

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

For Office Use Only Received <u>4/25/13</u> Amount <u>\$870.00</u>
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I. IDENTIFICATION #29554

Name Beaver Dam Nursing & Rehab Center, Inc

Address 1595 US Hwy 231 S

City/County/Zip Beaver Dam, KY 42320

Telephone number 270-274-9646

Administrator Jason Armstrong

Date facility operation began at current address 1966

Date facility began operation under current owner 3/1/2006

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>58</u>	<u>58</u>
Nursing Home	<u>/</u>	<u>/</u>
Nursing Facility	<u>/</u>	<u>/</u>
Intermediate Care	<u>/</u>	<u>/</u>
ICF/MR	<u>/</u>	<u>/</u>
Personal Care	<u>25</u>	<u>25</u>

II. CONTROL (check one in each column)

State	<input checked="" type="radio"/> Profit	Individual
County	<input type="radio"/> Nonprofit	Partnership
City		Corporation
Private		

II. OWNERSHIP

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

Beaver Dam Nursing & Rehab Center, Inc
1595 US Hwy 231 S
Beaver Dam, KY 42320

RECEIVED
APR 25 2013
OFFICE OF INSPECTOR GENERAL

(OVER)

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

Name of corporation Beaver Dam Nursing's Rehab Center, Inc
Address of corporation 1595 US Hwy, 231 S, Beaver Dam, KY 42320
President or Chairman Kevin Badger
Vice President Douglas Cox
Secretary Douglas Cox
Treasurer Kevin Badger

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>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>
<u> </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.

[Signature] President 4/20/2013
Signature of authorized representative Title Date

Return Application and fee to: Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

Beaver Dam Nursing & Rehab Center, Inc

FEIN#

Long Term Care Facility

Officers and Board Members

(April 2013)

Kevin Badger-President//80% Stock Ownership
1595 US Hwy 231 South
Beaver Dam, KY 42320

Doug Cox-Vice-President/20% Stock Ownership
1595 US Hwy 231 South
Beaver Dam, KY 42320

Kevin Badger-Treasurer/80% Stock Ownership
1595 US Hwy 231 South
Beaver Dam, KY 42320

Doug Cox-Secretary/20% Stock Ownership
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