

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

For Office Use Only Received <u>7/14/11</u> Amount <u>856.00</u>
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Extencicare # 21583512

I. IDENTIFICATION

Name Medco Center of Brandenburg
 Address 814 Old Ekron Road
 City/County/Zip Brandenburg, Meade County 40108
 Telephone number 270/422-2148
 Administrator Betty Appleby

RECEIVED
JUL 14 2011
OFFICE OF INSPECTOR GENERAL

Date facility operation began at current address 1969

Date facility began operation under current owner 1977

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>57</u>	<u>57</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	<u>Profit</u>	Individual
County	Nonprofit	Partnership
City		<u>Corporation</u>
<u>Private</u>		

II. OWNERSHIP

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

Extencicare Homes, Inc.
111 West Michigan Street
Milwaukee, WI 53203

(OVER)

7/31

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

7/12/11
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)

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.