

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

Unmailed Validation Letter
2/1/12
Ch # 009855

For Office Use Only
Received <u>1.31.12</u>
Amount <u>\$1530.-</u>

I. IDENTIFICATION

Name Berea Area Development LLC, d.b.a.
The Terrace Nursing and Rehabilitation Facility
Address 1043 Brooklyn Boulevard

City/County/Zip Berea / Madison / 40403
859-228-0551

Telephone number _____

Administrator Paula Long Strunk

Date facility operation began at current address October 20, 2003

Date facility began operation under current owner February 2, 2002

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>102</u>	<u>102</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State KY	Profit X	Individual
County Madison	Nonprofit	Partnership
City Berea		Corporation (LLC) X
Private X		

II. OWNERSHIP

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

Berea Area Development, LLC
300 Provider Court, Suite 100
Richmond, KY 40475

(OVER)

RECEIVED

JAN 31 2012

OFFICE OF INSPECTOR GENERAL

POP

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

Name of corporation Berea Area Development, LLC
300 Provider Court, Suite 100, Richmond, KY 40475

Address of corporation _____

Member Delbert Ousley

Member John D. Sword

Member John Runda

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.

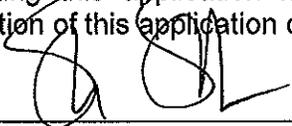
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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>V.P. Finance</u>	<u>1/4/12</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:

Berea Area Development, LLC, d.b.a. The Terrace Nursing & Rehabilitation Facility

Delbert Ousley	Member	300 Provider Court, Suite 100 Richmond, KY 40475
John D. Sword	Member	300 Provider Court, Suite 100 Richmond, KY 40475
Sena Z. Sword	Member	300 Provider Court, Suite 100 Richmond, KY 40475
John Runda	Member	8405 Twin Peaks Road Helena, MT 59602