

**RECEIVED**

DEC 02 2011

OFFICE OF INSPECTOR GENERAL

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

For Office Use Only  
Received 12-2-11  
Amount \$1710.-

*emailed validation letter  
12/28/11*

*ch#6884*

**I. IDENTIFICATION**

Name BARREN COUNTY HEALTH CARE CENTER

Address 300 WESTWOOD STREET

City/County/Zip GLASGOW, KY 42141

Telephone number STEVE BROWN

Administrator \_\_\_\_\_

Date facility operation began at current address MARCH 1979

Date facility began operation under current owner \_\_\_\_\_

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>94</u>	<u>94</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL (check one in each column)**

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation
Private		

**II. OWNERSHIP**

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

STEVE BROWN; 105 WINGATE; GLASGOW, KY 42141

JACK BEAM; 4101 FOX TAIL PLACE; OWENSBORO, KY 42303

MARY ANN HURST; 130 WESTWIND TRAIL; BARDSTOWN, KY 40004

(OVER)

*RB 12/31*



BETH HURST HAWKINS

SALLIE SCHREIBER

THOMAS S HURST, JR.

JAMES BRADBURY HURST

MARGARET F GREENWELL