

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

For Office Use Only Received <u>6/5/12</u> Amount <u>1755.00 NF</u> #304.00 PC
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28767 - Masonic Homes of KY, Inc.
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I. IDENTIFICATION

Name Masonic Homes of KY, Inc/Shelbyville
 Address 711 Frankfort Road, PO Box 909
 City/County/Zip Shelbyville, Shelby 40066
 Telephone number 502-633-3486
 Administrator Debra Finneran
 Date facility operation began at current address 1902
 Date facility began operation under current owner 1910

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>117</u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u> </u>	<u> </u>
Intermedlate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

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

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Masonic Homes of KY, Inc
3761 Johnson Hall Drive
Masonic Home, KY 40041

(OVER)

<p>RECEIVED</p> <p>JUN 05 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 Masonic Homes of KY, Inc. / Shelbyville

Address of corporation 711 Frankfort Road, Shelbyville, KY 40065

President or Chairman Joseph Conway

Vice Chairman Martin Walters

Secretary John Sammons

Treasurer Virgil Larimore, Jr

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.

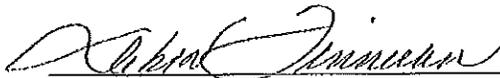
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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

Administrator

Title

6/4/2012

Date

Return Application and fee to:

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

OIG 5
(10/2002)

Board of Directors
2012

Harold Armstrong
Ronnie Bell
Terry Bowman
Ronald Caughron
Joseph Conway (Chairman)
Robert Davenport
Forrest Dean
Carroll Dorroh
Curtis Johnson
Virgil Larimore (Treasurer)
Leslie Larsen
William Leach
Wendell Littlefield
Richard Nation
Dwaine Riddell
Dennis Rutledge
John Sammons (Secretary)
Kerry Sluss
Christopher Stout
Martin Walters (Vice-Chairman)
Wilson Wilder