Application for License to Operate a Long-term Care Facility

For Office Use Only
Received: 2/25/13
Amount: 155.00
145383

I. IDENTIFICATION

Name	Ashland Hospital Corporation d/b/a King's Daughters Medical Center
Address	2201 Lexington Avenue
City/County/Zip	Ashland, Boyd, 41101
Telephone number	606-327-4557
Administrator	Danny Joe Brainard, Jr.
Date facility operation began at current address	1985
Date facility began operation under current owner	1985

II TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	0	0
Nursing Home	0	0
Nursing Facility	10	0
Intermediate Care	0	0
ICF/MR	0	0
Personal Care	0	0

II CONTROL (Check one in each column)

State	Profit	Individual
County	Non Profit	Partnership
City		Corporation
Private		

II. OWNERSHIP

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

King's Daughters Health System, Inc.

2/28

RECEIVED
FEB 25 2013
OFFICE OF INSPECTOR GENERAL

If facility is owned by a corporation, complete the following:

Name of corporation	King's Daughters Health System, Inc.
Address of corporation	2201 Lexington Avenue Ashland Kentucky 41101
President or Chairman	Fred Jackson
Vice President	*Vacant*
Secretary	Sheryl Mahaney
Treasurer	Dick Stovall

Attach a separate sheet listing the names and addresses of each person having at least 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. (see attached list)

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
King's Daughters Health System, Inc.	
2201 Lexington Avenue	
Ashland, Kentucky 41101	

I understand that any change in the application that affects my licensure status will be reported to the Division of Community Health Services 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	Title	Date
	President/CEO	2/19/13

Return Application and Fee to:

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

OIG 5
(10/2002)

OIG 5
(10/2002)

KING'S DAUGHTERS HEALTH SYSTEM
2013 Board Members

David Jones, Chairman	**Stephen Addington, Vice Chair**	**Tom Burnette**
Jim Cantrell	**Dan Cassidy**	**Donnie Hammonds, DO**
Fred Jackson	**Steve Kanouse**	**Alex Krivchenia, MD**
Kim McCann, Esq.	**Raymond Mecca, MD**	**John Stewart**
John Vincent, Esq.		