

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

For Office Use Only Received <u>10/31/11</u> Amount <u>510.00</u>

070360

I. IDENTIFICATION

Name Cardinal Hill Rehabilitation Unit at Samaritan Hospital

Address 310 S. Limestone

City/County/Zip Lexington /Fayette/ 40508

Telephone number 859-226-7700

Administrator Terry Powers

Date facility operation began at current address 1954

Date facility began operation under current owner 9/21/2005

RECEIVED

OCT 31 2011

OFFICE OF INSPECTOR GENERAL

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>34</u>	<u>34</u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u> </u>	<u> </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	Profit	Individual
County	<u>Nonprofit</u>	Partnership
City		Corporation
<u>Private</u>		

II. OWNERSHIP

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

Kentucky Easter Seal Society, Inc.

2050 Versailles Road

Lexington, Ky 40504

JL

(OVER)

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

Name of corporation Kentucky Easter Seal Society, Inc.

Address of corporation 2050 Versailles Rd., Lexington, Ky 40504

President or Chairman Jimmy Nash

Vice President Glenn Norvell

Secretary Richard Sturgill

Treasurer Gregg Thornton

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

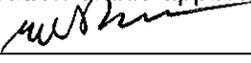
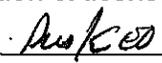
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. Attached

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.

Parent	Management Company
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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></u>	<u></u>	<u>24 Oct 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

KENTUCKY EASTER SEAL SOCIETY INC.
2050 Versailles Road
Lexington KY 40504

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