

mailed validation letter 5/1/12

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 3-26-12
Amount \$1080.-

Ch# 589746

I. IDENTIFICATION

Name Covington's Convalescent Center, Inc.
Address 115 Cayce St.
City/County/Zip Hopkinsville Christian 42240
Telephone number 270-886-4403
Administrator William Covington
Date facility operation began at current address 06-15-73
Date facility began operation under current owner 06-15-73

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>72</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	<u>25</u>	_____

II. CONTROL (check one in each column)

State	<input checked="" type="radio"/> Profit	<input type="radio"/> Individual
County	<input type="radio"/> Nonprofit	<input checked="" type="radio"/> Partnership
City		<input checked="" type="radio"/> Corporation
<input checked="" type="radio"/> Private		

II. OWNERSHIP

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

(OVER)

RECEIVED
MAR 28 2012
OFFICE OF INSPECTOR GENERAL

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