Emailed Validation letter 6/5/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 5-7-12
Amount $1,410.00
CK # 18677

I. IDENTIFICATION

Name: NHC HealthCare, Madisonville

Address: 419 North Seminary Street

City/County/Zip: Madisonville/Hopkins/42431

Telephone number: 270-821-5564 dbrown@nhccare.com

Administrator: Danny Belcher

Date facility operation began at current address: February 1996

Date facility began operation under current owner: June 1, 2000

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	94	94
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State	XX Profit	Individual
County	Nonprofit	Partnership
City		XX Corporation
XX Private		Limited Liability Company

II. OWNERSHIP

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

NHC HealthCare/Madisonville, LLC
419 North Seminary Street
Madisonville, KY 42431

RECEIVED
MAY 07 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

5/31

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

Name of corporation _____

Address of corporation _____

President or Chairman _____

Vice President _____

Secretary _____

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
NHC/OP, L.P.	
100 Vine Street	
Murfreesboro, TN 37130	

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.

Signature of authorized representative	Title	Date
	AVP	5/2/12

Return Application and fee to:

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

OIG 5
(10/2002)

NHC HealthCare/Madisonville, LLC d/b/a NHC HealthCare, Madisonville is owned (100%) by a single member limited liability company.

The single member is

NHC/OP, L.P.
100 Vine Street
Murfreesboro, TN 37130

NHC HealthCare/Madisonville, LLC's governing body consists of

Greg Bidwell, Manager
Danny Belcher, Administrator & Secretary