

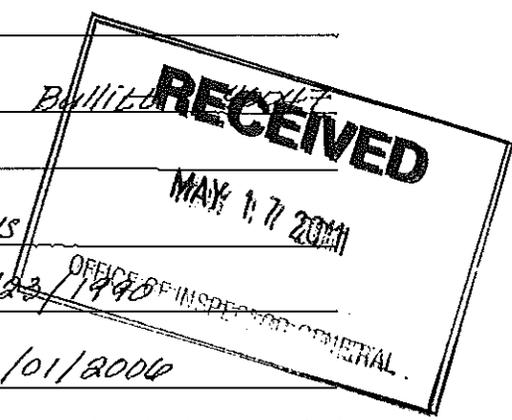
Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 5/17/11  
Amount 1830.00

#10921

I. IDENTIFICATION

Name Mount Washington Health Care Center LLC  
d/b/a Green Meadows Health Care Center I  
Address 310 Boxwood Run Road  
City/County/Zip Mount Washington KY Bullitt County  
Telephone number (502) 538-3500  
Administrator Everett Benjamin Bays  
Date facility operation began at current address 10/22/1990  
Date facility began operation under current owner 02/01/2006



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>122</u>	<u>n/a</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	<input checked="" type="checkbox"/> Profit	Individual
County	<input type="checkbox"/> Nonprofit	Partnership
City		Corporation
<input checked="" type="checkbox"/> Private		

II. OWNERSHIP

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

n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

