

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>08-RD-242449</b>	Date Filed <b>5/29/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: **Meadowview Health and Rehabilitation Center**  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): **83 HIGH ST, SEVILLE, OH 44273**

3a. Employer Representative - Name and Title: **Russ Yoder, Administrator**  
3b. Address (If same as 2b - state same): **SAME AS ABOVE**

3c. Tel. No.: **(330)769-2015**  
3d. Cell No.: **(330)495-6481**  
3e. Fax No.: **(330)769-3790**  
3f. E-Mail Address: **russell.yoder@infinityhealthint.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Nursing Facility**  
4b. Principal product or service: **Skilled Nursing Facility**  
5a. City and State where unit is located: **Seville, OH**

5b. Description of Unit Involved  
**Included:** All STNAs, Housekeeping/Laundry, CNAs, Activities Assistance and Dietary employees.  
**Excluded:** All management positions, RNs, LPNs, Therapy Administrator, Director of Nursing, Food Service Manager, Director of Social Services, Director of Activities, Maintenance Director, Housekeeping/Laundry Director, ADON, Nursing Manager, Medical Director, LPNs, RNs, and Business Manager.

6a. No. of Employees in Unit: **14**  
6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent: **SEIU District 1199 WV/KY/OH**  
8b. Address: **1395 Dublin Rd, Columbus, OH 43215**

8c. Tel. No.: **(877) 419-7348**  
8d. Cell No.: **(614)302-8310**  
8e. Fax No.: **(614)461-1549**  
8f. E-Mail Address: **gdavies@seiu1199.org**

8g. Affiliation, if any: \_\_\_\_\_  
8h. Date of Recognition or Certification: \_\_\_\_\_  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **December 1, 2018**

9. Is there now a strike or picketing at the Employer's establishment(s) involved?  No. If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type:  Manual  Mail  Mixed Manual/Mail  
11b. Election Date(s): \_\_\_\_\_  
11c. Election Time(s): \_\_\_\_\_  
11d. Election Location(s): \_\_\_\_\_

12. Full Name of Petitioner: **(b) (6), (b) (7)(C)**  
12b. Address (street and number, city, state, and ZIP code): **(b) (6), (b) (7)(C)**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): **NONE**

12d. Tel. No.: \_\_\_\_\_  
12e. Cell No.: **(b) (6), (b) (7)(C)**  
12f. Fax No.: \_\_\_\_\_  
12g. E-Mail Address: **(b) (6), (b) (7)(C)**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: **(b) (6), (b) (7)(C)**  
13b. Address (street and number, city, state, and ZIP code): **(b) (6), (b) (7)(C)**

13c. Tel. No.: **SAME AS ABOVE**  
13d. Cell No.: **SAME AS ABOVE**  
13e. Fax No.: **SAME AS ABOVE**  
13f. E-Mail Address: **SAME AS ABOVE**

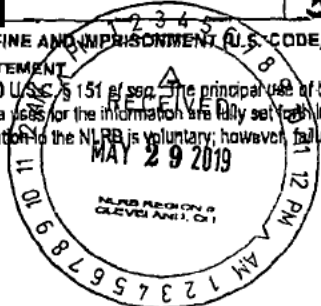
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print): **(b) (6), (b) (7)(C)**  
Date: **5/29/19**

WILLFUL FALSE STATEMENT PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



(b) (6), (b) (7)(C)