

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

For Office Use Only
Received <u>4/9/12</u>
Amount <u>1500.00</u>

#17105

**I. IDENTIFICATION**

Name Life Care Center of Bardstown  
120 Life Care Way

Address Bardstown, Nelson County, Kentucky  
 City/County/Zip (502) 348-4220

Telephone number \_\_\_\_\_

Administrator Jackie Carlin

Date facility operation began at current address 1979

Date facility began operation under current owner 1983

**RECEIVED**  
 APR 09 2012  
 OFFICE OF INSPECTOR GENERAL

II. TYPE BEDS	No. beds licensed	No. beds requested
	<b>100</b>	
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	_____	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL** (check one in each column)

State	<b>XX-Profit</b>	Individual
County	Nonprofit	Partnership
City		Corporation
Private		

**II. OWNERSHIP**

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

**Bardstown Medical Investors, Ltd.**

**General Partners: SAK JR, LLC-24.5%**

**SBK. LLC-24.5%**

**Limited Partners: Stiles A. Kellett, Jr.- 25.5% - 200 Galleria Parkway, Suite 1800,  
 Atlanta, GA 30339  
 Samuel B. Kellett- 25.5%**

(OVER)

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.

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
_____	<b>Life Care Centers of America, Inc.</b>
_____	<b>3570 Keith Street, NW</b>
_____	<b>Cleveland, TN 37312</b>

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.

*Samuel B. Kelleher*  
Signature of authorized representative

*Samuel B. Kelleher, Sole Member  
SBK, LLC - General Partner* 4/4/12  
Title Date

Return Application and fee to: Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

1210242000142

**EXHIBIT "A"**

**Bardstown Medical Investors, Ltd.  
1935 Garraux Road, NW  
Atlanta, GA 30339  
62-1164293**

**Partners**

SAK JR, LLC 24.5% General Partner

SBK, LLC 24.5% General Partner

Stiles A. Kellett, Jr. 25.5% Limited Partner

Samuel B. Kellett 25.5% Limited Partner

**EXHIBIT "B"**

Entity Name	Facility Address	Medicare Intermediary Medicaid
Belleair East HCC, LLC dba Belleair Health Care Center	1150 Ponce de Leon Blvd Clearwater, FL 33766	Wisconsin Physician Services
Centre Pointe HRC, LLC dba Centre Pointe Health & Rehab Center	2255 Centerville Road Tallahassee, FL 32308	Wisconsin Physician Services
Conway Lakes NC, LLC dba Conway Lakes Health & Rehabilitation Center	5201 Curry Ford Road Orlando, FL 32812	Wisconsin Physician Services
East Bay NC, LLC dba East Bay Nursing Center	4470 East Bay Drive Clearwater, FL 33764	Wisconsin Physician Services
Hilo Medical Investors, Ltd. dba Hale Anuene Restorative Care Center	1333 Waiianuene Ave. Hilo, HI 96720	Cahaba GBA
Oahu Healthcare, LLC dba Ka Punawai Ola Nursing and Restorative Care Center	91-575 Farrington Highway Kapolei, HI 96707	Cahaba GBA
Sun City Center Associates, (L.P) dba Sun Towers Retirement Center fka Lake Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	Wisconsin Physician Services
Hilo Medical Investors, Ltd. dba Life Care Center of Hilo	944 West Kawaiiani Street Hilo, HI 96720	Cahaba GBA
Melbourne Terrace RCC, LLC dba Melbourne Terrace Restorative Care Center; Melbourne Terrace Rehabilitation Center as of 9/15/06	251 E. Florida Ave. Melbourne, FL 32901	Wisconsin Physician Services
Deep Creek RNC, LLC dba Pt. Charlotte Health & Rehab Center	25325 Rampart Blvd. Pt. Charlotte, FL 33983	Wisconsin Physician Services
Spring Lake NC, LLC dba Spring Lake Rehabilitation Center	1540 6 <sup>th</sup> Street NW Winter Haven, FL 33881	Wisconsin Physician Services
Kentucky Medical Investors, Ltd dba Laurel Creek Healthcare Center	1033 North Hwy 11 Manchester, KY 40962	Cahaba GBA
Kentucky Medical Investors, Ltd dba Mountain View Healthcare Center	945 W. Russell St. Elkhorn City, KY 41522	Cahaba GBA

Entity Name	Facility Address	Medicare Intermediary Medicaid
Bardstown medical Investors, Ltd. dba Life Care Center of Bardstown	120 Federal Hill Road Bardstown, KY 40004	Cahaba GBA
South Denver Rehabilitation, LLC dba Orchard Park Health Care Center	6005 S. Holly St. Littleton, CO 80121	Wisconsin Physician Services