



COUNTRYSIDE ASSISTED LIVING

Care ♥ Comfort ♥ Peace of Mind

1228 Berkeley Station Rd
Martinsburg, WV 25404
Phone (304) 596-6227 ~ Fax (304) 596-6226

Admission Requirements

- 1. Resident Assessment Form:** Filled out by physician, signed and dated. List of all medications or treatments signed and dated by physician. Copy of doctor's progress note from visit.
- 2. TB Screening Form fill Out**
- 3. (POST) form: Physician Orders for scope of treatment:** Pink form filled out, signed and dated by physician.
- 4. Day of admission:** Resident or MPOA will have Admission Contract and admission papers to sign. RN will complete a physical & functional assessment. Will need copy of MPOA papers, Medicare care, Insurance cards, Social Security Card, Photo ID.

Thank You, Cindy Thurston RNC
Cell# 304-676-5700