Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 2/27/13
Amount 1920.00

99011468

I. IDENTIFICATION

Name: Essex Nursing + Rehabilitation Center

Address: 9600 Lamborne Blvd

City/County/Zip: Louisville, Ky. 40272

Telephone number: 502-935-7284

Administrator: Joseph R. Flatt, RN, BSN, LNHA

Date facility operation began at current address: 1979

Date facility began operation under current owner: January 1, 2011

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	128	0
Nursing Home	0	0
Nursing Facility	0	0
Intermediate Care	0	0
ICF/MR	0	0
Personal Care	0	0

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.

Hanging Rock, LTC, LLC P.O. Box 6159, Kinston, N.C. 27504

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FEB 27 2013
OFFICE OF INSPECTOR GENERAL

(OVER)

2/28

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

Name of corporation Hanging Rock, LTC, LLC

Address of corporation P.O. Box 6159, Kinston, NC 27504

President or Chairman Norwood R. Uzzell

Vice President Ray Baker

Secretary Ray Baker

Treasurer Dianne Johnson

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

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.

Signature of authorized representative	Title	Date
Susan Greenwell RNC	D.O.N.	2/26/13

Return Application and fee to:

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

OIG 5
(10/2002)