

Application for License to Operate a Long-term Care Facility

For Office Use Only  
 Received 5-3-12  
 Amount \$1,380.00

emailed validation letter  
 6/5/12  
 CL # 004419

I. IDENTIFICATION

Name Knott County Health & Rehabilitation Center  
 Address 388 Perkins Madden Rd.  
 City/County/Zip Hindman KY 41822  
 Telephone number 606-7855011 rupigman@hsimai.com  
 Administrator Ruby A. Pigman  
 Date facility operation began at current address June 26, 1978  
 Date facility began operation under current owner May 1986

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>92</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit <input checked="" type="checkbox"/>	Individual
County	Nonprofit	Partnership
City		Corporation <input checked="" type="checkbox"/>
Private <input checked="" type="checkbox"/>		

II. OWNERSHIP

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

\_\_\_\_\_  
 \_\_\_\_\_

(OVER)

RECEIVED  
 MAY 03 2012  
 OFFICE OF INSPECTOR GENERAL

5/31/12  
 RB

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

Name of corporation First Corbin Long Term Care

Address of corporation PO BOX 1450 Corbin KY 40701

President or Chairman Terry E. Forcht - Director

Vice President Rodney S. Shackley - Director

Secretary Jackie Willis

Treasurer Jackie Willis

Assistant Secretary David Witt

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  
First Corbin Long Term Care  
PO BOX 1450  
Corbin, KY 40701

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.

Ruby A. Pigman  
Signature of authorized representative

Administrator 5-1-12  
Title Date

Return Application and fee to:

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

OIG 5  
(10/2002)