

RECEIVED

DEC 03 2012

OFFICE OF INSPECTOR GENERAL

emailed validation letter 12/27/12

Application for License to Operate a Long-term Care Facility

For Office Use Only Received 12-3-12 Amount \$1410.-

Ch# 7880

I. IDENTIFICATION

Name BARREN COUNTY HEALTH CARE CENTER
Address 300 WESTWOOD STREET
City/County/Zip GLASGOW/BARREN/42141
Telephone number 270-651-9131 bchcc@glasgow-ky.com
Administrator STEVE BROWN
Date facility operation began at current address MARCH 1979
Date facility began operation under current owner MARCH 1979

Table with 3 columns: TYPE BEDS, No. beds licensed, No. beds requested. Rows include Skilled, Nursing Home, Nursing Facility (94), Intermediate Care, ICF/MR, Personal Care.

II. CONTROL (check one in each column)

State County City Private (Profit) Nonprofit Individual Partnership Corporation

II. OWNERSHIP

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

LIST ENCLOSED

(OVER)

ADDRESSES

Mary Ann Hurst

Linda Beam

Steve Brown

Beth Hurst Hawkins

Sallie Schreiber

Thomas S. Hurst Jr.

James Bradbury Hurst

Margaret F. Greenwell

Nancy Mollett

Johnny Beam
