

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

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| For Office Use Only Received <u>2/21/13</u> Amount <u>1770.00</u> |
|---|

I. IDENTIFICATION

2661

Name Nazareth Home, Inc.
 Address 2000 Newburg Road
 City/County/Zip Louisville Jefferson 40205
 Telephone number (502) 459-9681
 Administrator Mary Haynes. email: mhaynes@nazhome.org
 Date facility operation began at current address 1976
 Date facility began operation under current owner 1976

| II. TYPE BEDS | No. beds licensed | No. beds requested |
|-------------------|-------------------|--------------------|
| Skilled | _____ | _____ |
| Nursing Home | _____ | _____ |
| Nursing Facility | <u>118</u> | _____ |
| Intermediate Care | _____ | _____ |
| ICF/MR | _____ | _____ |
| Personal Care | _____ | _____ |

II. CONTROL (check one in each column)

| | | |
|----------------|------------------|--------------------|
| State | <u>Profit</u> | 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.

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 FEB 21 2013
 OFFICE OF INSPECTOR GENERAL

3/21

(OVER)

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

Name of corporation Nazareth Home, Inc.
Address of corporation 2000 Newburg Road, Louisville, KY 40205
President or Chairman Mary Haynes
Vice President Theresa Batliner
Secretary Michael Lush
Treasurer Kevin Wheatley

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.

Kevin J. Wheatley
Signature of authorized representative

CFO/Treasurer
Title

2-18-13
Date

Return Application and fee to:

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

OIG 5
(10/2002)