

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

For Office Use Only Received <u>9/25/12</u> Amount <u>1500.00</u>
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10/11/12

# 7240352

**I. IDENTIFICATION**

Name Bradford Square Care and Rehabilitation Center  
 Address 1040 U.S. 127 South  
 City/County/Zip Frankfort / Franklin / 40601  
 Telephone number 502-875-5600  
 Administrator Stacie Shive/ 2860ADM01@sunh.com  
 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>100</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		<input checked="" type="checkbox"/> L. L. C.

**II. OWNERSHIP**

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

Bradford Square Nursing, L.L.C.  
101 Sun Avenue, N.E.  
Albuquerque, NM 87109

(OVER)

**RECEIVED**  
 SEP 25 2012  
 OFFICE OF INSPECTOR GENERAL

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

Name of corporation Bradford Square Nursing, L.L.C.  
Address of corporation 101 Sun Avenue, N.E., Albuquerque, NM 87109  
President or Chairman Sharon Warren  
Vice President vacant  
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.

**PLEASE SEE ATTACHMENT A.**

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

**PLEASE SEE ATTACHMENT A.**

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

*N/A.*

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>HBR Kentucky, L.L.C.</u>	<u>N/A</u>
<u>101 Sun Avenue, N.E.</u>	<u></u>
<u>Albuquerque, NM 87109</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.

<u>Michael T. Berg</u>	<u>Secretary</u>	<u>9/10/12</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

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

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(10/2002)

**ATTACHMENT A**

**BRADFORD SQUARE NURSING, L.L.C. D/B/A BRADFORD SQUARE CARE AND REHABILITATION CENTER**

**Ownership Information**

<b>OWNER</b>	<b>OWNER ADDRESS</b>	<b>OWNERSHIP INTEREST</b>
Bradford Square Nursing, L.L.C. FEIN	101 Sun Avenue, N.E. Albuquerque, NM 87109	100% Ownership Interest in Bradford Square Care and Rehabilitation Center

**Officers of BRADFORD SQUARE NURSING, L.L.C.**

<b>NAME</b>	<b>ADDRESS/PHONE</b>	<b>TITLE</b>	<b>PERCENT OWN</b>
Sharon Warren		President	0%
Brandi Riddle		Treasurer	0%
Debbie McLarty		Vice President - Reimbursement	0%
Pamela Meyer		Assistant Treasurer	0%
Michael T. Berg		Secretary	0%
Glynis Malcolm		Assistant Secretary	0%

As a Limited Liability Company, Bradford Square Nursing, L.L.C. does not have a Board of Directors.