

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

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| For Office Use Only Received <u>2/25/13</u> Amount <u>900.00</u> |
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#194402

I. IDENTIFICATION

Name McCreary Health & Rehabilitation Center

Address U.S. 27 and Hwy 592; 58 Cal Hill Road

City/County/Zip Pine Knot, KY 42635

Telephone number 606-354-3155

Administrator Sam Hutchinson

Date facility operation began at current address June 1990

Date facility began operation under current owner July, 2005

| II. TYPE BEDS | No. beds licensed | No. beds requested |
|-------------------|-----------------------------|-----------------------------|
| Skilled | <u> </u> | <u> </u> |
| Nursing Home | <u> </u> | <u> </u> |
| Nursing Facility | <u>60</u> | <u>60</u> |
| Intermediate Care | <u> </u> | <u> </u> |
| ICF/MR | <u> </u> | <u> </u> |
| Personal Care | <u> </u> | <u> </u> |

II. CONTROL (check one in each column)

| | | |
|--|---------------------------------------|--|
| State <u> </u> | Profit <u> X </u> | Individual <u> </u> |
| County <u> </u> | Nonprofit <u> </u> | Partnership <u> </u> |
| City <u> </u> | | Corporation <u> </u> |
| Private <u> X </u> | | LLC <u> X </u> |

II. OWNERSHIP

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

McCreary Health & Rehabilitation Center, LLC

9510 Ormsby Station Road, Suite 101

Louisville, KY 40223

RECEIVED
FEB 25 2013
OFFICE OF INSPECTOR GENERAL

2/28

(OVER)

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.

 Vice President 2/19/13
Signature of authorized representative Title Date

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