

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

For Office Use Only Received <u>1/26/12</u> Amount <u>930.00</u>
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I. IDENTIFICATION

7141602

Name Klondike Care and Rehabilitation Center
 Address 3802 Klondike Lane
 City/County/Zip Louisville, KY 40218
 Telephone number 502-452-1579
 Administrator Diane Garrett
 Date facility operation began at current address approx. 1974
 Date facility began operation under current owner 07/01/2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	62	_____
Nursing Facility	_____	_____
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	Partnership
City		Corporation
<input checked="" type="checkbox"/> Private		<input checked="" type="checkbox"/> LLC

II. OWNERSHIP

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

Klondike Manor, LLC
101 Sun Avenue NE
Albuquerque, NM 87109

(OVER)

<p>RECEIVED</p> <p>JAN 26 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 Klondike Manor, LLC
Address of corporation 101 Sun Avenue, Albuquerque NM 87109
President or Chairman vacant
Vice President Debbie McLarty (VP Reimbursement)
Secretary Michael T. Berg
Treasurer Brandi Riddle

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.
Please see attached.

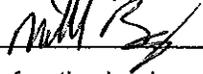
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.
Please see attached.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. N/A

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

Parent	Management Company
<u>HBR Kentucky, LLC</u>	<u>N/A</u>
<u>101 Sun Avenue NE</u>	<u></u>
<u>Abq, NM 87109</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.


Signature of authorized representative
Michael T. Berg

Crop. Secretary 1/12/12
Title Date

Return Application and fee to: Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

OWNERSHIP DISCLOSURE FOR
KLONDIKE CARE AND REHABILITATION CENTER

1. **NAME OF FACILITY:** Klondike Care and Rehabilitation Center
2. **DISCLOSING ENTITY FOR THE FACILITY:** Klondike Manor, LLC
101 Sun Avenue NE
Albuquerque, NM 87109
FEIN: :
3. a. **IDENTIFY EACH PERSON WITH AN OWNERSHIP INTEREST IN THE DISCLOSING ENTITY:**

HBR Kentucky, LLC

FEIN:

(100% ownership interest in Klondike Manor, LLC)

Harborside Healthcare Limited Partnership

FEIN:

(100% ownership interest in HBR Kentucky, LLC)

KHI, LLC

FEIN:

(1% Partner of Harborside Healthcare Limited Partnership)

Harborside Healthcare Advisors, LP

FEIN:

(99% Partner of Harborside Healthcare Limited Partnership)

Harborside Healthcare Corporation

FEIN:

(99% Partner of Harborside Healthcare Advisors, LP)

SunBridge Healthcare Corporation

FEIN:

(100% ownership interest in Harborside Healthcare Corporation)

Sun Healthcare Group, Inc.

FEIN:

(100% ownership interest in SunBridge Healthcare Corporation)

Oppenheimer Funds, Inc.

FEIN:

(beneficial owner of 5.54% of stock of Sun Healthcare Group, Inc.)

Blackrock, Inc.

FEIN:

(beneficial owner of 5.39% of stock of Sun Healthcare Group, Inc.)

FMR, LLC

FEIN:

(beneficial owner of 13.05% of stock of Sun Healthcare Group, Inc.)

OFFICERS AND DIRECTORS

NAME ADDRESS	TITLE	PERCENT OWN
Richard Iannessa	Director	0%
Pamela Meyer	Assistant Treasurer	0%
Brandi Riddle	Treasurer	0%
Paxton Wiffler	President	0%
Michael T. Berg	Secretary	0%
Debbie McLarty	Sr. Vice President-Reimbursement	0%
Glynis Malcolm	Assistant Secretary	0%