

emailed validation letter 6/4/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 5-23-12
Amount \$1,770.⁰⁰

I. IDENTIFICATION

Name GGNSC Greensburg LLC, d/b/a Golden LivingCenter - Green Hill

Address 213 Industrial Road

City/County/Zip Greensburg, KY 42743-1127

Telephone number (270) 932-4241

Administrator Vicki Trump Email: Vicki.Trump@goldenliving.com

Date facility operation began at current address

Date facility began operation under current owner 04/01/2006

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u></u>	<u></u>
Nursing Home	<u></u>	<u></u>
Nursing Facility	<u>118</u>	<u>118</u>
Intermediate 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	<input checked="" type="radio"/> Profit	Individual
County	<input type="radio"/> Nonprofit	Partnership
City		Corporation
Private		X Other: <u>LLC</u>

II. OWNERSHIP

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

GGNSC Greensburg LLC

213 Industrial Road

Greensburg, KY 42743-1127

RECEIVED

MAY 23 2012

(OVER)

OFFICE OF INSPECTOR GENERAL

5/31 RB

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

Name of corporation	GGNSC Greensburg LLC
Address of corporation	213 Industrial Road, Greensburg, KY 42743-1127
President or Chairman	David Stordy
Vice President	Michael Karicher
Secretary	Holly A. Rasmussen-Jones
Treasurer	Ann Truitt

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
GGNSC Equity Holdings LLC	N/A
1000 Flanna Way	
Fort Smith, AR 72919	

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

Secretary

Title

05/16/2012

Date

Return Application and fee to:

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

OIG 5
(10/2002)

Officers and Directors Report

As of 5/1/2012

GGNSC Greensburg LLC

Directors

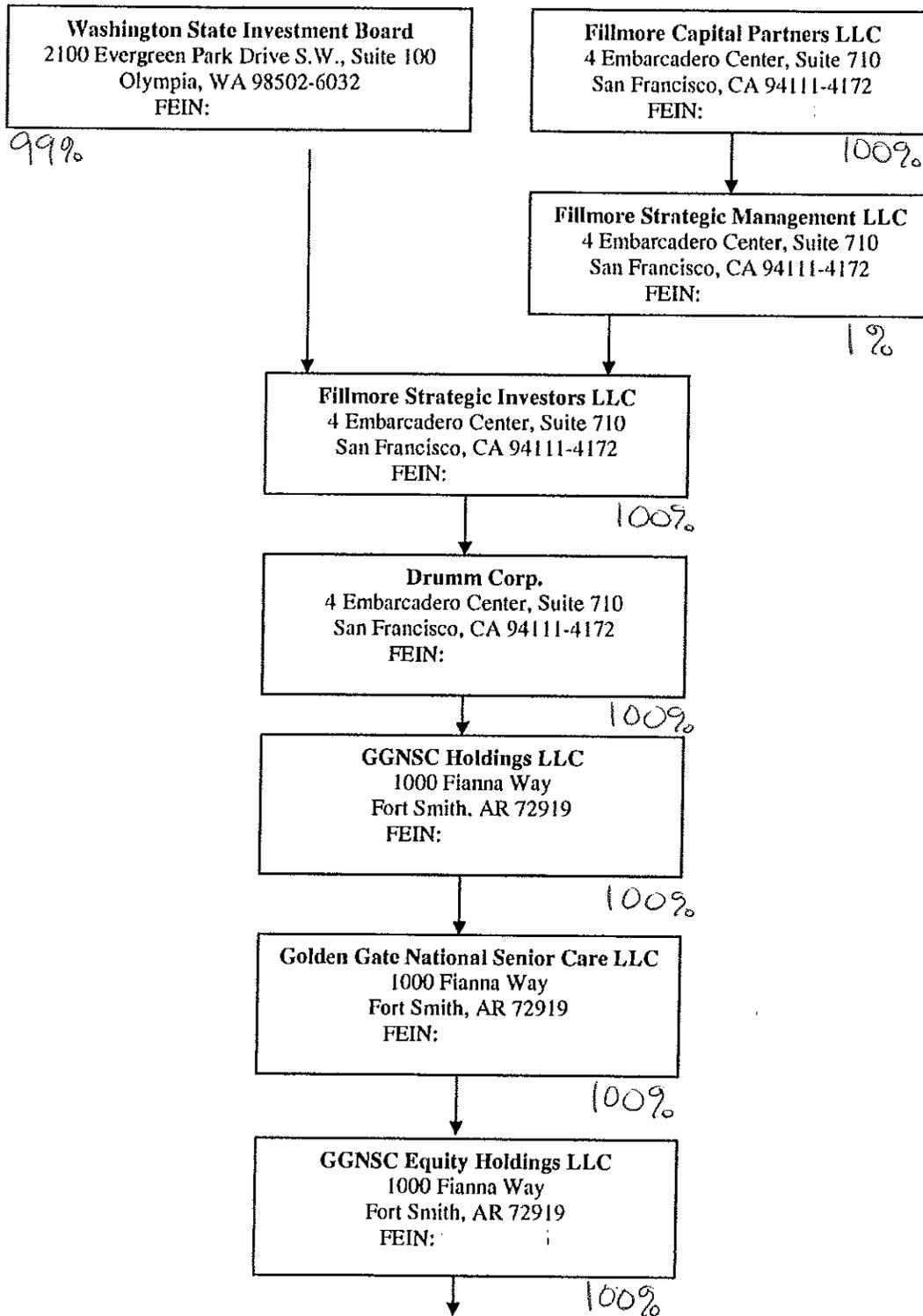
Name	Title
David R Stordy	Director

Officers

	Name	Title
Executive Officer	David R Stordy	Division President
	Michael Karicher	Senior Vice President, Human Resources

	Name	Title
General Officer	Tina C Chavis	Vice President
	Nicholas R Finn	Vice President
	Paul M Helm	Vice President
	Larry N Joseph	Vice President
	Stacey Rogers	Vice President
	Salvatore F Salamone	Vice President
	Holly Rasmussen-Jones	Secretary
	Ann Truitt	Treasurer & Assistant Secretary
	Holly L Sutton	Assistant Secretary
	Greg D Swartz	Assistant Secretary
Roberta G Williams	Assistant Secretary	

Address for Notification:
1000 Fianna Way
Fort Smith, AR 72919



GGNSC Greensburg LLC, d/b/a Golden LivingCenter - Green Hill
 213 Industrial Road, Greensburg, KY 42743-1127
 FEIN: