| | D |
|---|---|
| The rates charged by the facility for | Private - \$300.00 |
| residency and services, detailed for each | Semi-Private - \$280.00 |
| nongovernmental payer source (update | |
| this information annually by April 1 of | |
| each year) | |
| All owners of the facility (notify DOH | Bon Secours Community Hospital |
| and update this information within 30 | |
| days of any change or transaction | |
| affecting ownership) | |
| The name and business address of any | Not Applicable |
| landlord of the facility (update | |
| regularly) | |
| A summary of all contracts for goods | Summary- |
| and services for which the facility pays | |
| with any portion of Medicaid or | Access Rehab—provides PT, OT, and SLP services |
| Medicare funds, or any other agreement | Carmelite System—provides Long Term Care billing services |
| entered into by the facility, within 30 | DentServ—provides dental services |
| days of execution of the agreement or | Long Term Solutions—provides pharmacy consultative services |
| contract | Omnicare—provides pharmacy services |
| | Morrison Healthcare-provides Dietary Management Services |
| | Crothall Healthcare-provides EVS/Facilities Services |
| | Management |
| | management |