

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

For Office Use Only Received <u>4/12/13</u> Amount <u>1,500.00</u>
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08117627

I. IDENTIFICATION

Name Heritage Manor Healthcare Center

Address 401 Indiana Avenue

City/County/Zip Mayfield/Graves/KY/42066

Telephone number (270) 247-0200

Administrator Ken Reynolds

Date facility operation began at current address 1977

Date facility began operation under current owner May 1, 1998

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

II. CONTROL (check one in each column)

State	Profit <input checked="" type="checkbox"/>	Individual
County	Nonprofit	Partnership <input checked="" type="checkbox"/>
City		Corporation
Private <input checked="" type="checkbox"/>		

II. OWNERSHIP

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

Kindred Nursing Centers Limited Partnership
680 South Fourth Street
Louisville, KY 40202-2407

(Please see attached list of managers and officers)

(OVER)

<p>RECEIVED</p> <p>APR 12 2013</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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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.

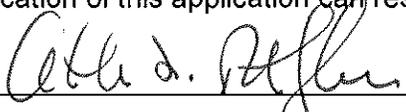
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
<u>Kindred Healthcare, Inc.</u>	<u>N/A</u>
<u>680 South Fourth Street</u>	_____
<u>Louisville, KY 40202-2407</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.

<u></u>	<u>Sr. VP, Reimbursement</u>	<u>4/8/13</u>
Signature of authorized representative Arthur L. Rothgerber	Title	Date

Return Application and fee to:

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

OIG 5
(10/2002)

Kindred Nursing Centers Limited Partnership

680 South Fourth Street

Louisville, KY 40202-2407

(502) 596-7300

EIN:

Managers

Richard E. Chapman

Joseph L. Landenwisch

Richard A. Lechleiter

Title

Manager

Manager

Manager

Officers

William M. Altman

Pamela Athanas

Barbara L. Baylis

Michael W. Beal

Michael J. Bean

Lane M. Bowen

Benjamin A. Breier

Otto J. Bruning

Richard E. Chapman

Douglas L. Curnutte

Franke P. Elliott

Chase B. Finley

James T. Flowers

Edward J. Goddard

C. Michael Grannan

Bennett S. Hoffman

Scott M. Juetten

Joseph L. Landenwisch

Richard A. Lechleiter

Ted A. LeNeave

Wayne W. Mackey

Gregory C. Miller

Cristina E. O'Brien

Mary K. Owens

Kelly A. Priegnitz

Russell D. Ragland

M. Suzanne Riedman

Hank Robinson

Douglas L. Roth

Arthur L. Rothgerber

Marc D. Rothman, MD

Jeffrey P. Stodghill

Darlene A. Thompson

Title

Executive Vice President for Strategy and Public Policy

Vice President, Clinical Operations, East Region, Health Services Division

Senior Vice President, Clinical and Residential Services, Health Services Division

Senior Vice President, East Region, Health Services Division

Vice President, Tax Planning

Executive Vice President and President, Health Services Division

President and Chief Operating Officer

Vice President, Facilities Management, Health Services Division

Executive Vice President and Chief Administrative and Information Officer

Vice President, Facilities and Real Estate Development

Chief Managed Care Officer

Vice President, Business Development, Nursing Center Division

Vice President, Corporate Development and Planning

Vice President, Labor Relations

Vice President, Purchasing

Vice President, Finance, Central Region, Health Services Division

Vice President and Controller, Health Services Division

Co-General Counsel and Corporate Secretary

Executive Vice President and Chief Financial Officer

Executive Vice President, West Region, Nursing Centers Division

Vice President, Human Resources, Health Services Division

Senior Vice President, Development and Financial Planning

Vice President, Real Estate Counsel

Vice President, Clinical Operations, West Region, Health Services Division

Senior Vice President and Chief Counsel, Nursing Center Division

Senior Vice President, Finance, Health Services Division

Senior Vice President and General Counsel

Senior Vice President, Tax and Treasurer

Vice President, Finance, West Region, Nursing Center Division

Senior Vice President, Reimbursement

Senior Vice President, Chief Medical Officer, Nursing Center Division

Vice President and Corporate Counsel

Vice President, Clinical Information Systems and Training, Health Services Division

This list represents the Managers and Officers of the 98% Limited Partner, 1% General Partner: Kindred Nursing Centers East, L.L.C.

Updated: 1/11/2013

PLEASE NOTE: KINDRED NURSING CENTERS LIMITED PARTNERSHIP IS 100% OWNED BY KINDRED HEALTHCARE, INC. - NONE OF THE OFFICERS OR DIRECTORS OWN MORE THAN 1% STOCK IN THIS ENTITY.