

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

mailed validation letter 4/2/12

For Office Use Only
Received <u>7/13/12</u>
Amount \$ <u>300.-</u>

ck# 48951

I. IDENTIFICATION

Name Regional Medical Center of Hopkins Co. Transitional Care Unit

Address 900 Hospital Drive

City/County/Zip Madisonville, Ky 42431

Telephone number 270-825-5600; jroberts@trover.org

Administrator Jerry Robertson

Date facility operation began at current address January 17, 1994

Date facility began operation under current owner January 17, 1994

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>20</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

The Trover Clinic Foundation, Inc.
900 Hospital Drive
Madisonville, Ky 42431

(OVER)

<p>RECEIVED</p> <p>JUL 13 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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7/31 RB

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

Name of corporation The Trover Clinic Foundation, Inc.
Address of corporation 900 Hospital Drive
President or Chairman Charles Allen Rudd, Jr.
Vice President _____
Secretary Berton Whitaker
Treasurer Thomas Moore

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
_____	_____
_____	_____
_____	_____

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.

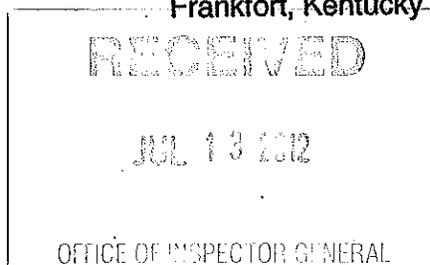
Glenn Dean R.N.
Signature of authorized representative

V.P. Nursing
Title

6/28/12
Date

Return Application and fee to:

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



OIG 5
(10/2002)

**Trover Health System
Board and Other Committee Meetings
Dates and Attendees
2012**

Board of Directors - Monthly on 4th Wednesday - Joseph R. Miller Auditorium

<u>Meeting Dates</u>	<u>Board Members</u>	<u>Emeritus Directors</u>
January 25	Allen Rudd, Chairman	Morris Coffman
February 22	Jim Miner, Vice Chairman	Morton Dickerson
March 28	Janet Berry	William A. Logan
April 25	Ruffin Chandler	Dan Martin, M.D.
May 23	William Corum	Carl Vannoy
June 27	Steve Cox	
July 25	Bill Donan	
August 22	Mark Eastin	
September 26	Mark Fitzmaurice, M.D.	
October 24	Barry Hardison, M.D.	
November 28	Kent Mills	
December 19	Heather Ricketts, M.D. Heather Roy Bhaskaran Sreekumar, M.D. Bert Whitaker R. Mont Wood, M.D.	

Corporate Officers

Allen Rudd, Chairman
James Miner, Vice Chairman
Bert Whitaker, Secretary/President/CEO
Tom Moore, Treasurer/CFO/Sr. VP Operations
Kim Ashby - VP Finance
Stacey Beaven, VP Nursing
Robert Brooks, VP Education
Tim Dukes, VP Operations
David Lang, VP Human Resources
Joe Miller, VP Planning
Randall Powell, VP Clinic Operations
Leif Ratliff, Legal Counsel
Craig Ireland, Chief Information Officer
Jerry Kelley, Corporate Compliance Officer