

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

For Office Use Only Received <u>4/25/11</u> Amount <u>2040.00</u>	#47710
---	--------

I. IDENTIFICATION

Name Homestead Nursing Center, LLC
 Address 1608 Versailles Road
 City/County/Zip Lexington Fayette 40504
 Telephone number 859-259-0871
 Administrator Joni Gosser
 Date facility operation began at current address 1971
 Date facility began operation under current owner 1971

RECEIVED
 APR 29 2011
 OFFICE OF INSPECTOR GENERAL

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>136</u>	<u>136</u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State	<u>Profit</u>	Individual
County	Nonprofit	Partnership
City		<u>Corporation</u>
<u>Private</u>		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Homestead Nursing Center, LLC
3147 Custer Drive, Suite A
Lexington

