

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

*Emailed validation letter
6/29/12*

For Office Use Only Received <u>6.11.12</u> Amount <u>\$3390/3425 -</u>

Ch# 0146121

I. IDENTIFICATION

Name Spring Creek Health Care
 Address 1401 South 16th Street
 City/County/Zip Murray, Kentucky 42071
 Telephone number 270-752-2900 sdick@murrayhospital.org
 Administrator Sandra J. Dick
 Date facility operation began at current address 1965
 Date facility began operation under current owner 1993

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>226</u>	<u>226</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

_____	RECEIVED
_____	JUN 11 2012
_____	OFFICE OF INSPECTOR GENERAL

(OVER)

6/30

Application for License to Operate a Long-term Care Facility

emailed validation letter 6/29/12
 For Office Use Only
 Received 6-8-12
 Amount 11215/1295 *CH# 21674493*

I. IDENTIFICATION

Name Stanton Nursing Center
 Address 31 Derickson Lane
 City/County/Zip Stanton Powell 40380
 Telephone number 606/663-2846
 Administrator Thomas Davis
 risty King
 Date facility operation began at current address 1975
 Date facility began operation under current owner 1985

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>81</u>	<u>81</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	<u>Profit</u>	Individual
County	Nonprofit	Partnership
City		<u>Corporation</u>
<u>Private</u>		

II. OWNERSHIP

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

Extendicare Homes, Inc.
111 West Michigan Street
Milwaukee, WI 53203

RECEIVED
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4/30 RB

EXTENDICARE HEALTH SERVICES, INC.
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111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8295

Timothy L. Lukenda*
President and
Chief Executive Officer
111 West Michigan Street
Milwaukee, WI 53203
(414) 908-8000

* above denotes Directors.

Each of these officers and directors has never had a Medicare or Medicaid provider number in Ohio or any other state, nor have they had any ownership interests in other organizations that have billed for Medicare services. Each officer and director has never had any adverse legal action imposed by Medicare, Medicaid or any other federal agency or program. The six (6) officers and directors currently manage or direct other organizations that have billed or that are currently billing for Medicare services as shown in this Disclosure Statement.