

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

For Office Use Only Received <u>5/8/12</u> Amount <u>2220.00</u>
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#127391

**I. IDENTIFICATION**

Name North Hardin Health & Rehabilitation Center

Address 599 Rogersville Road

City/County/Zip Radcliff, Hardin County, Kentucky 40160

Telephone number 270-351-2999

Administrator Bill D. Taylor

Date facility operation began at current address 1986

Date facility began operation under current owner July 1, 2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>                    </u>	<u>                    </u>
Nursing Facility	<u>148</u>	<u>148</u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

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

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

**IV. OWNERSHIP**

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

New North Hardin Health & Rehabilitation Center, LLC

9510 Ormsby Station Road, Suite 101

Louisville, KY 40223

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
<u>Senior Care Operations Holdings, LLC</u>	_____
<u>9510 Ormsby Station Road #101</u>	_____
<u>Louisville, Kentucky 40223</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.

Robin Barber  
Signature of authorized representative

Vice President  
Title

4/23/12  
Date

Return Application and fee to:

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

OIG 5  
(10/2002)