

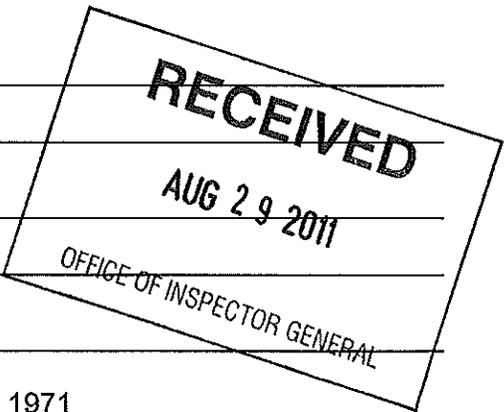
**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received <u>8/29/11</u>
Amount <u>585.00</u>

#005270

I. IDENTIFICATION

Name Hilltop Lodge
P. O. Box 559
 Address _____
 City/County/Zip Owingsville KY 40360
606-674-6062
 Telephone number _____
 Administrator Stacey Richardson
 Date facility operation began at current address 1971
 Date facility began operation under current owner 2001



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>39</u>	<u>39</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	Profit X	Individual
County	Nonprofit	Partnership
City		Corporation X
Private X		

II. OWNERSHIP

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

Ridgeway Nursing & Rehabilitation, LLC

300 Provider Court, Suite 100

Richmond, KY 40475

(OVER)

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

Name of corporation Ridgeway Nursing & Rehabilitation, LLC
300 Provider Court, Suite 100, Richmond, KY 40475
Address of corporation _____
Member Delbert Ousley, Member
Member John D. Sword, Member
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.

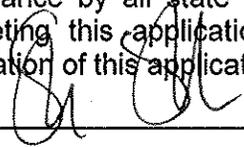
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	PMD Corporation
_____	<u>300 Provider Court, Suite 100</u>
_____	<u>Richmond, KY 40475</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.

<u></u>	<u>CFO</u>	<u>4/15/11</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

OIG 5
(10/2002)

Attachment

Schedule of Owners:

Hilltop Lodge

Delbert Ousley Member

John D. Sword Member

Sena Z. Sword Member