

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

For Office Use Only Received <u>3/17/12</u> Amount <u>758.00</u>
--

# 118130    \$ 248.00 PC  
\$ 510.00 NF

**I. IDENTIFICATION**

Name Tanbark Health Care Center

Address 1121 Tanbark Road

City/County/Zip Lexington, Fayette County, KY 40515

Telephone number 859-273-7377

Administrator Conjuna Collier

Date facility operation began at current address 1989

Date facility began operation under current owner 6-30-05

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>          </u>	<u>          </u>
Nursing Home	<u>          </u>	<u>          </u>
Nursing Facility	<u>34</u>	<u>34</u>
Intermediate Care	<u>          </u>	<u>          </u>
ICF/MR	<u>          </u>	<u>          </u>
Personal Care	<u>          </u>	<u>          </u>

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

State <u>          </u>	Profit <u>  X  </u>	Individual <u>          </u>
County <u>          </u>	Nonprofit <u>          </u>	Partnership <u>          </u>
City <u>          </u>		Corporation <u>          </u>
Private <u>  X  </u>		LLC <u>  X  </u>

**IV. OWNERSHIP**

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

New Tanbark Health Care Center, LLC  
9510 Ormsby Station Road, Suite 101  
Louisville, KY 40223

(OVER)

**RECEIVED**

MAR 17 2012

OFFICE OF INSPECTOR GENERAL

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

Name of corporation United Rehab Realty Holding, LLC  
Address of corporation 10350 Ormsby Park Place, #300, Louisville, KY 40223  
President or Chairman \_\_\_\_\_  
Ex. Vice President T. Richard Riney and Raymond Lewis  
Secretary T. Richard Riney  
Treasurer Brian K. Wood, 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
<u>Senior Care Operations Holdings, LLC</u>	_____
<u>9510 Ormsby Station Road #101</u>	_____
<u>Louisville, Kentucky 40223</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.

  
Signature of authorized representative

Vice President  
Title

3/13/12  
Date

Return Application and fee to:

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

OIG 5  
(10/2002)