

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

For Office Use Only Received <u>10/19/11</u> Amount <u>1440.00</u>
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*Coastal Admin. Services, LLC  
#503006268*

**I. IDENTIFICATION**

Name Brownsboro Hills Nursing Home

Address 2141 Sycamore Avenue

City/County/Zip Louisville, Jefferson County 40206-2013

Telephone number (502) 895-5417; admin@brownsborohillsnursing.com

Administrator Marianne Keller

Date facility operation began at current address 1962

Date facility began operation under current owner 08/01/2004

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>96</u>	<u>96</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"/> Limited Liability Company

**II. OWNERSHIP**

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

Brownsboro Hills HealthCare, LLC  
2141 Sycamore Avenue  
Louisville, KY 40206-2013

<b>RECEIVED</b>
<u>OCT 19 2011</u>
OFFICE OF INSPECTOR GENERAL

(OVER)

*10/31*

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. *Attached.*

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.

<sup>Parent</sup>  
Centennial HealthCare Holding Company, LLC  
(Sole Member)  
303 Perimeter Center North, Suite 500  
Atlanta, GA 30346-3401

<sup>Management Company \*</sup>  
Shoreline Healthcare Management, LLC  
10210 Highland Manor Drive, Ste. 260  
Tampa, FL 33610-9152

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

Manager of Brownsboro Hills HealthCare, LLC

Title

10-4-2011

Date

Return Application and fee to:

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

OIG 5  
(10/2002)

\*Shoreline HealthCare Management, LLC provides management consulting services, under contract, to Brownsboro Hills HealthCare, LLC.

**BROWNSBORO HILLS NURSING HOME  
2141 SYCAMORE AVENUE  
LOUISVILLE, KY 40206**

**Legal Operator (Licensee) of Brownsboro Hills Nursing Home:**

Brownsboro Hills HealthCare, LLC  
2141 Sycamore Avenue  
Louisville, KY 40206  
a Delaware Limited Liability Company  
Formed: March 22, 2004  
EIN:

**Ownership / Management of Brownsboro Hills HealthCare, LLC:**

Member (Sole):  
Centennial HealthCare Holding Company, LLC  
303 Perimeter Center North, Suite 500  
Atlanta, GA 30346  
EIN:

Manager:  
Marianne Keller, Administrator  
2141 Sycamore Avenue  
Louisville, KY 40206

*January 1, 2007 - present*