

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

For Office Use Only
Received <u>4/30/12</u>
Amount <u>900.00</u>

#13443

I. IDENTIFICATION

Name River Valley Nursing Home
 Address PO Box 402 305 Taylor St.
 City/County/Zip Butler, Pendleton, Ky. 41006
 Telephone number 859-472-2217
 Administrator Ken Urlage
 Date facility operation began at current address July 1971
 Date facility began operation under current owner July 1971

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>60</u>	<u>60</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Butler Rest Home, Inc.

(OVER)

RECEIVED
APR 30 2012
OFFICE OF INSPECTOR GENERAL

15

