

# Updated LEIE Information

*April 2023*

Update: SSN

|           |                    |
|-----------|--------------------|
| LASTNAME  | FISHER             |
| FIRSTNAME | ELAINE             |
| MIDNAME   | L                  |
| BUSNAME   |                    |
| GENERAL   | NURSING PROFESSION |
| SPECIALTY | NURSE/NURSES AIDE  |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19660702           |
| ADDRESS   | 109 RICHMOND       |
| CITY      | MATTOON            |
| STATE     | IL                 |
| ZIP       | 619380000          |
| EXCLTYPE  | 1128a2             |
| EXCLDATE  | 19970902           |

Update: SSN

|           |                        |
|-----------|------------------------|
| LASTNAME  | HALL                   |
| FIRSTNAME | LAWRENCE               |
| MIDNAME   | LEROY                  |
| BUSNAME   |                        |
| GENERAL   | CHIROPRACTIC PRACT     |
| SPECIALTY | CHIROPRACTIC           |
| UPIN      | T55834                 |
| NPI       | 0000000000             |
| DOB       | 19390130               |
| ADDRESS   | 50 POE DRIVE SOUTHEAST |
| CITY      | WINTER HAVEN           |
| STATE     | FL                     |
| ZIP       | 338840000              |

EXCLTYPE

1128a1

EXCLDATE

19920915

## Update: SSN

|           |                      |
|-----------|----------------------|
| LASTNAME  | HALL                 |
| FIRSTNAME | SHELLI               |
| MIDNAME   | D                    |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | NURSE/NURSES AIDE    |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19710215             |
| ADDRESS   | 1310 NORTH STREET    |
| CITY      | CALDWELL             |
| STATE     | OH                   |
| ZIP       | 437210000            |
| EXCLTYPE  | 1128b4               |
| EXCLDATE  | 20180118             |

## Update: SSN

|           |                     |
|-----------|---------------------|
| LASTNAME  | JAMES               |
| FIRSTNAME | BETTY               |
| MIDNAME   |                     |
| BUSNAME   |                     |
| GENERAL   | SKILLED NURSING FAC |
| SPECIALTY | NURSE/NURSES AIDE   |
| UPIN      |                     |
| NPI       | 0000000000          |
| DOB       | 19480102            |
| ADDRESS   | 2106 E 11TH STREET  |
| CITY      | CHEYENNE            |
| STATE     | WY                  |
| ZIP       | 820015227           |
| EXCLTYPE  | 1128b4              |
| EXCLDATE  | 19970312            |

## Update: SSN and Deceased

|           |                  |
|-----------|------------------|
| LASTNAME  | MARTINEZ         |
| FIRSTNAME | SARA             |
| MIDNAME   |                  |
| BUSNAME   |                  |
| GENERAL   | CLINIC           |
| SPECIALTY | OWNER/OPERATOR   |
| UPIN      |                  |
| NPI       | 0000000000       |
| DOB       | 19440620         |
| ADDRESS   | 500 MINOLA DRIVE |
| CITY      | MIAMI SPRINGS    |
| STATE     | FL               |
| ZIP       | 331660000        |
| EXCLTYPE  | 1128a2           |
| EXCLDATE  | 20041220         |

## Update: DOB

|           |                         |
|-----------|-------------------------|
| LASTNAME  | YOUNG                   |
| FIRSTNAME | KANDI                   |
| MIDNAME   |                         |
| BUSNAME   |                         |
| GENERAL   | IND- LIC HC SERV PRO    |
| SPECIALTY | NURSE/NURSES AIDE       |
| UPIN      |                         |
| NPI       | 0000000000              |
| DOB       | 19680419                |
| ADDRESS   | 3807 N OAK DR, UNIT D31 |
| CITY      | TAMPA                   |
| STATE     | FL                      |
| ZIP       | 336110000               |
| EXCLTYPE  | 1128a4                  |
| EXCLDATE  | 20230320                |

Update: SSN

|           |                      |
|-----------|----------------------|
| LASTNAME  | GONZALEZ             |
| FIRSTNAME | ANA                  |
| MIDNAME   | ROSA                 |
| BUSNAME   |                      |
| GENERAL   | CLINIC               |
| SPECIALTY | EMPLOYEE             |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19571205             |
| ADDRESS   | 9945 N W 32ND STREET |
| CITY      | MIAMI                |
| STATE     | FL                   |
| ZIP       | 331720000            |
| EXCLTYPE  | 1128a1               |
| EXCLDATE  | 20010410             |

Update: DOB

|          |        |
|----------|--------|
| LASTNAME | MONROE |
|----------|--------|

|           |                      |
|-----------|----------------------|
| FIRSTNAME | EDDIE                |
| MIDNAME   | JAMES                |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | HEALTH CARE AIDE     |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19720727             |
| ADDRESS   | 1656 BRYDEN ROAD     |
| CITY      | COLUMBUS             |
| STATE     | OH                   |
| ZIP       | 432052126            |
| EXCLTYPE  | 1128a1               |
| EXCLDATE  | 20130919             |

Update: SSN

|           |         |
|-----------|---------|
| LASTNAME  | PUCKETT |
| FIRSTNAME | MICHAEL |
| MIDNAME   |         |

|           |                         |
|-----------|-------------------------|
| BUSNAME   |                         |
| GENERAL   | NURSING PROFESSION      |
| SPECIALTY | NURSE/NURSES AIDE       |
| UPIN      |                         |
| NPI       | 0000000000              |
| DOB       | 19731017                |
| ADDRESS   | 1433 HIGHLAND ST, APT E |
| CITY      | COLUMBUS                |
| STATE     | OH                      |
| ZIP       | 432010000               |
| EXCLTYPE  | 1128a1                  |
| EXCLDATE  | 20050920                |

**Update: DOB**

|           |                           |
|-----------|---------------------------|
| LASTNAME  | QAZI                      |
| FIRSTNAME | HINA                      |
| MIDNAME   | TAZEEN                    |
| BUSNAME   |                           |
| GENERAL   | BUS OWNER/EXEC            |
| SPECIALTY | HOME HEALTH AGENCY        |
| UPIN      |                           |
| NPI       | 0000000000                |
| DOB       | 19820624                  |
| ADDRESS   | P O BOX 14500, #56749-039 |
| CITY      | LEXINGTON                 |
| STATE     | KY                        |
| ZIP       | 405120000                 |
| EXCLTYPE  | 1128a1                    |
| EXCLDATE  | 20220320                  |

## Update: NPI

|           |                                |
|-----------|--------------------------------|
| LASTNAME  |                                |
| FIRSTNAME |                                |
| MIDNAME   |                                |
| BUSNAME   | SARATOGA CARE AND REHABILITATI |
| GENERAL   | OTHER BUSINESS                 |
| SPECIALTY | SKILLED NURSING FAC            |
| UPIN      |                                |
| NPI       | 0000000000                     |
| DOB       |                                |
| ADDRESS   | 4581 US HIGHWAY 9, STE 100     |
| CITY      | HOWELL                         |
| STATE     | NJ                             |
| ZIP       | 077313382                      |
| EXCLTYPE  | 1128b6                         |
| EXCLDATE  | 20230227                       |

## Update: SSN

|           |                   |
|-----------|-------------------|
| LASTNAME  | BROWN             |
| FIRSTNAME | HEATHER           |
| MIDNAME   | MCLEAN            |
| BUSNAME   |                   |
| GENERAL   | COUNSELING CENTER |
| SPECIALTY | COUNSELOR         |



|          |                  |
|----------|------------------|
| UPIN     |                  |
| NPI      | 0000000000       |
| DOB      | 19711010         |
| ADDRESS  | 2248 CARLTON WAY |
| CITY     | OKLAHOMA CITY    |
| STATE    | OK               |
| ZIP      | 731200000        |
| EXCLTYPE | 1128a1           |
| EXCLDATE | 20050220         |

## Update: SSN

|           |                     |
|-----------|---------------------|
| LASTNAME  | DAVIS               |
| FIRSTNAME | KATHERINE           |
| MIDNAME   |                     |
| BUSNAME   |                     |
| GENERAL   | SKILLED NURSING FAC |
| SPECIALTY | BUSINESS MANAGER    |
| UPIN      |                     |
| NPI       | 0000000000          |
| DOB       | 19441020            |
| ADDRESS   | POST OFFICE BOX 502 |
| CITY      | CHANDLER            |
| STATE     | TX                  |
| ZIP       | 757580000           |

|          |          |
|----------|----------|
| EXCLTYPE | 1128b1   |
| EXCLDATE | 19890816 |

## **March 2023**

Update: DOB

|           |                      |
|-----------|----------------------|
| LASTNAME  | CHAPPELL             |
| FIRSTNAME | DESHAWN              |
| MIDNAME   |                      |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | NURSE/NURSES AIDE    |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19880112             |
| ADDRESS   | 3429 E 71ST ST       |
| CITY      | CLEVELAND            |
| STATE     | OH                   |
| ZIP       | 441272006            |
| EXCLTYPE  | 1128a2               |
| EXCLDATE  | 20230320             |

Update: SSN

|           |                    |
|-----------|--------------------|
| LASTNAME  | CLAY               |
| FIRSTNAME | CECIL              |
| MIDNAME   | R                  |
| BUSNAME   |                    |
| GENERAL   | NURSING PROFESSION |
| SPECIALTY | NURSE/NURSES AIDE  |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19660815           |
| ADDRESS   | 63 EARL PLACE      |
| CITY      | BUFFALO            |
| STATE     | NY                 |
| ZIP       | 142110000          |

EXCLTYPE

1128a2

EXCLDATE

19921109

## Update: SSN and DOB

|           |                       |
|-----------|-----------------------|
| LASTNAME  | FORD                  |
| FIRSTNAME | JACQUELINE            |
| MIDNAME   | PRISCILLA             |
| BUSNAME   |                       |
| GENERAL   | EMPLOYEE - PRIVATE S  |
| SPECIALTY | MENTAL/BEHAVIORAL HE  |
| UPIN      |                       |
| NPI       | 0000000000            |
| DOB       | 19800806              |
| ADDRESS   | 2113 LAKE RIDGE DRIVE |
| CITY      | FAYETTEVILLE          |
| STATE     | NC                    |
| ZIP       | 283040000             |
| EXCLTYPE  | 1128a1                |
| EXCLDATE  | 20161020              |

## Update: SSN and Deceased

|           |              |
|-----------|--------------|
| LASTNAME  | GONZALES     |
| FIRSTNAME | JOSEFINA     |
| MIDNAME   | Z            |
| BUSNAME   |              |
| GENERAL   | CLINIC       |
| SPECIALTY | EMPLOYEE     |
| UPIN      |              |
| NPI       | 0000000000   |
| DOB       | 19410204     |
| ADDRESS   | 1580 MORRELL |
| CITY      | DETROIT      |
| STATE     | MI           |
| ZIP       | 482090000    |
| EXCLTYPE  | 1128a1       |
| EXCLDATE  | 19920531     |



## Update: Deceased

|           |                    |
|-----------|--------------------|
| LASTNAME  | HOWARD             |
| FIRSTNAME | LINDA              |
| MIDNAME   | J                  |
| BUSNAME   |                    |
| GENERAL   | HOME HEALTH AGENCY |
| SPECIALTY | NURSE/NURSES AIDE  |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19660426           |
| ADDRESS   | P O BOX 393        |
| CITY      | CHEPACHET          |
| STATE     | RI                 |
| ZIP       | 028140000          |
| EXCLTYPE  | 1128a1             |
| EXCLDATE  | 19971218           |

## Update: DOB

|           |                          |
|-----------|--------------------------|
| LASTNAME  | POTEAT                   |
| FIRSTNAME | EMILEE                   |
| MIDNAME   | KATHRYN                  |
| BUSNAME   |                          |
| GENERAL   | IND- LIC HC SERV PRO     |
| SPECIALTY | NURSE/NURSES AIDE        |
| UPIN      |                          |
| NPI       | 0000000000               |
| DOB       | 19890819                 |
| ADDRESS   | P O BOX 5000, #28530-509 |
| CITY      | BRUCETON MILLS           |
| STATE     | WV                       |
| ZIP       | 265250000                |
| EXCLTYPE  | 1128a3                   |
| EXCLDATE  | 20230320                 |

## Update: Deceased

|           |                 |
|-----------|-----------------|
| LASTNAME  | RUWWE           |
| FIRSTNAME | GEORGE          |
| MIDNAME   | R               |
| BUSNAME   |                 |
| GENERAL   | DENTAL PRACTICE |
| SPECIALTY | DENTIST         |
| UPIN      |                 |
| NPI       | 0000000000      |
| DOB       | 19350302        |
| ADDRESS   | 2912 FREDERICK  |
| CITY      | ST JOSEPH       |
| STATE     | MO              |
| ZIP       | 645060000       |
| EXCLTYPE  | 1128b4          |
| EXCLDATE  | 19900319        |

## Update: SSN

|           |                        |
|-----------|------------------------|
| LASTNAME  | STEWART                |
| FIRSTNAME | MARY                   |
| MIDNAME   | NEVADA                 |
| BUSNAME   |                        |
| GENERAL   | IND- LIC HC SERV PRO   |
| SPECIALTY | NURSE/NURSES AIDE      |
| UPIN      |                        |
| NPI       | 0000000000             |
| DOB       | 19590405               |
| ADDRESS   | 640 S ROCKY CREEK ROAD |
| CITY      | ASHFORD                |
| STATE     | AL                     |
| ZIP       | 363120000              |
| EXCLTYPE  | 1128b4                 |
| EXCLDATE  | 20160620               |

Update: SSN

|           |                      |
|-----------|----------------------|
| LASTNAME  | BROWN                |
| FIRSTNAME | ERIC                 |
| MIDNAME   | P                    |
| BUSNAME   |                      |
| GENERAL   | DENTAL PRACTICE      |
| SPECIALTY | DENTIST              |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19580412             |
| ADDRESS   | 3906 S WOODRUFF ROAD |
| CITY      | SPOKANE              |
| STATE     | WA                   |
| ZIP       | 992060000            |
| EXCLTYPE  | 1128a1               |
| EXCLDATE  | 19950216             |

Update: UPIN

|           |                |
|-----------|----------------|
| LASTNAME  | CRAIGHEAD      |
| FIRSTNAME | CHRISTINE      |
| MIDNAME   | ANN            |
| BUSNAME   |                |
| GENERAL   | BUS OWNER/EXEC |



|           |                  |
|-----------|------------------|
| SPECIALTY | CLINIC           |
| UPIN      |                  |
| NPI       | 0000000000       |
| DOB       | 19691219         |
| ADDRESS   | 108 HANEMAN COVE |
| CITY      | LEANDER          |
| STATE     | TX               |
| ZIP       | 786410000        |
| EXCLTYPE  | 1128a3           |
| EXCLDATE  | 20221220         |

## **February 2023**

Update: SSN and Deceased

|           |                    |
|-----------|--------------------|
| LASTNAME  | HOWARD             |
| FIRSTNAME | LINDA              |
| MIDNAME   | J                  |
| BUSNAME   |                    |
| GENERAL   | HOME HEALTH AGENCY |
| SPECIALTY | NURSE/NURSES AIDE  |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19660426           |
| ADDRESS   | P O BOX 393        |
| CITY      | CHEPACHET          |
| STATE     | RI                 |
| ZIP       | 028140000          |
| EXCLTYPE  | 1128a1             |
| EXCLDATE  | 19971218           |

Update: SSN, City

|           |        |
|-----------|--------|
| LASTNAME  | HUGHES |
| FIRSTNAME | GAIL   |
| MIDNAME   | MARIE  |
| BUSNAME   |        |

|           |                    |
|-----------|--------------------|
| GENERAL   | UNIVERSITY/COLLEGE |
| SPECIALTY | NURSE/NURSES AIDE  |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19640408           |
| ADDRESS   | 6311 AVENEL        |
| CITY      | PASADENA           |
| STATE     | TX                 |
| ZIP       | 775050000          |
| EXCLTYPE  | 1128b4             |
| EXCLDATE  | 20030120           |

## Update: SSN

|           |                     |
|-----------|---------------------|
| LASTNAME  | JARI                |
| FIRSTNAME | STEVE               |
| MIDNAME   |                     |
| BUSNAME   |                     |
| GENERAL   | DME COMPANY         |
| SPECIALTY | SALES/MARKET/RETAIL |
| UPIN      |                     |
| NPI       | 0000000000          |
| DOB       | 19500105            |
| ADDRESS   | P O BOX 7001        |
| CITY      | TAFT                |
| STATE     | CA                  |
| ZIP       | 932680000           |
| EXCLTYPE  | 1128a1              |
| EXCLDATE  | 20060120            |

## Update: Deceased

|           |                 |
|-----------|-----------------|
| LASTNAME  | RUWWE           |
| FIRSTNAME | GEORGE          |
| MIDNAME   | R               |
| BUSNAME   |                 |
| GENERAL   | DENTAL PRACTICE |
| SPECIALTY | DENTIST         |
| UPIN      |                 |
| NPI       | 0000000000      |
| DOB       | 19350302        |
| ADDRESS   | 2912 FREDERICK  |
| CITY      | ST JOSEPH       |
| STATE     | MO              |
| ZIP       | 645060000       |
| EXCLTYPE  | 1128b4          |
| EXCLDATE  | 19900319        |

## Update: SSN

|           |                      |
|-----------|----------------------|
| LASTNAME  | THOMPSON             |
| FIRSTNAME | HOLLY                |
| MIDNAME   | BARBARA              |
| BUSNAME   |                      |
| GENERAL   | IND- LIC HC SERV PRO |
| SPECIALTY | COUNSELOR            |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19900415             |
| ADDRESS   | 259 DOWNING ROAD     |
| CITY      | EXETER               |
| STATE     | ME                   |
| ZIP       | 044353116            |
| EXCLTYPE  | 1128b4               |
| EXCLDATE  | 20221120             |

## Update: SSN

|           |                     |
|-----------|---------------------|
| LASTNAME  | WASHINGTON          |
| FIRSTNAME | SHELLY              |
| MIDNAME   | LORRAINE            |
| BUSNAME   |                     |
| GENERAL   | SKILLED NURSING FAC |
| SPECIALTY | NURSE/NURSES AIDE   |
| UPIN      |                     |
| NPI       | 0000000000          |
| DOB       | 19621230            |
| ADDRESS   | 1655 ROSEDALE ROAD  |
| CITY      | PORT ALLEN          |
| STATE     | LA                  |
| ZIP       | 707670000           |
| EXCLTYPE  | 1128a2              |
| EXCLDATE  | 19960708            |

### Update: SSN

|           |                      |
|-----------|----------------------|
| LASTNAME  | WHITE                |
| FIRSTNAME | KIMBERLY             |
| MIDNAME   | ANNE                 |
| BUSNAME   |                      |
| GENERAL   | SKILLED NURSING FAC  |
| SPECIALTY | NURSE/NURSES AIDE    |
| UPIN      |                      |
| NPI       | 0000000000           |
| DOB       | 19690226             |
| ADDRESS   | 4389 HIGHLAND DR, #1 |
| CITY      | SALT LAKE CITY       |
| STATE     | UT                   |
| ZIP       | 841243573            |
| EXCLTYPE  | 1128a1               |
| EXCLDATE  | 19980520             |
| REINDATE  |                      |

### Update: FirstName, SSN and Deceased

|           |       |
|-----------|-------|
| LASTNAME  | DAVIS |
| FIRSTNAME | DARA  |

|           |                    |
|-----------|--------------------|
| MIDNAME   | JO                 |
| BUSNAME   |                    |
| GENERAL   | NURSING PROFESSION |
| SPECIALTY | NURSE/NURSES AIDE  |
| UPIN      |                    |
| NPI       | 0000000000         |
| DOB       | 19660304           |
| ADDRESS   | P O BOX 495        |
| CITY      | CARBON HILL        |
| STATE     | AL                 |
| ZIP       | 355490495          |
| EXCLTYPE  | 1128b4             |
| EXCLDATE  | 20020718           |

**Update: SSN**

|           |          |
|-----------|----------|
| LASTNAME  | GONZALES |
| FIRSTNAME | JOSEFINA |
| MIDNAME   | Z        |
| BUSNAME   |          |
| GENERAL   | CLINIC   |
| SPECIALTY | EMPLOYEE |

|          |              |
|----------|--------------|
| UPIN     |              |
| NPI      | 0000000000   |
| DOB      | 19410204     |
| ADDRESS  | 1580 MORRELL |
| CITY     | DETROIT      |
| STATE    | MI           |
| ZIP      | 482090000    |
| EXCLTYPE | 1128a1       |
| EXCLDATE | 19920531     |

### Update: SSN and Deceased

|           |                     |
|-----------|---------------------|
| LASTNAME  | SMITH               |
| FIRSTNAME | KATHRYN             |
| MIDNAME   | SUSAN               |
| BUSNAME   |                     |
| GENERAL   | SKILLED NURSING FAC |
| SPECIALTY | EMPLOYEE            |
| UPIN      |                     |
| NPI       | 0000000000          |
| DOB       | 19371216            |
| ADDRESS   | 15818 FARMONT       |
| CITY      | DETROIT             |
| STATE     | MI                  |
| ZIP       | 482050000           |
| EXCLTYPE  | 1128a2              |
| EXCLDATE  | 19911124            |

## Update: SSN

|           |                       |
|-----------|-----------------------|
| LASTNAME  | CLARKE                |
| FIRSTNAME | ELIZABETH             |
| MIDNAME   |                       |
| BUSNAME   |                       |
| GENERAL   | NURSING PROFESSION    |
| SPECIALTY | NURSE/NURSES AIDE     |
| UPIN      |                       |
| NPI       | 0000000000            |
| DOB       | 19680120              |
| ADDRESS   | 340A BRENDA WOOD COVE |
| CITY      | BRANDON               |
| STATE     | MS                    |
| ZIP       | 390470000             |
| EXCLTYPE  | 1128b4                |
| EXCLDATE  | 20100420              |

## Update: SSN

|           |                 |
|-----------|-----------------|
| LASTNAME  | RODRIGUEZ       |
| FIRSTNAME | MICHELLE        |
| MIDNAME   |                 |
| BUSNAME   |                 |
| GENERAL   | HOSPITAL        |
| SPECIALTY | EMPLOYEE        |
| UPIN      |                 |
| NPI       | 0000000000      |
| DOB       | 19680225        |
| ADDRESS   | 6601 N W 199 ST |
| CITY      | MIAMI           |
| STATE     | FL              |
| ZIP       | 330150000       |
| EXCLTYPE  | 1128b1          |
| EXCLDATE  | 19970810        |



