

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

For Office Use Only Received <u>12/29/11</u> Amount <u>900.00</u>

The Third & Oak Corp # 12182

I. IDENTIFICATION

Name The Third & Oak Corporation d/b/a Treyton Oak Towers
 Address 211 West Oak Street
 City/County/Zip Louisville Jefferson 40203
 Telephone number 502-589-3211 derrickm@treytonoaktowers.com
 Administrator Wm. Derrick Moore
 Date facility operation began at current address 5/1984
 Date facility began operation under current owner 5/1984

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>60</u>	<u>60</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit <input checked="" type="checkbox"/>	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.

(OVER)

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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 The Third Oak Corporation
Address of corporation 211 West Oak St., Louisville, KY 40203
President or Chairman Robert McCarter
Vice President Richard Houze
Secretary John Smith
Treasurer John Smith

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>Simon Lifestyle Corporation</u>
_____	<u>111 East Wacker Drive</u>
_____	<u>Chicago, IL 60601</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.

David H. George
Signature of authorized representative

Asst. Executive Director
Title

12/27/11
Date

Return Application and fee to:

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

OIG 5
(10/2002)

TREYTON OAK TOWERS BOARD OF DIRECTORS

NAME/HOME ADDRESS

1. Susan Barnett, PhD

.....
2. Mr. James Gary

.....
3. Mrs. Joyce Holmes

.....
4. Richard A. Houze, D.M.D. – Vice President

.....
5. Mr. Dale Hyers

.....
6. Mr. Charles J. Jenkins

.....
7. Mr. Tom Hardy

.....
8. Mr. Robert E. "Bob" McCarter - President

.....
10. Mr. Joe F. Riley

.....
11. Mrs. Kathy Evits

.....
12. Mr. John Smith Secretary/Treasurer

.....
13. Mr. Allen Rose

