

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

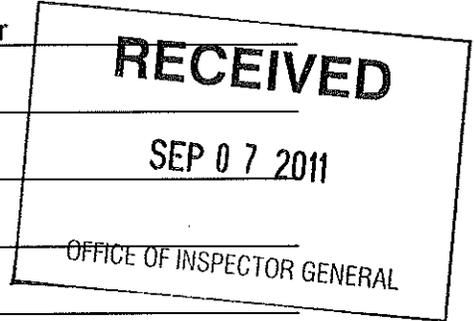
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Received 9/7/11
Amount 1920.00

#7573

New Oaklawn Investments, LLC

I. IDENTIFICATION

Name Oaklawn Nursing & Rehabilitation Center
 Address 300 Shelbyville Road
 City/County/Zip Louisville, Jefferson County, 40245
 Telephone number 502-254-0009
 Administrator Burke Stephens



Date facility operation began at current address September 7, 2004

Date facility began operation under current owner July 1, 2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>128</u>	<u>128</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.

New Oaklawn Investments, LLC
9510 Ormsby Station Road, Suite 101
Louisville, KY 40223

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

Name of corporation New Oaklawn Investments, LLC
Address of corporation 9510 Ormsby Station Road, Suite 101, Louisville, KY 40223
President or Chairman W. Patrick Mulloy, II
Ex. Vice President J. Timothy Wesley
Secretary Robin L. Barber
Treasurer Michael L. Kirzinger

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>United Rehab Developments, LLC</u>	<u></u>
<u>9510 Ormsby Station Road #101</u>	<u></u>
<u>Louisville, Kentucky 40223</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

Vice President & Secretary 9-1-11
Title Date

Return Application and fee to:

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

OIG 5
(10/2002)