emailed Validation letter 10/4/11
Ck # 7087846

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 9-14-11
Amount $275.-

I. IDENTIFICATION

Name: Owensboro Place Care and Rehabilitation Center

Address: 1205 Leitchfield Road

City/County/Zip: Owensboro / Daviess / 42303

Telephone number: 270-684-0464

Administrator: Wendell Smith/ 2865ADM01@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	145	
Intermediate Care		
ICF/MR		
Personal Care		

RECEIVED
SEP 14 2011
OFFICE OF INSPECTOR GENERAL

II. CONTROL (check one in each column)

State	☒ Profit	Individual
County	Nonprofit	Partnership
City		Corporation
☒ Private		☒ L.L.C.

II. OWNERSHIP

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

Leisure Years Nursing, L.L.C.
101 Sun Avenue, N.E.
Albuquerque, NM 87109

(OVER)

9/30

If facility owned or leased by a corporation, complete the following:

Name of corporation: Leisure Years Nursing, L.L.C.

Address of corporation: 101 Sun Avenue, N.E., Albuquerque, NM 87109

President or Chairman: Thomas B. Emberton

Vice President: Michael Newman

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.	
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.

Glynis Malcolm — Asst. Secretary — 8-31-11

Glynis Malcolm

Signature of authorized representative — Title — Date

Return Application and fee to:

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

ATTACHMENT A

LEISURE YEARS NURSING, L.L.C. D/B/A OWENSBORO PLACE CARE AND REHABILITATION CENTER

Ownership Information

OWNER	OWNER ADDRESS	OWNERSHIP INTEREST
Leisure Years Nursing, L.L.C. FEIN :		100% Ownership Interest in Owensboro Place Care and Rehabilitation Center

Officers of LEISURE YEARS NURSING, L.L.C.

NAME	ADDRESS/PHONE	TITLE	PERCENT OWN
Thomas B. Emberton		President	0%
Michael Newman		Vice 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, Leisure Years Nursing, L.L.C. does not have a Board of Directors.