



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 07-09-2026

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0613 9905 VNF2600000003 2	Procurement Folder:	1713030
Document Name:	Elopement Prevention System Maintenance & Repair	Reason for Modification:	Change Order No. 01 To renew contract
Document Description:	Elopement Prevention System Maintenance & Repairs		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2025-08-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-08-14

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000176707 SECURE CARE HEALTH SYSTEMS INC 6968 ENGLE RD MIDDLEBURG HTS OH 44130 US Vendor Contact Phone: 440-826-0324 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Michael A Clevenger Requestor Phone: 304-626-1600 Requestor Email: michael.a.clevenger@wv.gov 2027 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US

CR 7-13-26
Purchasing Division's File Copy

Total Order Amount:	Open End
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PURCHASING DIVISION AUTHORIZATION

DATE: 7/13/26
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: 7/14/2026
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: 7-14-26
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 01 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 8/15/2026 through 8/14/2027.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	92121700				0.000000
Service From		Service To		Service Contract Amount	
2025-08-15		2027-08-14		0.00	

Commodity Line Description: Elopement Prevention System Maintenance & Repair

Extended Description:

Please refer to Exhibit "A" Pricing Page for pricing.

Elopement Prevention System Maintenance & Repair



*West Virginia Veterans Nursing Facility
One Freedoms Way
Clarksburg WV 26301*

July 1, 2026

Ryan Mierau
Secure Care Health Systems Inc
6968 Engle Rd.
Middleburg Hts., OH 44130

RE: Renewal CMA 0613 9905 VNF26*03

Dear Mr. Mierau,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 8/15/2026 to 8/14/2027. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600.

Regards,

Michael Clevenger
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

X
SIGNATURE

7/9/26
DATE

David A. Marlin II
PRINT NAME



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e.g. 1606N020Q02

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Search Editor

- ☐ Any Words [i](#)
- ☒ All Words [i](#)
- ☐ Exact Phrase [i](#)

e.g. 123456789, Smith Corp

Secure Care Health Systems Inc. x

Entity ▼

Location ▼

Status ^

- ☒ Active
- ☒ Inactive

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Online Data Services Help

Business Organization Detail

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SECURE CARE HEALTH SYSTEMS, INCORPORATED

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	11/13/2008		11/13/2008	Foreign	Profit			

Organization Information		
Business Purpose	2382 - Construction - Special Trade Contractors - Building Equipment Contractors (electrical & other wiring, plumbing, heating & air-conditioning, other)	Capital Stock
Charter County		Control Number 99BYI
Charter State	OH	Excess Acres
At Will Term		Member Managed
At Will Term Years		Par Value
Authorized Shares		Young Entrepreneur Not Specified

Addresses

Type	Address
Designated Office Address	6968 ENGLE ROAD MIDDLEBURG HTS., OH, 441303420
Notice of Process Address	RYAN MIERAU 6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420
Principal Office Address	6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420 USA
Principal Office Mailing Address	6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420 USA
Type	Address

Officers	
Type	Name/Address
Director	RYAN MIERAU 6968 ENGLE RD MIDDLEBURG HEIGHTS, OH, 44130
President	RYAN MIERAU 6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420
Vice-President	HOWARD LAUNSBACH 6968 ENGLE ROAD MIDDLEBURG HEIGHTS, OH, 441303420
Type	Name/Address

Annual Reports
Filed For
2026
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Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Friday, July 10, 2026 — 9:54 AM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>#13</u> Date: <u>7/10/2026</u> Solicitation No. <u>CRFQ - VNF 25*16</u>	Agency: WVNF Procurement Officer Submitting Requisition: Michael Clevenger Requisition No. CMA VNF26*03 - <u>CRAM - VNF 25*09</u> PF No.: 1713030
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES: Provided, if Required Required

				Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	☒	☐	☐	☐
2	Use of correct specification template	☒	☐	☐	☐
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	☒	☐	☐	☐
4	Use of most current terms and conditions www.state.wv.us/admin/purchase/TCP.pdf	☒	☐	☐	☐
5	Maximum budgeted amount in wvOASIS	☒	☐	☐	☐
6	Suggested vendors in wvOASIS	☒	☐	☐	☐
7	Capitol Building Commission pre-approval	☐	☐	☐	☐
8	Financing (Governor's Office) pre-approval	☐	☐	☐	☐
9	Fleet Management Division pre-approval	☐	☐	☐	☐

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	☐	☐	☐	☐
	Automobile Liability	☐	☐	☐	☐
	Workers' Compensation/Employer's Liability	☐	☐	☐	☐
	Cyber Liability	☐	☐	☐	☐
	Builder's Risk/Installation Floater	☐	☐	☐	☐
	Professional Liability	☐	☐	☐	☐
	Other (specify)	☐	☐	☐	☐
11	Office of Technology CIO pre-approval	☐	☐	☐	☐
12	Treasurer's Office (banking) pre-approval	☐	☐	☐	☐

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	☒	☒	☐	☒
2	Standard change order language	☒	☒	☐	☒
3	Office of Technology CIO approval	☐	☐	☒	☐
4	Justification for price increases/backdating/other	☐	☐	☒	☐
5	Bond Rider (Construction)	☐	☐	☒	☐
6	Secretary of State Verification	☒	☒	☐	☒
7	State debarment verification	☒	☒	☐	☒
8	Federal debarment verification	☒	☒	☐	☒

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

James R. Riley