

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

For Office Use Only Received <u>6/22/12</u> Amount <u>1950.00</u>

19087

I. IDENTIFICATION

Name Maysville Nursing and Rehabilitation Facility
620 Parker Road
 Address _____
 City/County/Zip Maysville, KY 41056
606-564-4085
 Telephone number _____
 Administrator Cortney Burkhart
 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>130</u>	<u>130</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit X	Individual
County	Nonprofit	Partnership
City		Corporation
Private X		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Maysville Manor, LLC
300 Provider Court, Suite 100
Richmond, KY 40475

<p>RECEIVED</p> <p>JUN 22 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
--

(OVER)

JL

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

Name of corporation Maysville Manor, LLC
Address of corporation 300 Provider Court, Suite 100, Richmond, KY 40475
President or Chairman Delbert Ousley, Member
Vice President _____
Secretary John D. Sword, Member
Treasurer _____

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.

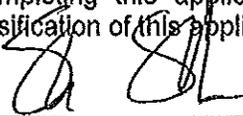
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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.

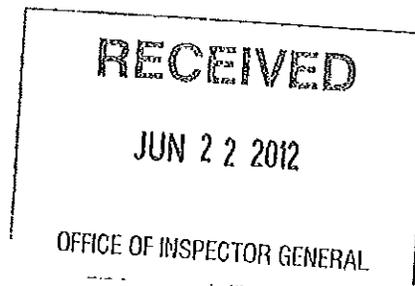
Parent	Management Company
_____	<u>PMD Corporation</u>
_____	<u>300 Provider Court, Suite 100</u>
_____	<u>Richmond, KY 40475</u>

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.

 V.P. Finance 6/12/12
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)

Attachment

Schedule of Owners:

Maysville Manor, LLC

Delbert Ousley Member

John D. Sword Member

Mary Ousley Member

RECEIVED
JUN 22 2012
OFFICE OF INSPECTOR GENERAL