

**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only Received <u>4/13/12</u> Amount <u>1770.00</u>
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# 529

**I. IDENTIFICATION**

Name Nazareth Home, Inc.  
 Address 2000 Newburg Road  
 City/County/Zip Louisville Jefferson 40205  
 Telephone number (502) 457-9681  
 Administrator Mary Haynes  
 Date facility operation began at current address 1976  
 Date facility began operation under current owner 1976

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>118</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL (check one in each column)**

State	Profit	Individual
County	<u>Nonprofit</u>	Partnership
City		<u>Corporation</u>
<u>Private</u>		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(OVER)

<p><b>RECEIVED</b></p> <p>APR 13 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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*SV*

If facility owned or leased by a corporation, complete the following:

Name of corporation Nazareth Home, Inc.  
Address of corporation 2000 Newburg Road, Louisville, KY 40205  
President or Chairman Mary Haynes  
Vice President Theresa Batliner  
Secretary Michael Lush  
Treasurer Kevin Wheatley

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Kevin J. Wheatley  
Signature of authorized representative

CFO/Treasurer  
Title

4-11-12  
Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)