

Agencies Providing Residential Supports for Individuals with DD Butler County, Ohio

Directory Information:

Agency Name: LOVING CARE TRANSITIONAL HOME, LLC AND LOVING CARE SERVICES
 Local Address: 4556 WHITEMORE LANE,
 City, State, Zip: FAIRFIELD, OH 45014
 Telephone: 513-476-7879
 Web address: NOT APPLICABLE
 Fax: 866-889-1178 or 513-860-5693
 Local Director: REGINA BOBIE
 Email: Lovingcareth@yahoo.com
 Local Agency Intake Name if Different: NOT APPLICABLE
 Office hours: 9:00 AM TO 4:30 PM

Staff Supports Provided:**Number of Individuals Served/Program:**

(Check those that apply in Butler Co.)

Services listed are provided in the individual's home unless otherwise specified.

	<input type="checkbox"/>	Current No. Served	Accepting New Referrals	
	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IO Waiver	<input checked="" type="checkbox"/>	3	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care				
Level 1 Homemaker/ Homemaker/Personal Care	<input checked="" type="checkbox"/>	2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Foster Care	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Services	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Group Home (4-6 people)	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ICF/MR	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Planned Respite Care	<input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Emergency Respite Care	<input type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Leisure/Recreation	<input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

	# of Bldgs.	# Individuals Per building	# Served	Capacity
Licensed Group Home	NA	NA	_____	_____
Licensed ICF/MR			_____	_____

TOTAL SERVED

Planned Respite Care Capacity: 0

Emergency Respite Care Capacity: 0

Day Habilitation/Supported Employment Yes No **Refer Butler County DD Adult Services link for more information.****Main Office Information** (if applicable)

Address:

City, State, Zip:

Telephone:

Chief Executive Officer

Office hours:

8194 SEA MIST CT
 WEST CHESTER OH 45069
 513-476-7879
 REGINA BOBIE, CPCU, MBA
 9:00 AM TO 4:30 PM



<p>Counties/States Served by Agency: <u>County/City/State</u> <u>No. Served</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BUTLER COUNTY</td><td style="text-align: center;">5</td></tr> <tr><td>WARREN COUNTY</td><td style="text-align: center;">0</td></tr> <tr><td>HAMILTON COUNTY</td><td style="text-align: center;">0</td></tr> </table> <p>History: Total years providing services: Years providing service in Butler Co.:</p>	BUTLER COUNTY	5	WARREN COUNTY	0	HAMILTON COUNTY	0	<p>Agency Type: Ownership: Private Proprietary <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/></p> <p>Profit <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/></p> <hr/> <p>(if Private Proprietary or Partnership) Owner Name(s):</p>									
BUTLER COUNTY	5															
WARREN COUNTY	0															
HAMILTON COUNTY	0															
<p>Experienced in providing services to individuals with: (Check those that apply)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Autistic Behavior <input checked="" type="checkbox"/></td> <td style="width: 50%;">Behavioral Challenges <input checked="" type="checkbox"/></td> </tr> <tr> <td>Brain Injury <input type="checkbox"/></td> <td>Cerebral Palsy <input type="checkbox"/></td> </tr> <tr> <td>Children <input checked="" type="checkbox"/></td> <td>Medically Fragile <input type="checkbox"/></td> </tr> <tr> <td>Hearing Impairment <input type="checkbox"/></td> <td>Mental Illness <input type="checkbox"/></td> </tr> <tr> <td>Mental Retardation <input checked="" type="checkbox"/></td> <td>Physical Impairment <input type="checkbox"/></td> </tr> <tr> <td>Seniors <input type="checkbox"/></td> <td>Visual Impairment <input type="checkbox"/></td> </tr> <tr> <td>Developmental Disability <input checked="" type="checkbox"/></td> <td>Other: <input type="checkbox"/></td> </tr> </table>		Autistic Behavior <input checked="" type="checkbox"/>	Behavioral Challenges <input checked="" type="checkbox"/>	Brain Injury <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Children <input checked="" type="checkbox"/>	Medically Fragile <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Mental Illness <input type="checkbox"/>	Mental Retardation <input checked="" type="checkbox"/>	Physical Impairment <input type="checkbox"/>	Seniors <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Developmental Disability <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>	
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<p>Direct Service Staff Information: (Butler County Staff only) Educational / Experience Requirements for Direct Service Staff:</p> <p>Description of Agency Orientation:</p> <p>Do Direct Service staff drive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, what are the driving requirements? (1) At least twenty-one years of age; Have a valid driver's license & Have a good driving history. MVRs RUN Are they covered under the agency auto policy? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Standard requirements for all Direct Service Staff: 18 or older, BCII background check, Nurse Aid Registry check, Abuser Registry Check, HS Diploma, SS Card, 8 hours of pre-service training</p> <p>Average In-service Training Hours Per Year: 8 HOURS INITIAL AND 8 HOURS EVERY YEAR.</p> <p>Number of Direct Service Staff (Full-time equivalents): 1 AND 2 PARTIME</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Staff Length of Service:</th> <th style="text-align: left;">Years</th> <th style="text-align: left;">No. of Staff</th> </tr> </thead> <tbody> <tr> <td></td> <td>0 – 1 yrs</td> <td>_____</td> </tr> <tr> <td></td> <td>1 – 3 yrs</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td>3 – 5 yrs</td> <td>_____</td> </tr> <tr> <td></td> <td>5 + yrs</td> <td style="text-align: center;">1</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;"> <p>Number of terminations per year ----- X 100 Average number of employees</p> </div> <p>Average Turnover per Year: <u>0</u></p> <p>Pay Range: \$10.50 TO \$16.00 PER HOUR</p> <p>Benefits Offered: CONTRACT WORKERS</p>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	_____		1 – 3 yrs	2		3 – 5 yrs	_____		5 + yrs	1
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Describe Supervisory/Administrative Structure: (Butler County Staff Only)

Describe Additional Educational / Experience/Training Requirements for Frontline Supervisory Staff:

4 YEAR COLLEGE DEGREE, OR EQUIVALENT IN EXPERIENCE.

Average In-service Training Hours Per Year: 8 HOURS

Average Number of Sites Supervised: 3 SITES

Average Number of Individuals Served: 5 INDIVIDUALS

Ratio of Frontline Supervisory Staff to Frontline Staff: 2:5

Average Length of Service: 4 YEARS AND COUNTING

Average Turnover per Year: NONE

Service Recipient References:

Name: JASON SHEPHERD
Address: 4556 WHITMORE LANE
City, State, Zip: FAIRFIELD OH 45014
Telephone: 513-860-0568

Name: SHARON BROOKS
Address:
City, State, Zip: FAIRFIELD OH 45014
Telephone: 513-892-2971

Other:
Name: JACOB CLARK
Address: 4556 WHITMORE LANE
City, State, Zip: FAIRFIELD OH 45014
Telephone: 513-860-0568

Family/Guardian/Advocate References:

Name: RYAN INSPRUCKER
Address: 1900 FAIRGROVE
City, State, Zip: HAMILTON OH 45011
Telephone: 513-867-7543

Name: LaVonne F. Brooks
Address:
City, State, Zip: FAIRFIELD OH 45014
Telephone: 513-892-2971

Other:
Name: RYAN INSPRUCKER
Address: 1900 FAIRGROVE
City, State, Zip: HAMILTON OH 45011
Telephone: 513-867-7543

Additional Information About the Agency:

Agency Mission/Philosophy:

Loving Care Transitional Home, and Loving Care Services provides an environment that fosters growth, healing and overall well being to our residents. We treat each one with respect, love and care, and we truly want to promote a family/ home environment.

Supervision/Support Provided to Direct Service Staff:

ALL OUR DIRECT STAFF HAVE 24 HOURS ACCESS TO OUR OUR SUPERVIORS WHO ARE READY TO RESPOND ANYTIME OF THE DAY OR NIGHT.

Accreditation/Licensure Status: (if applicable)

Service Certification: Individual Options (I/O) Service AND Level One (L-1) HCBS Waiver

- Home maker / Personal Care
- Transportation Mileage other than to Access Adult Day Services
- Non-Medical Transportation to Access Adult Day Services: per trip & per mile rate.

Internal System for Quality Assurance:

BI-WEEKLY AND MONTHLY MONITORING SYSTEMS/ SIGN OFFS OF ALL DOCUMENTATIONS ON OUR CLIENTS BY FRONT LINE SUPERVISORS AND OR DIRECTOR.

System for Accounting and Auditing Individual Finances:

MONTHLY AND DAILY MONITORING DOCUMENTATION

Additional Agency Information:

We are currently accepting new clients/ referrals. Additional Homes Available.

Agency is certified by DODD as:

- Supported Living provider
- Individual Options Waiver Services provider
- Level 1 Waiver
- Transportation provider for Supported living
- Other (specify):

For additional information, please visit our agency website at: