

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

For Office Use Only Received <u>3/2/13</u> Amount <u>1290.00</u>
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FF 708762

I. IDENTIFICATION

Name Irvine Health Facilities, L.P. dba Irvine Nursing and Rehabilitation Center

Address 411 Bertha Wallace Drive

City/County/Zip Irvine / Estill / 40336

Telephone number 606-723-5153 Email Address lisa.johnson@pcitexas.net

Administrator Lisa Johnson

Date facility operation began at current address 1974

Date facility began operation under current owner 07/01/2012

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>86</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	<u>2</u>	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Irvine Health Facilities GP, LLC - General Partner - 5500 W Plano

Pkwy, Plano, TX, 75093

Thomas D Scott, Limited Partner - 5500 W Plano Pkwy, Plano, TX, 75093

RECEIVED
MAR 12 2013
OFFICE OF INSPECTOR GENERAL

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. 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. n/a

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

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

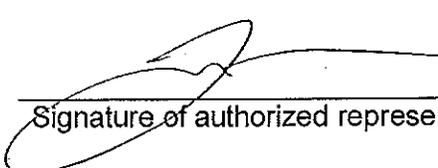
Parent
n/a

Management Company
Kentucky Partners Management, LLC

5420 W Plano Pkwy

Plano, TX 75093

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 GP

Title

3/4/13

Date

Return Application and fee to:

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

OIG 5
(10/2002)

Attachment A

Ownership for Irvine Health Facilities, L.P.

- Irvine Health Facilities GP, LLC– General Partner, 1%, 5500 W Plano Pkwy, Plano, TX, 75093
- Thomas D Scott – Limited Partner, 99%, 5500 W Plano Pkwy, Ste 210, Plano, TX, 75093