Application for License to Operate a Long-term Care Facility

For Office Use Only
Received ~~9/25/12~~ 10/11/12
Amount 1500.00

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	100	
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State
County
City
☒ Private

☒ Profit
Nonprofit

Individual
Partnership
Corporation
☒ 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

RECEIVED
SEP 25 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

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
HBR Kentucky, L.L.C.	N/A
101 Sun Avenue, N.E.	
Albuquerque, NM 87109	

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.

Michael T. Berg	Secretary	9/10/12
Signature of authorized representative	Title	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

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

Ownership Information

OWNER	OWNER ADDRESS	OWNERSHIP INTEREST
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.

NAME	ADDRESS/PHONE	TITLE	PERCENT OWN
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.