

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

For Office Use Only Received <u>7/18/12</u> Amount <u>935.00</u>
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PC → 80.00
NF → 855.00

#126643

I. IDENTIFICATION

Name Brandenburg Health Facilities, LP
d/b/a Brandenburg Nursing and Rehabilitation Center
 Address 814 Old Ekron Road
 City/County/Zip Brandenburg, Meade 40108
 Telephone number 270-422-2148, betty.appleby@pcitexas.net
 Administrator Betty A. Appleby
 Date facility operation began at current address 1969
 Date facility began operation under current owner 2012

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>57</u>	<u>57</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

- Brandenburg Health Facilities GP, LLC - General Partner
- Thomas D. Scott - Limited Partner

<p>RECEIVED</p> <p>JUL 18 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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(OVER)

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

Name of corporation _____

Address of corporation _____

President or Chairman _____

Vice President _____

Secretary _____

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. *see attachment*

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

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. *see attachment*

Name and address of parent corporation and/or management company, if applicable.

Parent *n/a*

Management Company
Kentucky Partners Management, LLC
5420 W. Plano Parkway
Plano, TX 75093

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.

May h. Min

Signature of authorized representative

Assistant General Counsel

Title

7-12-2012

Date

Return Application and fee to:

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