

remailed validation letter
6/28/12

Application for License to
Operate a Long-term Care Facility

For Office Use Only
Received 6-5-12
Amount 1,520.00
1440

I. IDENTIFICATION

Name Lancaster Medical Investors, LLC
alpha Christian Care Center of Lancaster
Address 308 West Maple Avenue
City/County/Zip Lancaster, Garrard County, Kentucky 40444
Telephone number (859) 792-6844, Email: lgray@carecenters.net
Administrator Sam Frazier
Date facility operation began at current address 03/12/2004
Date facility began operation under current owner 01/01/2006

II. TYPE BEDS

No. beds licensed

No. beds requested

Skilled	<u>96</u>	<u>96</u>
Nursing Home	_____	_____
Nursing Facility	<u>96</u>	<u>96</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Jimmy R. Lewis - 2020 Northpark, Ste. 2D, Johnson City, TN 37604
Richard B. Griffin II - 610 Towson Avenue, Ft. Smith, AR 72901

RECEIVED
JUN 05 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

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

Name of corporation Lancaster Medical Investors, LLC
dba Christian Care Center of Lancaster

Address of corporation 2020 Northpark, Ste. 20, Johnson City, TN 37604

President or Chairman Jimmy R. Lewis - Chief Manager

Vice President Laura S. Woods - VP of Legal Affairs

Secretary Richard B. Griffin II

Treasurer Anita B. West

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
Care Centers Management Consulting, Inc.
2020 Northpark, Ste. 20
Johnson City, TN 37604

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.

Dei Caswood-Gray
Signature of authorized representative

Risk Consultant
Title

05/30/12
Date

Return Application and fee to:

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

OIG 5
(10/2002)

Lancaster Medical Investors, LLC
d/b/a Christian Care Center of Lancaster

Owners:

Jimmy (J.R.) R. Lewis – 50% ownership

Richard B. Griffin II – 50% ownership