

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

For Office Use Only Received <u>3/6/12</u> Amount <u>1425.00</u>
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**I. IDENTIFICATION**

# 7157414

Name Grant Manor Care and Rehabilitation Center

Address 201 Kimberly Lane

City/County/Zip Williamstown, KY 41097-9458  
859-824-7803

Telephone number \_\_\_\_\_

Administrator Tom Nielander

Date facility operation began at current address unknown

Date facility began operation under current owner 07/01/2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>95</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

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

State	Profit	Individual
County	Nonprofit	Partnership
City		Corporation
XPrivate		XLLC

**II. OWNERSHIP**

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

Grant Manor LLC  
101 Sun Avenue NE  
Albuquerque NM 87109

(OVER)

<p><b>RECEIVED</b></p> <p>MAR 06 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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If facility owned or leased by a corporation, complete the following:

Name of corporation Grant Manor, LLC  
Address of corporation 101 Sun Avenue NE Albuquerque, NM 87109  
President or Chairman Sharon Warren  
Vice President Debbie McLarty (VP Reimbursement)  
Secretary Michael T. Berg  
Treasurer Brandi Riddle

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. Attached

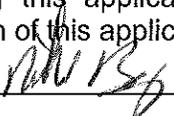
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. LLC - Attached

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. N/A

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

Parent	Management Company
<u>HBR Kentucky, LLC</u>	<u>N/A</u>
<u>101 Sun Avenue NE</u>	<u></u>
<u>Abq, NM 87109</u>	<u></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.

<u></u>	<u>Corp. Secretary</u>	<u>02/24/12</u>
Signature of authorized representative Michael T. Berg	Title	Date

Return Application and fee to: Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

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(10/2002)

**OWNERSHIP DISCLOSURE FOR**  
**GRANT MANOR CARE AND REHABILITATION CENTER**

Grant Manor, LLC - 100% owns and operates Grant Manor Care and Rehabilitation Center

HBR Kentucky, LLC  
FEIN:  
(100% ownership interest in Grant Manor, LLC)

Harborside Healthcare Limited Partnership  
FEIN:  
(100% ownership interest in HBR Kentucky, LLC)

KHI, LLC  
FEIN:  
(1% Partner of Harborside Healthcare Limited Partnership)

Harborside Healthcare Advisors, LP  
FEIN:  
(99% Partner of Harborside Healthcare Limited Partnership)

Harborside Healthcare LLC  
FEIN:  
(99% Partner of Harborside Healthcare Advisors, LP)

SunBridge Healthcare LLC  
FEIN:  
(100% ownership interest in Harborside Healthcare LLC)

Sun Healthcare Group, Inc. (Publicly traded company)  
FEIN:  
(100% ownership interest in SunBridge Healthcare LLC)

**DIRECTOR/OFFICER OF GRANT MANOR, LLC:**

<u>Name</u>	<u>Title</u>	<u>SSN</u>	<u>Start Date</u>
Richard Iannessa	Director		11/15/11
Sharon Warren	President		02/15/12
Melissa Craig	Chief Financial Officer		04/20/07
Debbie McLarty	Sr. VP Reimbursement		04/20/07
Michael T. Berg	Secretary		04/20/07
Glynis Malcolm	Assistant Secretary		01/02/11
Brandi Riddle	Treasurer		09/01/09
Pamela Meyer	Assistant Treasurer		04/20/07