

emailed validation letter 6/28/12

Application for License to Operate a Long-term Care Facility

For Office Use Only  
Received 6.11.12  
Amount \$1365.00

ch# 030874

I. IDENTIFICATION

Name Owsley County Health Care Center  
Address P.O. Box 250  
City/County/Zip Booneville, Owsley, 41314  
Telephone number 606-593-6302  
Administrator Judy Terry  
Date facility operation began at current address October, 1980  
Date facility began operation under current owner October, 1980

II. TYPE BEDS

No. beds licensed

No. beds requested

Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>91</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

III. CONTROL (check one in each column)

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

IV. OWNERSHIP

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

Owsley County Health Care Center, Inc.  
P.O. Box 250  
Booneville, Ky 41314

RECEIVED  
JUN 11 2012  
OFFICE OF INSPECTOR GENERAL

(OVER)

6/30 RB

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

Name of corporation Owsley County Health Care Center, Inc.

Address of corporation P.O. Box 250 Booneville, Ky. 41314

President or Chairman Dale Roberts

Vice President \_\_\_\_\_

Secretary Dale Bishop

Treasurer Dale Bishop

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  
Health Systems of Kentucky  
329 Towne Park Circle  
Ste. 100 Louisville Ky 40243

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]  
Signature of authorized representative

Administrator 06/08/12  
Title Date

Return Application and fee to:

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

OIG 5  
(10/2002)

Owsley County Health Care Center Board of Directors

1. Dale Roberts-Chairman
2. Dale Bishop- Secretary/Treasurer
3. Phyllis Reffitt-Director
4. Roger Roberts-Director
5. Bobby Smith-Director
6. Jason Wilson-Director
7. Steve A. Wilson-Director