

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

For Office Use Only Received <u>1/18/12</u> Amount <u>1455.00</u>
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# 318392

**I. IDENTIFICATION**

Name Campbell/Preston Medical Investors, LLC  
d/b/a Life Care Center of Morehead

Address 933 North Tolliver Road, P.O. Box 884

City/County/Zip Morehead,/Rowan/KY 40351

Telephone number (606) 784-7518

Administrator Kevin Trent

Date facility operation began at current address 1967

Date facility began operation under current owner 02/01/1979

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>97</u>	_____
Nursing Home	_____	_____
Nursing Facility	_____	_____
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		<input checked="" type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Private		(Limited Liability Company)

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.  
 Please see attached Exhibit "A"

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>RECEIVED</b>
JAN 18 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

1/31

If facility owned or leased by a corporation, complete the following: (Limited Liability Company)

Name of corporation Campbell/Preston Medical Investors, LLC

Address of corporation 3570 Keith Street, NW, Cleveland, TN 37312

President or Chairman Please see attached Exhibit "A"

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. Please see attached Exhibit "A"

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

Campbell/Preston Medical Investors, LLC

By: Life Care Centers of America, Inc., Corporate Manager

By: *Cindy S. Cross*

Signature of authorized representative  
Cindy S. Cross

Assistant Secretary

Title

01/16/2012

Date

Return Application and fee to:

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

OIG 5  
(10/2002)

EXHIBIT "A"

CAMPBELL/PRESTON MEDICAL INVESTORS, LLC  
3570 Keith Street, NW  
Cleveland, TN 37312  
(423) 473-5867

**Members**

Forrest L. Preston

98% Membership Interest

Life Care Centers of America, Inc.  
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2% Membership Interest

**Corporate Manager**

Life Care Centers of America, Inc.  
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**Limited Liability Officers**

N/A

**NOTE:** Life Care Centers of America, Inc. is the Corporate Manager of this LLC. As such, Life Care Centers of America, Inc. must sign all documentation on behalf of Campbell/Preston Medical Investors, LLC. Also, this entity does not have officers, all signature blocks must be established as follows:

**Campbell/Preston Medical Investors, LLC**

**By: Life Care Centers of America, Inc., Corporate Manager**

**By:**

**Its:**