

Application for License to Operate a Long-term Care Facility

For Office Use Only
 Received 4.5.12
 Amount \$2145

Emailed validation letter 5/1/12
 Ch# 8590

I. IDENTIFICATION

Name Laurel Heights Home For The Elderly
 Address P.O. Box 1800 / 208 West 12th Street
 City/County/Zip London / Laurel / 40741
 Telephone number 606-864-4155
 Administrator Kathay Young
 Date facility operation began at current address 1966
 Date facility began operation under current owner 1966

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	<u>12</u>	<u>12</u>
Nursing Facility	<u>143</u>	<u>143</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	<u>20</u>	<u>20</u>

II. CONTROL (check one in each column)

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

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

(OVER)

RECEIVED
 APR 05 2012
 OFFICE OF INSPECTOR GENERAL

4/30 RB

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

Name of corporation Laurel Housing, Inc.
Address of corporation P.O. Box 1800 London, KY 40743
President or Chairman Elmer Cunnagin Jr. (Interim)
Vice President Tom Houchens
Secretary Roy Bowling
Treasurer Elmer Cunnagin Jr.

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.

Lesley K. Young
Signature of authorized representative

Administrator 4/3/12
Title Date

Return Application and fee to:

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

OIG 5
(10/2002)

Laurel Housing, Inc.

Board Members

Updated 12/16/11

Name	Spouse	Work Address	Home Address	Phone #'s
Roy Bowling Secretary				
Elmer Cunnagin, Jr. Treasurer (Interim Chairman) Treasurer				
Dr. David Delapena				
Tom Houchens Vice Chairman				
Lawrence Kuhl				
Carrie McCowan				
Dr. Paul Smith				
Donald Storm				
Kathey Young President / CEO				