



## Coalition of Agencies in Service to the Elderly Bio Information Form

Date: **8/13/18**

Name: **Stacey Zahno**

Title: **Community Relations Coordinator**

Agency Name: **Elderwood at Wheatfield**

Complete Mailing Address: **2600 Niagara Falls Blvd, Wheatfield, NY 14304**

Phone: **716-215-8000**

Fax: **716-215-8011**

Email address: **szahno@elderwood.com**

Website address: **www.elderwood.com**

What age range do you serve? **50+**

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A brief description of your position: **Responsible for marketing and outreach to facilities, providers and our community.**

A brief description of what your agency does: **We are the only continuum care campus in Niagara County offering services in Independent Living, Assisted Living, Subacute Rehab, Skilled Nursing and Respite.**

Please list any other programs your agency provides: