

mailed validation letter 4/4/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 5-24-12
Amount \$870-770

CL# 28440

I. IDENTIFICATION

Name Beaver Dam Nursing & Rehab Center, Inc
 Address 1595 US Hwy 231 S
 City/County/Zip Beaver Dam, KY 42320
 Telephone number 270-274-9646
 Administrator Allen Meyer / Administrator@BDNRC.com
 Date facility operation began at current address _____
 Date facility began operation under current owner 3.1.2006

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled (\$870.00)	<u>58</u>	<u>58</u>
Nursing Home	<u>0</u>	_____
Nursing Facility	<u>0 58</u>	<u>58</u>
Intermediate Care	<u>0</u>	_____
ICF/MR	<u>0</u>	_____
Personal Care (\$100)	<u>25</u>	<u>25</u>

II. CONTROL (check one in each column)

State _____
 County _____
 City _____
 Private _____

Profit
 Nonprofit

Individual
 Partnership
 Corporation

II. OWNERSHIP

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

Beaver Dam Nursing & Rehab Ctr, Inc
1595 US Hwy 231 South
Beaver Dam, KY 42320

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OFFICE OF INSPECTOR GENERAL

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

Name of corporation Beaver Dam Nursing & Rehab Center, Inc
Address of corporation 1595 US Hwy 231 South, Beaver Dam, KY
President or Chairman Kevin Badger 42320
Vice President Doug Cox
Secretary Doug Cox
Treasurer Kevin Badger

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
<u>N/A</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></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.

Alan Meyer Administrator 5-7-12
Signature of authorized representative Title Date

Return Application and fee to:

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

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(10/2002)

Beaver Dam Nursing & Rehab Center, Inc

FEIN#

Long Term Care Facility

Officers and Board Members

(May 2012)

Kevin Badger-*President//80% Stock Ownership*
1595 US Hwy 231 South
Beaver Dam, KY 42320

Doug Cox-*Vice-President/20% Stock Ownership*
1595 US Hwy 231 South
Beaver Dam, KY 42320

Kevin Badger-*Treasurer/80% Stock Ownership*
1595 US Hwy 231 South
Beaver Dam, KY 42320

Doug Cox-*Secretary/20% Stock Ownership*
1595 US Hwy 231 South
Beaver Dam, KY 42320

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