

mailed validation letter 6/19/12

Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 6-5-12  
Amount 300.00

ck. # 383227

I. IDENTIFICATION

Name Lourdes Transitional Care  
Address 1530 Lone Oak Road  
City/County/Zip Paducah, KY 42003  
Telephone number 270-444-2649 kbean@lourdes-pad.org  
Administrator Kelley Bean  
Date facility operation began at current address 6/12/95  
Date facility began operation under current owner 6/12/95

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>                    </u>	<u>                    </u>
Nursing Facility	<u>20</u>	<u>20</u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

II. CONTROL (check one in each column)

State \_\_\_\_\_ Profit \_\_\_\_\_ Nonprofit  Individual Partnership Corporation   
County \_\_\_\_\_  
City \_\_\_\_\_  
Private

III. OWNERSHIP

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

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\_\_\_\_\_

RECEIVED  
JUN 05 2012  
OFFICE OF INSPECTOR GENERAL

(OVER)

5/31 JB

