

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

For Office Use Only
Received <u>9/22/11</u>
Amount <u>1320.00</u>

#35171

**I. IDENTIFICATION**

Name Community Nursing Services Inc. d.b.a. Pioneer Trace Nursing Home

Address 115 Pioneer Trace

City/County/Zip Flemingsburg Ky 41041

Telephone number 606-845-2131

Administrator Julie J. Watson

Date facility operation began at current address 1977

Date facility began operation under current owner 1977

**RECEIVED**  
AUG 22 2011  
OFFICE OF INSPECTOR GENERAL

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	—	—
Nursing Home	—	—
Nursing Facility	92	92
Intermediate Care	—	—
ICF/MR	—	—
Personal Care	—	—

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

State	<u>Profit</u>	Individual
County	Nonprofit	Partnership
City		<u>Corporation</u>
<u>Private</u>		

**II. OWNERSHIP**

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

see attached

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

Name of corporation Community Nursing Services, Inc.  
Address of corporation 115 Pioneer Trace Flemingsburg KY 41041  
President or Chairman Charles Brown  
Vice President Greeba London  
Secretary Dorothy Brown  
Treasurer William Walton

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>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>
<u> </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.

William Walton Administrator 8/18/2011  
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)

Charles Brown and Dorothy Brown – Owns 33.33%

Greeba London – Owns 33.33%

William Walton – Owns 33.33%