

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

For Office Use Only Received _____ Amount _____

I. IDENTIFICATION

Name Regency Center
 Address 1550 Raydale Drive
 City/County/Zip Louisville / Jefferson / 40219
 Telephone number 502-968-6600
 Administrator Diane Garrett
 Date facility operation began at current address unknown
 Date facility began operation under current owner 7/1/2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>110</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Regency Nursing, LLC
101 Sun Avenue NE
Albuquerque NM 87109

(OVER)

RECEIVED
 MAR 18 2010
 OFFICE OF INSPECTOR GENERAL

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

Name of corporation Regency Nursing, LLC
101 Sun Avenue NE Albuquerque NM 87109
Address of corporation _____
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.

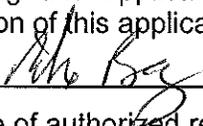
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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
<u>HBR Kentucky LLC</u>	<u>N/A</u>
<u>101 Sun Avenue NE</u>	_____
<u>Albuquerque NM 87109</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>Asst. Secretary</u>	<u>3/12/2013</u>
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)

