

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

For Office Use Only Received <u>2/17/12</u> Amount <u>1650.00</u>
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# 7149761

**I. IDENTIFICATION**

Name Regency Care and Rehabilitation Center  
1550 Raydale Drive  
 Address \_\_\_\_\_  
 City/County/Zip Louisville, Jefferson, 40219-5031  
502-968-6600  
 Telephone number \_\_\_\_\_  
Steve McKinley  
 Administrator \_\_\_\_\_  
 Date facility operation began at current address Unknown  
 Date facility began operation under current owner 04/20/2007

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>110</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL (check one in each column)**

State	Profit <input checked="" type="checkbox"/> x	Individual
County	Nonprofit	Partnership
City		Corporation
Private <input checked="" type="checkbox"/> x		LLC <input checked="" type="checkbox"/> x

**II. OWNERSHIP**

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

Regency Nursing, LLC  
101 Sun Avenue NE  
Albuquerque, NM 87109

**RECEIVED**

FEB 17 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

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

Name of corporation Regency Nursing, LLC

Address of corporation 101 Sun Avenue NE, Albuquerque NM 87109

President or Chairman Logan Sexton, President

Vice President Debbie McLarty (VP of Reimbursement)

Secretary Michael T. Berg

Treasurer Brandi Riddle

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.

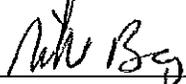
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

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 <u>Regency Nursing, LLC</u>	Management Company <u>N/A</u>
<u>101 Sun Avenue NE</u>	<u></u>
<u>Albuquerque, NM 87109</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.

<u></u>	<u>Corp. Secretary</u>	<u>02/07/12</u>
Signature of authorized representative Michael T. Berg	Title	Date

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

