

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

For Office Use Only Received <u>2/25/13</u> Amount <u>3150.00</u>

10953

I. IDENTIFICATION

Name Rosedale Green Manor Note: 2-5-13-No 855
Approval Req. For this
change in Name

Address 4250 Glenn Avenue

City/County/Zip Covington, KY 41015

Telephone number 859-431-2244

Administrator LONDA KNOLLMAN lknollman@rosedalegreen.com

Date facility operation began at current address 09/06/1962

Date facility began operation under current owner 09/06/1962

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>210</u>	<u>210</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit X	Partnership
City		Corporation X
Private X		

II. OWNERSHIP

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

KENTON HOUSING INC
4250 GLENN AVENUE
COVINGTON, KY 41015

✓

RECEIVED
 FEB 25 2013
 OFFICE OF INSPECTOR GENERAL

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

Name of corporation KENTON HOUSING INC

Address of corporation 4250 GLENN AVENUE, COVINGTON, KY 41015

President or Chairman ED FRITZ

Vice President GENE WEAVER

Secretary BONNIE HALDERMAN

Treasurer JERRY NEUHAUS

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. N/A

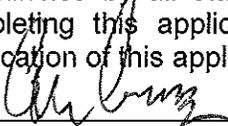
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. SEE ATTACHED

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.

	<u>CFO</u>	<u>02/20/2013</u>
Signature of authorized representative	Title	Date

Return Application and fee to: Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

CHAIRPERSON
Ed Fritz

Mike Hemmer

Mark Middendorf

Nicholas Ziegler

TREASURER
Jerry Neuhaus

SECRETARY
Bonnie Halderman

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