

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

For Office Use Only Received <u>11/3/11</u> Amount <u>\$2921.00</u>

\$2505.00 NF
416.00 PC

I. IDENTIFICATION

FF 25340
Masonic Homes of KY, Inc.

Name MASONIC HOME OF LOUISVILLE
 Address 240 MASONIC HOME DRIVE
 City/County/Zip MASONIC HOME, KY. 40041
 Telephone number 502-897-4907
 Administrator LORI A. HESS
 Date facility operation began at current address AUGUST 1927
 Date facility began operation under current owner JANUARY 1867

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>167</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State <input checked="" type="checkbox"/>	Profit	Individual
County	Nonprofit <input checked="" type="checkbox"/>	Partnership
City		Corporation <input checked="" type="checkbox"/>
Private		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
MASONIC HOMES OF KENTUCKY, INC.

3761 JOHNSON HALL DRIVE

MASONIC HOME, KY. 40041

RECEIVED
NOV - 3 2011
OFFICE OF INSPECTOR GENERAL

(OVER)

J.L.

Lori Hess
Executive Director/ Administrator

Robert Davenport

Wilson Wilder

Gary Marsh
President & CEO

Forrest V. Dean

J. Scott Judy
COO

Curtis L. Johnston

Todd Lacy
Sr. VP Finance & CFO

William Leach "Bo"

T. Dwaine Riddell

Marcella Weathers
Director of Nursing

Dennis Rutledge

Joseph R. Conway
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Martin Walters
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Gary W. Smith

Virgil T. Larimore Jr.
Treasurer

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Carroll G. Dorroh

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