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OFFICE OF INSPECTOR GENERAL

emailed validation letter 12/28/11

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 11.28.11
Amount $1260.-
Ck# 4740

I. IDENTIFICATION

Name: Berea Health Care Center

Address: 601 N Richmond Rd

City/County/Zip: Berea, Madison, 40403

Telephone number: (859)986-4710

Administrator: Vicki Short

Date facility operation began at current address: 1960's

Date facility began operation under current owner: 1980

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	84	84
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Berea Health Care, Inc
P.O. Box 40
Berea, KY 40403

(OVER)

RB

12/31

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

Name of corporation Berea Health Care, Inc

Address of corporation P.O. Box 40 Berea, KY 40403

President or Chairman John Runda

Vice President John Daugherty

Secretary Susan Daugherty

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.

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
	Ousley Management, Inc
	300 Provider Ct, Ste100
	Richmond, KY 40475

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 of authorized representative

Manager
Title

11/25/11
Date

Return Application and fee to:

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

OIG 5
(10/2002)

Attachment

Schedule of Owners: Berea Health Care, Inc

John Runda	President
John Daugherty	Vice President
Susan Daugherty	Secretary