Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 10/24/12
Amount 1440.00

503007589

I. IDENTIFICATION

Name: Brownsboro Hills Nursing Home

Address: 2141 Sycamore Avenue

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

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

Administrator: Jane H. Stahl

Date facility operation began at current address: 1962

Date facility began operation under current owner: 8/1/2004

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	96	96
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State
County
City
✓ Private

✓ Profit
Nonprofit

Individual
Partnership
Corporation
✓ **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

RECEIVED
OCT 24 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

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.

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
Centennial HealthCare Holding Company, LLC	CMC II, LLC
303 Perimeter Center North, Suite 500	800 Concourse Parkway South, Suite 200
Atlanta, GA 30346-3401	Maitland, FL 32751-6148

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	Title	Date
	Manager of Brownsboro Hills HealthCare, LLC	10/19/12

Return Application and fee to:

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

OIG 5
(10/2002)

BROWNSBORO HILLS NURSING HOME
2141 SYCAMORE AVENUE
LOUISVILLE, KY 40206-2013

Legal Operator (Licensee) of Brownsboro Hills Nursing Home:

Brownsboro Hills HealthCare, LLC
2141 Sycamore Avenue
Louisville, KY 40206-2013
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 30346-3401
EIN:

Manager:
Jane H. Stahl, Administrator
2141 Sycamore Avenue
Louisville, KY 40206-2013