

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

For Office Use Only Received <u>3/5/12</u> Amount <u>2205.00</u>
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24020

I. IDENTIFICATION

Name Kingsbrook Lifecare Center
Address 2500 St Rt 5 PO Box 1376
City/County/Zip Ashland, Boyd, 41101
Telephone number (606) 324-1414 keith.moore@kdmc.net
Administrator Keith Moore
Date facility operation began at current address April 2002
Date facility began operation under current owner April 2002

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>147</u>	<u>147</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit (x)	Partnership
City		Corporation (x)
Private (x)		

II. OWNERSHIP

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

Ashland Nursing Home Corporation
2201 Lexington Ave.
Ashland, Ky. 41101

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

Name of corporation Ashland Nursing Home Corporation

Address of corporation 2201 Lexington Ave. Ashland, KY

President or Chairman Fred Jackson

Vice President Philip Fioret

Secretary Sheryl Mahaney

Treasurer Paul McDowell

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
<u>N/A</u>	<u>N/A</u>

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.

Keith Mow
Signature of authorized representative

ADMINISTRATOR
Title

2-29-12
Date

Return Application and fee to:

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

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(10/2002)

KINGSBROOK

LIFECARE CENTER

Ashland Nursing Home owns Kingsbrook Lifecare Center. The following is a list of Board Members.

Fred Jackson
2201 Lexington Ave.
Ashland, KY 41101

Phil Fioret, M.D
2201 Lexington Ave.
Ashland, KY 41101

Paul McDowell
2201 Lexington Ave.
Ashland, KY 41101

Sheryl Mahaney
2201 Lexington Ave.
Ashland, KY 41101

Jack Blair
609 Pine Grove Ct.
Ashland, KY 41101

David Jones
2629 Bonanza Dr.
Catlettsburg, KY 41129

E.B. Lowman, II
3500 Lowman Dr.
Ashland, KY 41101

Willie McCullough
329 High Point Court
Ashland, KY 41102

Dr. Floyd Paris
4821 Richardson Rd.
Ashland, KY 41101

