

*emailed validation letter 12/28/11*

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

For Office Use Only  
Received 12-19-11  
Amount 1425/1505

ck#  
009201

**I. IDENTIFICATION**

Name Middlesboro Nursing and Rehabilitation Facility  
235 New Wilson Lane

Address \_\_\_\_\_

City/County/Zip Middlesboro / Bell / 40965  
606-248-0925

Telephone number \_\_\_\_\_

Administrator Alice Maddox

Date facility operation began at current address January 1991

Date facility began operation under current owner January 1991

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>95</u>	<u>95</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

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

State	<b>Profit X</b>	Individual
County	Nonprofit	Partnership
City		Corporation
<b>Private X</b>		

**II. OWNERSHIP**

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

Middlesboro Manor, LLC  
300 Provider Court, Suite 100  
Richmond, KY 40475

**RECEIVED**

DEC 19 2011

OFFICE OF INSPECTOR GENERAL

(OVER)

*JL*  
*12/31*

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

Name of corporation Middlesboro Manor, LLC  
300 Provider Court, Suite 100, Richmond, KY 40475

Address of corporation \_\_\_\_\_

Member Delbert Ousley

Member John D. Sword

Member Estate of Fred Nall

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.

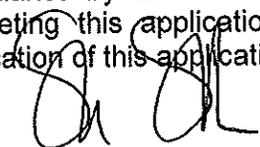
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	<u>PMD Corporation</u>
_____	<u>300 Provider Court, Suite 100</u>
_____	<u>Richmond, KY 40475</u>

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

V.P. Finance

Title

11/30/11

Date

Return Application and fee to:

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

OIG 5  
(10/2002)

## **Attachment**

### **Schedule of Owners:**

### **Middlesboro Manor, LLC**

Delbert Ousley	Member	300 Provider Court, Suite 100 Richmond, KY 40475
John D. Sword	Member	300 Provider Court, Suite 100 Richmond, KY 40475
Mary Ousley	Member	101 Bittersweet Drive Richmond, KY 40475
Estate of Fred Nall	Member	2367 Hickory Ridge Ashland, KY 41101