

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

mailed validation

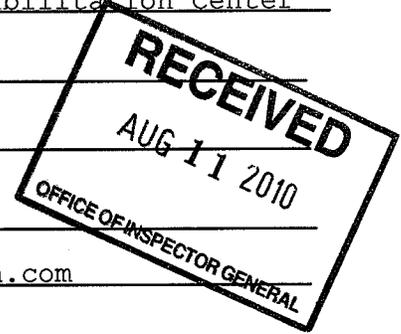
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I. IDENTIFICATION

Name Owensboro Place Care and Rehabilitation Center
 Address 1205 Leitchfield Road
 City/County/Zip Owensboro / Daviess / 42303
 Telephone number 270-684-0464
 Administrator Wendell Smith/ 2865ADM01@sunh.com
 Date facility operation began at current address unknown
 Date facility began operation under current owner 7/1/2005



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>145</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.

Leisure Years Nursing, L.L.C.
101 Sun Avenue, N.E.
Albuquerque, NM 87109

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