

Action Request Cover Sheet



This page is not distributed with the transmittal
(See requirements for use, below)

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Author's comments:	There were 11 changes in ownership that affected Avalon Operated Nursing Facilities. All but 1 kept the same DBA. Keizer is the exception.
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Reviewer(s):		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewer comments:	
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Audience:	APD and AAA Case managers and those who authorize and update MMIS POC for individuals residing in Nursing Facilities.
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Audience examples might include:

- “Those interested in payments to pharmacies.”
- “Those involved with managed care enrollment and exemptions.”
- “Users of the FACIS program.”
- “Those who determine eligibility and case manage seniors and people with disabilities.”

Distribution deadline:	
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Special distribution instructions:	This was distributed earlier but needs to be redistributed as an AR vs. IM so the Case Managers understand they need to take ACTION.
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The transmittal cover is only required for transmittals processed following the DHS Transmittals for Client Services/Programs procedures, as outlined in the DHS

Action Request Transmittal Aging and People with Disabilities



Erika Miller

Authorized signature

Number: APD-AR-23-016

Issue date: 6/22/2023

Topic: Provider Information

Due date:

Subject: Changes in Ownership & Name Changes for Nursing Facilities

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

This AR provides information regarding a change in Ownership & Name Changes for Nursing Facilities, as initially discussed per [APD-IM-23-028](#). This information is being redistributed to clarify the need to update MMIS POCs due to this change.

For each individual who resides in one of the below nursing facilities and were receiving ICF (non-skilled) level of care on March 1, 2023, the following actions are needed (if they were not previously completed):

- End the POC on February 28, 2023, with the previous provider number.
- Start a new POC on March 1, 2023, with the new provider number.

The above actions need to take place by June 30, 2023.

If you need a census list of individuals who were residing at a specific facility on March 1, 2023, please contact the nursing facility for assistance.

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385241) Avalon Care Center - Keizer dba: Avalon Care Center - Keizer	Keizer

Previous Provider Number	Expired
MCD: 804815; NPI: 1821754623	02/28/2023
New Provider Name	
(385241) Keizer Nursing and Rehabilitation, LLC dba: Keizer Nursing and Rehabilitation	
New Provider Number	Effective
MCD: 500815408 NPI: 1346958717	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385072) Corvallis Manor, LLC dba: Corvallis Manor	Corvallis
Previous Provider Number	Expired
MCD: 806604; NPI: 1023561925	02/28/2023
New Provider Name	
(385072) Conifer Nursing Center, LLC dba: Corvallis Manor	
New Provider Number	Effective
MCD: 500815623 NPI: 1992413439	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385117) French Prairie Nursing & Rehabilitation Center, LLC dba: French Prairie Nursing & Rehabilitation Center	Woodburn
Previous Provider Number	Expired
MCD: 800230; NPI: 1255781159	02/28/2023
New Provider Name	
(385117) Evergreen Estates Nursing and Rehab, LLC dba: French Prairie Nursing & Rehabilitation Center	
New Provider Number	Effective
MCD: 500815390 NPI: 1255049797	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385156) Green Valley Rehabilitation Health Center dba: Green Valley Rehabilitation Health Center	Eugene
Previous Provider Number	Expired
MCD: 800263; NPI: 1023561024	02/28/2023
New Provider Name	
(385156) Kensington Rehab Health Center, LLC dba: Green Valley Rehabilitation Health Center	
New Provider Number	Effective
MCD: 500815539 NPI: 1063120509	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385091) Hearthstone Nursing & Rehabilitation Center, LLC dba: Hearthstone Nursing & Rehab Center	Medford
Previous Provider Number	Expired
MCD: 500616150; NPI: 1174076228	02/28/2023
New Provider Name	
(385091) Medford Nursing and Rehab, LLC dba: Hearthstone Nursing & Rehabilitation Center	
New Provider Number	Effective
MCD: 500815395 NPI: 1447968813	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385149) Highland House Nursing & Rehabilitation Center, LLC Dba: Highland House Nursing & Rehabilitation Center	Grants Pass
Previous Provider Number	Expired
MCD: 800059; NPI: 1477903367	02/28/2023
New Provider Name	
(385156) Grants Pass Nursing and Rehab, LLC dba: Highland House Nursing & Rehabilitation Center	
New Provider Number	Effective
MCD: 500815398 NPI: 1548978919	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385046) Hillside Heights Rehabilitation Center, LLC dba: Hillside Heights Rehabilitation Center	Eugene
Previous Provider Number	Expired
MCD: 800339; NPI: 1922551829	02/28/2023
New Provider Name	
(385046) College Hill Rehab, LLC dba: Hillside Heights Rehabilitation Center	
New Provider Number	Effective
MCD: 500815388 NPI: 1033827571	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385151) Rose Haven Nursing Center, LLC dba: Rose Haven Nursing Center	Roseburg
Previous Provider Number	Expired
MCD: 800370; NPI: 1225581242	02/28/2023
New Provider Name	

(385151) Sweet Briar Nursing Center, LLC dba: Rose Haven Nursing Center	
New Provider Number	Effective
MCD: 500815385 NPI: 1467160804	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385148) Royale Gardens Health & Rehabilitation Center, LLC dba: Royale Gardens Health & Rehabilitation Center	Grants Pass
Previous Provider Number	Expired
MCD: 500600944; NPI: 1144773169	02/28/2023
New Provider Name	
(385148) Gilbert Creek Health & Rehabilitation Center LLC dba: Royale Gardens Health & Rehabilitation Center	
New Provider Number	Effective
MCD: 500815513 NPI: 1518675958	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385167) South Hills Rehabilitation Center, LLC dba: South Hills Rehabilitation Center	Eugene
Previous Provider Number	Expired
MCD: 800821; NPI: 1114470119	02/28/2023
New Provider Name	
(385167) Camas Ridge Rehabilitation Center, LLC dba: South Hills Rehabilitation Center	
New Provider Number	Effective
MCD: 500815397 NPI: 1194433532	3/1/2023

Change in Ownership/Change in Name Nursing Facility	
Previous Provider Name	Location
(385143) Umpqua Valley Nursing & Rehabilitation Center, LLC dba: Umpqua Valley Nursing & Rehabilitation Center	Roseburg
Previous Provider Number	Expired
MCD: 800068; NPI: 1710337613	02/28/2023
New Provider Name	
(385143) Umpqua River Nursing and Rehab, LLC dba: Umpqua Valley Nursing & Rehabilitation Center	
New Provider Number	Effective
MCD: 500815384 NPI: 1376251710	3/1/2023

Reason for action:

The POCs need to be updated to allow the new nursing facility owner to complete their claims billing.

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s): Cathy Orias	
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