

mailed validation letter
8/2/12

Application for License to
Operate a Long-term Care Facility

For Office Use Only
Received 7.2.12
Amount \$1080.-

Ch#
031517

I. IDENTIFICATION

Name Grayson Manor
Address 505 William Thomason Byway
City/County/Zip Leitchfield, Grayson, 42754
Telephone number 270-259-4028
Administrator Joseph B. Vance
Date facility operation began at current address April 1, 1966
Date facility began operation under current owner April 1, 1966

| II. TYPE BEDS | No. beds licensed | No. beds requested |
|-------------------|-------------------|--------------------|
| Skilled | <u>72</u> | <u>72</u> |
| Nursing Home | <u>72</u> | <u>72</u> |
| Nursing Facility | | |
| Intermediate Care | | |
| ICF/MR | | |
| Personal Care | <u>30</u> | <u>30</u> |

II. CONTROL (check one in each column)

State _____ Profit _____ Individual _____
County _____ Nonprofit _____ Partnership _____
City _____ Corporation _____
Private

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Grayson Housing DBA Grayson Manor
505 William Thomason Byway
Leitchfield KY 42754

RECEIVED
JUL 02 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

7/31
JB

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. *N/A*

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

N/A

Management Company

N/A

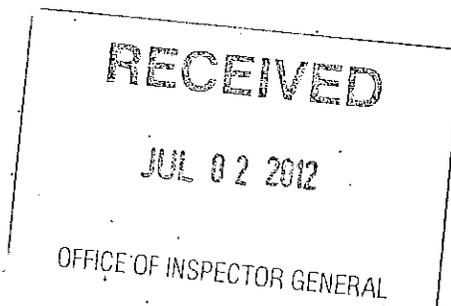
I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance 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.

Joseph R. Vance
Signature of authorized representative

Administrator *June 28, 2012*
Title Date

Return Application and fee to:

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



OIG 5
(10/2002)

Grayson Housing
dba Grayson Manor
Board of Directors

Howard Williams, Chairperson

Phyllis Anderson, Secretary

Claudia Bowman

Jack Kipper

Nina Ray

Jerry Guffey

James Harrison, Vice Chairperson

Laura Goff

