

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

For Office Use Only Received <u>11/23/11</u> Amount <u>1980.00</u>
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# 527009053

**I. IDENTIFICATION**

Name Hurstbourne Care Centre at Stony Brook  
 Address 2200 Stony Brook Drive  
 City/County/Zip Louisville, KY 40220-4016  
 Telephone number (502) 495-6240  
(administrator's email address: admin@hurstbournecarecenter.com)  
 Administrator Robert Durham  
 Date facility operation began at current address 1991  
 Date facility began operation under current owner August 1, 2004

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>132</u>	<u>132</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		<input checked="" type="checkbox"/> Limited Liability Company

**II. OWNERSHIP**

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

Hurstbourne HealthCare, LLC  
2200 Stony Brook Drive  
Louisville, KY 40220-4016

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

Name of corporation N/A

Address of corporation \_\_\_\_\_

President or Chairman \_\_\_\_\_

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

Secretary \_\_\_\_\_

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. **See Attachment**

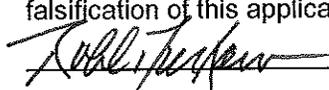
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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	Consulting Company
<u>Centennial HealthCare Holding Company, LLC</u>	<u>Shoreline Healthcare Management, LLC</u>	
<u>303 Perimeter Center North, Suite 500</u>	<u>10210 Highland Manor Drive, Suite 260</u>	
<u>Atlanta, GA 30346-3401</u>	<u>Tampa, FL 33610-9152</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.

  
\_\_\_\_\_  
Signature of authorized representative

Manager of  
Hurstbourne HealthCare, LLC 11/16/11  
\_\_\_\_\_  
Title Date

Return Application and fee to:

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

OIG 5  
(10/2002)

**HURSTBOURNE CARE CENTRE AT STONY BROOK  
2200 STONY BROOK DRIVE  
LOUISVILLE, KY 40220**

**Legal Operator (Licensee) of Hurstbourne Care Centre at Stony Brook:**

Hurstbourne HealthCare, LLC  
2200 Stony Brook Drive  
Louisville, KY 40220  
a Delaware Limited Liability Company  
Formed: March 22, 2004  
EIN:

**Ownership / Management of Hurstbourne HealthCare, LLC:**

Member (Sole):  
Centennial HealthCare Holding Company, LLC  
303 Perimeter Center North, Suite 500  
Atlanta, GA 30346  
EIN:

Manager:  
Robert Durham  
2200 Stony Brook Drive  
Louisville, KY 40220