

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

For Office Use Only Received <u>4/17/12</u> Amount <u>1500.00</u>
---

# 81451659

**I. IDENTIFICATION**

Name Golden LivingCenter - Frankfort  
 Address 117 Old Soldier Lane  
 City/County/Zip Frankfort, Franklin, 40601-6159  
 Telephone number (502) 875-7272  
 Administrator (502) 226-3733 Herschel Sedoris  
 Date facility operation began at current address \_\_\_\_\_  
 Date facility began operation under current owner 04-01-2006

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>100</u>	<u>100</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

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

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

**II. OWNERSHIP**

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

GGNSC Frankfort LLC  
7160 North Dallas Parkway, Ste 400  
Plano, TX 75024

<b>RECEIVED</b>
APR 17 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

If facility owned or leased by a corporation<sup>LLC</sup>, complete the following:

Name of corporation GGNSC Frankfort LLC  
Address of corporation 7160 North Dallas Parkway, Ste 400, Plano, TX 75024  
President or Chairman David Stordy  
Vice President Michael Karicher  
Secretary Holly Rasmussen-Jones  
Treasurer Ann Truitt

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>GGNSC Equity Holdings LLC</u>	<u>N/A</u>
<u>7160 N. Dallas Parkway, Ste 400</u>	<u></u>
<u>Plano, TX 75024</u>	<u></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.

Holly Rasmussen-Jones Secretary 04/11/2012  
Signature of authorized representative Title Date

Return Application and fee to:

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

OIG 5  
(10/2002)