISPOSAL SYSTEM INFORMATION

Install       Modify  
 Septic Tank       Absorption Field       Holding Tank       Pit Privy       Vault Privy  
 Chemical/Composting Toilet       Alternate System (attach detailed plans)  
 Other \_\_\_\_\_

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity 1500      Material CONCRETE      Nearest Prop. Line 25'  
 Absorption Field: 1020 Sq. ft. with 4 lines and 85' long  
 Pipe ASTM No. 2729      Nearest Property Line 25'  
 Type of Water Supply: WELL      Area Suitable for Absorption Field: 10,000 Sq. ft.  
 Six-foot hole free of water or solid rock?  Yes       No

PERCOLATION TEST:

TEST HOLE:	#1	#2	#3	#4
	<u>120</u> minutes	<u>180</u> minutes	<u>180</u> minutes	<u>240</u> minutes

Total minutes 720, divided by 24 = 30 average time for water to fall one inch.

Test done on 8-12-99 (date) using approved procedures outlined in the Design Standards.

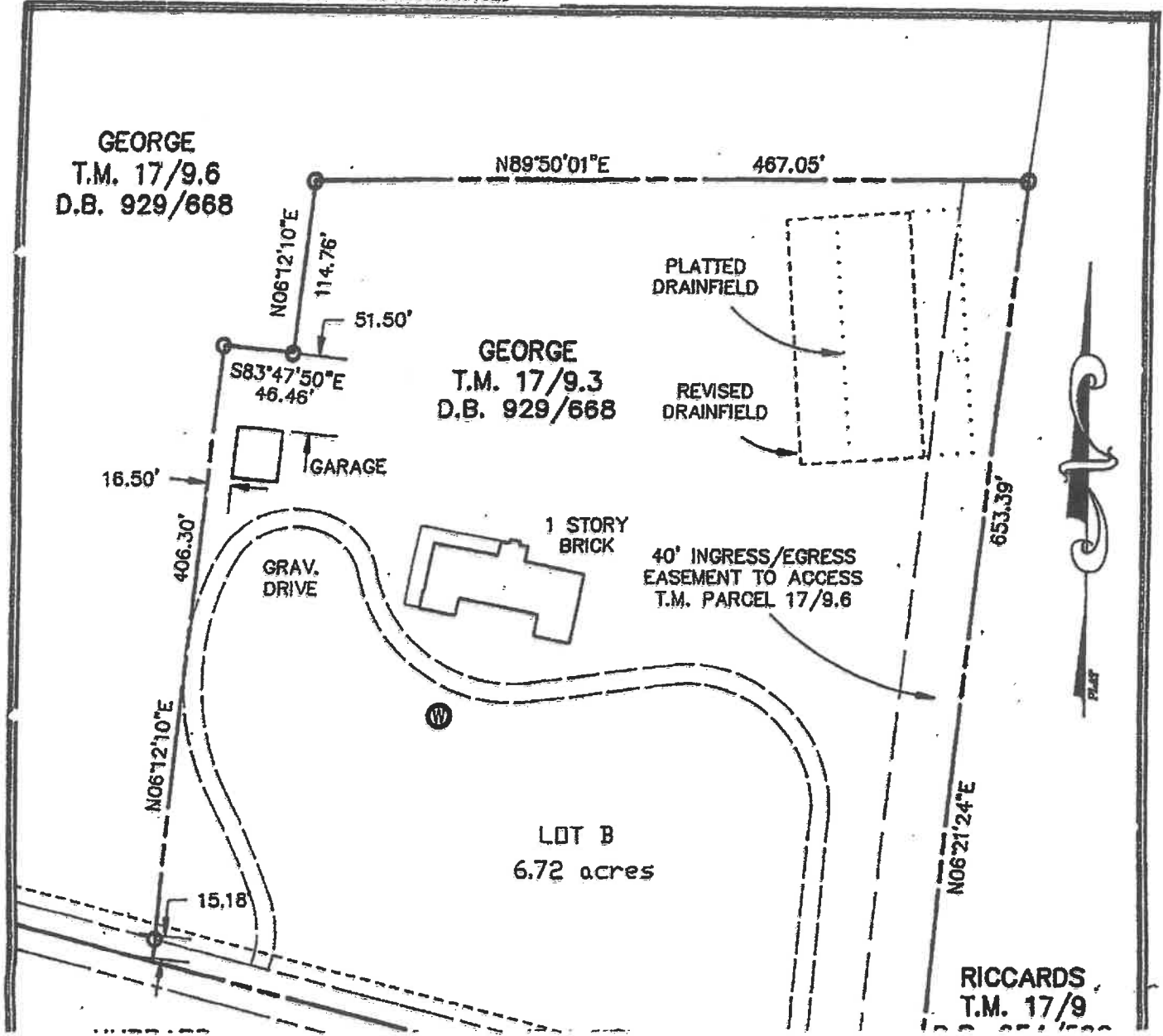
Signed: Gerald Rolando

WU 029560  
RS EXCAVATING

Gerald Rolando  
 Signature of Installer

54-91-A-0207  
 Certification No.

8-12-99  
 Date




# Usage around 1163 Gardners Lane

## Legend

 1163 Gardners Ln

 Roofing buisness run from here

 Has been a daycare at different times with both the current and former owners

 Small Engine Repair Shop

 BURACKERS REPAIR

1163 Gardners Ln 

 Fields being leased for farming

 Recently approved to subdivide this 20acre property to add potential for 3 more houses



# Usage around 1163 Gardners Lane

**Legend**  
📍 1163 Gardners Ln

g leased for farming

Christina Way

Equestrian Business and Apartment Rentals

Equestrian Dynamics

Location of new Elementary and Middle Sch

16/1

16/1

230

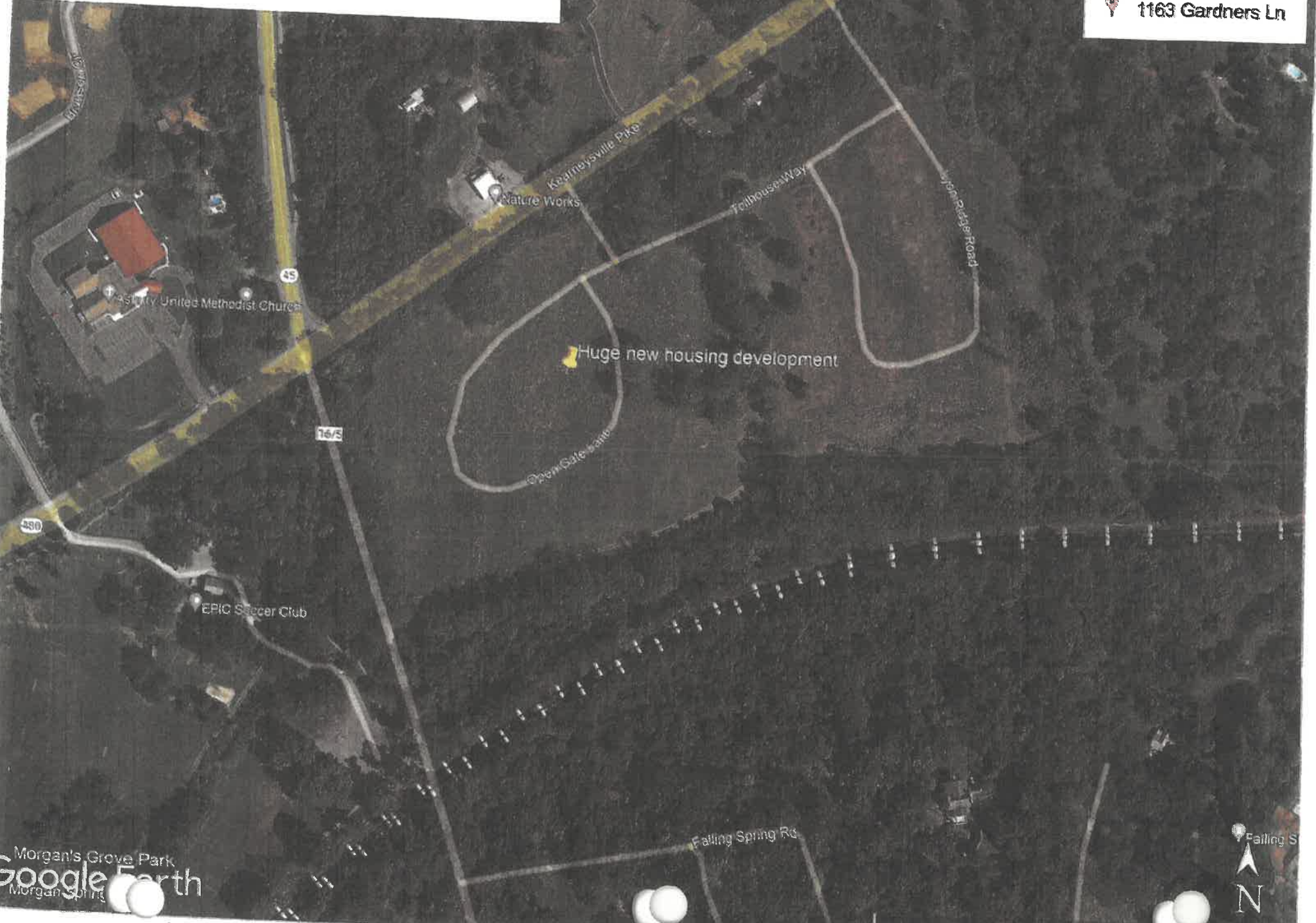
16/1

N

# Usage around 1163 Gardners Lane

## Legend

 1163 Gardners Ln



Nature Works

Unity United Methodist Church

Huge new housing development

EPIC Soccer Club

Falling Spring Rd

Falling S

Morgan's Grove Park  
Morgan Spring  
Google Earth

900 ft

N



This section is blank



Sharon Hallinan <ladyflipperproperties@gmail.com>

**Fwd: New Case - Sharon Hallinan - NLT 12/28/23**

essages

**McDonald, Kevin A** <kevin.a.mcdonald@wv.gov>

Tue, Dec 19, 2023 at 9:19 AM

To: ladyflipperproperties@gmail.com

Cc: Lisa R Kisamore <lisa.r.kisamore@wv.gov>, Joshua L Leatherman <joshua.l.leatherman@wv.gov>, Jason L Arnold <jason.l.arnold@wv.gov>

Good morning. Thank you for submitting your question to the West Virginia Division of Highways. Any change in use to an existing property would typically require a new entrance permit, in this case it would require a commercial permit. I attached a commercial permit checklist that provides an idea on the requirements and included a link to our driveway manual. The permit reviewer for Jefferson County is Josh Leatherman (cc'd), 681-320-2039, he'll be able to help with any questions.

<https://transportation.wv.gov/highways/engineering/Manuals/Traffic/Driveway.pdf>

Thanks,  
Kevin McDonald  
D-5 Design  
681-320-2026

H: 1 (703) 401-5884  
ladyflipperproperties@gmail.com

**Date Received:** 12/18/2023    **Source:** SWAT    **Method Received:** Email    **Gov IQ #:**    **Complete Date:**

**County:** Jefferson    **Route Type:** N/A    **Route #:**    **Road Name:** 1163 Gardners Lane  
**Landmark:**    **Lat/Long:**    **Bridge Name:**    **Time Frame:** Active - 7 Business Days or Less

**Problem Description:**

I am contemplating purchasing the subject property, a 9800 square foot single family residence on 6.6 acres, for use as assisted living. This use may accommodate up to 32 residents and associated staff of 6. I am working with the health department on a septic system upgrade, the zoning board for a conditional use permit, and understand there is engagement with the Dept of Highways for this purpose as well.

There is no construction needed, and the lengthy driveway is a circle with 2 entrance/exits from the property. I reviewed the encroachment permit but am uncertain of its applicability. Please advise what is needed from your office to use this home as I have indicated.

Thank you,

—  
Sharon Hallinan, President  
Lady Slipper Properties, Inc.  
703 401-5884  
ladyflipperproperties@gmail.com

**Issue:** Miscellaneous

**Department:** District 5    **Assigned To:** Carver, Christy

**Document Date:** 12/18/2023    **Due Date:** 12/28/2023    **Response Date:**

 Christy Carver

SWAT Operations Assist 1

**West Virginia Department of Transportation**

**Building 5, Room A-148**

**1900 Kanawha Boulevard, East | Charleston, WV 25305**

**WV DOT/DOH Office: 304-414-6605**

[.dps://transportation.wv.gov](https://transportation.wv.gov)



**2 attachments**

 **Entrance Permit Application.pdf**  
568K

 **Commercial Permit Checklist.pdf**  
286K

# Entrance Permit Application

PLEASE PRINT LEGIBLY

DATE APPLIED FOR: \_\_\_\_\_

COUNTY: \_\_\_\_\_

OWNER/DEVELOPER NAME: \_\_\_\_\_

ROUTE NO: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EXACT LOCATION OF APPROACH (Please be specific. Example: East side of John Doe Road, 1.25 miles north of Jane Doe Road): \_\_\_\_\_

Contractor or Engineer (If applicable)
NAME: _____
PHONE NO: _____
ADDRESS: _____
EMAIL: _____

NOTE: Property owner must stake location of approach or approaches out in field with blue and gold ribbon.

## TYPE OF APPROACH:

	(Please mark)	WIDTH (16' - 20')
Private	_____	_____
Commercial	_____	_____
Minor Subdivision	_____	_____
Major Subdivision	_____	_____
Heavy Equipment	_____	_____
Miscellaneous (state purpose)	_____	_____

## REQUIRED DOCUMENTATION

PRIVATE APPROACH (See A for required documentation)

COMMERCIAL APPROACH (See B for required documentation)

SUBDIVISION (Minor - See C for required documentation, Major - See D for required documentation)

HEAVY EQUIPMENT (See E for required documentation)

MISCELLANEOUS (See F for required documentation)

- A) PRIVATE – One single lot already with a recorded deed. Must provide a deed in the applicant's name and/or a surveyor's signed plat of the entire property in applicant's name. For one single family dwelling.
- B) COMMERCIAL – This also includes churches.  
Please include:
- 1) Plan view of entire project (50 scale max)
  - 2) Plan view of entrance (20 scale)
    - a) Show width, radii, and drainage structures
    - b) Signage striping
    - c) Traffic control
  - 3) Provide drainage calculation according to WVDOT Drainage Manual
  - 4) Show any road improvements
  - 5) Provide paving typical
  - 6) Profile of entrance starting at centerline of state road and include edge line, width of pavement, drainage structures, and right of way. Must go a minimum of 50' into entrance (10 scale).
  - 7) Will require a bond
- C) MINOR SUBDIVISION – Four lots or less, including the residue. Must provide a plat signed and stamped by a licensed surveyor. This includes parent to child transfers.
- D) MAJOR SUBDIVISION – Five lots or more, including the residue. This also includes subdividing that has occurred within the last five years.  
Please include:
- 1) Plan view of entire subdivision (50 scale max)
  - 2) Plan view of entrance (20 scale)
    - a) Show width, radii, and drainage structures
    - b) Signage striping
    - c) Traffic control
  - 3) Provide drainage calculation according to WVDOT Drainage Manual
  - 4) Show any road improvements
  - 5) Provide paving typical
  - 6) Profile of entrance starting at centerline of state road and include edge line, width of pavement, drainage structures, and right of way. Must go a minimum of 50' into entrance (10 scale).
  - 7) Will require a bond
- E) HEAVY-EQUIPMENT – This is for a temporary entrance. Must provide what it will be used for and for how long it will be used for (must have an end date). May require a bond. Includes logging operations.
- F) MISCELLANEOUS – Includes fuel spills, tree plantings and removals, and other work within WVDOT rights of way. Fill out application and contact entrance permit section in Burlington for required documentation.

The above information is general in nature and may require additional information after review.

## COMMERCIAL PERMIT

<https://transportation.wv.gov/highways/engineering/Manuals/1-3-14/Driveway.pdf>

*Provide copy of Deed and/or Plat (Entrance should be min. 10' from adjacent property line)*

*Include General Layout, Location Map, Route Name & Number (20 Scale)*

*Show & Label Right-of-Way & Property Lines*

*Show & Dimension existing travel lanes, turn lanes, shoulders, curbs, culverts, etc.*

*Include Speed Limit & Sight Distance*

*Show existing & proposed entrances/exits*

*Paving Typical should extend to existing edgeline (sawcut @ edgeline)*

*Show existing & proposed drainage structures w/ flow directions & elevations*

*Driveway Width = 30' preferred (25' minimum - 50' maximum)*

*Include Paving Typical = Stabilization Fabric, 12" agg. Base course, 4.5" asphalt base, 1.5" asphalt wearing course*

*Driveway Slope = 6 % preferred (4% if paved shoulder) for the first 5' away from roadway.*

*Sight Distance Requirements (Table on Page 3)*

*Driveway Radius = 10' minimum - 50' maximum*

*Include note to call DOH prior to starting work on DOH Right-of-Way*

*If major development it may require traffic impact study or turn lanes*

*Include trip generation for new construction*

*Include business type and square footage of any proposed buildings.*

### **STORMWATER MANAGEMENT**

*Policy - If increased flows are generated by development, they are the responsibility of developer*

*Include Stormwater Management Plan (Control=25-YR. PRE vs. POST) (Interstate/Expressway = 50-YR. PRE vs. POST)*

*Include Analysis & design in accordance with WVDOH Drainage Manual*

<https://transportation.wv.gov/highways/engineering/Manuals/1-3-14/Driveway.pdf>

### **TRAFFIC & PAVEMENT MARKINGS**

*Include Traffic Control Plans - Typically CASE A6 or CASE A3*

*Include Proposed Pavement Markings*

*Include WVDOH Standard Detail for Pavement Markings*

**ENTRANCE/EXIT:**

*Include TY V Stop Bar (Typically 5' from edgeline)*

*Include Stop Sign (30"x30")*

*Include 4" Double Yellow Striping*

**EXIT ONLY:**

*Include TY V Stop Bar (Typically 5' from edgeline)*

*Include STOP, & ONE WAY w/ARROW signs*

**DUAL EXIT ONLY:**

*Include TY V Stop Bar (Typically 5' from edgeline)*

*Include Stop Sign (30"x30")*

*(Left & Right)*

*Include 8" Solid White*

Table 20. Safe Stopping Sight Distances Required at Different Operating Speeds on Upgrades

Design Speed (mph)	Stopping Sight Distance (ft)			
	Upgrades			
	0%	3%	6%	9%
15	80	75	70	73
20	113	109	107	104
25	153	147	143	140
30	200	196	182	178
35	250	227	226	223
40	305	289	278	269
45	360	321	311	303
50	425	405	388	375
55	495	469	450	433
60	570	533	515	495
65	645	612	582	561
70	730	699	658	631
75	820	772	730	704
80	910	854	817	782

Table 21. Safe Stopping Sight Distances Required at Different Operating Speeds on Downgrades

Design Speed (mph)	Stopping Sight Distance (ft)			
	Downgrades			
	0%	3%	6%	9%
15	83	80	82	85
20	115	116	120	126
25	155	158	165	173
30	200	205	215	227
35	250	257	271	287
40	305	315	333	354
45	360	375	400	427
50	425	446	474	507
55	495	520	553	593
60	570	598	638	686
65	645	687	738	796
70	730	771	825	891
75	820	869	927	1000
80	910	965	1035	1120

Table 5. Drive-way Width

Drive-way Type	DRIVEWAY WIDTH (FEET)				
	Cure Max		Eave Max		
	Minimum	Maximum	Minimum	Desirable	Maximum
Residential	12	20	12	20	25
Commercial	15	25	15	30	32
Industrial	15	25	30	35	50

Table 7. Radius of Curvature

Drive-way Type	RADIUS OF CURVATURE (FEET)			
	Rural		Urban	
	Minimum	Maximum	Minimum	Maximum
Residential	5	20	5	15
Commercial / Industrial	10	50*	10	30

- Notes: (a) The desirable values shown in the above table should be used whenever possible. If variation from these values is required because of site conditions, the width and right selected should be as close as possible to the desired values.
- (b) The use of both a small width and a small curb return radius should be avoided. If the width must be reduced, then the curb return radius should be increased and vice versa.

\* Requires special approval from the District Traffic Engineer.

Note: A special design can be developed in accordance with AASHTO design policies if approved by the DOT District Engineer.

## STORMWATER REPORT GUIDELINE

- Narrative:
  - Described existing site (soils, slopes, vegetative cover, discharge points)
  - Overall site plan (proposed improvements, how is runoff being controlled?)
  - Include details about uncontrolled or bypass areas of the site
- Drainage Area Maps
  - Pre-development & Post-Development
- Curve Number Calculations
- Time of concentration calculations
  - Pre-Development & Post-Development
  - Show segmented flow paths
- Peak flows, volume calculations, and rainfall total for each storm event
- Routing Diagram
- Pond calculations ~ (weir/orifice/spillway details, bonding elevations)
- Summary of all pre, post, and pond outfall:

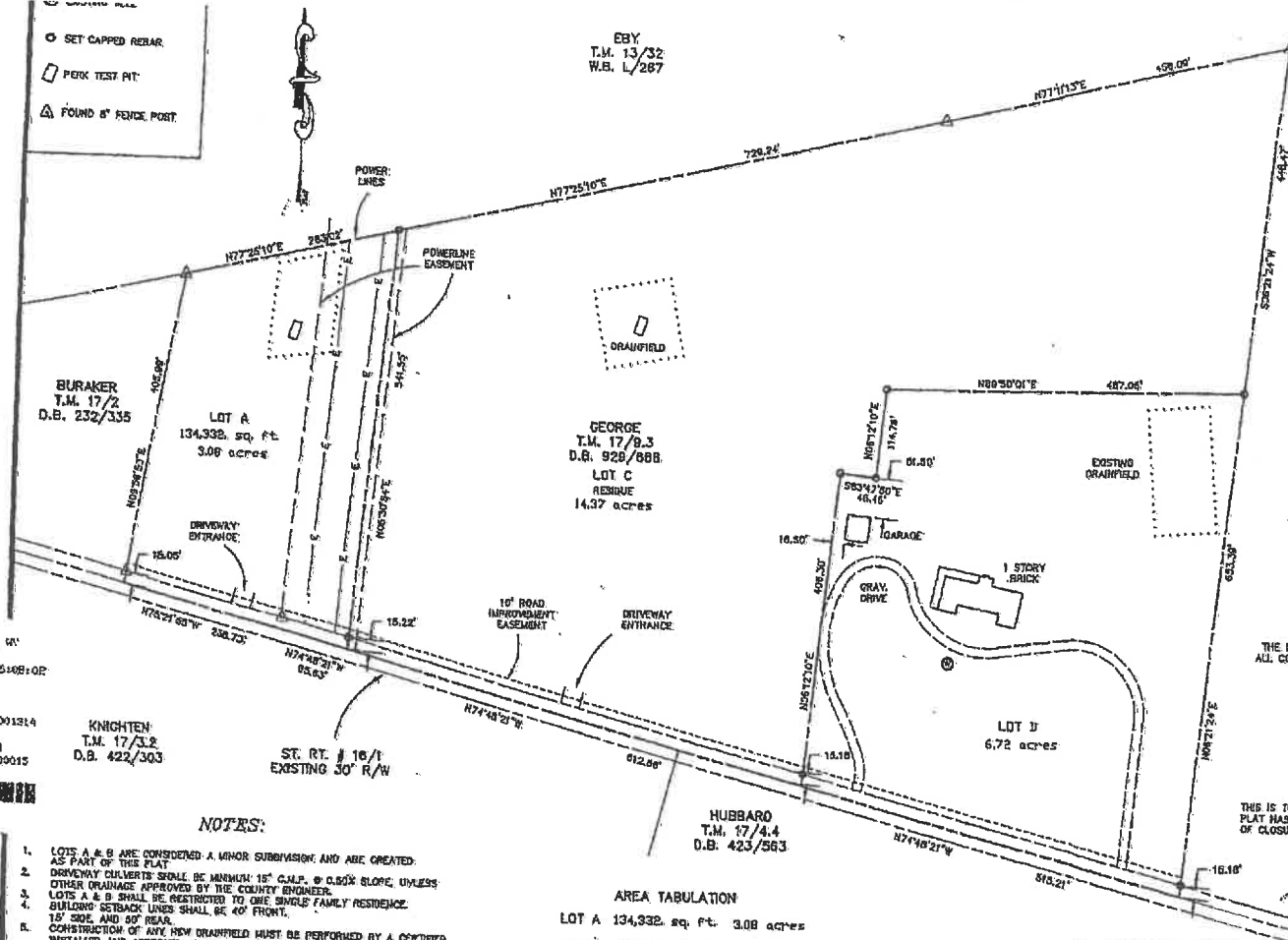
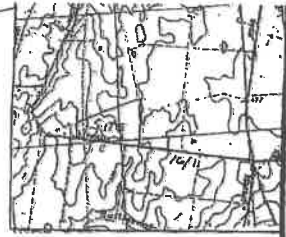
*example*

<u>Frequency</u>	<u>Pre-Development</u>	<u>Post-Development</u>	<u>Ponding Elevation</u>	<u>Inference</u>
2-year	10 cfs	8 cfs	100 FT	+8 cfs
10-year	10 cfs	10 cfs	102 FT	+10 cfs
25-year	10 cfs	10 cfs	104 FT	+10 cfs

- Water Quality Calculations (if M&A are req)
- Phasing details if part of a larger plan:
  - Detailed explanation of overall plan and how stormwater will be controlled during each phase.

- SET CAPPED REBAR
- PERK TEST PIT
- △ FOUND 8" FENCE POST

EBY  
T.M. 13/32  
W.B. L/287



RICCARDS  
T.M. 17/9  
O.S. 654/580

APPROVED BY THE JEFFERSON COUNTY  
PLANNING & ZONING COMMISSION



*Stephen H. Rockmiller*  
STEPHEN H. ROCKMILLER  
CHIEF PLANNER  
JEFFERSON COUNTY DEPARTMENT OF  
PLANNING, ZONING, & ENGINEERING

STATEMENT OF ACCEPTANCE  
THE DEVELOPER, IN SIGNING THIS PLAT, AGREES TO ABIDE BY  
ALL CONDITIONS, TERMS, AND SPECIFICATIONS PROVIDED HEREON.

*Kristie A. George*  
KRISTIE A. GEORGE

SURVEYOR'S CERTIFICATE:  
THIS IS TO CERTIFY THAT ALL THE MONUMENTATION AS SHOWN ON THIS  
PLAT HAS BEEN FOUND OR SET BY ME AND THAT IT HAS AN ACCURACY  
OF CLOSURE THAT IS EQUAL TO OR GREATER THAN 1 PART IN 7,500.

*Peter H. Lorenzen*  
PETER H. LORENZEN P.E.

JEFFERSON COUNTY, WA  
FILED:  
January 13, 2002 16:48:10P  
JOHN C. GITT  
COUNTY CLERK  
TRANSACTION NO: 2002001214  
PLAT: 121 2 181  
Book: 00010 Page: 00015

KNIGHTEN  
T.M. 17/32  
D.B. 422/303

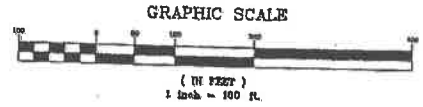
HUBBARD  
T.M. 17/4.4  
D.B. 423/563

NOTES:

1. LOTS A & B ARE CONSIDERED A MINOR SUBDIVISION AND ARE CREATED AS PART OF THIS PLAT.
2. DRIVEWAY CULVERTS SHALL BE MINIMUM 15" C.I.P. @ 0.50% SLOPE, UNLESS OTHER DRAINAGE APPROVED BY THE COUNTY ENGINEER.
3. LOTS A & B SHALL BE RESTRICTED TO ONE SINGLE FAMILY RESIDENCE. BUILDING SETBACK LINES SHALL BE 40' FRONT, 15' SIDE, AND 50' REAR.
4. CONSTRUCTION OF ANY NEW DRAINFIELD MUST BE PERFORMED BY A CERTIFIED INSTALLER AND APPROVED BY THE JEFFERSON COUNTY HEALTH DEPARTMENT. PUBLIC SERVICE DISTRICT MAY REQUIRE HOODING UP TO A CENTRALIZED SYSTEM WHEN AND IF IT BECOMES AVAILABLE.
5. THIS PROPERTY IS ZONED OH P.E.L.A. PERM. # 540885 0020 B ZONE Q. IT IS NOT MAPPED IN A FLOOD ZONE.
6. ALL WATER WELLS SHALL BE PRESSURE CROUDED.
7. HIGHWAY ENTRANCE PERMIT IS # 8-01-0964 & 0969.
8. 72 HOURS PRIOR TO EXCAVATION IN PUBLIC RIGHT-OF-WAY, OR IN AREAS SERVED BY PUBLIC UTILITIES, CALL WRS UTILITY 1-800-245-1848.
9. JEFFERSON COUNTY HEALTH DEPT. SEPTIC PERMIT IS # ST-0001-81081 & 811011.
10. ENTRANCE FOR LOTS A, B & C SHALL BE RESTRICTED TO ST. RT. # 16/1.
11. THE SELLER OF ANY LOT WITHIN THIS SUBDIVISION SHALL PROVIDE THE BUYER WITH REASONABLE OPPORTUNITY, BEFORE SETTLEMENT, TO DETERMINE THAT THE LOT IS SUITABLE FOR THE CONSTRUCTION OF A SEPTIC DISPOSAL SYSTEM. IF, BEFORE SETTLEMENT THE BUYER IS ORDERED A SEPTIC CONSTRUCTION PERMIT BY THE JEFFERSON COUNTY HEALTH DEPARTMENT, THE BUYER MAY REFUSE TO PURCHASE THE LOT WITHOUT PENALTY.

AREA TABULATION

LOT A	134,332 sq. ft.	3.08 acres
LOT B	892,816 sq. ft.	6.72 acres
LOT C	625,962 sq. ft.	14.37 acres
TOTAL AREA	1,653,111 sq. ft.	24.17 acres



**FINAL PLAT**

**LOTS A, B, & C (RESIDUE)**  
**KRISTIE A. GEORGE MINOR SUBDIVISION**

T.M. 17/9.3 SHEPHERDSTOWN  
JEFFERSON COUNTY, WEST VIRGINIA

PROPERTY STATIONED IN THE NAME OF KRISTIE A. GEORGE, AS RECORDED IN THE OFFICE OF THE COUNTY CLERK OF JEFFERSON COUNTY IN DEED BOOK 829/800. OWNER: KRISTIE A. GEORGE - P.O. BOX 1693 SHEPHERDSTOWN, 26443 (304) 676-3034. SURVEYOR: PETER H. LORENZEN - P.O. BOX 376, SUMMIT POINT, WY 26446. 728-6083

DATE: 11/7/2001 DRAWING # 3082

T.M. 17/4.4  
D.B. 423/563

ST. RT. # 16/1  
EXISTING 30' R/W

515.21'

15.18'

JEFFERSON COUNTY HEALTH  
DEPARTMENT  
**APPROVED**



BY: \_\_\_\_\_

DATE: 10/8/02

REVIEWED BY: MINOR PLAT CHANGE

PLAT SHOWING MINOR PLAT CHANGES TO LOT B KRISTIE A. GEORGE MINOR SUBDIVISION  
STANDING IN THE NAME OF KRISTIE A. GEORGE, AS RECORDED IN THE OFFICE OF THE  
COUNTY CLERK OF JEFFERSON COUNTY IN DEED BOOK 929/668 LOCATED IN SHEPHERDSTOWN  
DISTRICT, JEFFERSON COUNTY, WEST VIRGINIA.

DWG # 3562

DATE-10/2/02

GRAPHIC SCALE



SURVEYED BY:

( IN FEET )  
1 inch = 100 ft.

PETER H. LORENZEN P.S.  
SUMMIT POINT, W.V. 728-8093

ST-19-9900-62

IMPROVEMENT LOCATION PERMIT  
APPLICATION/ZONING CERTIFICATE  
Jefferson County, West Virginia

PAID 170.00

Jefferson County Planning Commission, 104 East Washington Street  
P. O. Box 338, Charles Town, WV 25414 TEL: (304)-728-3228

A. COVERED ACTIVITIES

This application must be completed and submitted to the Jefferson County Planning Commission if you intend to do one or more of the following activities in Jefferson County, outside of a municipality.

1. Erect, locate, or relocate a structure or mobile home.
2. Alter a building or structure in a way which enlarges the exterior or interior dimensions of the building or structure.
3. Engage in land-altering activities in a flood-prone area.

FOR OFFICIAL USE ONLY

Aerial Number

Flood-Prone

YES

NO

Floodway

YES

NO

B. IDENTIFICATION OF PROPERTY OWNER AND BUILDER

1. Property Owner(s)

Name:

KRISTIE A GEORGE

Address P.O. BOX 1895

SHEPHERDS TOWN W VA

Telephone #: ZIP 25443

304 262 9774

2. Builder or Contractor

Name:

Address:

Telephone #:

Application Number

99-865

Completed Application Received

9-22-99

Application Approved Placard Issued

9-27-99

Permit and Placard Expire

3-27-00

Signature of Land Development Coordinator

C. IDENTIFICATION OF PROPERTY

1. Location:

GARDNER LANE 1/2 MILE OFF RT

2. Tract Size: 24.21

3. Deed Book Reference:

Book# 929 Page# 668

4. Tax Map Reference:

District SHEPHERDS TOWN

Tax Map# 17 Parcel# 9-3

5. What Existing Buildings or Uses are on the Property? NONE

6. Subdivision Name: LOT 1 KNODE MSD



Handwritten signature: Judy Lewis Madison

D. IDENTIFICATION OF INTENDED CONSTRUCTION OR LAND USE

FOR OFFICIAL USE ONLY

- 1. Briefly describe the intended construction or land use: SINGLE FAMILY HOME
- 2. Sketch on the blank side of sheet two (2) the shape and location of the lot. Show the location of the intended construction or land use indicating building setbacks, size and height. Identify existing buildings, structure or land uses on the property. \*Sign and date sketch.
- 3. Estimated value of building or structure: \$100,000
- 4. Estimated completion date: 6 TO 9 MO. July 2000

Subdivision Ordinance

Complies

Does Not Comply

Flood Plain Management Ordinance

Complies

Does Not Comply

Zoning Ordinance

Complies

Does Not Comply

Certification of Potable Water

YES

Deadline for Submittal

3-23-00

Special Conditions of Approval

Entrance drainage to comply with WVDOT standards. J 9/27/99

ZONING ADMINISTRATOR

E. NOTES:

- 1. The information on this application is true and accurate to the knowledge of the applicant. Y.S
- 2. The intended construction or land use identified on this application must be started no later than six (6) months from the date the application is approved.
- 3. In signing this application it is understood that the Land Development Coordinator or his representative may inspect the property and/or activities identified on this application.
- 4. If the intended construction or land use identified on this application requires Health Department, Highway Department, Public Service District or Town approval, evidence of such approval(s) from the county and/or State must be submitted to the Planning Commission in order to complete the application.

Septic Tank Permit No. 17 9900 62 NH

Highway Entrance Permit No. 5-99 0631

Well Permit No. pw-17-9900-52

5. Duplicates of this application will be transmitted to:

Jefferson County Assessor's Office  
Jefferson County Health Department

GEORGE  
T.M. 17/9.6  
D.B. 929/668

GEORGE  
T.M. 17/9.3  
D.B. 929/668

RICCARDS  
T.M. 17/9

T.M. 17/4.4  
D.B. 423/563

ST. RT. # 16/1  
EXISTING 30' R/W

LOT B  
6.72 acres

JEFFERSON COUNTY HEALTH  
DEPARTMENT  
**APPROVED**



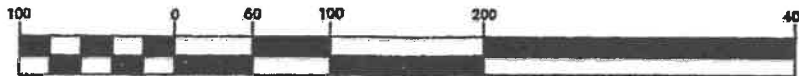
BY: \_\_\_\_\_  
DATE: 10/8/02  
REVIEWED BY: MINOR PLAT CHANGE

PLAT SHOWING MINOR PLAT CHANGES TO LOT B KRISTIE A. GEORGE MINOR SUBDIVISION  
STANDING IN THE NAME OF KRISTIE A. GEORGE AS RECORDED IN THE OFFICE OF THE  
COUNTY CLERK OF JEFFERSON COUNTY IN DEED BOOK 929/668 LOCATED IN SHEPHERDSTOWN  
DISTRICT, JEFFERSON COUNTY, WEST VIRGINIA.

DWG # 3562

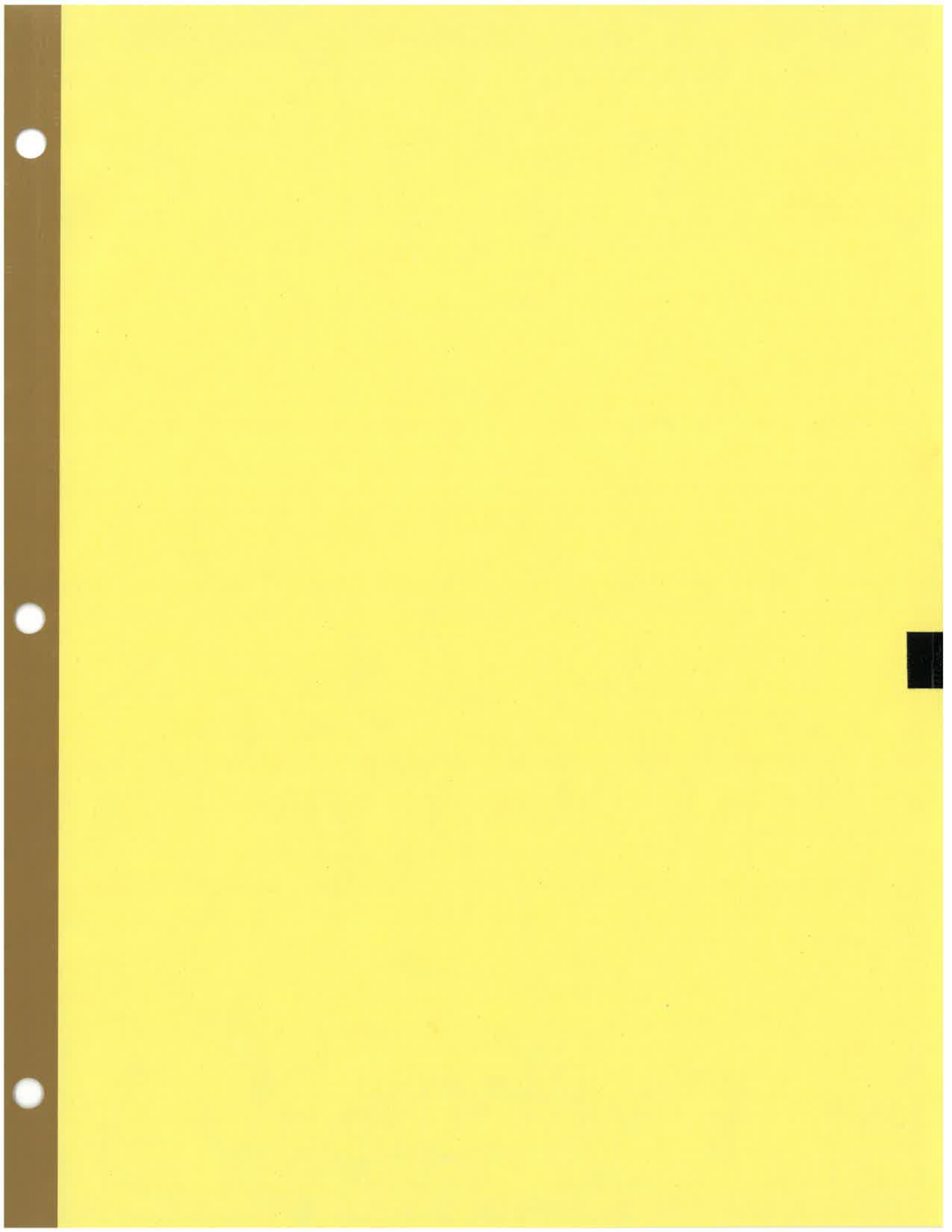
DATE-10/2/02

GRAPHIC SCALE



SURVEYED BY: \_\_\_\_\_  
( IN FEET )  
1 inch = 100 ft.

PETER H. LORENZEN P.S.  
SUMMIT POINT, W.V. 728-8093





## Assisted Living vs. Nursing Homes: Costs, Amenities, and How to Choose

11 minute read

Last updated May 19, 2023

**FACT CHECKED** on May 19, 2023



Written by **Claire Samuels**

[Learn more](#) about the author



**Reviewed by Saul Chapnick, MSW**

Assisted living executive Saul Chapnick has extensive experience revitalizing distressed facilities and ensuring new ones start strong.

[More info](#)

**A**ssisted living communities and nursing homes differ in many ways, though many people think of them as the same. Over the past few decades, these two types of senior living have grown distinctly different. “Nursing home” is no longer the senior care catchall term it used to be. So what’s the main difference between care types? Assisted living communities provide a more social lifestyle for seniors who are generally active but need some help with everyday tasks. Nursing homes provide long-term medical care for adults with serious health issues. Nursing homes usually cost more than assisted living due to the higher level of care.



# Let our care assessment guide you

Our free tool provides options, advice, and next steps based on your unique situation.

Take our free care quiz

## In this Article

- 01 What is assisted living?
- 02 What is a nursing home?
- 03 How do services in assisted living and nursing homes compare?
- 04 Will my loved one benefit from assisted living or a nursing home?
- 05 How do entry criteria for nursing homes and assisted living differ?
- 06 Assisted living vs. nursing home costs
- 07 How do you decide which type of senior living is best?

## What is assisted living?

Assisted living is an ideal option for seniors who can no longer live alone but want to remain relatively independent and maintain a social lifestyle. Assisted living communities provide long-term housing for older adults who are generally active but need

support with activities of daily living (ADLs), which could include bathing, dressing, using the toilet, and managing medications.

Additionally, assisted living cultivates a strong sense of community. Some religious assisted living communities, such as Presbyterian assisted living, feature a robust faith community. While residents can find privacy in their apartments, they'll usually eat together in the dining room and mingle in comfortable common spaces. Throughout the month, staff members typically organize activities, entertainment, and outings for residents. When touring a facility, it's important to learn about their staff-to-resident ratio in assisted living as this can affect the amount of interaction between residents and staff.

**Read more:** [Understanding Assisted Living Levels of Care](#)

## What is a nursing home?

Nursing homes serve seniors and others who require full-time monitoring and medical assistance. These facilities offer the highest level of care for individuals who don't require hospitalization.

Elderly adults who need long-term care at a nursing home often have severe physical or cognitive health conditions that require 24-hour nursing care. They may be incontinent, unable to eat independently, or unable to transfer from bed to a wheelchair without the assistance of a staff member.

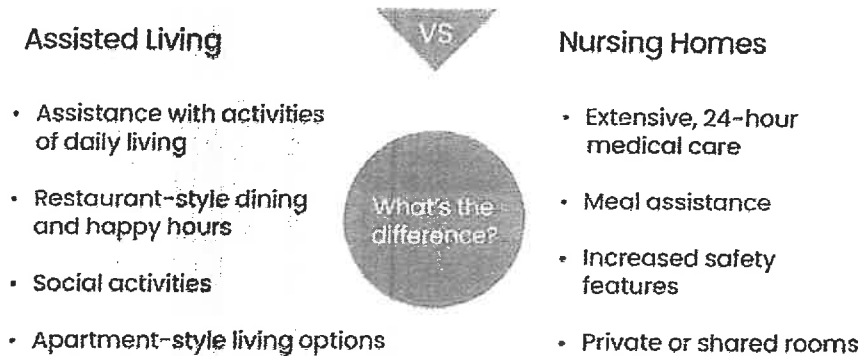
**Read more:** [How Much Do Nursing Homes Cost?](#)



**Let our care assessment guide you**

Our free tool provides options, advice, and next steps based on your unique situation.

## How do services in assisted living and nursing homes compare?



Assisted living communities offer services and amenities to keep residents as healthy, socially engaged, and independent as possible. While nursing homes also focus on these areas and offer similar amenities, they also provide around-the-clock medical care to treat more serious health issues.

Skilled nursing care is a key feature of many nursing homes. That means trained medical professionals are available at all times to assist your loved one. If your family member has a serious medical condition, they likely need specialized care from licensed health care professionals at a skilled nursing facility. Assisted living senior care aides are highly trained but may not be medically certified.

“Assisted living services are geared toward those who may need some support from staff along with meals and socialization. Therefore, these facilities focus on many different types of activities and entertainment,” says Carol Bradley Bursack, a senior living expert, longtime primary caregiver, and author

nursing homes try to offer activities that nourish their residents, but due to their focus on providing actual health care to often severely ill or compromised people, they are, by nature, more medical in their approach.”

Assisted living services and amenities could include:

- Restaurant-style dining and happy hours
- Transportation and outings
- Social activities tailored to residents' interests
- Pet-friendly accommodations
- Laundry, housekeeping, and maintenance
- Assistance with activities of daily living (personal care) and medication management
- Apartments with mini-kitchens and bathrooms

Nursing homes may offer services such as:

- Ongoing palliative and preventative long-term care
- Prescription medication administration, including injections
- Specialized rehabilitative services, such as speech, occupational, physical, respiratory, cognitive, and vocational therapy
- Emergency and routine dental services
- Meal options that must meet the daily nutritional requirements and the unique dietary needs of each resident, including pureed and liquid diets
- Increased safety features and security benefits

Much of the time, these services are offered at the community by external companies contracted by the nursing home. For example, it's unlikely the facility will have a dentist or dialysis provider on-site all the time — those providers are brought in when necessary. When that isn't an option, the nursing home will likely offer transportation to the necessary locations.

# Will my loved one benefit from assisted living or a nursing home?

## Assisted Living

Ideal for active seniors looking for a more social lifestyle, but who need help with everyday tasks



## Nursing Homes

Ideal for seniors in need of a higher level of care who require full-time monitoring and medical assistance



Assisted living communities benefit seniors who are generally active but need some assistance with daily tasks. If an elderly loved one develops chronic or severe health problems, then nursing homes may be a better option. The advanced level of care offered in a nursing home versus an assisted living community makes it an ideal choice by providing medical care in addition to companionship, help with ADLs, and on-site amenities.

Which care type will your loved one benefit from the most? For families needing to choose between assisted living and nursing home care, Bursack offers the following advice.

“If the older adult is relatively self-sufficient but needs extra support for safety and possibly more socialization, then assisted living is likely the right choice. However, if [your loved one] has significant challenges with activities of daily living, such as dressing or feeding themselves, or has a severe or chronic illness, it’s good to work with a doctor to see what care is best for them.”

Assisted living may be a good option for someone who:

- Requires minor nursing assistance but doesn’t need full-time medical care
- Needs help with daily activities like dressing and

bathing

- Is interested in a maintenance-free lifestyle without lawn care or home repairs
- Desires an active lifestyle but doesn't have access to transportation
- Is looking for new friends or social activities
- Is currently in good health but knows they may need more help soon

A nursing home is an ideal choice for seniors who may:

- Require constant care due to chronic conditions or deteriorating health
- Be unable to feed themselves independently
- Have significant mobility concerns
- Have experienced an injury or fall and need significant rehabilitation
- Have progressive conditions, like Parkinson's disease or multiple sclerosis
- Require regular injections for diabetes or other conditions



## Talk with a Senior Living Advisor

Our advisors help 300,000 families each year find the right senior care for their loved ones.

## How do entry criteria for nursing homes and assisted living differ?

Nursing homes and assisted living have different criteria. While assisted living communities could require residents to meet certain health standards and abilities, nursing homes usually have entry requirements to confirm that the patient requires a higher level of care.

For instance, assisted living communities may require that your loved one is able to eat independently or can transfer between a bed and a wheelchair without extensive assistance. They also might not accept residents with severe cognitive impairment or behavioral issues.

However, for someone to qualify for nursing home care, an assessment typically must be completed, and at least one physician should sign off on the recommendation, says Bursack. Seniors need to meet the state's criteria to enter a nursing home. This might involve getting a physical assessment and a physician's order.

"A typical assisted living resident is someone who needs some extra assistance along with meals and socializing," says Bursack. "Depending on the facility, extra services can be added to the package so that those who need more care can remain there longer. Alternatively, people who need significant medical care from nurses and physicians may qualify for a nursing home. This could include someone who has had a major stroke, a disabling fall, or a chronic disease."

## Assisted living vs. nursing home costs

The median monthly cost of assisted living was \$4,640 in 2022, according to A Place for Mom's most recent partner community data.<sup>[01]</sup>

While comprehensive statistics on nursing home costs haven't yet been published for 2022, the median monthly cost of a semi-private room in a nursing home was \$7,908 in 2021, while a private room was \$9,034.<sup>[01]</sup> Considering past cost trends, we can assume nursing home pricing increased slightly in 2022.

“Other than for memory care in an assisted living facility, nursing homes are nearly always more expensive than assisted living due to their need to provide ongoing medical care,” Bursack says. “They have significantly more medically trained staff available as well as a need for more staff in general.”

That said, nursing home and assisted living costs vary by community, location, and services offered. The difference in cost between assisted living and nursing homes is significant because assisted living communities don't offer full-time medical care.

There are a variety of sources families can use to pay for each care type. Seniors may rely on private funds, savings, and personal assets to cover the majority of assisted living costs, while government assistance may be available to help lower-income residents pay for nursing home care.

**Read more:** [How Much Does Assisted Living Cost? A State-by-State Guide](#)

## **How do you decide which type of senior living is best?**

In the past several decades, senior living choices have expanded as the needs and expectations of older adults have changed. Finding the option that best meets your loved one's needs is an important part of keeping them healthy, active, and safe.

If you're unsure which care type fits your parent's needs, reach out to one of A Place for Mom's Senior Living Advisors. They can answer your questions about senior living options and connect you with local communities, all at no cost to your family.

Assisted living communities generally cost more than independent senior apartments but much less than nursing homes.



## Financial Resources to Pay for Senior Living

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**FREE WEBINAR**  
Dec 13 | 5 p.m. (EST)

## What Is A Skilled Nursing Facility?

More commonly known as a skilled nursing facility, a nursing home provides the highest level of care possible outside of a hospital. Many seniors move to a nursing home following a hospital stay, surgery, or procedure. Nursing homes deliver 24-hour care to seniors who have complex medical conditions and need hands-on assistance and monitoring.

Residents receive skilled care and may even be confined to bed, be totally incontinent, rely on G-tube feeding for nutrition. In many cases, residents are there short-term to recover from a hospital stay or procedure. In other cases, residents are there long-term to receive comprehensive healthcare interventions 24 hours a day.

A licensed physician supervises each patient's care, a nurse is always on the premises, and other medical professionals — such as occupational, physical, or speech therapists — are also on hand. Many nursing homes have medical equipment that is normally found in hospitals, such as X-ray machines or electric beds. In addition, these facilities often offer short-term rehabilitation services for adults of any age who can then return home.

## Determining if It Is Time for a Skilled Nursing Facility

Transition from home or an assisted living community to a nursing home is a personal decision but may occur after a senior is facing ongoing medical care needs. A skilled nursing facility is designed to meet particular medical needs, whether those needs are

simple pain management, more complex rehabilitation, or something in between. Residents in skilled nursing facilities typically need assistance with tasks that go beyond ADLs.

## Who Can Benefit From a Skilled Nursing Facility?

A nursing home can be the right choice for someone who, because of their medical needs, requires full-time care and access to services that are more similar to a hospital than a home. Some families choose to transition a senior loved one to a nursing home after a serious infection or when the senior is continually in and out of the hospital.

Because skilled nursing facilities offer extensive care, they can provide more stability to seniors who might otherwise spend extended time in the hospital. Some nursing homes also deliver hospice services, providing palliative care to seniors who are nearing the end of their senior living journey.

However, if a senior's needs are more minimal — such as assistance with ADLs including bathing, dressing, or toileting — or if a senior needs simple care — such as physical therapy and medication management — a nursing home may be too restrictive and needlessly add costs.

## Cost of Skilled Nursing Facilities

Skilled nursing facilities typically are more expensive than assisted living communities because of the type of care offered. However, it is important to keep in mind that nearly all nursing homes are certified to participate in Medicare or Medicaid financial assistance programs. Medicare covers most skilled nursing stays as long as there is a qualifying hospital stay beforehand at 100 percent for the first 20 days and then 80 percent for days 21-100.

## What Is the Difference Between Assisted Living and Skilled Nursing Facility?

When it comes down to it, assisted living communities are designed to be more similar to home, whereas a skilled nursing facility is designed to be a more clinical environment. Both of these senior living solutions are necessary within the senior living continuum, and you might find that you or your loved one needs a short-term stay at a nursing home to recover from hospitalization before returning to assisted living.

	<b>Assisted Living</b>	<b>Skilled Nursing</b>
<b>Type of Care Offered</b>	Caregiver assistance with activities of daily living such as showering, grooming, mobility, and medication management.	Support and assistance with activities of daily living as well as skilled care services such as wound care, chronic disease management, IV management, and physical, occupational, and speech therapy.
<b>Cost</b>	About \$4,500 per month, which includes your home, utilities, meals, and access to amenities and events.	About \$9,000 per month for a private room if you are paying out of pocket. However, Medicare does cover skilled nursing care if the senior has met their three-night qualifying hospital stay.
<b>Services and Amenities</b>	Amenities can include outdoor spaces, a fitness center, an on-site salon and spa, a post office, and a dining room. Services can include on-site outpatient therapy, a vibrant event calendar, clinician visits, and more.	Amenities are similar to those offered in assisted living but typically are not as luxurious as an AL community. Services include an event calendar, clinician visits, and nursing oversight.
<b>Homes and Floor Plans</b>	Residents often choose between multiple floor plan options that include	Residents typically have rooms, and private rooms typically cost more than

	studio, one-bedroom, and two-bedroom options. Each home has its own bathroom and kitchenette.	semi-private rooms. Depending on the community, residents might share their bathroom with one or more people.
<b>Friends and Family</b>	Friends and family are welcome to visit and attend events with their loved one.	Friends and family are welcome to visit and attend events with their loved one.

## Choosing the Right Care for Your Loved One

If your loved one is not in the hospital and facing a quick discharge right now, you and your family have time to thoughtfully research and plan your senior living options. Knowing the differences between the types of communities out there can expedite the process because you can narrow down your list quickly based on the care your loved one needs.

If you aren't sure what type of support or care your loved one needs, talk to their physician. Also, be sure to include your loved one in the discussion so that they can have autonomy over what comes next as well as share what they are struggling with so that you can work through those challenges together.

Learn more about assisted living, a very popular type of senior living thanks to its focus on enhanced independence and peace of mind, by downloading our free resource, "The Complete Guide to Assisted Living." You'll learn more about this type of senior living solution including costs, touring advice, and transitioning to a community.

## Frequently Asked Questions

What's the difference between assisted living and a nursing home?

A "nursing home," which is better known as a skilled nursing facility (SNF) or a healthcare community, offers around-the-clock skilled nursing care. Skilled nursing

care is care that can only be provided by licensed medical professionals such as nurses or therapists. This care can include wound management, IV management, physical therapy, occupational therapy, and speech therapy. Assisted living communities do not offer these skilled nursing services.

**Is assisted living a nursing home?**

No. The term “nursing home” is an antiquated term used to describe skilled nursing facilities, sometimes called SNFs or healthcare communities. A skilled nursing facility provides skilled nursing services. Assisted living communities offer around-the-clock caregiver support but do not offer skilled services like wound management or IV management.

**What’s the difference between assisted living and skilled nursing?**

The main difference between assisted living and skilled nursing is the type of care provided. Skilled nursing facilities, or SNFs, provide skilled nursing care, which are services that can only be performed by licensed medical professionals like nurses or therapists. Assisted living communities often have nurses on staff or provide outpatient therapy services at the community, but they do not provide around-the-clock skilled care.

[Download our comprehensive guide to assisted living communities living today!](#)

*This post was updated in October 2022.*

### **Mary Campbell Jenkins**

Over the last 20 years Mary Campbell has focused on a wide range of initiatives within the Arbor Company and brought innovative programs into the Arbor world. Her current passions are people, culture and strategic planning. As the senior living industry moves into its next season of growth, Mary Campbell is committed to ensuring that The Arbor Company is the company of choice for the very best senior living professionals at every level of the organization.

# Between Senior Living Options

By Mary  
Campbell Jenkins

Finding the right assistance can make a huge difference as we get older. Having someone drop off meals weekly, for example, can give a senior healthy food that is easy to reheat and save them the mental and physical energy of creating a meal plan, chopping, dicing, and cooking. Similarly, a senior who is frustrated and exhausted after their morning dressing and grooming routine can benefit from the extra energy they get when someone is there to offer a helping hand with those tasks.

Senior living communities are often the solution for adults who are looking for some additional support with household tasks, personal care tasks, or medical management.

However, how can you know which senior living community is the right one for you or your loved one? It begins by understanding your options. Senior living communities generally fall into one of four categories: independent living, assisted living, memory care, and skilled nursing. Assisted living and skilled nursing can sometimes seem like the same thing to family members, but the differences are there, and they matter.

The major difference assisted living has as a nursing home alternative is the type of care provided at the community. Assisted living is a great option for seniors who need extra support or assistance with day-to-day tasks. A skilled nursing or healthcare

community, once referred to as a nursing home, offers more comprehensive support to seniors with extensive medical needs.

Here's what you need to know about these two senior living solutions.

## What Is Assisted Living?

Assisted living communities offer community living in a non-clinical environment. They can also offer some medical support services, help with diet and nutrition issues, and assist with incontinence. In most assisted living communities, a licensed nurse completes a comprehensive individualized assessment for each resident, and caregiving staff is on-site or accessible 24 hours a day.

Geriatricians and other healthcare professionals, such as dentists or chiropractors, will often see clients on-site. Some assisted living communities have even started offering physical and occupational therapy or wellness rooms supervised by licensed nurses.

Additionally, some assisted living communities offer specialized memory care units for those living with cognitive decline. A memory care solution is ideal for someone who has been diagnosed with Alzheimer's disease or another type of dementia because staff members are trained in best practices of care and family members can get additional support and education.

It's important to ask about the types of care the community offers, especially if your loved one has a chronic or progressive medical condition. Some assisted living communities provide different levels of care and support based on what each resident needs, and they many offer a continuum of care by contracting with skilled nursing companies or offering an on-site nursing home for residents whose support needs change.

Similar to skilled nursing or healthcare communities, assisted living communities deliver personal care, light housekeeping, and laundry. They also offer on-site restaurants that serve three meals a day, including special meals for those with medical conditions such as diabetes. In addition, both types of residential alternatives are equipped with safety systems, such as emergency pull cords.

For a more detailed explanation of what assisted living is, read our [What is Assisted Living](#) guide.

# Determining if It Is Time for Assisted Living

An assisted living community is a good choice for a senior who needs additional support with their activities of daily living (ADLs). These activities may include dressing, showering, grooming, and toileting. Assisted living communities also provide socialization opportunities through events, programs, and excursions that make it easy to connect with neighbors and explore the greater community.

It might be time to explore assisted living if you or your loved one:

- Has fallen in the past six months.
- Lives with chronic pain or a complex medication condition.
- Struggles with medication management.
- Feels lonely, isolated, depressed, or anxious.
- Struggles with nutritional needs, such as grocery shopping, meal preparation, or healthy eating.
- Needs a helping hand when it comes to daily personal care or household upkeep.

## Who Can Benefit From Assisted Living?

An assisted living community is a terrific match for someone who has some health problems or needs help with tasks such as bathing and dressing. Many seniors who choose assisted living remain independent aside from a few daily tasks. In fact, some assisted living residents drive their own cars, cook some of their own meals, and come and go on their own schedules.

Thanks to personalized care plans, residents of assisted living communities experience enhanced independence and a newfound peace of mind. Residents all have unique needs and preferences, making communities diverse and vibrant.

## Cost of Assisted Living Communities

Assisted living communities vary in cost depending on location, amenities, and services. Typically, communities charge a monthly fee that covers nearly all services, including meal plans, activities, transportation, and a spacious apartment.



(<https://www.harrogatelifecare.org/>)

 **732-719-0455 (tel:732-719-0455)**

**Contact Us (<https://www.harrogatelifecare.org/contact/>)**

## Skilled Nursing Care: What Is It?

### **What Is Skilled Nursing Care, Assisted Living and a Nursing Home?**

People typically use the words “skilled nursing,” “assisted living” and “nursing home” interchangeably, but they’re actually all different terms.

Nursing home is a term used to describe the physical building where residents receive assisted living or skilled nursing care.

Assisted living is for seniors who don’t need around-the-clock nursing care but who could use help with activities of daily living (ADL). ADLs include assistance with eating, medication reminders, bathing, dressing and getting out of bed.

Skilled nursing care refers to a patient’s need for care or treatment that can only be performed by licensed nurses. This type of care is usually offered in hospitals, assisted living communities, Life Plan Communities, nursing

homes and other certified locations. Skilled nursing is mostly regulated by the U.S. Department of Health and Centers for Medicare & Medicaid Services (CMS). To be certified by CMS, skilled nursing communities must meet strict criteria and are subject to periodic inspections to ensure quality standards are being met.

### **Types of skilled nursing care**

If you or a loved one has had a stroke, surgery or extensive treatment for kidney, heart or respiratory conditions, they may still require rehabilitation at a skilled nursing community following their release from the hospital. Medicare will pay for skilled nursing services if a physician prescribes specialized therapies – physical and occupational therapy (<https://www.harrogatelifecare.org/news/the-benefits-of-physical-therapy-for-seniors/>) – medications, medical equipment and supplies, and social services, to help your loved one meet their health goals. However, to qualify, you must go to a Medicare-certified skilled nursing community.

**Physical therapy:** After an illness, surgery or hospitalization, a rehab care team will create a personalized plan for the most optimal outcome.

**Occupational therapy:** Help adapting to social and physical environments through specialized therapies for getting dressed, memory training and coordination exercises.

**Speech therapy:** Addresses communication issues and swallowing dysfunction. Speech and language pathologists design a treatment plan to help with language ability, provide alternate communication strategies and give appropriate diet recommendations.

Skilled nursing communities can offer a wide range of services and medical care: physical therapy, occupational therapy, speech-language pathology, wound care, intravenous (IV) therapy, injections and monitoring of vital signs and medical equipment.

Skilled nursing staff includes:

- Registered nurses
- Licensed practical nurses
- Speech/Language pathologists
- Licensed vocational nurses
- Audiologists
- Medical directors

They also must have a transfer agreement with a hospital in case a resident requires emergency care.

### **Helpful tips and question to ask**

As you evaluate all the possible care options, here are some helpful tips to get you started and important questions to ask before you decide.

Getting started:

- Reach out to people you trust to be unbiased – consultants, friends, family or a physicians – for their candid advice and recommendations.
- Once you have a list of care options, the state of New Jersey Report Card for Health Facilities has been replaced by the CMS-Five Star Quality Rating System. To compare your options, visit [Nursing Home Compare webpage](#)