

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

For Office Use Only
Received <u>9/27/11</u>
Amount <u>1395.00</u> #48277

I. IDENTIFICATION

Name Episcopal Church Home

Address 7504 Westport Road

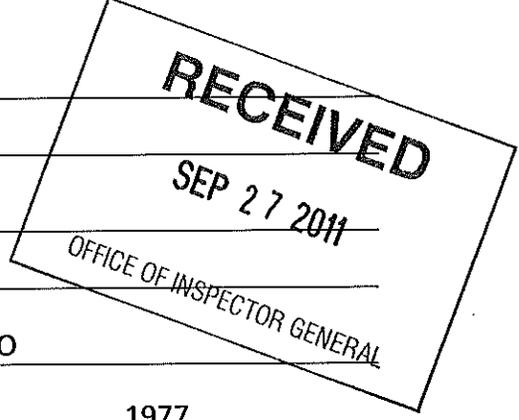
City/County/Zip Louisville, KY 40222

Telephone number 502-736-7800, annev@echky.org

Administrator Anne H. Veno, RN, LNHA, MBA, CEO

Date facility operation began at current address 1977

Date facility began operation under current owner 1881



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>93</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County	<u>Nonprofit</u>	Partnership
City		<u>Corporation</u>
<u>Private</u>		501 (C)(3)

II. OWNERSHIP

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

Trustees of the Church Home and Infirmary

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

Name of corporation Trustees of the Church Home and Infirmary
Address of corporation 7504 Westport Road, Louisville, KY 40222
President or Chairman Gibbs Reese
Vice President Richmond Simpson
Secretary Ginger Ray
Treasurer James Hendon

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
N/A	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.

<u><i>Cornett-Veaw, PAJ, CAHA</i></u>	<u>CEO</u>	<u>9/12/2011</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)

BOARD OF TRUSTEES 2011-2012
THE EPISCOPAL CHURCH HOME

<u>Bell, Donald</u>	
<u>Brooks, David</u>	
<u>Brown, Kathy</u>	
<u>Clark, Charlie</u>	
<u>Clark, Diane</u>	
<u>Dietz, Jr., Arthur</u>	
<u>Fritton, W. Vance</u>	
<u>Fulton, Laura Yeates</u>	
<u>Griffith, Robert</u>	
<u>Hendon, Jr., James</u>	
<u>King, Cecy Grisham</u>	
<u>Kohler, Donald</u>	
<u>Kramer, Barbara</u>	
<u>Lewis, Mark</u>	
<u>Nix, Bob</u>	
<u>Ostroff, Armand</u>	
<u>Panning, Joanna</u>	
<u>Pearson, David</u>	
<u>Ray, Virginia (Ginger)</u>	
<u>Real, Hollis</u>	
<u>Reese, H. Gibbs</u>	
<u>Simpson, Richmond</u>	
<u>Treitz, Jr., John</u>	
<u>Veno, Anne</u>	
<u>Wood, Donald</u>	
<u>The Rt. Rev. Terry Allen White</u>	