

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

For Office Use Only Received <u>6/27/12</u> Amount <u>1605.00</u>

65326

I. IDENTIFICATION

Name Bryan S. McCoy, Inc., d/b/a Twinbrook Nursing Home
 Address 3526 Dutchman's Lane
 City/County/Zip Louisville, KY 40205
502-452-6331 x222
 Telephone number _____
 Administrator Bradford A. McCoy
 Date facility operation began at current address 1960
 Date facility began operation under current owner 1960

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>107</u>	<u>107</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State _____	Profit XXX _____	Individual _____
County _____	Nonprofit _____	Partnership _____
City _____		Corporation XXX _____
Private XXX _____		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Bryan S. McCoy, Inc.
3526 Dutchman's Lane
Louisville, KY 40205

(OVER)

<p>RECEIVED</p> <p>JUN 27 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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If facility owned or leased by a corporation, complete the following:

Name of corporation Bryan S. McCoy, Inc.
Address of corporation 3526 Dutchman's Lane, Louisville, KY 40205
President or Chairman Phyllis J. McCoy
Vice President B. Scott McCoy, Bradford A. McCoy
Secretary B. Scott McCoy
Treasurer Bradford A. McCoy

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>Bryan S. McCoy, Inc.</u>	<u></u>
<u>3526 Dutchman's Lane</u>	<u></u>
<u>Louisville, KY 40205</u>	<u></u>

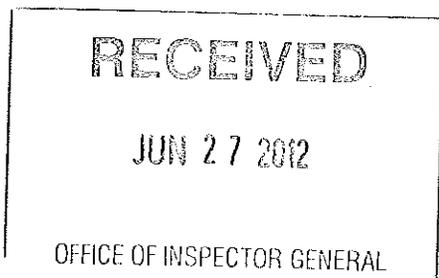
I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance 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.

Bradford A. McCoy
Signature of authorized representative

V.P., Admin. 6/26/2012
Title Date

Return Application and fee to:

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



OIG 5
(10/2002)

**Bryan S. McCoy, Inc.
Officers and Board Members**

Phyllis J. McCoy, President & Board Member

Bryan Scott McCoy, V.P., Secretary & Board Member

Jr

Bradford A. McCoy, V.P., Treasurer & Board Member

Janis McCoy Eberenz, Board Member

25% Ownership Interest

The only entity having at least a 25% ownership interest in Twinbrook Nursing Home is the Bryan S. McCoy, Jr., Revocable Trust. The address for the trust is 3526 Dutchman's Lane, Louisville, Ky. 40205

