

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

For Office Use Only Received <u>2/22/12</u> Amount <u>1275.00</u>

21383 → 1355.00
- 1275.00 ONF
80.00 PC

I. IDENTIFICATION

Name Oakmont Manor
1100 Grandview Drive
 Address _____
 City/County/Zip Flatwoods / Greenup / 41139
606-836-3187
 Telephone number _____
 Administrator Shanna Carver scarver@pmdky.com
 Date facility operation began at current address 1980
 Date facility began operation under current owner 1980

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>85</u>	<u>85</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit X	Individual
County	Nonprofit	Partnership
City		Corporation XX
Private X		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Oakmont Manor, LLC
300 Provider Court, Suite 100
Richmond, KY 40475

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

Name of corporation Oakmont Manor, LLC
300 Provider Court, Suite 100, Richmond, KY 40475
Address of corporation _____
Member Delbert Ousley

Member John D. Sword

Member _____
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. **No one has at least 25% ownership.**

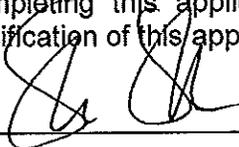
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	PMD Corporation
_____	<u>300 Provider Court, Suite 100</u>
_____	<u>Richmond, KY 40475</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.

	<u>Steve Strunk</u>	<u>V.P. Finance</u>	<u>2/8/12</u>
Signature of authorized representative		Title	Date

Return Application and fee to:

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

OIG 5
(10/2002)