Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 2/25/13
Amount 1275.00 for NF

23821-1355.00

I. IDENTIFICATION

Name: Oakmont Manor

Address: 1100 Grandview Drive

City/County/Zip: Flatwoods / Greenup / 41139

Telephone number: 606-836-3187

Administrator: Shanna Carver scarver@pmdky.com

Date facility operation began at current address: 1980

Date facility began operation under current owner: 1980

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	85	85
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Oakmont Manor, LLC
300 Provider Court, Suite 100
Richmond, KY 40475

RECEIVED
FEB 25 2013
OFFICE OF INSPECTOR GENERAL

2/28

(OVER)

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

Name of corporation Oakmont Manor, LLC

Address of corporation 300 Provider Court, Suite 100, Richmond, KY 40475

Member Delbert Ousley

Member John D. Sword

Member

Member

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. **No one has at least 25% ownership.**
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
	300 Provider Court, Suite 100
	Richmond, KY 40475

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
Steve Strunk	V.P. Finance	2/20/13

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: **Oakmont Manor, LLC, d.b.a. Oakmont Manor**

John D. Sword

Delbert Ousley

Sena Sword

Mary Ousley

Patti N. Sanford under Fred Nall

Darlene Y. Nall under Fred Nall

Sandra N. Coburn under Fred Nall