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FEB 20 2013

OFFICE OF INSPECTOR GENERAL

Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 2/20/13  
Amount 510.00

#12445

I. IDENTIFICATION

Name Rose Manor HCF, Limited

Address 3057 Cleveland Road

City/County/Zip Lexington/Fayette/40516  
859 299-4117

Telephone number \_\_\_\_\_

Administrator Deborah McGregor Addressi

Date facility operation began at current address March 1964

Date facility began operation under current owner March 1964

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>34</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation
Private		

*✓*

II. OWNERSHIP

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

Alfred E. McGregor  
1450 Leestown Road  
Lexington, Kentucky 40511

2/28

(OVER)

*ll*

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

Name of corporation Rose Manor HCF, Limited

Address of corporation 3057 Cleveland Road Lexington, KY 40516

President or Chairman Alfred E. McGregor

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

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.

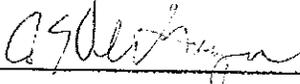
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	_____
_____	_____
_____	_____

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.

<u></u>	<u>Owner/CEO</u>	<u>2/12/2013</u>
Signature of authorized representative	Title	Date

Return Application and fee to: Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621