

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

For Office Use Only
Received <u>9/27/11</u>
Amount <u>900.00</u>

#8117

I. IDENTIFICATION

Name Robertson County Health Care Facility
P. O. Box 170
 Address _____
 City/County/Zip Mt. Olivet, Robertson, 41064
606-724-5020
 Telephone number _____
 Administrator Stephanie Hopper
 Date facility operation began at current address 1992
 Date facility began operation under current owner 1992



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>60</u>	<u>60</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit X	Individual
County	Nonprofit	Partnership
City		Corporation X
Private X		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Robertson Manor, LLC
300 Provider Court, Suite 100
Richmond, KY 40475

10/31/11

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

Name of corporation Robertson Manor, LLC
Address of corporation 300 Provider Court, Suite 100, Richmond, KY 40475
President or Chairman Delbert Ousley, Member
Vice President _____
Secretary John D. Sword, Member
Treasurer _____

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.

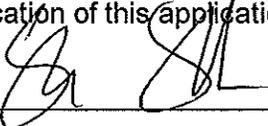
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	PMD Corporation
_____	<u>300 Provider Court, Suite 100</u>
_____	<u>Richmond, KY 40475</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.

 _____	<u>V.P. Finance</u>	<u>9/21/11</u>
Signature of authorized representative	Title	Date

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

OIG 5
(10/2002)

Attachment

Schedule of Owners:

Robertson Manor, LLC

Delbert Ousley	Member	300 Provider Court, Suite 100 Richmond, KY 40475
John D. Sword	Member	300 Provider Court, Suite 100 Richmond, KY 40475
Sena Z. Sword	Member	300 Provider Court, Suite 100 Richmond, KY 40475
Mary Ousley	Member	101 Bittersweet Drive Richmond, KY 40475