

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

For Office Use Only
Received 1.9.12
Amount \$21050

*mailed lic validation
letter 1/30/12*

*Ch #
248059*

I. IDENTIFICATION

Name Life Care Center of LaCenter
 Address 252 West 5th Street, P.O. Box 269
 City/County/Zip LaCenter, Ballard, KY 42056
 Telephone number (270) 665-5681
 Administrator Ginger Atkins
 Date facility operation began at current address 07/01/2005
 Date facility began operation under current owner 11/16/2001

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>70</u>	<u>70</u>
Nursing Home	_____	_____
Nursing Facility	<u>70</u>	<u>70</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
Life Care Centers of America, Inc.
3570 Keith Street, NW
Cleveland, TN 37312

(OVER)

RECEIVED
 JAN 09 2012
 OFFICE OF INSPECTOR GENERAL

1/31

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

Name of corporation Life Care Centers of America, Inc.

Address of corporation 3570 Keith Street, NW, Cleveland, TN 37312

President or Chairman Please see attached Exhibit "O"

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.

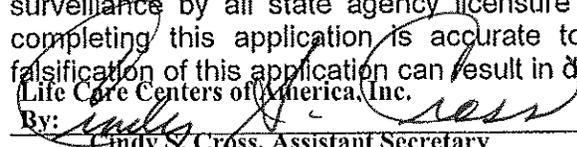
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. **Please see attached Exhibit "O"**

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
<u>N/A</u>	<u>N/A</u>
_____	_____
_____	_____

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.

By: 
Cindy S. Cross, Assistant Secretary
Signature of authorized representative

Assistant Secretary 1/06/2012
Title Date

Return Application and fee to:

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

OIG 5
(10/2002)

EXHIBIT "O"

LIFE CARE CENTERS OF AMERICA, INC.

Board of Directors

Forrest L. Preston,

John F. McMullan,

Beecher Hunter,

J. Stephen Ziegler,

JoAnna J. Crooks,

Dr. Kenneth L. Scott,

Richard L. Swanker,

Corporate Officers

Chairman/
CEO: Forrest L. Preston,

President: Beecher Hunter,

Vice President/
Secretary: JoAnna J. Crooks,

Vice President/
Treasurer: J. Stephen Ziegler,

Vice President/
Assistant
Secretary: Cindy S. Cross,

Assistant
Secretary: Joan E. Thurmond,

Assistant
Treasurer: Terry Henry,

Chief Tax
Officer: Richard L. Swanker,

Shareholders

Forrest L. Preston, 100% Sole Shareholder