Application for License to Operate a Long-term Care Facility

For Office Use Only
Received _____
Amount _____

I. IDENTIFICATION

11/30/13

Name: Crestview Center

Address: 1871 Midland Trail

City/County/Zip: Shelbyville / Shelby / 40065

Telephone number: 502-589-3573

Administrator: Steven McKinley

Date facility operation began at current address: unkown

Date facility began operation under current owner: 07/01/2005

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	58	
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

	State	X	Profit		Individual
	County		Nonprofit		Partnership
	City				Corporation
X	Private			X	LLC

II. OWNERSHIP

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

Crestview Nursing, LLC
101 Sun Avenue NE
Albuquerque NM 87109

RECEIVED
MAR 18 2013
OFFICE OF INSPECTOR GENERAL

(OVER)

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

Name of corporation Crestview Nursing, LLC

Address of corporation 101 Sun Avenue NE Albuquerque NM 87109

President or Chairman George V. Hager-President

Vice President Robert Reitz

Secretary Michael S. Sherman

Treasurer Thomas DiVitorrio

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
HBR Kentucky LLC	**N/A**
101 Sun Avenue NE	
Albuquerque NM 87109	

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.

	Asst. Secretary	2/13/2013
Signature of authorized representative Michael T. Berg	Title	Date

Return Application and fee to:

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

OIG 5
(10/2002)

PARENT: HBR KENTUCKY, LLC

Harborside Healthcare Limited Partnership 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	100% Owner/ Sole Member of HBR Kentucky, LLC
Harborside Healthcare Advisors, LP 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	99% Partner of Harborside Healthcare Limited Partnership
KHI, LLC* 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	1% Partner of Harborside Healthcare Limited Partnership
Harborside Healthcare LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	1% Partner of Harborside Healthcare Advisors LP
SunBridge Healthcare, LLC 101 Sun Avenue NE Albuquerque NM 87109 FEIN:	100% Owner of Harborside Healthcare, LLC
Sun Healthcare Group, Inc. 101 Sun Ave. NE Albuquerque, NM 87109 FEIN	100% Owner of SunBridge Healthcare, LLC
GHC Holdings II LLC 101 East State Street Kennett Square PA 19348\ FEIN:	100% Owner of Sun Healthcare Group, Inc.
Genesis HealthCare LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GHC Holdings II LLC
GEN Operations II LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of Genesis HealthCare LLC
GEN Operations I LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GEN Operations II LLC
FC-GEN Operations Investment LLC 101 East State Street Kennett Square PA 19348 FEIN:	100% Owner of GEN Operations I LLC

Officers of Operating Entity:
George V. Hager, Jr. (CEO, Asst Treas. & Asst Sec.)
Robert A. Reitz (Exec. VP & COO)
Thomas DiVittorio (CFO, Treas/Asst Sec.)
Michael S. Sherman (Senior VP, Sec & Asst Treas.)
Michael Berg (Asst Sec)
David C. Almquist (Exec VP - East Division)
Jeff Berenbach (Senior VP - East Division)

1 AN

FRANKLIN COUNTY

amcray
ASN

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/11/2013 11:52 AM
Fee Receipt: $20.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Certificate of Assumed Name (Domestic or Foreign Business Entity)	ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Crestview Center.

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Crestview Nursing, LLC

(Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

____a Domestic General Partnership	____a Foreign General Partnership
____a Domestic Limited Liability Partnership	____a Foreign Limited Liability Partnership
____a Domestic Limited Partnership	____a Foreign Limited Partnership
____a Domestic Business Trust	____a Foreign Business Trust
____a Domestic Corporation	____a Foreign Corporation
____a Domestic Limited Liability Company	✓ a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is_____.
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Delaware.

6. The mailing address is:

101 Sun Ave NE	Albuquerque	NM	87109
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

	Michael T. Berg	Assistant Secretary
Authorized Party Signature	Printed Name	Title

Date 2/5/13

DOCUMENT NO: 087586
RECORDED: February 12, 2013 12:05:00 PM
TOTAL FEES: $13.00
COUNTY CLERK: GUY ZEIGLER
DEPUTY CLERK: PATSY MCCHESNEY
COUNTY: FRANKLIN COUNTY

BOOK: A94 PAGES: 280 - 280

(01/12)