emailed Validation letter 6/4/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 5-9-12
Amount $1,215.00
ck # 6051

I. **IDENTIFICATION**

Name: Cedars of Lebanon Nursing Center

Address: 337 South Harrison Street

City/County/Zip: Lebanon, Marion, 40033

Telephone number: 270-692-3121 reastham@villageoflebanon.com

Administrator: Robbie Eastham

Date facility operation began at current address: May 1966

Date facility began operation under current owner: 10/1/07

II. **TYPE BEDS**

	No. beds licensed	No. beds requested
Skilled	~~81~~	~~81~~
Nursing Home		
Nursing Facility	81	81
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.

Village of Lebanon, LLC
337 South Harrison Street
Lebanon, Ky 40033

RECEIVED
MAY 09 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

5/31
RB

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

Name of corporation Village of Lebanon, LLC

Address of corporation 337 South Harrison Street Lebanon, Ky 40033

President or Chairman Tim B. George

Vice President Dr. Salem M. George, Sr.

Secretary Dr. Brian F. Scott and Dr. David B. George

Treasurer Elmer J. George and John P. Cooper

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. Please 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.

Tim B. George — Signature of authorized representative

Managing Partner — Title

4/26/12 — Date

Return Application and fee to:

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

OIG 5
(10/2002)

VILLAGE OF LEBANON LLC MEMBERS

Elmer J. George

John Cooper

Brian Scott MD

Timothy B. George Sr.

Salem M. George MD

David B. George MD