

Application for License to Operate a Long-term Care Facility

For Office Use Only Received <u>7/11/12</u> Amount <u>1050.00</u>

524773

I. IDENTIFICATION

Name Glen Ridge Health Campus

Address 6415 Calm River Way

City/County/Zip Louisville, KY 40299

Telephone number (502) 297-8590; rachel.bufford@trilogyhs.com

Administrator Rachel Bufford

Date facility operation began at current address 07/01/06

Date facility began operation under current owner 07/01/06

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>70</u>	<u>70</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 type="checkbox"/> Profit	<input type="checkbox"/> Individual
County	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Partnership
City		<input type="checkbox"/> Corporation
<input type="checkbox"/> Private		

II. OWNERSHIP

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

Center for Community Re-Entry, Inc.
303 N. Hurstbourne Parkway, Suite 200
Louisville, KY 40222

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JUL 12 2012
OFFICE OF INSPECTOR GENERAL

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

Name of corporation Center for Community Re-Entry, Inc.
Address of corporation 303 N. Hurstbourne Parkway, Suite 200
President or Chairman Randall J. Bufford
Vice President Paul Plevyak
Secretary Steven Van Camp
Treasurer Leigh Ann Barney

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.

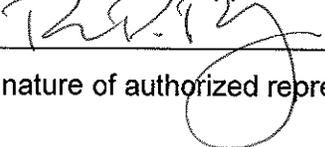
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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>Trilogy Investors, LLC</u>	<u></u>
<u>303 N. Hurstbourne Pkwy., Suite 200</u>	<u></u>
<u>Louisville, KY 40222</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>Paul Plevyak, SVP</u>	<u>7-3-12</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

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



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