emailed validation letter 6/28/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 6-12-12
Amount $948/1033 - Ck # 26386

I. IDENTIFICATION

Name: LORETTO MOTHERHOUSE INFIRMARY

Address: 515 NERINX RD

City/County/Zip: NERINX, KY 40049 MARION CO.

Telephone number: 270-865-5811 messex@lorettomotherhouse.org

Administrator: MICHELLE ESSEX

Date facility operation began at current address: 1949

Date facility began operation under current owner: 1949

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	63	63
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation
Private		

II. OWNERSHIP

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

LORETTO LITERARY + BENEVOLENT INSTITUTION
515 NERINX RD
NERINX, KY 40049

RECEIVED
JUN 19 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

6/30

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

Name of corporation LORETTO LITERARY + BENEVOLENT INST.

Address of corporation 515 NERINX RD, NERINX, KY 40049

President or Chairman CATHY MUELLER, SL

Vice President DONNA DAY, SL

Secretary EILEEN CUSTY, SL

Treasurer MARY SWAIN, SL

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.

Michelle Essex — Administrator — 6/14/12

Signature of authorized representative — Title — Date

Return Application and fee to:

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

OIG 5
(10/2002)