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

For Office Use Only
Received 4/23/12
Amount 600.00

# 1232309

**I. IDENTIFICATION**

Name: Five Star Brookside LLC d/b/a The Forum at Brookside

Address: 200 Brookside Drive

City/County/Zip: Louisville / Jefferson / 40243

Telephone number: 502-245-3048

Administrator: Mr. Bill Hulsey

Date facility operation began at current address: 1984

Date facility began operation under current owner: 10-1-2009

**II. TYPE BEDS**

| | No. beds licensed | No. beds requested |
|---|---|---|
| Skilled | | |
| Nursing Home | | |
| Nursing Facility | 40 | |
| Intermediate Care | | |
| ICF/MR | | |
| Personal Care | | |

**II. CONTROL** (check one in each column)

| | | |
|---|---|---|
| State | √ Profit | Individual |
| County | Nonprofit | Partnership |
| City | | Corporation |
| Private | | √ Limited Liability Co. |

**II. OWNERSHIP**

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

PLEASE SEE ATTACHED CHART

RECEIVED
APR 23 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

JL

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

Name of corporation Five Star Brookside, LLC

Address of corporation 400 Centre Street, Newton MA 02458

President or Chairman PLEASE SEE ATTACHED

Vice President PLEASE SEE ATTACHED

Secretary PLEASE SEE ATTACHED

Treasurer PLEASE SEE ATTACHED

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. **N/A**

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. **Owned by a Limited Liability Company**

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. **Owned by a Limited Liability Company**

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

| Parent | Management Company |
|---|---|
| **Please see attached** | **N/A** |
| | |
| | |

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.

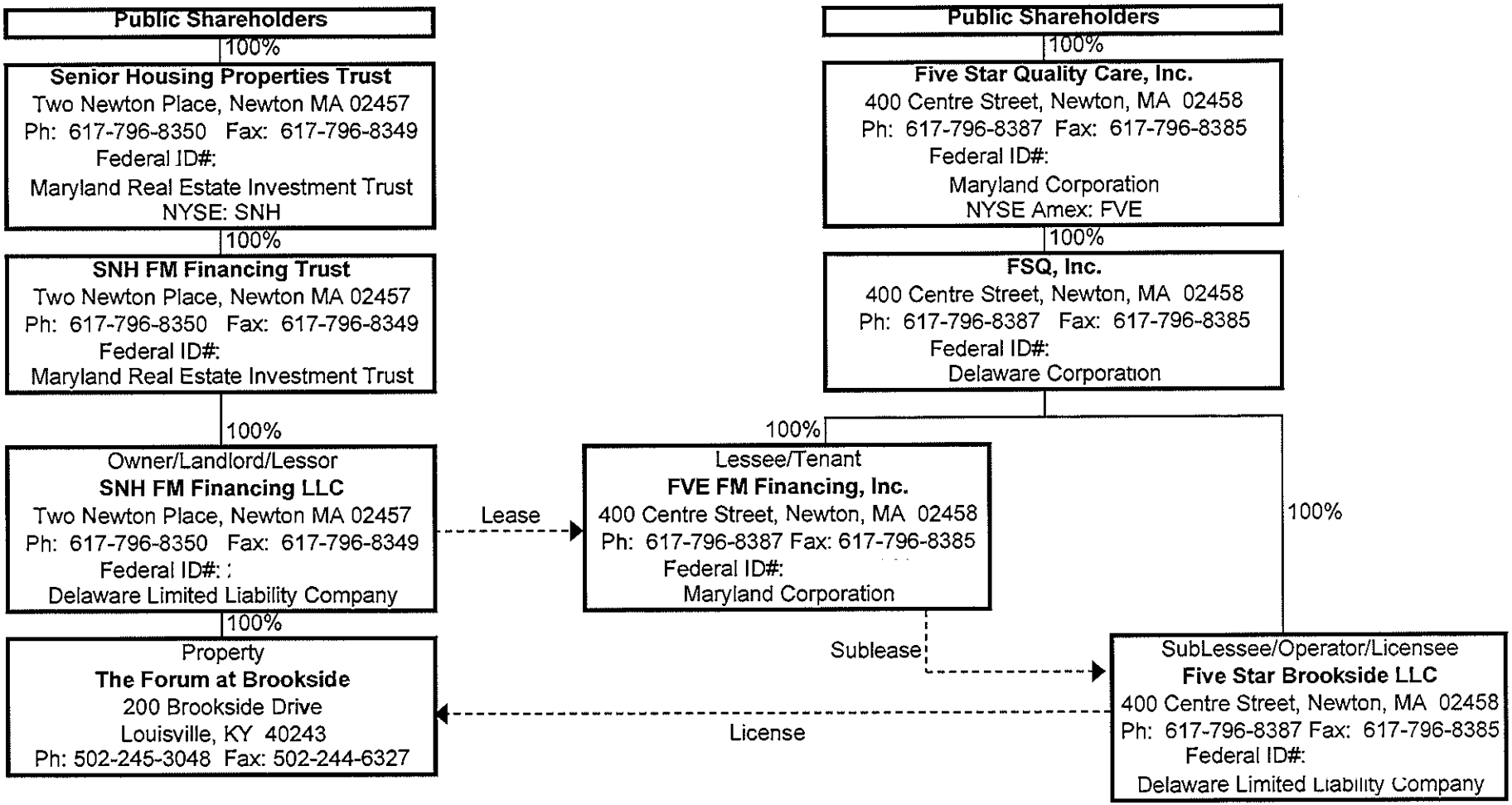
| | President/CEO | 4/12/12 |
|---|---|---|
| Signature of authorized representative<br>**Bruce J. Mackey, Jr.** | Title | Date |

Return Application and fee to:

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

OIG 5
(10/2002)

**TABLE OF CORPORATE/OWNERSHIP/LEASE STRUCTURE**
**for the property known as, Forum at Brookside**
**licensed under, Five Star Brookside LLC**



Attachment B.1

**Officers and Directors**
**For**
**Five Star Brookside, LLC**
**400 Centre Street**
**Newton, MA 02458**
**P- 617-796-8387, F- 617-219-1435**

| Title | Name |
|---|---|
| President, Chief Executive Officer | Bruce J. Mackey Jr |
| Treasurer & Chief Financial Officer | Paul V. Hoagland |
| Senior Vice President , Chief Operating Officer & Chief Clinical Officer | Rosemary Esposito, R.N. |
| Vice President, Assistant Secretary & General Counsel | Katie Potter |
| Corporate Secretary | Jennifer B. Clark |
| Director | Gerard Martin |
| Director | Barry Portnoy |

**FSQ, Inc (FID#**
**is the 100% sole member of**
**Five Star Brookside, LLC (FID# )**