

emailed validation letter 9/4/12

Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 8-16-12  
Amount \$1200.-

ch #9970

I. IDENTIFICATION

Name Christian Care Center of Kuttawa, LLC  
Address 1253 Lake Barkley Drive  
City/County/Zip Kuttawa, Lyon County, Kentucky 42055  
Telephone number (270) 388-2291  
Administrator Cindy Bruton  
Date facility operation began at current address 04/01/2009  
Date facility began operation under current owner 04/01/2009

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>80</u>	<u>80</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Jimmy R. Lewis  
2020 Northpark, Ste. 2D  
Johnson City, TN 37604

(OVER)

RECEIVED  
AUG 16 2012  
OFFICE OF INSPECTOR GENERAL

8/31

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

Name of corporation Christian Care Center of Kuttawa, LLC  
Address of corporation 2020 Northpark, Ste. 2D, Johnson City, TN 37604  
President or Chairman Jimmy R. Lewis - Chief Manager  
Vice President n/a  
Secretary Laura S. Woods  
Treasurer Anita B. West

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	<u>Consultant</u> Management Company
_____	<u>Care Centers Management Consulting, Inc.</u>
_____	<u>2020 Northpark, Ste. 2D</u>
_____	<u>Johnson City, TN 37604</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.

Rosa Crawford-Gray  
Signature of authorized representative

Risk Consultant August 14, 2012  
Title Date

Return Application and fee to:

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

OIG 5  
(10/2002)