

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

For Office Use Only Received _____ Amount _____

I. IDENTIFICATION

7-31-13

Name Countryside Center

Address 47 Margo Avenue

City/County/Zip Bardwell / Carlisle / 42024

Telephone number 270-628-5424/ 2862ADM01@sunh.com

Administrator Sharon Cagle

Date facility operation began at current address Unknown

Date facility began operation under current owner 10/1/2006

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>53</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	Partnership
City		Corporation
<input checked="" type="checkbox"/> Private		<input checked="" type="checkbox"/> L.L.C.

II. OWNERSHIP

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

HBR Bardwell, L.L.C.

101 Sun Avenue, N.E.

Albuquerque, NM 87109

(OVER)

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

