

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

For Office Use Only Received <u>7-5-11</u> Amount <u>\$1980-</u>
--

*remailed validation letter  
7/29/11  
CHF  
21579535*

**I. IDENTIFICATION**

Name Bon Harbor Nursing & Rehabilitation Center  
 Address 2420 West Third Street  
 City/County/Zip Owensboro, Daviess County 42301  
 Telephone number 270/685-3141  
 Administrator Donna Davis  
 Date facility operation began at current address 1968  
 Date facility began operation under current owner 1977

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
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	<u>Profit</u>	Individual
County	<u>Nonprofit</u>	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

<b>RECEIVED</b>
<b>JUL 05 2011</b>
OFFICE OF INSPECTOR GENERAL

(OVER)

*7/31  
R.B.*

**EXTENDICARE HEALTH SERVICES, INC.**  
**OFFICERS AND DIRECTORS**

David B. Pearce \*  
Vice President, General Counsel & Asst. Secretary  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8406

Jillian E. Fountain  
Corporate Secretary  
3000 Steeles Avenue East, Suite 700  
Markham, Ontario  
L3R 9W2  
Canada  
(905) 470-5557

Douglas J. Harris\*  
Senior Vice President,  
Chief Financial Officer, and Treasurer  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8000

Janet L. Kreilein  
Assistant Treasurer, Director of Taxation  
111 West Michigan Street  
Milwaukee, WI 53203  
(414) 908-8460

LaRae L. Nelson  
Vice President, Reimbursement  
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.

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

Name of corporation Extendicare Homes, Inc.  
Address of corporation 111 West Michigan Street, Milwaukee, WI 53203  
President or Chairman Timothy Lukenda  
Vice President David B. Pearce  
Secretary Jillian E. Fountain  
Treasurer Douglas J. Harris

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.

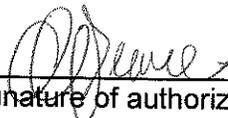
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
<u>Extendicare Health Facility Holdings, Inc.</u>	<u>N/A</u>
<u>111 West Michigan Street</u>	<u></u>
<u>Milwaukee, WI 53203</u>	<u></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

Vice President  
Title

6/22/11  
Date

Return Application and fee to:

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

OIG 5  
(10/2002)