

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

emailed validation letter 2/1/12
 For Office Use Only
 Received 1-19-12
 Amount \$ 3420.-
 CK# 197224

I. IDENTIFICATION

Name Consolidated Resources Health Care Fund I, L.P.
d/b/a Parkview Nursing and Rehabilitation Center

Address 544 Lone Oak Road

City/County/Zip Paducah, Kentucky 42003

Telephone number (207) 443-6543

Administrator Lori Moberly

Date facility operation began at current address 1972

Date facility began operation under current owner 03/01/1990

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>228</u>	<u>228</u>
Nursing Home	_____	_____
Nursing Facility	<u>228</u>	<u>228</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
 Please see attached Exhibit "A"

RECEIVED

JAN 19 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

1/31

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

Name of corporation N/A

Address of corporation _____

President or Chairman _____

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.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. Please see attached Exhibit "A"

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

Parent	Management Company
<u>N/A</u>	<u>Life Care Centers of America, Inc.</u>
_____	<u>3570 Keith Street, NW</u>
_____	<u>Cleveland, TN 37312</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.

~~Consolidated Resources Health Care Fund I, L.P.~~

~~By: H.C.F., Inc., Corporate General Partner~~

By: *Cindy S. Cross*
Signature of authorized representative

Cindy S. Cross, Assistant Secretary

Assistant Secretary

Title

01/19/12

Date

Return Application and fee to:

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

OIG 5
(10/2002)

EXHIBIT "A"

CONSOLIDATED RESOURCES HEALTH CARE FUND I, L. P.
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

OWNERSHIP STRUCTURE

Forrest L. Preston
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

4% General Partner

H.C.F., Inc.
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

Special General Partner (no economic interest)

Fund I Investments Limited Partnership
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

95.923% Limited Partner

H.C.F., Inc.
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

.0385% Limited Partner

Developers Investment Company, Inc.
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

.0385% Limited Partner