

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

For Office Use Only
Received <u>10/26/12</u>
Amount <u>1770.00</u>

# 6290

**I. IDENTIFICATION**

Name Cambridge Place  
 Address 2020 Cambridge Drive  
 City/County/Zip Lexington, Fayette Co, 40504  
 Telephone number 859-252-6747 cclarke@cambridgepl.com  
 Administrator Cara Clark  
 Date facility operation began at current address 1976  
 Date facility began operation under current owner 3/1/2011

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>118</u>	<u>        </u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

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

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

**II. OWNERSHIP**

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

(See Attachment 1)  
Cambridge Place Group, LLC

**RECEIVED**  
 OCT 26 2012  
 OFFICE OF INSPECTOR GENERAL

JL

(OVER)

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

Name of corporation	_____
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.

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

Parent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Management Company  
Legacy Health Services, Inc.  
4537 Ft. Campbell Blvd, Suite  
Hopkinsville, KY 2240 101

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.

*CB*  
Signature of authorized representative

Administrator 10/23/12  
Title Date

Return Application and fee to:

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

OIG 5  
(10/2002)

Attachment 1  
"Cambridge Place Group, LLC Members"

Mr. Jay Frances

Mr. Danny Frances

Ms. Kim Smith

Mr. Jack Graham