

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

For Office Use Only Received <u>4/30/12</u> Amount <u>170.00</u>
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#127378

I. IDENTIFICATION

Name Green Valley Health & Rehabilitation Center
 Address 1206 Eleventh Street
 City/County/Zip Carrollton, Carroll County, KY 41008
 Telephone number 502-732-6683
 Administrator Alan Wade
 Date facility operation began at current address 1978
 Date facility began operation under current owner July 1, 2005

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>78</u>	<u>78</u>
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

III. CONTROL (check one in each column)

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

IV. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.
New Green Valley Health & Rehabilitation Center, LLC
9510 Ormsby Station Road, Suite 101
Louisville, KY 40223

(OVER)

<p>RECEIVED</p> <p>APR 30 2012</p> <p>OFFICE OF INSPECTOR GENERAL</p>
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If facility owned or leased by a corporation, complete the following:

Name of corporation United Rehab Realty Holding, LLC

Address of corporation 10350 Ormsby Park Place, #300, Louisville, KY 40223

President or Chairman _____

Ex. Vice President T. Richard Riney and Raymond Lewis

Secretary T. Richard Riney

Treasurer Brian K. Wood, 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.

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>Senior Care Operations Holdings, LLC</u>	_____
<u>9510 Ormsby Station Road #101</u>	_____
<u>Louisville, Kentucky 40223</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.

Robin Barber
Signature of authorized representative

Vice President
Title

4/23/12
Date

Return Application and fee to:

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