

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

For Office Use Only
Received <u>8-4-11</u>
Amount <u>\$1650.</u>

*emailed validation letter 9/1/11*  
*Ch#11738 RB*

**I. IDENTIFICATION**

Name Ridgewood Terrace, LLC  
 Address 425 Island Ford Road  
 City/County/Zip Madisonville, Hopkins, 42431  
 Telephone number 270-825-0166 blowry@ridgewoodterrace.com  
 Administrator Brenda Lowry  
 Date facility operation began at current address 06/01/1989  
 Date facility began operation under current owner 01/01/2004

**RECEIVED**  
 AUG 04 2011  
 OFFICE OF INSPECTOR GENERAL

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>110</u>	<u>110</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

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

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

**II. OWNERSHIP**

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

Ridgewood Terrace, LLC  
95 YMCA Drive  
Madisonville, Ky. 42431

(OVER)

*8/31*

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

Name of corporation Ridgewood Terrace, LLC

Address of corporation 95 YMCA Drive, Madisonville, Ky 42431

President or Chairman Brenda Lowry

Vice President David Lowry

Secretary Jake Lowry

Treasurer Matt Lowry

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.

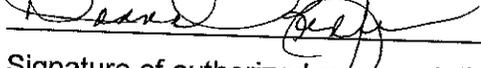
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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>Concord Health Systems MNG. Co., Inc.</u>
_____	<u>95 YMCA Drive</u>
_____	<u>Madisonville, Ky 42431</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.

  
Signature of authorized representative

Donna Redfern, Corp. A/R 7-21-01  
Title Date

Return Application and fee to:

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

**Ridgewood Terrace, LLC Ownership**

**Officers of Corporation:**

Brenda Lowry, President

David Lowry, Vice President

James Lowry, Secretary

Matt Lowry, Treasurer