

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

For Office Use Only Received <u>3/12/13</u> Amount <u>1276.00</u>

4134

I. IDENTIFICATION

Name The Heritage Nursing and Rehabilitation Facility
 Address P. O. Box 1530 / 192 Bacon Creek Rd
 City/County/Zip Corbin / Whitley / 40702
 Telephone number 606-526-1;900 cwillis@pmdky.com
 Administrator Cathy J. Willis
 Date facility operation began at current address March 19, 1997
 Date facility began operation under current owner March 19, 1997

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>85</u>	<u>85</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State KY	Profit X	Individual
County Whitley	Nonprofit	Partnership
City Corbin		Corporation (LLC) X
Private X		

II. OWNERSHIP

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

RECEIVED
 MAR 12 2013
 OFFICE OF INSPECTOR GENERAL

(OVER)

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

Whitley County, LLC, d.b.a.
Name of corporation The Heritage Nursing and Rehabilitation Facility
300 Provider Court, Suite 100, Richmond, KY 40475
Address of corporation _____
Member Delbert Ousley

Member John D. Sword

Member Marie Mills

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.

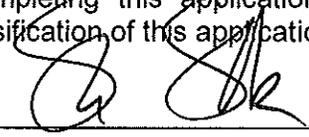
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
_____	<u>PMD Corporation</u>
_____	<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.

<u></u>	<u>V.P. Finance</u>	<u>3/11/13</u>
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:

**Whitley County, LLC, d.b.a.
The Heritage Nursing & Rehabilitation Facility**

Delbert Ousley Member

John D. Sword Member

Marie Mills Member