LICENSE NUMBER: 400002
FACILITY NAME: **ALLIANCE OF COMMUNITY HOSPICES**

COUNTY(S) SERVED: ADAIR, BRECKINRIDGE, BULLITT, GRAYSON, GREEN, HARDIN, HENRY, JEFFERSON, LARUE, MARION, MEADE, OLDHAM, SHELBY, SPENCER, TAYLOR, TRIMBLE, WASHINGTON

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	1	19	174	394	588
DIGESTIVE ORGANS	0	15	125	252	392
GENITOURINARY ORGANS	0	11	55	197	263
BONE, CONNECTIVE TISSUE	2	18	63	79	162
LYMPHATIC HEMATOPOETIC	4	4	23	85	116
LIP, ORAL CAVITY, PHARYNX	0	1	7	11	19
OTHER UNSPECIFIED SITES	8	8	36	98	150
TOTAL MALIGNANT NEOPLASMS	15	76	483	1,116	1,690
NON-MALIGNANT DIAGNOSIS					
AIDS	0	9	6	0	15
HEART DISEASE	1	0	8	92	101
STROKE	0	0	5	74	79
ALZHEIMERS	0	0	2	27	29
PULMONARY	0	0	12	78	90
NEUROLOGICAL	2	4	12	10	28
ANY OTHER DIAGNOSIS	14	7	30	222	273
TOTAL NON-MALIGNANT	17	20	75	503	615
TOTAL BY AGE COHORTS	32	96	558	1,619	2,305

LICENSE NUMBER: 400015
FACILITY NAME: **COMMUNITY HOSPICE**

COUNTY(S) SERVED: BOYD, CARTER, ELLIOTT, GREENUP, LAWRENCE

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	26	54	81
DIGESTIVE ORGANS	0	4	8	51	63
GENITOURINARY ORGANS	0	0	7	23	30
BONE, CONNECTIVE TISSUE	0	2	8	20	30
LYMPHATIC HEMATOPOETIC	0	1	2	14	17
LIP, ORAL CAVITY, PHARYNX	0	0	2	2	4
OTHER UNSPECIFIED SITES	0	1	4	11	16
TOTAL MALIGNANT NEOPLASMS	0	9	57	175	241
NON-MALIGNANT DIAGNOSIS					
AIDS	0	1	0	0	1
HEART DISEASE	1	0	3	53	57
STROKE	0	0	2	22	24
ALZHEIMERS	0	0	1	30	31
PULMONARY	0	0	3	18	21
NEUROLOGICAL	0	0	0	6	6
ANY OTHER DIAGNOSIS	0	0	11	51	62
TOTAL NON-MALIGNANT	1	1	20	180	202
TOTAL BY AGE COHORTS	1	10	77	355	443

LICENSE NUMBER: 400034
FACILITY NAME: **CUMBERLAND VALLEY DIST HEALTH DEPT HOSPICE**

COUNTY(S) SERVED: CLAY

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	5	6	11
DIGESTIVE ORGANS	0	0	5	4	9
GENITOURINARY ORGANS	0	0	0	1	1
BONE, CONNECTIVE TISSUE	0	0	0	0	0
LYMPHATIC HEMATOPOETIC	0	0	1	0	1
LIP, ORAL CAVITY, PHARYNX	0	0	0	0	0
OTHER UNSPECIFIED SITES	0	0	0	0	0
TOTAL MALIGNANT NEOPLASMS	0	0	11	11	22
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	11	11
STROKE	0	0	0	2	2
ALZHEIMERS	0	0	0	2	2
PULMONARY	0	0	0	2	2
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	0	0	3	3
TOTAL NON-MALIGNANT	0	0	0	20	20
TOTAL BY AGE COHORTS	0	0	11	31	42

LICENSE NUMBER: 400037
FACILITY NAME: **FAMILY HOME HEALTH CARE INC**

COUNTY(S) SERVED: CLINTON, CUMBERLAND

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	0	0	0
DIGESTIVE ORGANS	0	0	0	0	0
GENITOURINARY ORGANS	0	0	0	0	0
BONE, CONNECTIVE TISSUE	0	0	0	0	0
LYMPHATIC HEMATOPOETIC	0	0	0	0	0
LIP, ORAL CAVITY, PHARYNX	0	0	0	0	0
OTHER UNSPECIFIED SITES	0	0	1	0	1
TOTAL MALIGNANT NEOPLASMS	0	0	1	0	1
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	0	0
STROKE	0	0	0	0	0
ALZHEIMERS	0	0	0	0	0
PULMONARY	0	0	0	0	0
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	0	0	0	0
TOTAL NON-MALIGNANT	0	0	0	0	0
TOTAL BY AGE COHORTS	0	0	1	0	1

LICENSE NUMBER: 400035
FACILITY NAME: **GREEN RIVER HOSPICE**

COUNTY(S) SERVED: HOPKINS, MCLEAN, MUHLENBERG

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	11	22	33
DIGESTIVE ORGANS	0	0	5	15	20
GENITOURINARY ORGANS	0	0	2	11	13
BONE, CONNECTIVE TISSUE	0	0	0	4	4
LYMPHATIC HEMATOPOETIC	0	0	2	4	6
LIP, ORAL CAVITY, PHARYNX	0	0	0	2	2
OTHER UNSPECIFIED SITES	0	0	1	2	3
TOTAL MALIGNANT NEOPLASMS	0	0	21	60	81
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	1	0	1
HEART DISEASE	0	0	0	15	15
STROKE	0	0	0	0	0
ALZHEIMERS	0	0	2	3	5
PULMONARY	0	1	1	5	7
NEUROLOGICAL	0	0	0	9	9
ANY OTHER DIAGNOSIS	0	0	0	4	4
TOTAL NON-MALIGNANT	0	1	4	36	41
TOTAL BY AGE COHORTS	0	1	25	96	122

LICENSE NUMBER: 400010
FACILITY NAME: **HERITAGE HOSPICE**

COUNTY(S) SERVED: BOYLE, GARRARD, LINCOLN, MERCER

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC		1	16	44	61
DIGESTIVE ORGANS		1	9	22	32
GENITOURINARY ORGANS		0	9	20	29
BONE, CONNECTIVE TISSUE		1	2	18	21
LYMPHATIC HEMATOPOETIC		0	2	9	11
LIP, ORAL CAVITY, PHARYNX		0	1	1	2
OTHER UNSPECIFIED SITES		2	6	5	13
TOTAL MALIGNANT NEOPLASMS	0	5	45	119	169
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	2	19	21
STROKE	0	0	1	3	4
ALZHEIMERS	0	0	0	15	15
PULMONARY	0	0	0	14	14
NEUROLOGICAL	0	0	0	11	11
ANY OTHER DIAGNOSIS	0	0	5	13	18
TOTAL NON-MALIGNANT	0	0	8	75	83
TOTAL BY AGE COHORTS	0	5	53	194	252

LICENSE NUMBER: 400005
FACILITY NAME: **HOSPICE ASSOCIATION**

COUNTY(S) SERVED: DAVIESS, HANCOCK

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	19	49	69
DIGESTIVE ORGANS	0	1	6	29	36
GENITOURINARY ORGANS	0	1	2	19	22
BONE, CONNECTIVE TISSUE	0	1	6	11	18
LYMPHATIC HEMATOPOETIC	0	0	5	10	15
LIP, ORAL CAVITY, PHARYNX	0	0	0	2	2
OTHER UNSPECIFIED SITES	2	1	6	8	17
TOTAL MALIGNANT NEOPLASMS	2	5	44	128	179
NON-MALIGNANT DIAGNOSIS					
AIDS	0	1	1	0	2
HEART DISEASE	1	0	1	10	12
STROKE	0	0	0	11	11
ALZHEIMERS	0	0	0	4	4
PULMONARY	0	1	3	11	15
NEUROLOGICAL	0	0	0	2	2
ANY OTHER DIAGNOSIS	1	2	1	10	14
TOTAL NON-MALIGNANT	0	4	6	48	60
TOTAL BY AGE COHORTS	2	9	50	176	239

LICENSE NUMBER: 400027
FACILITY NAME: **HOSPICE EAST**

COUNTY(S) SERVED: CLARK, POWELL

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	9	26	36
DIGESTIVE ORGANS	0	3	7	26	36
GENITOURINARY ORGANS	0	0	1	9	10
BONE, CONNECTIVE TISSUE	0	1	2	6	9
LYMPHATIC HEMATOPOETIC	0	0	0	2	2
LIP, ORAL CAVITY, PHARYNX	0	0	0	1	1
OTHER UNSPECIFIED SITES	0	0	2	4	6
TOTAL MALIGNANT NEOPLASMS	0	5	21	74	100
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	4	27	31
STROKE	0	0	0	12	12
ALZHEIMERS	0	0	0	20	20
PULMONARY	0	0	0	25	25
NEUROLOGICAL	0	0	0	5	5
ANY OTHER DIAGNOSIS	0	0	4	35	39
TOTAL NON-MALIGNANT	0	0	8	124	132
TOTAL BY AGE COHORTS	0	5	29	198	232

LICENSE NUMBER: 400019
FACILITY NAME: **HOSPICE OF BIG SANDY**

COUNTY(S) SERVED: FLOYD, JOHNSON, MAGOFFIN, MARTIN

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	16	12	29
DIGESTIVE ORGANS	0	0	0	22	22
GENITOURINARY ORGANS	0	2	11	17	30
BONE, CONNECTIVE TISSUE	0	0	0	3	3
LYMPHATIC HEMATOPOETIC	0	0	0	9	9
LIP, ORAL CAVITY, PHARYNX	0	0	1	2	3
OTHER UNSPECIFIED SITES	0	1	0	1	2
TOTAL MALIGNANT NEOPLASMS	0	4	28	66	98
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	4	16	20
STROKE	0	0	0	1	1
ALZHEIMERS	0	0	0	1	1
PULMONARY	0	0	0	0	0
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	0	0	1	1
TOTAL NON-MALIGNANT	0	0	4	19	23
TOTAL BY AGE COHORTS	0	4	32	85	121

LICENSE NUMBER: 400033
FACILITY NAME: **HOSPICE OF HOPE**

COUNTY(S) SERVED: BRACKEN, FLEMING, LEWIS, MASON, PENDLETON, ROBERTSON

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	2	8	32	42
DIGESTIVE ORGANS	0	0	6	19	25
GENITOURINARY ORGANS	0	0	7	14	21
BONE, CONNECTIVE TISSUE	0	1	3	8	12
LYMPHATIC HEMATOPOETIC	0	1	1	6	8
LIP, ORAL CAVITY, PHARYNX	0	0	2	3	5
OTHER UNSPECIFIED SITES	0	1	1	10	12
TOTAL MALIGNANT NEOPLASMS	0	5	28	92	125
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	5	39	44
STROKE	0	0	1	14	15
ALZHEIMERS	0	0	0	13	13
PULMONARY	0	0	2	18	20
NEUROLOGICAL	0	0	1	8	9
ANY OTHER DIAGNOSIS	0	1	2	11	14
TOTAL NON-MALIGNANT	0	1	11	103	115
TOTAL BY AGE COHORTS	0	6	39	195	240

LICENSE NUMBER: 400028
FACILITY NAME: **HOSPICE OF LAKE CUMBERLAND**

COUNTY(S) SERVED: CASEY, CLINTON, CUMBERLAND, MCCREARY, PULASKI, RUSSELL, WAYNE

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	21	57	78
DIGESTIVE ORGANS	0	1	13	40	54
GENITOURINARY ORGANS	0	0	12	25	37
BONE, CONNECTIVE TISSUE	0	1	4	8	13
LYMPHATIC HEMATOPOETIC	0	0	2	8	10
LIP, ORAL CAVITY, PHARYNX	0	0	1	1	2
OTHER UNSPECIFIED SITES	0	2	1	7	10
TOTAL MALIGNANT NEOPLASMS	0	4	54	146	204
NON-MALIGNANT DIAGNOSIS					
AIDS	0	1	0	0	1
HEART DISEASE	0	0	3	11	14
STROKE	0	0	0	5	5
ALZHEIMERS	0	0	0	0	0
PULMONARY	0	0	2	11	13
NEUROLOGICAL	0	0	1	0	1
ANY OTHER DIAGNOSIS	0	0	0	11	11
TOTAL NON-MALIGNANT	0	1	6	38	45
TOTAL BY AGE COHORTS	0	5	60	184	249

LICENSE NUMBER: 400021
FACILITY NAME: **HOSPICE OF NELSON COUNTY**

COUNTY(S) SERVED: NELSON

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	3	11	15
DIGESTIVE ORGANS	0	0	5	12	17
GENITOURINARY ORGANS	0	0	3	6	9
BONE, CONNECTIVE TISSUE	0	0	1	1	2
LYMPHATIC HEMATOPOETIC	0	0	0	0	0
LIP, ORAL CAVITY, PHARYNX	0	0	0	0	0
OTHER UNSPECIFIED SITES	0	0	0	1	1
TOTAL MALIGNANT NEOPLASMS	0	1	12	31	44
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	1	6	7
STROKE	0	0	0	3	3
ALZHEIMERS	0	0	0	2	2
PULMONARY	0	0	2	2	4
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	1	1	1	1	4
TOTAL NON-MALIGNANT	1	1	4	14	20
TOTAL BY AGE COHORTS	1	2	16	45	64

LICENSE NUMBER: 400038
FACILITY NAME: **HOSPICE OF NORTHERN KENTUCKY**

COUNTY(S) SERVED: CAMPBELL, BOONE, KENTON, GALLATIN, CARROLL, GRANT

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	27	72	99
DIGESTIVE ORGANS	0	2	12	26	40
GENITOURINARY ORGANS	0	0	4	26	30
BONE, CONNECTIVE TISSUE	0	3	11	14	28
LYMPHATIC HEMATOPOETIC	1	1	8	23	33
LIP, ORAL CAVITY, PHARYNX	0	0	1	3	4
OTHER UNSPECIFIED SITES	0	0	0	0	0
TOTAL MALIGNANT NEOPLASMS	1	6	63	164	234
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	1	0	1
HEART DISEASE	0	0	2	43	45
STROKE	0	0	1	23	24
ALZHEIMERS	0	0	1	13	14
PULMONARY	0	0	3	26	29
NEUROLOGICAL	0	0	1	9	10
ANY OTHER DIAGNOSIS	3	0	5	44	52
TOTAL NON-MALIGNANT	3	0	14	158	175
TOTAL BY AGE COHORTS	4	6	77	322	409

LICENSE NUMBER: 400032
FACILITY NAME: **HOSPICE OF OHIO COUNTY**

COUNTY(S) SERVED: OHIO

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	3	3	6
DIGESTIVE ORGANS	0	1	5	2	8
GENITOURINARY ORGANS	0	0	1	11	12
BONE, CONNECTIVE TISSUE	0	0	1	2	3
LYMPHATIC HEMATOPOETIC	0	0	0	4	4
LIP, ORAL CAVITY, PHARYNX	0	0	0	0	0
OTHER UNSPECIFIED SITES	0	0	0	2	2
TOTAL MALIGNANT NEOPLASMS	0	1	10	24	35
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	1	0	2	3
STROKE	0	0	0	0	0
ALZHEIMERS	0	0	0	0	0
PULMONARY	1	0	1	2	4
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	0	0	1	1
TOTAL NON-MALIGNANT	1	1	1	5	8
TOTAL BY AGE COHORTS	1	2	11	29	43

LICENSE NUMBER: 400031
FACILITY NAME: **HOSPICE OF PIKE COUNTY**

COUNTY(S) SERVED: PIKE

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	11	18	29
DIGESTIVE ORGANS	0	1	6	11	18
GENITOURINARY ORGANS	0	1	8	8	17
BONE, CONNECTIVE TISSUE	0	0	4	6	10
LYMPHATIC HEMATOPOETIC	1	0	0	6	7
LIP, ORAL CAVITY, PHARYNX	0	0	0	1	1
OTHER UNSPECIFIED SITES	0	1	1	4	6
TOTAL MALIGNANT NEOPLASMS	1	3	30	54	88
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	5	5
STROKE	0	0	0	5	5
ALZHEIMERS	0	0	0	2	2
PULMONARY	0	0	0	5	5
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	0	1	7	8
TOTAL NON-MALIGNANT	0	0	1	24	25
TOTAL BY AGE COHORTS	1	3	31	78	113

LICENSE NUMBER: 400006
FACILITY NAME: **HOSPICE OF SOUTHERN KENTUCKY**

COUNTY(S) SERVED: ALLEN, BARREN, BUTLER, EDMONSON, HART, LOGAN, METCALFE, MONROE, SIMPSON, WARREN

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	4	21	59	84
DIGESTIVE ORGANS	0	3	13	48	64
GENITOURINARY ORGANS	0	0	11	24	35
BONE, CONNECTIVE TISSUE	0	3	11	11	25
LYMPHATIC HEMATOPOETIC	0	0	1	7	8
LIP, ORAL CAVITY AND PHARYNX	0	0	1	2	3
OTHER UNSPECIFIED SITES	1	2	5	10	18
TOTAL MALIGNANT NEOPLASMS	1	12	63	161	237
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	8	8
STROKE	0	0	0	0	0
ALZHEIMERS	0	0	0	0	0
PULMONARY	0	0	3	9	12
NEUROLOGICAL	0	0	0	2	2
ANY OTHER DIAGNOSIS	1	0	3	6	10
TOTAL NON-MALIGNANT	1	0	6	25	32
TOTAL BY AGE COHORTS	2	12	69	186	269

LICENSE NUMBER: 400003
FACILITY NAME: **HOSPICE OF THE BLUEGRASS**

COUNTY(S) SERVED: ANDERSON, BOURBON, FAYETTE, FRANKLIN, HARRISON, JESSAMINE, NICHOLAS, OWEN, SCOTT, WOODFORD

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	6	77	230	313
DIGESTIVE ORGANS	0	0	32	138	170
GENITOURINARY ORGANS	0	6	29	124	159
BONE, CONNECTIVE TISSUE	1	11	42	52	106
LYMPHATIC HEMATOPOETIC	0	1	9	48	58
LIP, ORAL CAVITY, PHARYNX	0	10	7	29	46
OTHER UNSPECIFIED SITES	0	5	40	53	98
TOTAL MALIGNANT NEOPLASMS	1	39	236	674	950
NON-MALIGNANT DIAGNOSIS					
AIDS	1	5	3	0	9
HEART DISEASE	0	0	8	205	213
STROKE	0	0	6	94	100
ALZHEIMERS	0	0	3	57	60
PULMONARY	0	1	20	144	165
NEUROLOGICAL	3	1	11	42	57
ANY OTHER DIAGNOSIS	4	8	32	210	254
TOTAL NON-MALIGNANT	8	15	83	752	858
TOTAL BY AGE COHORTS	9	54	319	1,426	1,808

LICENSE NUMBER: 400014
FACILITY NAME: **HOSPICE CARE PLUS**

COUNTY(S) SERVED: ESTILL, JACKSON, LEE, MADISON, OWSLEY, ROCKCASTLE

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	32	61	93
DIGESTIVE ORGANS	1	2	21	32	56
GENITOURINARY ORGANS	0	0	10	20	30
BONE, CONNECTIVE TISSUE	0	1	8	17	26
LYMPHATIC HEMATOPOETIC	0	0	6	10	16
LIP, ORAL CAVITY, PHARYNX	0	0	0		0
OTHER UNSPECIFIED SITES	0	0	6	18	24
TOTAL MALIGNANT NEOPLASMS	1	3	83	158	245
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	1	0	1
HEART DISEASE	0	0	3	31	34
STROKE	0	0	1	8	9
ALZHEIMERS	0	0	0	9	9
PULMONARY	0	0	3	19	22
NEUROLOGICAL	0	0	0	9	9
ANY OTHER DIAGNOSIS		4	4	30	38
TOTAL NON-MALIGNANT	2	4	12	105	122
TOTAL BY AGE COHORTS	3	7	95	263	367

LICENSE NUMBER: 400009
FACILITY NAME: **LOURDES HOSPICE**

COUNTY(S) SERVED: BALLARD, CALDWELL, CARLISLE, CRITTENDEN, FULTON, GRAVES, HICKMAN, LIVINGSTON, LYON, MARSHALL, MCCRACKEN

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	20	62	82
DIGESTIVE ORGANS	0	0	11	60	71
GENITOURINARY ORGANS	0	1	9	33	43
BONE, CONNECTIVE TISSUE	0	0	10	10	20
LYMPHATIC HEMATOPOETIC	0	0	3	19	22
LIP, ORAL CAVITY, PHARYNX	0	0	1	3	4
OTHER UNSPECIFIED SITES	2	1	8	23	34
TOTAL MALIGNANT NEOPLASMS	2	2	62	210	276
NON-MALIGNANT DIAGNOSIS					
AIDS	0	1	0	0	1
HEART DISEASE	0	0	0	1	1
STROKE	0	0	1	30	31
ALZHEIMERS	0	0	1	12	13
PULMONARY	0	0	2	21	23
NEUROLOGICAL	1	0	3	9	13
ANY OTHER DIAGNOSIS	0	4	16	137	157
TOTAL NON-MALIGNANT	1	5	23	210	239
TOTAL BY AGE COHORTS	3	7	85	420	515

LICENSE NUMBER: 400036
FACILITY NAME: **MORGAN CO ARH HOME HEALTH/HOSPICE**

COUNTY(S) SERVED: MORGAN, WOLFE

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	4	6	11
DIGESTIVE ORGANS	0	0	2	5	7
GENITOURINARY ORGANS	0	0	0	2	2
BONE, CONNECTIVE TISSUE	0	0	1	1	2
LYMPHATIC HEMATOPOETIC	0	0	0	0	0
LIP, ORAL CAVITY, PHARYNX	0	0	0	0	0
OTHER UNSPECIFIED SITES	0	0	0	1	1
TOTAL MALIGNANT NEOPLASMS	0	1	7	15	23
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	0	0
STROKE	0	0	0	0	0
ALZHEIMERS	0	0	0	0	0
PULMONARY	0	0	0	4	4
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	1	0	1	5	7
TOTAL NON-MALIGNANT	1	0	1	9	11
TOTAL BY AGE COHORTS	1	1	8	24	34

LICENSE NUMBER: **400013**
FACILITY NAME: **MOUNTAIN COMMUNITY HOSPICE**

COUNTY(S) SERVED: BREATHITT, KNOTT, LESLIE, LETCHER, PERRY

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	24	60	85
DIGESTIVE ORGANS	0	4	23	16	43
GENITOURINARY ORGANS	0	2	5	23	30
BONE, CONNECTIVE TISSUE	0	0	3	12	15
LYMPHATIC HEMATOPOETIC	0	0	2	3	5
LIP, ORAL CAVITY, PHARYNX	0	0	0	2	2
OTHER UNSPECIFIED SITES	0	1	5	7	13
TOTAL MALIGNANT NEOPLASMS	0	8	62	123	193
NON-MALIGNANT DIAGNOSIS					
AIDS	0	1	0	0	1
HEART DISEASE	0	0	4	43	47
STROKE	0	0	4	5	9
ALZHEIMERS	0	0	0	13	13
PULMONARY	0	1	5	24	30
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	2	4	23	29
TOTAL NON-MALIGNANT	0	4	17	108	129
TOTAL BY AGE COHORTS	0	12	79	231	322

LICENSE NUMBER: 400020
FACILITY NAME: **MOUNTAIN HERITAGE HOSPICE INC**

COUNTY(S) SERVED: BELL, HARLAN

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	25	28	53
DIGESTIVE ORGANS	0	0	14	22	36
GENITOURINARY ORGANS	0	0	4	14	18
BONE, CONNECTIVE TISSUE	0	0	7	4	11
LYMPHATIC HEMATOPOETIC	0	0	0	5	5
LIP, ORAL CAVITY, PHARYNX	0	0	1	0	1
OTHER UNSPECIFIED SITES	0	0	3	3	6
TOTAL MALIGNANT NEOPLASMS	0	0	54	76	130
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	2	10	12
STROKE	0	0	0	2	2
ALZHEIMERS	0	0	0	1	1
PULMONARY	0	0	1	1	2
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	0	1	0	3	4
TOTAL NON-MALIGNANT	0	1	3	17	21
TOTAL BY AGE COHORTS	0	1	57	93	151

LICENSE NUMBER: 400007
FACILITY NAME: **MURRAY CALLOWAY CO HOSPITAL HOSPICE PROGRAM**
COUNTY(S) SERVED: CALLOWAY

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	0	6	6
DIGESTIVE ORGANS	0	0	2	6	8
GENITOURINARY ORGANS	0	0	1	5	6
BONE, CONNECTIVE TISSUE	0	0	2	5	7
LYMPHATIC HEMATOPOETIC	0	0	0	2	2
LIP, ORAL CAVITY, PHARYNX	0	0	0	0	0
OTHER UNSPECIFIED SITES	0	0	0	1	1
TOTAL MALIGNANT NEOPLASMS	0	0	5	25	30
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	2	2
STROKE	0	0	0	0	0
ALZHEIMERS	0	0	0	1	1
PULMONARY	0	0	1	0	1
NEUROLOGICAL	0	0	1	0	0
ANY OTHER DIAGNOSIS	0	0	0	2	3
TOTAL NON-MALIGNANT	0	0	2	5	7
TOTAL BY AGE COHORTS	0	0	7	30	37

LICENSE NUMBER: 400012
FACILITY NAME: **PENNYROYAL HOSPICE**

COUNTY(S) SERVED: CALDWELL, CHRISTIAN, LYON, TODD, TRIGG

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	0	19	39	58
DIGESTIVE ORGANS	0	1	9	23	33
GENITOURINARY ORGANS	0	2	5	25	32
BONE, CONNECTIVE TISSUE	0	2	3	14	19
LYMPHATIC HEMATOPOETIC	0	0	0	1	1
LIP, ORAL CAVITY, PHARYNX	0	0	0	1	1
OTHER UNSPECIFIED SITES	1	2	3	1	7
TOTAL MALIGNANT NEOPLASMS	1	7	39	104	151
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	0	31	31
STROKE	0	0	0	4	4
ALZHEIMERS	0	0	1	13	14
PULMONARY	0	0	0	0	0
NEUROLOGICAL	0	0	0	0	0
ANY OTHER DIAGNOSIS	2	1	7	29	39
TOTAL NON-MALIGNANT	2	1	8	77	88
TOTAL BY AGE COHORTS	3	8	47	181	239

LICENSE NUMBER: 400004
FACILITY NAME: **ST. ANTHONY'S HOSPICE, INC.**

COUNTY(S) SERVED: HENDERSON, UNION, WEBSTER

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	2	11	47	60
DIGESTIVE ORGANS	0	1	7	19	27
GENITOURINARY ORGANS	0	1	7	12	20
BONE, CONNECTIVE TISSUE	0	2	3	4	9
LYMPHATIC HEMATOPOETIC	0	3	1	4	8
LIP, ORAL CAVITY, PHARYNX	0	0	3	3	6
OTHER UNSPECIFIED SITES	1	1	6	14	22
TOTAL MALIGNANT NEOPLASMS	1	10	38	103	152
NON-MALIGNANT DIAGNOSIS					
AIDS	0	4	1	0	5
HEART DISEASE	0	1	2	14	17
STROKE	0	0	0	6	6
ALZHEIMERS	0	0	0	1	1
PULMONARY	0	0	1	11	12
NEUROLOGICAL	0	1	0	2	3
ANY OTHER DIAGNOSIS	0	2	3	9	14
TOTAL NON-MALIGNANT	0	8	7	43	58
TOTAL BY AGE COHORTS	1	18	45	146	210

LICENSE NUMBER: 400008
FACILITY NAME: **ST. CLAIRE MEDICAL CENTER**

COUNTY(S) SERVED: BATH, CARTER, ELLIOTT, FLEMING, LEWIS, MENIFEE, MONTGOMERY, ROWAN

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	2	20	32	54
DIGESTIVE ORGANS	0	1	7	20	28
GENITOURINARY ORGANS	0	6	9	21	36
BONE, CONNECTIVE TISSUE	0	0	4	9	13
LYMPHATIC HEMATOPOETIC	0	0	0	3	3
LIP, ORAL CAVITY, PHARYNX	0	0	4	3	7
OTHER UNSPECIFIED SITES	0	0	3	6	9
TOTAL MALIGNANT NEOPLASMS	0	9	47	94	150
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	1	0	34	35
STROKE	0	0	1	10	11
ALZHEIMERS	0	0	2	8	10
PULMONARY	0	0	2	10	12
NEUROLOGICAL	0	0	2	5	7
ANY OTHER DIAGNOSIS	0	1	6	10	17
TOTAL NON-MALIGNANT	0	2	13	77	92
TOTAL BY AGE COHORTS	0	11	60	171	242

LICENSE NUMBER: 400016
FACILITY NAME: **ST. ELIZABETH HOME HEALTH HOSPICE**

COUNTY(S) SERVED: BOONE, CAMPBELL, CARROLL, GALLATIN, GRANT, KENTON, OWEN

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	1	36	81	118
DIGESTIVE ORGANS	0	1	18	47	66
GENITOURINARY ORGANS	0	1	12	42	55
BONE, CONNECTIVE TISSUE	0	2	11	36	49
LYMPHATIC HEMATOPOETIC	0	2	5	14	21
LIP, ORAL CAVITY, PHARYNX	0	0	2	4	6
OTHER UNSPECIFIED SITES	0	3	15	25	43
TOTAL MALIGNANT NEOPLASMS	0	10	99	249	358
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	0	0	0
HEART DISEASE	0	0	4	49	53
STROKE	0	3	2	13	18
ALZHEIMERS	0	0	1	18	19
PULMONARY	0	0	4	27	31
NEUROLOGICAL	0	0	1	8	9
ANY OTHER DIAGNOSIS	0	3	12	56	71
TOTAL NON-MALIGNANT	0	6	24	171	201
TOTAL BY AGE COHORTS	0	16	123	420	559

LICENSE NUMBER: 400026
FACILITY NAME: **TRI COUNTY HOSPICE**

COUNTY(S) SERVED: KNOX, LAUREL, WHITLEY

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC	0	2	29	39	70
DIGESTIVE ORGANS	0	2	12	22	36
GENITOURINARY ORGANS	0	2	8	23	33
BONE, CONNECTIVE TISSUE	0	0	6	12	18
LYMPHATIC HEMATOPOETIC	0	0	3	7	10
LIP, ORAL CAVITY, PHARYNX	0	0	1	1	2
OTHER UNSPECIFIED SITES	0	3	7	4	14
TOTAL MALIGNANT NEOPLASMS	0	9	66	108	183
NON-MALIGNANT DIAGNOSIS					
AIDS	0	0	1	0	1
HEART DISEASE	0	0	1	20	21
STROKE	0	0	0	2	2
ALZHEIMERS	0	0	0	0	0
PULMONARY	0	0	3	11	14
NEUROLOGICAL	0	1	0	2	3
ANY OTHER DIAGNOSIS	0	2	7	10	19
TOTAL NON-MALIGNANT	0	3	12	45	60
TOTAL BY AGE COHORTS	0	12	78	153	243

LICENSE NUMBER: 400018
FACILITY NAME: **JESSAMINE COUNTY HOSPICE**

COUNTY(S) SERVED: JESSAMINE

DIAGNOSIS	UNDER 18	18-44	45-64	65+	TOTAL
MALIGNANT NEOPLASM					
RESPIRATORY/INTRATHORACIC					0
DIGESTIVE ORGANS					0
GENITOURINARY ORGANS					0
BONE, CONNECTIVE TISSUE					0
LYMPHATIC HEMATOPOETIC					0
LIP, ORAL CAVITY, PHARYNX					0
OTHER UNSPECIFIED SITES					0
TOTAL MALIGNANT NEOPLASMS	0	0	0	0	0
NON-MALIGNANT DIAGNOSIS					
AIDS					0
HEART DISEASE					0
STROKE					0
ALZHEIMERS					0
PULMONARY					0
NEUROLOGICAL					0
ANY OTHER DIAGNOSIS					0
TOTAL NON-MALIGNANT					0
TOTAL BY AGE COHORTS	0	0	0	0	0