Emailed Validation letter 10/1/10

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 9.23.10
Amount 510-/140 Ck# 033914

I. IDENTIFICATION

Name: Telford Terrace

Address: 1025 Robert L Telford Dr

City/County/Zip: Richmond, Madison, 40475

Telephone number: (859) 626-5200 telford.terrace@dsl.chpl.net

Administrator: Gilbert S Shew

Date facility operation began at current address: September 2000

Date facility began operation under current owner: September 2000

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home	34	34
Nursing Facility		
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.

McCready Manor, Inc

300 Stocker Dr

Richmond, KY 40475

(OVER)

9/30

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

Name of corporation McCready Manor, Inc

Address of corporation 300 Stocker Dr

President or Chairman Ron Coffman

Vice President Ken Ruhl

Secretary Ginger Wallace

Treasurer Bob Lilly

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.

Signature of authorized representative	Title	Date
Albert McKee	Administrator	09/21/2010

Return Application and fee to:

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

OIG 5
(10/2002)