

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

*Mailed Validation
Letter
8/4/12*

For Office Use Only Received <u>7-16-12</u> Amount <u>\$ 795 =</u>
--

Ch# 7205935

I. IDENTIFICATION

Name Countryside Care and Rehabilitation Center

Address 47 Margo Avenue

City/County/Zip Bardwell / Carlisle / 42023

Telephone number 270-628-5424 / 2862ADM01@sunh.com

Administrator Sharon Cagle

Date facility operation began at current address unknown

Date facility began operation under current owner 10/1/2006

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>53</u>	<u> </u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

HBR Bardwell, L.L.C.

101 Sun Avenue, N.E.

Albuquerque, NM 87109

(OVER)

<p>RECEIVED</p> <p>JUL 18 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
--

7/31

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

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

Please see attached

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

Please see 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 Bardwell, LLC</u>	<u>N/A</u>
<u>101 Sun Avenue NE</u>	_____
<u>Albuquerque, NM 87109</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.

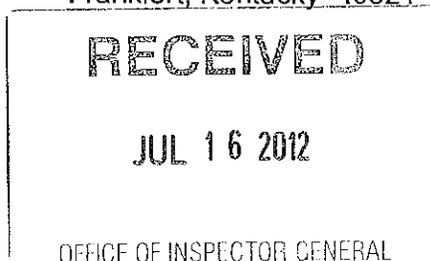
Michael T. Berg
Signature of authorized representative
Michael T. Berg

Secretary
Title

6/28/12
Date

Return Application and fee to:

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



OIG 5
(10/2002)

ATTACHMENT A
HBR BARDWELL, L.L.C.
D/B/A COUNTRYSIDE CARE AND REHABILITATION CENTER

Ownership and Control Information

OWNER	ADDRESS	OWNERSHIP INTEREST
HBR Kentucky, L.L.C. FEIN:		Sole Member of HBR Bardwell, L.L.C. FEIN: 20-5136622
Harborside Healthcare Limited Partnership FEIN:		Sole Member of HBR Kentucky, L.L.C.
Harborside Healthcare Advisors, LP FEIN:		99% Partner of Harborside Healthcare Limited Partnership
KHI, L.L.C. FEIN:		1% Partner of Harborside Healthcare Limited Partnership
Harborside Healthcare LLC FEIN:		99% Partner of Harborside Healthcare Advisors, LP
SunBridge Healthcare, L.L.C. FEIN:		100% of Harborside Healthcare LLC
Sun Healthcare Group, Inc. FEIN: PUBLICLY TRADED		100% of SunBridge Healthcare LLC

Officers

NAME/SSN	ADDRESS	TITLE	PERCENT OWN
Sharon Warren SSN:		President	0%
Brandi Kiddle SSN: ~ ~ ~ ~ ~		Treasurer	0%
Vacant		Vice President	0%
Debbie McLarty SSN:		Vice President - Reimbursement	0%
Pamela Meyer SSN:		Assistant Treasurer	0%
Michael T. Berg SSN:		Secretary	0%
Glynis Malcolm SSN:		Assistant Secretary	0%

* As a Limited Liability Company, HBR Bardwell, L.L.C. does not have a Board of Directors