

mailed validation letter  
6/5/12

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

For Office Use Only  
Received 5-11-12  
Amount 975.00

Case # 014193

**I. IDENTIFICATION**

Name Martin County Health Care Facility  
62 Maude Road, P. O. Box 1718  
Address \_\_\_\_\_  
City/County/Zip Inez / Martin / 41224  
606-298-0091  
Telephone number \_\_\_\_\_  
Administrator Beth Arnett  
Date facility operation began at current address May 1993  
Date facility began operation under current owner May 1993

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>65</u>	<u>65</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
<del>Personal Care</del>	<del><u>65</u></del>	<del><u>65</u></del>

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

State  Profit  Individual  
County  Nonprofit  Partnership  
City  Corporation   
Private  X

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.  
Martin Manor, LLC  
300 Provider Court, Suite 100  
Richmond, KY 40475

(OVER)

RECEIVED  
MAY 11 2012  
OFFICE OF INSPECTOR GENERAL

5/31  
RB

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

Name of corporation Martin Manor, LLC  
300 Provider Court, Suite 100, Richmond, KY 40475  
Address of corporation \_\_\_\_\_  
Member Delbert Ousley  
\_\_\_\_\_  
Member John D. Sword  
\_\_\_\_\_  
Member Estate of Fred Nall  
\_\_\_\_\_  
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.

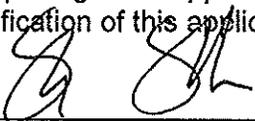
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	<b>PMD Corporation</b>
_____	<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.

 V.P. Finance 5/8/12  
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:

### Martin Manor, LLC

Delbert Ousley      Member

John D. Sword      Member

Mary Ousley      Member

Estate of Fred Nall      Member