

emailed Validation letter  
6/28/12

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

For Office Use Only  
Received 6/19/12  
Amount \$900

Ch #  
9195186

**I. IDENTIFICATION**

Name Magnolia Village Care and Rehabilitation Center  
Address 1381 Campbell Lane  
City/County/Zip Bowling Green, Warren County, 42104  
Telephone number 270-843-0587  
Administrator Amy Phelps  
Date facility operation began at current address approx. 1974  
Date facility began operation under current owner 07/01/2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u><del>60</del></u>	_____
Nursing Home	_____	_____
Nursing Facility	<u>60</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		xLLC

**II. OWNERSHIP**

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

HBR Campbell Lane, LLC

101 Sun Avenue NE

Abq, NM 87109

**RECEIVED**

JUN 19 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

6/20  
RS

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

Name of corporation HBR Campbell Lane, LLC  
Address of corporation 101 Sun Avenue NE, Abq, NM 87109  
President or Chairman Sharon Warren, President  
Vice President Debbie McLarty (VP Reimbursement)  
Secretary Michael T. Berg  
Treasurer Brandi Riddle

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  
HBR Kentucky, LLC  
101 Sun Avenue NE  
Albuquerque, NM 87109

Management Company  
N/A

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.

Michael T. Berg  
Signature of authorized representative  
Michael T. Berg

Secretary  
Title

6-18-12  
Date

Return Application and fee to:

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

OIG 5  
(10/2002)