

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

For Office Use Only Received <u>3/12/13</u> Amount <u>1800.00</u>
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# 547009000

**I. IDENTIFICATION**

Name Parkview Nursing and Rehabilitation Center

Address 200 Nursing Home Lane

City/County/Zip Pikesville/Pike/41501-6896

Telephone number (606) 639-4840

Administrator Angela Hall-Owens admin@parkviewnursingandrehab.com

Date facility operation began at current address December 1987

Date facility began operation under current owner August 1, 2004

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>120</u>	<u>120</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"/> Limited Liability Company

**II. OWNERSHIP**

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

Parkview HealthCare, LLC

200 Nursing Home Lane

Pikesville, KY 41501-6896

(OVER)

3/31

**RECEIVED**  
MAR 12 2013  
OFFICE OF INSPECTOR GENERAL

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

Name of corporation N/A

Address of corporation \_\_\_\_\_

President or Chairman \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

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>Centennial HealthCare Holding Company, LLC</u>	<u>CMC II, LLC</u>
<u>303 Perimeter Center N., Suite 500</u>	<u>800 Concourse Parkway South, Suite 800</u>
<u>Atlanta, GA 30346-3401</u>	<u>Maitland, FL 32751-6148</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.

Ange Hall - Owens

Manager of Parkview  
HealthCare, LLC

3-7-13

Signature of authorized representative

Title

Date

Return Application and fee to:

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

OIG 5  
(10/2002)

**PARKVIEW NURSING AND REHABILITATION CENTER  
200 NURSING HOME LANE  
PIKEVILLE, KY 41501-6896**

**Legal Operator (Licensee) of Parkview Nursing and Rehabilitation Center:**

Parkview HealthCare, LLC  
200 Nursing Home Lane  
Pikeville, KY 41501-6896  
a Delaware Limited Liability Company  
Formed: March 22, 2004  
EIN:

**Ownership / Management of Parkview HealthCare, LLC:**

Member (Sole):  
Centennial HealthCare Holding Company, LLC  
303 Perimeter Center North, Suite 500  
Atlanta, GA 30346-3401  
EIN:

Manager:  
Angela Hall-Owens, Administrator  
200 Nursing Home Lane  
Pikeville, KY 41501-6896

*January 1, 2007 - present*