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

For Office Use Only
Received 6/8/12
Amount 975.00

Senior Care Operations Holdings, LLC #136617

## I. IDENTIFICATION

Name: Colonial Health and Rehabilitation Center

Address: 708 Bartley Avenue

City/County/Zip: Bardstown, Nelson County, KY 40004

Telephone number: 502-348-9260

Administrator: ~~Kevin Foote~~ Effective 5/27/12: Lisa Gann

Date facility operation began at current address: February 7, 1972

Date facility began operation under current owner: July 1, 2005

## II. TYPE BEDS

| | No. beds licensed | No. beds requested |
|---|---|---|
| Skilled | | |
| Nursing Home | | |
| Nursing Facility | 65 | |
| Intermediate Care | | |
| ICF/MR | | |
| Personal Care | | |

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

| | | | | | |
|---|---|---|---|---|---|
| State | | Profit | X | Individual | |
| County | | Nonprofit | | Partnership | |
| City | | | | Corporation | |
| Private | X | | | LLC | X |

## IV. OWNERSHIP

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

New Colonial Health & Rehabilitation Center, LLC
9510 Ormsby Station Road, Suite 101
Louisville, KY 40223

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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 |
|---|---|
| Senior Care Operations Holdings, LLC | |
| 9510 Ormsby Station Road #101 | |
| Louisville, Kentucky 40223 | |

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 | Title | Date |
|---|---|---|
| [signature] | Vice President | 5/30/12 |

Return Application and fee to:

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

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