emailed validation letter 11/30/11

For Office Use Only
Received 11-14-11
Amount 2130/2210 Ck #21616484

Application for License to Operate a Long-term Care Facility

I. IDENTIFICATION

Name: Salyersville Health Care Center

Address: 571 Parkway Drive

City/County/Zip: Salyersville, Magoffin County 41465

Telephone number: 606/349-6181

Administrator: Sharon Welch SWELCH@extendicare.com

Date facility operation began at current address: 1980

Date facility began operation under current owner: 1988

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	142	142
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State
County
City
Private

Profit
Nonprofit

Individual
Partnership
Corporation

II. OWNERSHIP

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

Extendicare Homes, Inc.
111 West Michigan Street
Milwaukee, WI 53203

(OVER)

11/30

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

Name of corporation Extendicare Homes, Inc.

Address of corporation 111 West Michigan Street, Milwaukee, WI 53203

President or Chairman Timothy Lukenda

Vice President David B. Pearce

Secretary Jillian E. Fountain

Treasurer Douglas J. Harris

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
Extendicare Health Facility Holdings, Inc.	N/A
111 West Michigan Street	
Milwaukee, WI 53203	

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 | Vice President (Title) | 10/25/11 (Date)

Return Application and fee to:

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

EXTENDICARE HEALTH SERVICES, INC.
OFFICERS AND DIRECTORS

David B. Pearce *
Vice President, General Counsel & Asst. Secretary
111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8406

Jillian E. Fountain
Corporate Secretary
3000 Steeles Avenue East, Suite 700
Markham, Ontario
L3R 9W2
Canada
(905) 470-5557

Douglas J. Harris*
Senior Vice President,
Chief Financial Officer, and Treasurer
111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8000

Janet L. Kreilein
Assistant Treasurer, Director of Taxation
111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8460

LaRae L. Nelson
Vice President, Reimbursement
111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8295

Timothy L. Lukenda*
President and
Chief Executive Officer
111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8000

* above denotes Directors.

Each of these officers and directors has never had a Medicare or Medicaid provider number in Ohio or any other state, nor have they had any ownership interests in other organizations that have billed for Medicare services. Each officer and director has never had any adverse legal action imposed by Medicare, Medicaid or any other federal agency or program. The six (6) officers and directors currently manage or direct other organizations that have billed or that are currently billing for Medicare services as shown in this Disclosure Statement.