

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

For Office Use Only Received <u>4/3/12</u> Amount <u>1500.00</u>
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#99006858

I. IDENTIFICATION

Name Rivers Edge Nursing and Rehabilitation Center
 Address 6301 Bass Rd
 City/County/Zip Prospect, KY 40059
 Telephone number 502-228-8359
 Administrator Zettie M. Parker-Turner
 Date facility operation began at current address 9-1-1983
 Date facility began operation under current owner 1-1-2011

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	<u>100</u>	<u>100</u>
Nursing Home	_____	_____
Nursing Facility	_____	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

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

II. OWNERSHIP

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

Thames Healthcare Group, LLC
PO Box 6249
Kinston, NC 28501-0249

RECEIVED
APR 03 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

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

Name of corporation Thames Healthcare Group, LLC

Address of corporation PO Box 6249 Kinston, NC 28501-0249

President or Chairman N. Randy Uzzell

Vice President Raymond J. Baker

Secretary Raymond J. Baker

Treasurer Dianne Johnson

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. *See attached*

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

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

Parent
Principle Long Term Care, Inc.
PO Box 6249
Kinston, NC 28501-0249

Management Company
Principle Long Term Care, Inc.
PO Box 6249
Kinston, NC 28501-0249

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.

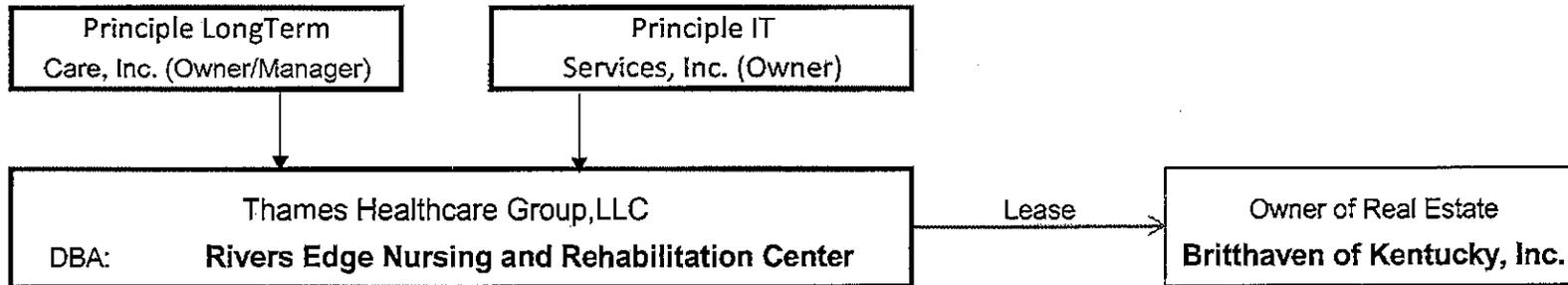
[Signature]
Signature of authorized representative

Nursing Home Administrator 3/28/12
Title Date

Return Application and fee to:

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

Ownership



Officers

N. Randy Uzzell	President
Raymond J. Baker	Vice President/Secretary
Dianne Johnson	Treasurer

Directors:

Robert O. Hill, Jr.	PO Box 6049, Kinston, NC 28501
R. Gregg Hill	PO Box 6049, Kinston, NC 28501
Stephen B. Hill	PO Box 6049, Kinston, NC 28501
Robert Langdon	PO Box 6049, Kinston, NC 28501