

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

For Office Use Only Received <u>2/29/12</u> Amount <u>1800.00</u>

754276

I. IDENTIFICATION

Name Carter Nursing and Rehabilitation Center

Address 250 McDavid Blvd., P. O. Box 904

City/County/Zip Grayson / Carter / Kentucky 41143

Telephone number 606-474-7835

Administrator Ralph Wright

Date facility operation began at current address _____

Date facility began operation under current owner _____

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>120</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Omega Healthcare Investors, Inc.

200 International Circle, Suite 3500

Hunt Valley, MD 21030

RECEIVED

FEB 29 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

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

Name of corporation Diversicare Leasing Corp.
Address of corporation 1621 Galleria Blvd., Brentwood, TN 37027
President or Chairman Kelly J. Gill
Vice President L. Glynn Riddle, Jr.
Secretary Sam Daniel
Asst. Secretary Matthew Weishaar

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. N/A

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

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>Advocat Inc.</u>	<u>Diversicare Management Services Co.</u>
<u>1621 Galleria Blvd.</u>	<u>1621 Galleria Blvd.</u>
<u>Brentwood, TN 37027</u>	<u>Brentwood, TN 37027</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.

Samuel R. Wright II
Signature of authorized representative

Administrator
Title

2/27/2012
Date

Return Application and fee to:

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

OIG 5
(10/2002)