Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 1/3/13
Amount 1410.00

#5100756

I. **IDENTIFICATION**

Name: Golden Living Center. Vanceburg

Address: 58 Eastham St PO Box 599

City/County/Zip: Vanceburg / Lewis / Ky / 41179

Telephone number: 606. 796. 3046

Administrator: Joy Dingess

Date facility operation began at current address: March 1979

Date facility began operation under current owner: 4-1-06

II. **TYPE BEDS**

	No. beds licensed	No. beds requested
Skilled	94	
Nursing Home		
Nursing Facility		
Intermediate Care		
ICF/MR		
Personal Care		

II. **CONTROL** (check one in each column)

State
County
City
(Private)

(Profit)
Nonprofit

Individual
Partnership
(Corporation)

II. **OWNERSHIP**

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

See Attached

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(OVER)

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

Name of corporation GGNSC

Address of corporation 1000 Fianna Way Ft. Smith, AR 72919

President or Chairman Herschel B. Sederis

Vice President

Secretary see attached.

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
Golden Living	GGNSC

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
Melissa Berkeley	Executive Director	11-28-12

Return Application and fee to:

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

OIG 5
(10/2002)