

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

For Office Use Only Received <u>2/22/13</u> Amount <u>750.00</u>
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**I. IDENTIFICATION**

# 201070

Name Cadiz Health Facilities, L.P. dba Shady Lawn Nursing and Rehabilitation Center

Address 2582 Cerulean Road.

City/County/Zip Cadiz / Trigg / 42211

Telephone number 270-522-3236 Email Address donovan.dame@pcitexas.net

Administrator Donovan Dame

Date facility operation began at current address 1964

Date facility began operation under current owner 07/01/2012

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>50</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**RECEIVED**

**FEB 22 2013**

OFFICE OF INSPECTOR GENERAL

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

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

**II. OWNERSHIP**

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

Cadiz Health Facilities GP, LLC - General Partner - 5500 W Plano Pkwy, Plano, TX, 75093

Thomas D Scott, Limited Partner - 5500 W Plano Pkwy, Plano, TX, 75093

*2/28*

(OVER)

*✓*

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

Name of corporation N/A  
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 "A"

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 "A"

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

Parent	Management Company
<u>n/a</u>	<u>Kentucky Partners Management , LLC</u>
_____	<u>5420 W Plano Pkwy</u>
_____	<u>Plano, TX 75093</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.

 _____ Signature of authorized representative	_____ Manager of GP Title	_____ 2/13/13 Date
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Return Application and fee to:

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

OIG 5  
(10/2002)

## **Attachment A**

Ownership for Cadiz Health Facilities, L.P.

- Cadiz Health Facilities GP, LLC– General Partner, 1%, 5500 W Plano Pkwy, Plano, TX, 75093
- Thomas D Scott – Limited Partner, 99%, 5500 W Plano Pkwy, Ste 210, Plano, TX, 75093