



Thank you for expressing your interest in Spanish Peaks Veterans Community Living Center in Walsenburg.

The decision to come to a long - term care setting is neither easily made, nor should it be taken lightly. We at Spanish Peaks Veterans Community Living Center feel confident that once you have visited us, all reservations surrounding this important decision will be erased.

I have included an application packet, and a brochure, describing our facility.

If your request for this information has come at a time of a health care crisis where immediate placement of a veteran is needed, please be advised that the expedient gathering of the required information and documents outlined is critical. A checklist has been provided for you concerning the documentation you will need for admissions acceptance.

If you have any further questions concerning any part of the application process, please feel free to call me at 1~800~645~8387 or (719) 738~5133. I look forward to meeting you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lori Cordova". The signature is fluid and cursive, with the first name being particularly prominent.

Lori Cordova
Admissions Coordinator



PICTURE THIS....

CALL (800) 645-8387

csvnhadmissions@sprhc.org

- ALL INCLUSIVE DAILY RATE.
- 24 Hour Nursing Care.
- Memory Care Unit (Secure).
- Medications, Oxygen, Personal Care Products.
- Semi Private Rooms, Private Rooms.
- Restorative Therapy Programs.
- Resident / Family Support Groups.
- Social Services, VA Benefit Assistance.
- Therapeutic Activity Program.
- Transportation To Appointments
- WI-FI Access, Basic Cable Service.

Eligibility Requirements: October 1, 2013

- 1) Veterans, Spouses, Widows, and Gold Star Parents.
- 2) Military Discharge other than dishonorable.
- 3) In need of 24 hour nursing care. Respite admissions welcome.
- 4) Private Pay and Medicaid
- 5) Medical (Medicare) services provided by Spanish Peaks Regional Health Center; physically connected to Colorado State Veterans Home.

Daily Rates:

Semi-Private Room.....\$239.78	SCU\$247.01
** Less VA Per Diem..... \$100.37	** Less VA Per Diem\$100.37
YOU PAY\$139.41	YOU PAY.....\$146.64

Private Room \$253.22 ** Less Per Diem \$100.37 YOU PAY.....\$152.85

*Private room availability for 70%-100% Service Connected Veterans and Private Pay Residents only.

Additional VA Benefits are available to veterans and widows who qualify. For example, a wartime veteran may be eligible for an Improved Pension with Aid and Attendance. A widow of a war time veteran may also be eligible. This is an income based benefit that can reduce your out of pocket expenses further. Contact the Admissions Coordinator for more information.

**** Please note - spouses / widows of veterans and gold star parents do not receive the VA Per Diem. They must pay the full daily room rate.**



Spanish Peaks Veterans Community Living Center

Admission Form



Fitzsimons
1919 Quentin Street
Aurora, CO 80045
720-857-6406

Florence
903 Moore Drive
Florence, CO 81226
719-784-6331

Homelake/Monte Vista
P.O. Box 97
Homelake, CO 81135
719-852-5118

Rifle
851 East 5th Street
Rifle, CO 81650
970-625-0842

Walsenburg
23500 US Hwy 160
Walsenburg, CO 81089
719-738-5100

Applicant's name: _____ Sex _____
Last First Middle

Address: _____
Street City County State Zip

Phone number(s): _____ Religion: _____

Date of birth: _____ Place of birth: _____
City County State Country

Marital status: Married _____ Divorced _____ Widowed _____ Separated _____ Never Married _____

Applicant is a: Veteran _____ Veteran's spouse _____ Veteran's widow _____ Gold-Star Parent _____

Military information

Branch of service: _____ Service number: _____

Date entered: _____ Date discharged: _____

Does the applicant have a service-connected disability rated by the VA? Yes _____ No _____

If yes, please list disability: _____ Percent disability: _____

Medical and health insurance information

Applicant's Social Security Number: _____ Medicare number: _____

Does applicant have Medicare Part A? Yes _____ No _____ Medicare Part B? Yes _____ No _____

Does an HMO manage the applicant's Medicare? Yes _____ No _____

Secondary/supplemental insurance: _____ Insurance ID number: _____

Medicare Part D/other prescription coverage: _____ Insurance ID number: _____

Does applicant have Medicaid? Yes _____ No _____ If yes, provide Medicaid ID number: _____

Has applicant received medical care from the VA? Yes _____ No _____ VA claim #: _____

If yes, where, when and for what did the applicant receive treatment? _____

Does applicant have any of the following?:

Medical Power of Attorney (POA): _____ General POA: _____ Living Will: _____ Guardian/Conservator: _____

Spouse information

Spouse's Name: _____ Maiden name (if any): _____
Last First Middle

Spouse's Address: _____ Phone #: (____) _____
Street City State Zip

Spouse's Social Security Number: _____ Spouse's date of birth: _____

Emergency Notification:

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____

Name: _____ Relationship: _____

Address: _____

Phone number(s): _____

If admitted to the Colorado State Veterans Home, who will handle your financial affairs? *(Please provide name and number):* _____

Financial Information:

The following financial information is required to determine eligibility for benefits and ability to pay. Please state gross monthly amounts before any deductions.

Monthly income	Applicant	Spouse
Social Security:	\$ _____	\$ _____
Civil Service:	\$ _____	\$ _____
Railroad retirement:	\$ _____	\$ _____
Military retirement (not VA):	\$ _____	\$ _____
VA service-connected disability compensation:	\$ _____	\$ _____
VA pension:	\$ _____	\$ _____
Other pensions (specify): _____	\$ _____	\$ _____
Gross wages (employment):	\$ _____	\$ _____
Total monthly income:	\$ _____	\$ _____

Assets	Applicant	Spouse
Cash/checking account/savings:	\$ _____	\$ _____
Investments:	\$ _____	\$ _____
Trusts:	\$ _____	\$ _____
Real estate (other than your residence):	\$ _____	\$ _____
Other:	\$ _____	\$ _____

Please attach copies of the following:

- Military separation orders or discharge papers (DD214 or similar document)
- Service-Connected Disability Award Letter from the VA, if applicable
- Front and back of all insurance cards
- Medical POA, General POA, guardian/conservatorship documents and living will, if available

I understand that it may be necessary for me to provide copies of bank statements periodically to verify my financial position, and that I must keep my account current.

If I am admitted, I agree to abide by the rules and regulations of the Colorado State Veterans Nursing Home. I realize that the facility is operated in full compliance with the Civil Rights Act of 1964, and the Americans With Disabilities Act of 1990, and that I am to cooperate with the nursing home in maintaining full compliance.

I authorize the State Veterans Home to verify any and all information provided on this form. The information I have provided is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

(Applicant or POA)

SPANISH PEAKS REGIONAL HEALTH CENTER

(Including Spanish Peaks Veterans Community Living Center, Spanish Peaks Hospital, Outreach Clinic,
and Spanish Peaks Family Clinic)

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient/Resident Name

Medical Record Number

Date of Birth

Maiden Name or Other Name Used

I. Authorization:

I hereby authorize the use or disclosure of the individually identifiable health information as checked below:

All health information maintained by the facility.

(Please check each of the following as they apply):

Face Sheet/Diagnosis

Labs

Discharge Summary

Neuro Psych Eval (if applicable)

History & Physical

Social Services Notes

Current Medication List

OP Report/Post OP Report

Nurses Progress Notes (2 weeks)

Physician Orders

Health information related to drug abuse

Health information related to alcohol abuse

Health information related to HIV/AIDS

Health information related to psychological or psychiatric conditions, including psychotherapy notes

Other: _____

Health information relating to the following treatment or condition that was created between

____ / ____ / ____ and ____ / ____ / ____.

Purpose for which the records will be used (i.e., Continuing Treatment, Permanent Transfer, Legal Purposes, Personal, Disability Determination, etc.): _____

Name, address & Phone # of person(s) or organization(s) information is being released from:

Name, address & Phone # of person(s) or organization(s) information is being released to:

II. Rights:

I do not have to sign this authorization and refusal to sign will not affect any ability to obtain treatment from the facility, nor will it affect eligibility for benefits. However, this authorization form does need to be signed:

- To be considered for admission to Spanish Peaks Veterans Community Living Center.
- To take part in a research study; or
- To receive health care when the purpose is to create health information for a third party.

Refused to Sign:

Staff Initial: _____

Date: _____

III. Acknowledgment:

This authorization will expire _____ (e.g. 60 days) from the date of my signature.

I understand I may inspect or copy the information to be used or disclosed.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the facility based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. My revocation must be submitted to the Health Information Management Department in writing.

I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that if the organization authorized to receive the information is not a health plan, health care provider, health care clearinghouse or a business associate that has a contract with the facility, the released information may no longer be protected by federal privacy regulations.

I certify I have received a copy of this authorization.

Representatives and/or guardians are required to present a copy of a valid power of attorney, appointment of guardianship, or any other legal binding document certifying their authority to receive this information.

Printed Name of Patient/Resident or Representative

Relationship to Patient/Resident

Signature

Date



**SPANISH PEAKS VETERANS
COMMUNITY LIVING CENTER
23500 US HWY 160
WALSENBURG, CO 81089**

The following is a checklist of items needed to consider a veteran for admission to Spanish Peaks Veterans Community Living Center in Walsenburg. Please check-off items listed below and return the documents to me. If you do not have any of these documents or have any questions about any of these items, please give me a call at 1-800-645-8387.

Enclosed

Admission Application Form

	Enclosed	Do not Have
DD214/Military Discharge	_____	_____
Copies of Medicare and Supplemental Insurance Cards (front and back)	_____	_____
Proof of Creditable Prescription Drug Coverage	_____	_____
General Power of Attorney	_____	_____
Medical Durable Power of Attorney	_____	_____
Guardian\Conservator	_____	_____
(If any of these documents are in place please include a copy)		
Living Will	_____	_____
CPR Directive	_____	_____
(If any of these documents are in place please include a copy)		
Marriage Certificate	_____	_____
(Need copy if a widow/spouse of Veteran)		
Copy of Death Certificate	_____	_____
(Need copy if a widow/spouse of Veteran)		
Medical Records	_____	_____
(We will help you obtain these)		



SPANISH PEAKS VETERANS
COMMUNITY LIVING CENTER
WALSENBURG, COLORADO

F.A.Q.s
(Frequently Asked Questions)

Revised February 2014

NON-DISCRIMINATION

Spanish Peaks Veterans Community Living Center (SPVCLC) at Walsenburg serves Veterans having left the service of our Country with any type of discharge other than dishonorable, as well as Veteran-related individuals such as wives, widows, widowers, and Gold Star parents. Admission is based upon the facility's ability to meet the needs of the Veteran or Veteran-related individual and without regard to gender, age, creed, race, ethnicity, national origin, sexual orientation, or physical disability.

There will be no discrimination by employees of the Home in providing services to the residents.

WELCOME

By becoming a member of our long-term care facility family, you are undergoing a major life change. While a few individuals may look forward to this change with glad anticipation, it is more likely you are experiencing feelings ranging from slight apprehension to deep-seated fear. In order to make the transition a little easier for you we have compiled a list of questions, frequently asked by new residents, with answers.

~~~ FREQUENTLY ASKED QUESTIONS ~~~

WHAT CAN I EXPECT ON ADMISSION DAY?

You or your designated Power of Attorney will be greeted by the Admissions Coordinator who will explain and have you sign necessary business office admissions forms including fees and payment information. You will also receive the facility's *Notice of Privacy Practices* and a copy of the *Residents Rights*. You will then be introduced to the Business Office Manager who could help you with any further questions.

SPVCLC is a prepay facility. This means that if you are entering the facility as a private pay resident, prepayment for the month is expected at the time of admission. Prior to the day of admission you will be informed of the prepayment amount by the Admissions Coordinator. Medicaid residents normally do not have a patient payment for the month of admission. The Business Office Manager will discuss this with you in more detail.

After all admission paper work is completed, you will be accompanied to your room and introduced to nursing staff. Certified nursing assistants will take your vital signs and weigh you. A nurse will do a complete health assessment, which normally takes about an hour. During this process medical forms and paper work will be completed. An inventory of all your personal items will also be made. Your clothing will be taken to laundry where staff will label and launder your clothing.

SPVCLC is fortunate to have several outstanding physicians on staff. Prior to your arrival, staff conversed with medical staff and, if you did not have a preference during the preadmission process, your doctor was chosen for you. Your doctor will either do an assessment in your room within 72 hours of your arrival or you may be taken to the doctor's office, located on campus, to be introduced and assessed.

WHAT DO I NEED TO BRING WITH ME?

We encourage a home-like environment so please bring any personal items such as pictures, a favorite chair, a television, stereo, home décor, etc., as well as your favorite hobby material when you come for admission. Please consider the size of your room when bringing items. SPVCLC provides items necessary for personal hygiene such as toothpaste, shampoo, etc. If you prefer a brand other than that provided by the facility, you will be responsible for the purchase. The hospital Gift Shop carries a few toiletry items and Activities will be glad to pick up items for you on their weekly trips to the store. You will need to assume the financial responsibility for these purchases.

WHAT SIZE TELEVISION CAN I BRING?

Televisions measuring over 40 inches are generally too large for our rooms, and any television over 30 pounds will need to mount on a floor stand or other appropriate stand. Wall mount televisions must be mounted flush to the wall and cannot be on an extension arm. Only our Safety and Maintenance personnel are authorized to install the hardware for a mounted television. Wall-mounted televisions must be less than 30 pounds, which will most likely limit the TV maximum size. You must provide your own wall mount. Cable television service is available in each apartment and is included in the basic room rate.

WILL I HAVE A ROOM MATE?

SPVCLC has several private rooms; however, there is a waiting list for these rooms. Please notify the Admissions Coordinator if you would like to be placed on the waiting list for a private room.

SPVCLC has chosen what we believe to be a compatible roommate for you. However, most residents are unaccustomed to sharing their living space with another adult and this may be a challenging experience. Occasionally, the facility may find it necessary to move you to another room. You also have the right to request a room change. If the SPVCLC initiates the move, the facility will incur any expenses associated with the move, i.e. phone costs. You and your family will be notified, except in an emergency, prior to the move. If you or your family initiates a room change, expenses incurred will be your responsibility.

WHAT ARE MY RIGHTS AS A RESIDENT?

At the time of admission, you will be given a pamphlet of *Resident Rights*. We ask that you read and become familiar with these Rights. SPVCLC is adamant that the rights for our residents and families be observed. If, at any time, you feel your rights as a resident or as a family member have been violated, please let us know. The Social Services Director is the overseer of Resident Rights in this facility. However, you may discuss your concerns with any member of the staff and may be assured your concerns will be addressed. We would prefer that you bring your concerns to us in order for us to correct the problem. However, if you are uncomfortable discussing the issue with a staff member you should contact the Ombudsman for the area. The Ombudsman is the advocate for residents and is not affiliated with any nursing home. The name and phone number of the local Ombudsman can be found on the bulletin board outside of the Assistant Director of Nurses office. The current Ombudsman is Carol Reynolds and her phone number is 719-738-2205.

WHEN ARE VISITING HOURS?

This is your home and as such has no structured visiting hours. We encourage visits from your family and friends. Please ask your visitors to be respectful of other residents and keep in mind that many of our elders retire early. If visitors arrive after 7 PM, please insure that your visit is conducted in a quiet and sedate manner. For security purposes, all visitors must sign in and receive a Visitor's badge at the Military Drive desk located on the second floor, immediately inside the main entrance into the Home. The Visitor badge should be worn at all times while visiting SPVCLC. Because the doors of the facility are locked at 9 PM every evening, visitors arriving after that time will need to call ahead to have a staff member meet them at the doors at a specified time.

WHAT TIME DO WE EAT?

Your meals are provided as part of your daily room charge. Main meals are served in the Mountain View Dining Room with breakfast available from 7:00am to 10:00am, lunch from 11:00am to 1:00pm, and dinner from 4:00pm to 6:00pm. Grill menu items are available from 6am to 6pm. You may also take your meals in the Rosewood Café (which closes at 2pm) located on the first floor of the facility free of charge. Snacks are available at any time.

Up to 3 family members are welcome to dine with you free of charge in the Mountain View Dining Room or Rosewood Café at any one of the three scheduled meal times. However, if family members eat in the Rosewood Café and are not accompanied by you, they should expect to pay the standard charge for meals.

IS SMOKING ALLOWED?

Smoking is prohibited. Spanish Peaks Veterans Community Living Center (SPVCLC) recognizes the harmful effects of both active and passive smoke and tobacco products. Allowing the use of tobacco products in and around our Home does not support the image of our facility as a health care leader and does not promote a healthy environment for our Residents. It is the intent of SPVCLC to protect the health and safety of our Residents. Smoking and the use of tobacco products (cigarettes, cigars,

chewing tobacco, snuff, pipes, electronic cigarettes, marijuana, etc.) is prohibited in or on all SPVCLC and Spanish Peaks Regional Health Center's (SPRHC) buildings, grounds, parking lots, and vehicles on the premises.

WILL I HAVE A STRUCTURED PLAN OF CARE?

When you become a member of our facility family, the Care Plan Team will meet with you and your family to develop your individualized plan of care. The Team then meets at a minimum of every 3 months to review your plan and identify your strengths as well as areas which need improvement. During the Care Plan meeting, your individual goals will be set and techniques developed to achieve those goals. You, as well as your family members, are not only encouraged but are urged to attend the Care Plan meetings.

HOW MUCH MONEY SHOULD I KEEP? (PERSONAL NEEDS ACCOUNT)

You are encouraged to keep no more than \$10 in your room or on your person. SPVCLC cannot be responsible for money lost or stolen while in your possession. In order to accommodate your personal needs, and in compliance with State Law, SPVCLC has established a Personal Needs Trust Fund at the Community Banks of Colorado and City Bank New York. While it is not mandatory that you open a Personal Needs Account, the facility encourages you to do so in order to alleviate the necessity of keeping money in your room. Individual deposits and withdrawals are maintained by Business Office personnel and statements are sent quarterly to you and/or to your fiduciary Power of Attorney. Deposits to and withdrawals from your Personal Needs account may be made by contacting the Business Office. Please provide at least 24 hour notice for withdrawals greater than \$50. Normal Business Office hours are Monday through Friday, 7:00 AM to 3:30 PM. Funds can also be accessed on Saturday from 9:00 AM to 12:00 PM at the neighborhood desk.

WHERE CAN I KEEP MY VALUABLES?

Although the facility does have a safe in which residents' valuables may be deposited, space is limited. We encourage you to leave valued items with a trusted friend or family member. SPVCLC does not assume responsibility for any cash or other valuables left in your room. Cash can be deposited and withdrawn through the Personal Needs account.

You may also obtain a lock box key from the Social Services Department. Lock boxes are installed in each room in the top drawer of the night stand. Please be aware, though, that the lock box is not fool-proof. Suggested items for securing in your lock box include money, checks, credit/debit/gift cards, jewelry, and colognes or perfumes.

WHAT ACTIVITIES ARE AVAILABLE?

The SPVCLC Activities Office is located just off the Piano Lobby and directly across from the main Dining Room entrance. There are numerous activities throughout the day

as well as special trips, etc., throughout the month. A posting of daily activities for the month may be found on the calendar across the hall from the Assistant Director of Nurses Office. There are daily postings of the offered activities on blackboards at each neighborhood desk. A monthly calendar of offered activities is also provided to each resident's room. Your family members are encouraged to join you in any activity. We also welcome any suggestions for activities that you would like to see offered.

WHAT IF I NEED CLOTHES OR SOMETHING FROM A STORE?

The Activities Department sponsors one trip a week to local grocery and thrift stores. They also sponsor one trip a month to Wal-Mart alternating between the Pueblo and Trinidad locations. You may sign up to go on any of these trips. If you would prefer, you may have Activities staff pick up your items for you or request a one-on-one outing. The Social Services Department or Activities Department can also assist you in purchasing clothing, furniture, etc. Please let Social Services or Activities know your needs.

MAY I GO ON OUTINGS WITH FAMILY OR FRIENDS?

Residents are encouraged to enjoy outings from the facility. We do ask, though, that you sign out at the time of departure with date, time, destination, and who is accompanying you. You then need to sign back in with date and time when you return. The Resident Sign-In/Sign-Out books are located at the 2 neighborhood desks. You should use the book on the neighborhood where your room is located, i.e., Military Drive and Mountain View residents use the book at the Military Drive desk; Liberty and Freedom Lane residents use the book at the Liberty/Freedom Lane desk.

ARE TELEPHONE AND NEWSPAPERS PROVIDED?

Telephone service is available to you in your apartment. It is the resident's or family's responsibility to contact the provider to arrange for the service and to pay monthly phone bills. Upon request, the Social Services Department will assist you in arranging phone service. If you have chosen to open a Personal Needs account, payments may be made from that account by contacting the Business Office to make payment arrangements.

You may also make and receive calls at your neighborhood nursing station. Below are the direct phone numbers to the various neighborhoods:

Military Drive (Apts. 201 through 218) and East Military Drive (Apts. 301 through 303)	719-738-5167
Mountain View (Apts. 304 to 312)	719-738-5127
Liberty Lane (Apts. 401 through 415) and South Liberty Lane (Apts. 314 through 316)	719-738-5164
Freedom Lane (Apts. 501 through 514)	719-738-5154

You may choose to have newspapers delivered to you. It is the resident's or family's responsibility to arrange for delivery. Please contact the Business Office if you need assistance or wish to have the payment deducted from the personal needs account.

WHAT ABOUT PERSONAL MAIL?

Mail will be delivered to you by the Activities staff on a daily basis, Monday through Saturday. Normally you may expect your mail by 1:00 PM. All efforts are taken to ensure that your mail is delivered on the day it is received by the post office.

SHOULD I OFFER GRATUITIES FOR SERVICES I RECEIVE AT SPVCLC?

Employees are not permitted to accept tips, meals, loans, or any other gratuities from residents. Acceptance of such gratuities will result in the immediate disciplinary action up to and including termination of the individual's employment with SPVCLC. Please do not offer money or gifts to any individual employee for any reason.

IS THERE A BARBER AND BEAUTY SHOP?

A licensed beautician/barber is normally available on Mondays and occasionally again at the end of the week. Appointments may be made by contacting Activities Department staff. You may pay for these services directly or have the fee taken from your Personal Needs account by signing a Petty Cash slip at the time service is received. Because the beauticians/barbers are not employees of SPVCLC, they may accept tips.

WHAT ABOUT A GIFT SHOP?

The facility Gift Shop, located on the first floor of the facility in the main entrance lobby, is staffed by the Hospital Auxiliary volunteers. Gift Shop hours of operation are Monday through Friday from 9 AM to 4 PM. Each resident may receive up to \$5 per month free of charge in consumable items such as candy and gum.

HOW CAN MY VOICE BE HEARD?

The Resident Council provides a forum for residents to share concerns and issues. The Council also administers financial donations made on behalf of the residents. Council officers are residents of the facility, elected by their peers. All residents are invited to attend the monthly meetings, regularly scheduled for the 3rd Tuesday of the month at 1:00 PM in the Green Horn Room.

The Food Committee meets the 1st Monday of the month at 10:00am in the Mountain View dining room to allow residents to provide their feedback and suggestions on menu choices.

Each Neighborhood also has a monthly meeting to plan activities and address any concerns you may have. These meetings are posted on the daily Activities calendar in each Neighborhood.

The home has a grievance policy and procedure whereby residents are encouraged to communicate any grievances with the assurance that their grievance will be addressed. The charge nurse is available 24 hours a day, 7 days a week to hear and process your grievance. The administration and management staff are also open and responsive to your concerns. You will be provided guidance through our grievance procedure whenever needed.

WHAT IF I WANT TO BE DISCHARGED?

We ask that you notify us as soon as possible and at least 7 days in advance if you are planning to leave SPVCLC permanently. This will allow us time to obtain discharge orders from your physician, organize paperwork, and make plans to insure a safe and smooth transition for your move.

WHAT IF I HAVE QUESTIONS THAT AREN'T COVERED HERE?

We are very privileged to be able to provide service to you, our Veterans and Veteran-related residents, and welcome the opportunity to repay you, if only in a small way, for the sacrifices you have made for our great Country. If you have a question or concern that isn't addressed here, please ask. Below is a partial listing of staff that will be happy to answer your questions and address any concerns.

NURSING HOME ADMINISTRATION

Martha (Marty) Schlink, Administrator (719) 738-5197

Risa Berry (719) 738-5169

MEDICAL & NURSING STAFF

Dr. Steven Boynton, Medical Director (719) 738- 4590

Dr. Michael Moll (719) 738- 4590

Dr. Donald W. Dutton Jr. (719) 738-4590

Nancy Corsentino, Director of Nursing (DON) (719) 738-4511

Pat Pritchard, Assistant Director of Nursing (ADON) (719) 738-4501

ADMINISTRATIVE MANAGEMENT STAFF

Polly Hill, Quality Assurance Coordinator (719) 738-5151

Sherri Kraxberger, Activities Director (719) 738-5136

Lori Cordova, Admissions Coordinator (719) 738-5133

Beth Martin, Business Office Manager (719) 738-4564

Rhonda Kelly, Resident Financial Counselor (719) 738-4516

Marydel Tucker, HIM Coordinator (719) 738- 5236

Roger Watkins, Social Services Director (719) 738-5134

Dave McGraw, Support Services Director (719) 738-5145

Anthony Aldretti, Maintenance Supervisor (719) 738- 5170

Allan Ortiz, Environmental Services Supervisor (719) 738-5130

Anna Fisher, Dietary Director (719) 738-5148

OTHERS

William J. Gust, State Project Officer (719) 738-5137

Carol Reynolds – Ombudsman (719) 738-2205

Nick Vigil, Veteran Service Officer (719) 738-2810, Ext. 34