

emailed validation letter  
6/5/12

Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 5-10-12  
Amount \$800.00

ck # 1761644

#720800-

I. IDENTIFICATION

Name West Liberty Nursing & Rehabilitation Center  
Address 774 Liberty Rd. (P.O. Box 219)  
City/County/Zip West Liberty/Morgan/KY/41472-0219  
Telephone number 606-743-3846  
Administrator Pam Burton  
Date facility operation began at current address \_\_\_\_\_  
Date facility began operation under current owner \_\_\_\_\_

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>48</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	<u>2</u>	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Omega Healthcare Investors, Inc.  
200 International Circle, Suite 3500  
Hunt Valley, MD 21030

(OVER)

RECEIVED  
MAY 10 2012  
OFFICE OF INSPECTOR GENERAL

5/31  
AB

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

Name of corporation Diversicare Leasing Corp.  
Address of corporation 1621 Galleria Blvd. Brentwood, TN 37027  
President or Chairman Kelly J. Gill  
Vice President L. Glynn Riddle, Jr.  
Secretary Asst. Matthew J. Weishaar  
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. N/A

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

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. N/A

Name and address of parent corporation and/or management company, if applicable.

Parent  
Advocat Inc.  
1621 Galleria Blvd.  
Brentwood, TN 37027

Management Company  
Diversicare Management Services Co.  
1621 Galleria Blvd.  
Brentwood, TN 37027

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]  
Signature of authorized representative

EVF + CF  
Title

5-2-12  
Date

Return Application and fee to:

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

OIG 5  
(10/2002)