

emailed Validation letter 12/29/11

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 12-12-11
Amount \$1395

Ch# 137084

I. IDENTIFICATION

Name Rockcastle Regional Hospital and Respiratory Care Center
Address 145 Newcomb Ave. PO Box 1310
City/County/Zip Mount Vernon / Rockcastle County / KY 40456
Telephone number (606) 256-2195 m.brock@rhrcc.org
Administrator Stephen A. Estes, President/CEO
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	93	93
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State
County
City
Private

Profit
Nonprofit

Individual
Partnership
Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Non-profit, private corporation. Board of Directors listing attached.

	RECEIVED
	DEC 12 2011
	OFFICE OF INSPECTOR GENERAL

(OVER)

12/31

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

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

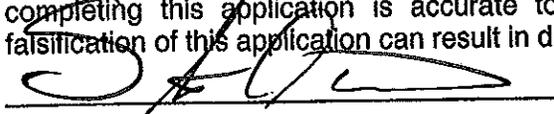
If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. n/a

Name and address of parent corporation and/or management company, if applicable. n/a

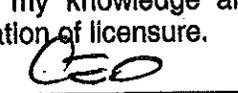
Parent

Management Company

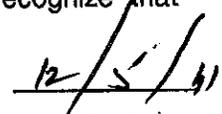
I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance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



Title



Date

Return Application and fee to:

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

OIG 5
(10/2002)



**ROCKCASTLE
REGIONAL**
HOSPITAL **##** RESPIRATORY CARE CENTER

Board of Directors & Officers

Joseph E. Lambert
Board Chairman

Stephen A. Estes
President / CEO

Bige Towery, Jr.
Vice Chairman & Secretary

Charles D. Black, Jr.
Chief Financial Officer

William B. Bailey, Sr.
Member

Debra H. Lambert
Member

Jeffrey T. Burdette
Member