

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

For Office Use Only Received <u>1/30/12</u> Amount <u>3150.00</u>
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**I. IDENTIFICATION**

# 7508

Name Rosedale Manor

Address 4250 Glenn Avenue

City/County/Zip Covington, KY 41015

Telephone number 859-431-2244 LKNOLLMAN@ROSEDALEMANOR.COM

Administrator LONDA KNOLLMAN

Date facility operation began at current address SEPT 1962

Date facility began operation under current owner SEPT 1962

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>210</u>	<u>210</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL** (check one in each column)

State	Profit		Individual
County	Nonprofit	X	Partnership
City			Corporation
Private	X		X

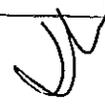
**II. OWNERSHIP**

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

KENTON HOUSING INC  
4250 GLENN AVENUE  
COVINGTON, KY 41015

<b>RECEIVED</b>
JAN 30 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

*2/26* 

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

Name of corporation KENTON HOUSING INC

Address of corporation 4250 GLENN AVENUE; COVINGTON, KY 41015

President or Chairman ED FRITZ

Vice President GENE WEAVER

Secretary BONNIE HALDERMAN

Treasurer JERRY NEUHAUS

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

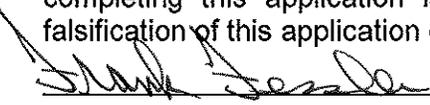
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. SEE ATTACHED

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.

  
\_\_\_\_\_  
Signature of authorized representative

DIRECTOR OF FINANCE 1/27/12  
\_\_\_\_\_  
Title Date

Return Application and fee to:

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

**CHAIRPERSON**  
Ed Fritz

Mike Hemmer

Nicholas Ziegler

Mark Middendorf

**SECRETARY**  
Bonnie Halderman

**TREASURER**  
Jerry Neuhaus

**VICE  
CHAIRPERSON**  
Gene Weaver

Kelly Simmons

John Eldridge

James Titus