

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

For Office Use Only Received <u>2/25/13</u> Amount <u>1680.00</u>

7174107

I. IDENTIFICATION

Name Christian Health Center

Address 200 Sterling Drive

City/County/Zip Hopkinsville, Christian 42240

Telephone number (270) 885-1166 fran.marko@ccc1884.org

Administrator Frances M. Marko

Date facility operation began at current address March 1978

Date facility began operation under current owner March 1978

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>112</u>	<u>112</u>
Nursing Home	_____	_____
Nursing Facility	_____	_____
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.

Christian Care Communities
12710 Townepark Way The Cumberland Building
Louisville, KY 40243-1596

RECEIVED

FEB 25 2013

OFFICE OF INSPECTOR GENERAL

2/28

(OVER)

✓

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

Name of corporation Christian Care Communities

Address of corporation 12710 Townepark Way, Louisville, KY

President or Chairman Alan C. Parsons

Vice President Marie B. Smart

Secretary Sue Napper

Treasurer Frank Farris

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>Christian Care Communities</u>	_____
<u>12710 Townepark Way The Cumberland Bldg</u>	_____
<u>Louisville, KY 40243-1596</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.

Frances M. Minto, CNHA
Signature of authorized representative

Administrator
Title

2-12-13
Date

Return Application and fee to:

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

OIG 5
(10/2002)

Christian Care Communities
2013 Board of Directors Roster

Name	Address	City	State	Zip	E-Mail/Telephone/Fax	Title
Jill J. Bell					m	Director
Reverend Wayne Bell						Director
Jane W. Burks						Finance Committee Member
Frank Farris						Treasurer
Terri Fowler, D.V.M.						Director
Chadwick N. Gardner						Director
Susan Jones						Director
Bruce Lucas, M.D.						Director
Weldon Maisch						Director
J. Martin McKinney						Director
Andrew "Skipper" Martin						Director

Christian Care Communities
 2013 Board of Directors Roster

Name	Address	City	State	Zip	E-Mail/Telephone/Fax	Title
Jerry T. Miller						Director
Sue Napper						Secretary
Alan C. Parsons						Chair
Audrey L. Powell						Director
Marie B. Smart						Vice Chair
Phil Steenbergen						Director
Carla R. Whaley						Director