

Alcoa Pines Health and Rehabilitation

Telephone: (501) 315-1700

FAX Number: (501) 315-1720

I. FACILITY DATA

Updated: 09/19/2017

MAILING ADDRESS

3300 Alcoa Road
Benton, AR 72015

PHYSICAL LOCATION

3300 Alcoa Road
Benton, AR 72015
County: Saline #62

Administrator: Ricky Griffin
Administrator License Number: 2156
Total Licensed Beds: 120
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5408
State License: 994
State Vendor: 0872
MMIS Provider: 195058311

Certified Beds: 120

Medicaid: 0
Medicare: 0
Caid/Care: 120
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Benton Property Investments, LLC
Grace Healthcare, LLC - John P. O'Brien, Jr.
7201 Shallowford Road, Suite 200
Chattanooga, TN 37421

Ownership and Financial Interest

BNNC, Inc.

Doing Business as: Alcoa Pines Health and Rehabilitation

Ovation Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%
Bryan Adams with 50%
824 Salem Road, Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 1, 2013 - Change of Ownership and Facility Name Change
[Previous entity operator: Saline Health Services, LLC doing business as Ridgewood Health and Rehab]

Allay Health and Rehab

Telephone: (501) 228-4848

FAX Number: (501) 224-5950

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

3115 S. Bowman Road
Little Rock, AR 72211-

PHYSICAL LOCATION

3115 S. Bowman Road
Little Rock, AR 72211-
County: Pulaski-East #60-4

Administrator: Debbie Perron

Administrator License Number: 1631

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5288

State License: 1128

State Vendor: 0847

MMIS Provider: 221406311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
Rolling Hills H.C., Inc.
P. O. Box 8248
Searcy, AR 72145

Ownership and Financial Interest

CLR Healthcare Operations, LLC

Doing business as Allay Health and Rehab

CHP1 Health Properties, LLC 100%

P. O. Box 8248

Searcy, AR 72145

Joey Wiggins, Member - 100%

(501) 305-3153

Same address

Facility leased from:

CLR Healthcare Operations, LLC

P. O. Box 8248

Searcy, AR 72145

Effective August 1, 2004 - Change of Ownership [Previous entity: Centennial HealthCare Investment Corporation doing business as Chenal Rehabilitation and Healthcare Center] Effective September 23, 2004 - Name change of the management company (Previous name: Centennial Management Company, LLC)

Effective October 31, 2006 - stock transfer - Internal Reorganization - New License Number issued
Previous 100% stock - CHIC Holding Company, LLC

Effective August 1, 2017 - Change of Ownership and Facility Name Change [Previous entity: Chenal HealthCare, LLC doing business as Chenal Rehabilitation and Healthcare Center - Facility has no management company]

Alma Healthcare and Rehabilitation Center

Telephone: (479) 632-4343

FAX Number: (479) 632-5599

I. FACILITY DATA

Updated: 03/09/2016

MAILING ADDRESS

401 Heather Lane
Alma, AR 72921

PHYSICAL LOCATION

401 Heather Lane
Alma, AR 72921
County: Crawford #17

Administrator: Debbie George-Fort

Administrator License Number: 645

Total Licensed Beds: 80

Life Safety Code Years: 1985

2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5370

State License: 660

State Vendor: 0859

MMIS Provider: 119670311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease from:
H & P, Inc.
P. O. Box 5608
Van Buren, AR 72957

Ownership and Financial Interest

Alma Healthcare and Rehabilitation Center, LLC

Doing business as Alma Healthcare and Rehabilitation Center

The Alington D. Kilgore Trust U/A Dated 10/18/95 - 100%

222 South First Street

Rogers, AR 72756

(479) 464-0200

Management Agreement with

CornerStone Health Care, Inc.

Contact Person: P. Cody Long

222 South First Street

Rogers, AR 72756

(479) 464-0200

Effective 11-05-01 - New Facility Licensure for 17 beds. Medicaid Certification is effective 12/11/01 - Federal Medicaid Number is 04-A281. Effective 01-15-02 - total licensed and certified beds increased from 17 to 70. (Arkansas Health Services Commission Approval-Permit of Approval 430 to transfer 53 beds from Crawford Healthcare and Rehabilitation Center to Alma Healthcare and Rehabilitation Center). Notice received 03/25/02 from Centers for Medicare and Medicaid that this facility meets the requirements to participate in the Medicare Program effective 01/15/02. Medicare Federal Provider number 04-5370 effective 01/15/02. Notice received 10/20/04 concerning amendment for the entity name change to Alma Healthcare and Rehabilitation Center, LLC, as filed with Arkansas Secretary of State 07/30/02. (Previous entity name: Regional Care of Alma, LLC) Effective 01/01/05 - change in certified bed breakdown. Effective 01/01/09 - change in certified bed breakdown. Effective 10/01/10 - change in certified bed breakdown: All 70 beds participating in Medicare and Medicaid.

Effective 04/01/2014 - Total licensed and certified beds increase from 70 to 80 - Permit of Approval 892

Amberwood Health and Rehabilitation

Telephone: (501) 778-5401

FAX Number: (501) 778-5442

I. FACILITY DATA

Updated: 10/25/2017

MAILING ADDRESS

6420 Alcoa Road
Benton, AR 72015-6315

PHYSICAL LOCATION

6420 Alcoa Road
Benton, AR 72015-6315
County: Saline #62

Administrator: Lisa Benning

Administrator License Number: 2139

Total Licensed Beds: 101

Life Safety Code Years: 2012

Certification: Title XIX

Facility Identification Numbers

Federal Provider: 04-A329

State License: 1131

State Vendor: 0901

MMIS Provider: 222326311

Certified Beds: 101

Medicaid: 101

Medicare: 0

Caid/Care: 0

Private Beds: 0

HomestyleBeds:

Classification

NF: X

SNF:

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Ovation Health Systems, Inc.

Landlord:
H & S Benton, LLC
#5 Halsted Circle, Suite 1
Rogers, AR 72756
(501) 932-0050

Ownership and Financial Interest

SALCO NC 2, INC.

Doing Business as
Amberwood Health and Rehabilitation
Building leased from:
SALCO NC 2, INC.
824 Salem Rd., Suite 210
Conway, AR 72304

Ovation Health Systems, Inc. - 100%
824 Salem RD., Suite 210
Conway, AR 72304
(501) 932-0500

Brandon Adams, President - 50%

Brandon Adams, Vice-President - 50%

% above held in Ovation Health Systems, Inc., in which owns SALCO NC 2, Inc., 100%

New Replacement Nursing Facility effective September 14, 2017. Permit of Approval 891 issued 03/22/2012
HSPA(1321)12 issued to Saline Nursing & Rehab Center. Life safety code inspection on 09/14/2017.

Initial Medicaid Certification effective October 3, 2017. Federal Provider Number 04-A329 effective October 3, 2017.

Apple Creek Health and Rehab, LLC

Telephone: (479) 224-4817

FAX Number: (479) 224-4798

I. FACILITY DATA

Updated: 10/12/2017

MAILING ADDRESS

1570 W. Centerton Blvd.
Centerton, AR 72719-8712

PHYSICAL LOCATION

1570 W. Centerton Blvd.
Centerton, AR 72719-8712
County: Benton #04

Administrator: Kerrie L. Lorenz

Administrator License Number: 2463

Total Licensed Beds: 114

Life Safety Code Years: 2012

Certification: Title XIX

Facility Identification Numbers

Federal Provider: 04-A328

State License: 1130

State Vendor: 0900

MMIS Provider: 221748311

Certified Beds: 114

Medicaid: 114

Medicare: 0

Caid/Care: 0

Private Beds: 0

HomestyleBeds:

Classification

NF: X

SNF:

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Apple Creek Estates, LLC

Landlord:
Apple Creek Estates, LLC
415 Rogers Ave.
Fort Smith, AR 72901

Ownership and Financial Interest

Apple Creek Health and Rehab, LLC

Doing Business as
Apple Creek Health and Rehab, LLC

Apple Creek Health and Rehab, LLC - 100%
415 Rogers Ave
Fort Smith, AR 72901
479-783-4672

Michael Morton - 70%
415 Rogers Ave
Fort Smith, AR 72901
(479) 783-4672

Jerry Sams - 10%
727 Powderhorn Circle
Van Buren, AR 72956
(479) 783-4672

David Norsworthy - 10 %
P. O. Box 180
Gateway, AR 72733
(501) 944-5633

Paralea Hursh - 10%
39 Jeffrey Way
Fort Smith, AR 72903
(479) 783-4672

New Replacement Nursing Facility effective July 10, 2017. Permit of Approval 770 issued 07/09/2007
HSPA(1663)07 issued to Pinewest, LLC and Permit of Approval 806 issued 10/21/2008 HSPA(1221)08 issued to
Howard County Health & Rehab. Life safety code inspection on July 10, 2017.

Initial Medicaid Certification effective September 12, 2017. Federal Provider Number 04-A328 effective September
12, 2017.

Arbor Oaks Healthcare and Rehabilitation Center

Telephone: (501) 332-5251

FAX Number: (501) 337-9354

I. FACILITY DATA

Updated: 10/01/2015

MAILING ADDRESS

105 Russellville Road
Malvern, AR 72104

PHYSICAL LOCATION

105 Russellville Road
Malvern, AR 72104
County: Hot Spring #30

Administrator: Chyra Worthington

Administrator License Number: 1963

Total Licensed Beds: 104

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5270

State License: 1077

State Vendor: 0709

MMIS Provider: 209656311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 4

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Malvern, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Malvern - Progressive Eldercare Services, Inc.

Doing business as Arbor Oaks Healthcare and Rehabilitation Center

Chyra Worthington
President/Secretary/Treasurer
5978 E. Hwy 171
Malvern, AR 72104

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Page B. Kutait, Board Member
3849 Ridge Rd.
Malvern, AR 72104

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Sandra K. Bailey, Board Member
2110 S. Main
Malvern, AR 72104

Amy J. Kutka, Board Member
135 Catherine Cove Loop
Malvern, AR 72104

Change of Ownership effective 09/01/2015 [Previous entity operator: Malvern Operations, LLC* doing business as Arbor Oaks Healthcare and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Arkansas Convalescent Center

Telephone: (870) 534-8153

FAX Number: (870) 534-6073

I. FACILITY DATA

Updated: 05/25/2016

MAILING ADDRESS

6301 South Hazel
Pine Bluff, AR 71603

PHYSICAL LOCATION

6301 South Hazel
Pine Bluff, AR 71603
County: Jefferson #35

Administrator: Melissa Carnal

Administrator License Number: 2355

Total Licensed Beds: 103

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5277

State License: 675

State Vendor: 0009

MMIS Provider: 119683311

Certified Beds: 103

Medicaid: 0

Medicare: 0

Caid/Care: 103

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
H & W Endeavors LLC
216 E 3rd St.
Texarkana, AR 71854

Ownership and Financial Interest

ACC1, L.L.C.

Doing business as
Arkansas Convalescent Center

Kyle M. Deshotels 100%
754 CR 281
Gainesville, TX 76240
(903) 278-5279

Change of Ownership effective 05/01/2002.

Effective July 1, 2002 - change in bed breakdown: all beds are dual participating in Medicare and Medicaid.

Arkansas Health Center

Telephone: (501) 860-0500

FAX Number: (501) 860-0529

I. FACILITY DATA

Updated: 03/13/2018

MAILING ADDRESS

6701 Hwy 67
Benton, AR 72015-8909

PHYSICAL LOCATION

6701 Hwy 67
Benton, AR 72015-8909
County: Saline #62

Administrator: Gary Gipson

Administrator License Number: 802

Total Licensed Beds: 290

Life Safety Code Years: 1967 1981

Certification: Title XIX

Facility Identification Numbers

Federal Provider: 04-A293

State License: 336

State Vendor: 1057

MMIS Provider: 181482311

Certified Beds: 290

Medicaid: 290

Medicare: 0

Caid/Care: 0

Private Beds: 0

HomestyleBeds:

Classification

NF: X

SNF:

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Arkansas State Government

Building Ownership

Arkansas State Government

Ownership and Financial Interest

State Government

Arkansas Health Center

Department of Human Services
Division of Behavioral Health Services
4313 West Markham
Little Rock, AR 72205

Non-Profit Association

Medicare participation effective 7-1-98. Effective 2-26-99 total licensed beds decreased from 385 to 365. Effective 10-1-00 decrease in total licensed and certified beds from 365 to 360. In accordance with Act 152 of 2001-Name Change effective 07/01/01. (Formerly Benton Services Center Nursing Facility). Effective 04/01/02-Arkansas Health Center bed reduction from 360 to 350. Effective 10/01/03 - Arkansas Health Center bed reduction from 350 to 320.

Effective 11/30/03 Arkansas Health Center has requested voluntary withdrawal from the Medicare Program. Previous Medicare Federal Provider number was 04-5291 Medicaid Federal Provider number 04-A293 effective 11/30/03. Effective 04/01/2008 - Arkansas Health Center bed reduction from 320 to 310.

Effective July 1, 2010 - new MMIS number assigned by HPES due to change in TAX ID number.

Previous MMIS number was 109121311.

Effective 01/01/2014 - Arkansas Health Center bed reduction from 310 to 290.

Arkansas Nursing and Rehabilitation Center

Telephone: (870) 772-4427

FAX Number: (870) 772-4367

I. FACILITY DATA

Updated: 04/06/2017

MAILING ADDRESS

2107 Dudley Street
Texarkana, AR 71854-

PHYSICAL LOCATION

2107 Dudley Street
Texarkana, AR 71854-
County: Miller #46

Administrator: Kyle Deshotels

Administrator License Number: 1821

Total Licensed Beds: 173

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5211

State License: 676

State Vendor: 0008

MMIS Provider: 119684311

Certified Beds: 173

Medicaid: 0

Medicare: 0

Caid/Care: 173

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
H & W Endeavors LLC
216 E 3rd St.
Texarkana, AR 71854

Ownership and Financial Interest

ANR1, L.L.C.

Doing business as
Arkansas Nursing and Rehabilitation Center

Kyle M. Deshotels 100%
754 CR 281
Gainesville, TX 76240
(903) 278-5279

Change of ownership effective 05/01/2002.

Effective 05/01/2002 all 173 beds are dual participating in the Medicare and Medicaid Programs.

Arkansas State Veterans Home at North Little Rock

Telephone: (501) 537-9895

FAX Number: (501) 682-0357

I. FACILITY DATA

Updated: 03/23/2018

MAILING ADDRESS

2401 John Ashley Drive
North Little Rock, AR 72114

PHYSICAL LOCATION

2401 John Ashley Drive
North Little Rock, AR 72114
County: Pulaski #60-2

Administrator: Kathie Gately (Interim)

Administrator License Number: 1306

Total Licensed Beds: 96

Life Safety Code Years: 2000

Certification: Title XIX/XVII

Facility Identification Numbers

Federal Provider: 04-5462

State License: 1127

State Vendor: 0899

MMIS Provider: 219410311

Certified Beds: 96

Medicaid: 0

Medicare: 0

Caid/Care: 96

Private Beds: 0

HomestyleBeds: 96

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Arkansas State Government

Building Ownership

State of Arkansas

Ownership and Financial Interest

Arkansas State Government

doing business as

Arkansas State Veterans Home at North Little Rock

Arkansas Department of Veterans Affairs

ATTN: Kathie Gately, Assistant Director Veterans Affairs

501 Woodlane Drive

Little Rock, AR 72201

Effective January 18, 2017 - New Facility licensure by House Bill 1013, 89th General Assembly, Regular Session 2013.

Effective March 7, 2017 - Facility was approved for Homestyle Facility Operation.

Effective April 27, 2017 - Facility was approved for Medicaid certification.

Effective August 23, 2017 - Facility was approved for Medicare #04-5462

Arkansas Veterans Home at Fayetteville

Telephone: (479) 444-7001

FAX Number: (479) 695-0184

I. FACILITY DATA

Updated: 03/23/2018

MAILING ADDRESS

1179 N College Ave
Fayetteville, AR 72703

PHYSICAL LOCATION

1179 North College Avenue
Fayetteville, AR 72703
County: Washington #72-1

Administrator: Lindsey Clyburn (Interim)

Administrator License Number: 1519

Total Licensed Beds: 108

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5417

State License: 803

State Vendor: 0876

MMIS Provider: 160958311

Certified Beds: 108

Medicaid: 0

Medicare: 0

Caid/Care: 108

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Arkansas State Government

Building Ownership

Fifth and Sixth Floors Leased From:
University of Arkansas Medical Sciences
1125 North College Avenue
Fayetteville, AR 72703

Ownership and Financial Interest

Arkansas State Government

doing business as

Arkansas Veterans Home at Fayetteville

Arkansas Department of Veterans Affairs

501 Woodlane Drive
Little Rock, AR 72201

Effective April 20, 2006 - New Facility licensure by Act 166 of 2003.

Effective July 25, 2006 - Medicaid Certification - Federal Provider Number 04-A301

Letter dated February 16, 2007 from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective March 1, 2007

Effective April 1, 2009 - change in certified bed breakdown - all 108 beds Medicare/Medicaid.

Effective 08/05/2013 - Facility name change and facility address change. The facility is still in the same location. The Director of Arkansas Department of Veterans Affairs approved the name change.

The local Postmaster has approved the address change. Delete the P. O. Box 9898 as the mailing address.

Arlington Cove Healthcare LLC

Telephone: (870) 275-4068

FAX Number: (870) 483-2218

I. FACILITY DATA

Updated: 12/19/2017

MAILING ADDRESS

333 Melody Drive
Trumann, AR 72472-3499

PHYSICAL LOCATION

333 Melody Drive
Trumann, AR 72472-3499
County: Poinsett #56

Administrator: Wanda Hendrix

Administrator License Number: 2417

Total Licensed Beds: 77

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5332

State License: 1035

State Vendor: 0498

MMIS Provider: 201283311

Certified Beds: 77

Medicaid: 0

Medicare: 0

Caid/Care: 77

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
TMNC, Inc.
824 Salem Rd, Ste 210
Conway, AR 72034

Ownership and Financial Interest

Arlington Cove Healthcare LLC

Keith Head 75%
1505 Dogwood Trail
Conway, AR 72033
(501) 514-5818

Cathy Parsons 25%
1265 Champions Drive
Conway, AR 72034
(870) 530-3837

Management Agreement with:

H.O.P.E. Healthcare, LLC

P. O. Box 1369

Conway, AR 72033

Contact: Keith Head - (501) 499-6651

Effective March 1, 2014 - Change of ownership and facility name change
Formerly TMNC, Inc. doing business as Hometown Nursing Center

Ash Flat Healthcare and Rehabilitation Center

Telephone: (870) 994-2341

FAX Number: (870) 994-2325

I. FACILITY DATA

Updated: 03/01/2016

MAILING ADDRESS

66 Ozbirn Lane
Ash Flat, AR 72513

PHYSICAL LOCATION

66 Ozbirn Lane
Ash Flat, AR 72513
County: Sharp #67

Administrator: Misty French

Administrator License Number: 2424

Total Licensed Beds: 105

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5155

State License: 1074

State Vendor: 0007

MMIS Provider: 209659311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Ash Flat, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Sharp - Progressive Eldercare Services, Inc.

Doing business as Ash Flat Healthcare and Rehabilitation Center

Misty French
President/Secretary/Treasurer
66 Ozbirn Ln.
Ash Flat, AR 72513

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Jonathan Rhodes, Board Member
249 Iroquois Dr.
Cherokee Village, AR 72529

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Larry Lawrence, Board Member
P. O. Box 504
Ash Flat, AR 72513

Change of Ownership effective 09/01/2015 [Previous entity operator: Sharp Operations, LLC* doing business as Ash Flat Healthcare and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Ashley Health and Rehabilitation

Telephone: (479) 899-6778

FAX Number: (479) 899-6790

I. FACILITY DATA

Updated: 10/24/2017

MAILING ADDRESS

2600 N 22nd Street
Rogers, AR 72756

PHYSICAL LOCATION

2600 N 22nd Street
Rogers, AR 72756
County: Benton #04

Administrator: Michael B. Harrison

Administrator License Number: 2412

Total Licensed Beds: 100

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5421

State License: 866

State Vendor: 0879

MMIS Provider: 170892311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

New Lease Agreement September 1, 2008
Regional Care of Rogers, LLC
222 South First Street
Rogers, AR 72756

Ownership and Financial Interest

Ashley Health, LLC

Doing business as Ashley Health and Rehabilitation

The Alington D. Kilgore Trust U/A Dated 10/18/95 100%
222 South First Street
Rogers, AR 72756
[479] 464-0200

Management Agreement:
CornerStone Health Care, Inc.
Contact: P. Cody Long
222 South First Street
Rogers, AR 72756
(479) 464-0200

Effective September 1, 2008 change of ownership and facility name change by Court Order Filed 08/28/08.
[Previous entity operator: KMJ Enterprises Gravette, LLC doing business as Ashley Health and Rehabilitation Center - Rose Family, LLC] Effective January 1, 2009 - change in certified bed breakdown as referenced above.
Notice received of an assignment of Membership Interest transfer of 10% to Shane Edwards effective 07/01/2009.
Notice received 11/15/2010 that Shane Edwards assigned his membership interest back to The Alington D. Kilgore Trust U/A dated 10/18/95 effective November 1, 2010.

Effective 04/01/2011 - change in facility certified bed breakdown: all beds are Medicare/Medicaid.

Ashton Place Health and Rehab, LLC

Telephone: (479) 452-8181

FAX Number: (479) 452-8183

I. FACILITY DATA

Updated: 06/06/2017

MAILING ADDRESS

318 Strozier Lane
Barling, AR 72923

PHYSICAL LOCATION

318 Strozier Lane
Barling, AR 72923
County: Sebastian #65

Administrator: Mitzi L. George

Administrator License Number: 2496

Total Licensed Beds: 122

Life Safety Code Years: 2000

Certification: Title XIX/VIII

Facility Identification Numbers

Federal Provider: 04-5419

State License: 943

State Vendor: 0874

MMIS Provider: 185765311

Certified Beds: 122

Medicaid: 0

Medicare: 0

Caid/Care: 122

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Agreement 11/01/2015
Ashton Place Estates, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Ashton Place Health and Rehab, LLC

Michael Morton 60%

Jerry Sams 10%

Paralea Hursh 10%

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 20%

P. O. Box 180
Gateway, AR 72733

Note: Effective January 1, 2008 -total licensed and certified beds increase from 70 to 77-Permit of Approval 760

[Note: 45 beds remain for approval under POA 760]

Effective 03/01/2011 - change of ownership and facility name change

[Previous entity operator and facility name: Ashton Place, LLC]

Effective 04/01/2011 - Total licensed and certified beds increase from 77 to 122. Permit of Approval 760.

Effective 07/01/2015 - all 122 beds Medicaid/Medicare.

[Previously 104 beds Medicaid/Medicare and 18 beds Medicare]

Atkins Nursing and Rehabilitation Center

Telephone: (479) 641-7100

FAX Number: (479) 641-1285

I. FACILITY DATA

Updated: 02/14/2013

MAILING ADDRESS

605 Northwest 7th Street
Atkins, AR 72823

PHYSICAL LOCATION

605 Northwest 7th Street
Atkins, AR 72823
County: Pope #58

Administrator: Cynthia Jayroe

Administrator License Number: 1359

Total Licensed Beds: 90

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5339

State License: 820

State Vendor: 0031

MMIS Provider: 160672311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Atkins Nursing Property, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Atkins Care Center, Inc.

Doing business as
Atkins Nursing and Rehabilitation Center

Michael Morton 100%
415 Rogers Avenue
Fort Smith, Arkansas 72901
(479) 783-4672

Change of Ownership effective 1-2-98.

Name change effective 1-2-98 (Formerly Atkins Nursing Center)

Effective 10-01-2001 - change in facility certified bed breakdown - all beds are Medicare/Medicaid.

Effective July 1, 2006 - Change of Ownership

[Previous entity operator: Atkins Nursing and Rehabilitation Center, Inc.]

Autumn Hill, Inc.

Telephone: (870) 423-6966

FAX Number: (870) 423-6105

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

500 Hammond Avenue
Berryville, AR 72616

PHYSICAL LOCATION

500 Hammond Avenue
Berryville, AR 72616
County: Carroll #08

Administrator: Cynthia Reagan-Asbury

Administrator License Number: 2524

Total Licensed Beds: 114

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5295

State License: 905

State Vendor: 0434

MMIS Provider: 180138311

Certified Beds: 114

Medicaid: 0

Medicare: 0

Caid/Care: 114

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

VBP, LLC
1150 S Waldron Road
Fort Smith, AR 72903

Ownership and Financial Interest

Autumn Hill, Inc.

Joshua A. Kilgore 100%
1150 S. Waldron Road
Fort Smith, AR 72903
479.434.5500 - Extension 1

Administrative Services Agreement effective 04/01/2015 with
Kilgore Consulting Group, Inc.
1150 S. Waldron Road
Fort Smith, AR 72903
Fax: 479.434.5526 - Joshua Kilgore

Change of Ownership and facility name change effective January 1, 2010.
[Formerly CENRC, Inc. doing business as Carroll County Nursing and Rehab Center]

Notice received 06/24/2015 - Joshua Kilgore has purchased Ken W. Kilgore's 50% interest in Autumn Hill, Inc.

Bailey Creek Health and Rehab

Telephone: (870) 774-3581

FAX Number: (870) 773-2802

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

1621 East 42nd St
Texarkana, AR 71854-

PHYSICAL LOCATION

1621 East 42nd St
Texarkana, AR 71854-
County: Miller #46

Administrator: Sheila Milam

Administrator License Number: 2053

Total Licensed Beds: 115

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5241

State License: 862

State Vendor: 0486

MMIS Provider: 168490311

Certified Beds: 115

Medicaid: 0

Medicare: 0

Caid/Care: 115

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Miller NH, LLC
c/o Griffin Properties
P. O. Box 2207
Fort Smith, AR 72902

Ownership and Financial Interest

TXKNC, Inc.

Doing business as Bailey Creek Health and Rehab

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Change of ownership and facility name change effective July 1, 2008. [Previous entity operator and facility name: Medicalodges, Inc. doing business as The Medicalodge Progressive Care and Rehabilitation Center]

Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Barnes Healthcare

Telephone: (501) 676-3103

FAX Number: (501) 676-7730

I. FACILITY DATA

Updated: 03/12/2018

MAILING ADDRESS

1010 Barnes Street
Lonoke, AR 72086-2003

PHYSICAL LOCATION

1010 Barnes Street
Lonoke, AR 72086-2003
County: Lonoke #43

Administrator: Richard West Jr.

Administrator License Number: 2369

Total Licensed Beds: 141

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5314

State License: 1136

State Vendor: 0258

MMIS Provider: 224555311

Certified Beds: 141

Medicaid: 0

Medicare: 0

Caid/Care: 141

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
GL Nursing, LLC
3050 Peachtree Rd, NW
Suite 355
Atlanta, GA 30305

Ownership and Financial Interest

LNH One, LLC

Doing business as
Barnes Healthcare

LNH One, LLC
1010 Barnes Street
Lonoke, AR 72086-2003
and

Brogdon Grandchildren's Trust - 100%
Two Buckhead Plaza
3050 Peachtree Rd. NW, Suite 355
Atlanta, GA 30305
Tel: 404-549-4294

Management Company: Marsh Pointe Management, LLC
Two Buckhead Plaza
3050 Peachtree Rd. NW, Suite 355
Atlanta, GA 30305
Tel: 404-549-4294

Effective 10/01/2016 - Change of Ownership and Facility Name Change
[Previous entity operator: Willow Pointe Health Rehab Center, LLC doing business as
Willow Pointe Health & Rehab Center]

Effective 02/01/2018 - Change of Ownership and Facility Name Change
[Previous entity operator: Lonoke Healthcare Center and Rehabilitation Facility, LLC doing business as
Grand Prairie Care and Rehabilitation Center]

Barrow Creek Health and Rehab

Telephone: (501) 224-4173

FAX Number: (501) 217-0445

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

2600 Barrow Road
Little Rock, AR 72204

PHYSICAL LOCATION

2600 Barrow Road
Little Rock, AR 72204
County: Pulaski-South #60-1

Administrator: Mishana Jackson

Administrator License Number: 1778

Total Licensed Beds: 139

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5432

State License: 1129

State Vendor: 0887

MMIS Provider: 221407311

Certified Beds: 139

Medicaid: 0

Medicare: 0

Caid/Care: 139

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
Rolling Hills H.C., Inc.
P. O. Box 8248
Searcy, AR 72145

Ownership and Financial Interest

SLR Health Services, LLC

Doing Business as Barrow Creek Health and Rehab

SHP Healthcare Holdings, LLC - 100%

P. O. Box 8248

Searcy, AR 72145

Joey Wiggins, Member - 100 %

(501) 305-3153

Same address

Facility leased from:

SLR Health Services, LLC

P. O. Box 8248

Searcy, AR 72145

Effective 07-01-2011 - Change of Ownership and Facility Name Change

[Previous operator: All-American Care Centers, Inc. doing business as All-American Care of Little Rock]

Effective January 1, 2012 - Keith Head transferred 50% of Sandalwood Healthcare LLC to Robert Harkness.

Effective August 1, 2017 - Change of Ownership and Facility Name Change [Previous entity: Sandalwood Healthcare LLC doing business as Sandalwood Healthcare LLC - Facility has no management agreement]

Batesville Health and Rehab

Telephone: (870) 698-1853

FAX Number: (870) 698-1217

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

1975 White Drive
Batesville, AR 72501

PHYSICAL LOCATION

1975 White Drive
Batesville, AR 72501
County: Independence #32

Administrator: Rushell A. Barker

Administrator License Number: 2377

Total Licensed Beds: 150

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5203

State License: 1092

State Vendor: 0366

MMIS Provider: 211180311

Certified Beds: 150

Medicaid: 0

Medicare: 0

Caid/Care: 150

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
CHP Batesville Healthcare Owner, LLC
450 S. Orange Ave
Orlando, FL 32801

Ownership and Financial Interest

Batesville Holdings, LLC

Doing business as Batesville Health and Rehab

Skyline CHP Holdings, LLC 100% of Batesville Holdings, LLC
Skyline Arkansas Holdings, LLC 100% of Skyline CHP Holdings, LLC
425 West Capitol Avenue, Suite 3800
Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC
Joseph Schwartz, Manager of Skyline CHP Holdings, LLC and Manager of Batesville Holdings, LLC
505 Marlboro Road, Wood-Ridge, New Jersey 07075
Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195
Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC
Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change
[Previous entity operator: Batesville Health and Rehab, LLC/Arkansas SNF Operations Acquisition III, LLC]

Bear Creek Healthcare LLC

Telephone: (870) 642-3562

FAX Number: (870) 642-8226

I. FACILITY DATA

Updated: 05/23/2017

MAILING ADDRESS

322 West Collin Raye Drive
De Queen, AR 71832

PHYSICAL LOCATION

322 West Collin Raye Drive
De Queen, AR 71832
County: Sevier #66

Administrator: Deanna Prejean

Administrator License Number: 2086

Total Licensed Beds: 131

Life Safety Code Years: 1967 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5287

State License: 1121

State Vendor: 0632

MMIS Provider: 217474311

Certified Beds: 131

Medicaid: 0

Medicare: 0

Caid/Care: 131

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from Landlord:

The Woodlands Nursing and Retirement Center, Inc.
144 Waterview Drive
Hot Springs, AR 71913

Ownership and Financial Interest

Bear Creek Healthcare LLC

Doing Business as: Bear Creek Healthcare LLC

Bear Creek Healthcare LLC
Cathy Parsons 100%
1270 Bruce Street
Conway, AR 72304

Management Agreement with:
Ridgepointe Healthcare LLC
1230 Champions Drive
Conway, AR 72304
Cathy Parsons 100%
P. O. Box 1369
Conway, AR 72033

Effective 01/01/2017 - Change of Ownership and Facility Name Change
[Formerly De Queen Therapy & Living Center, Inc. doing business as De Queen Therapy & Living Center, Inc.]

Beebe Retirement Center, Inc.

Telephone: (501) 882-3313

FAX Number: (501) 882-5739

I. FACILITY DATA

Updated: 09/19/2017

MAILING ADDRESS

P.O. Box 820
Beebe, AR 72012-0820

PHYSICAL LOCATION

709 McAfee Lane
Beebe, AR 72012
County: White #73

Administrator: Christie Ruhter

Administrator License Number: 2373

Total Licensed Beds: 105

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5304

State License: 668

State Vendor: 0824

MMIS Provider: 119676311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of business

Ownership and Financial Interest

Beebe Retirement Center, Inc.

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 01/05/2002 - Change of Ownership/Corporate Restructure and Name Change. Same owners and same percentages. (Former Name Beebe Retirement Center). Effective April 1, 2004 - change in certified bed breakdown - all beds participating in Medicare and Medicaid. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc.

Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Belle View Estates Rehabilitation and Care Center

Telephone: (870) 367-0044

FAX Number: (870) 367-0020

I. FACILITY DATA

Updated: 08/15/2017

MAILING ADDRESS

1052 Old Warren Road
Monticello, AR 71655-

PHYSICAL LOCATION

1052 Old Warren Road
Monticello, AR 71655-
County: Drew #22

Administrator: Julie Trucks

Administrator License Number: 2056

Total Licensed Beds: 80

Life Safety Code Years: 1985 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5239

State License: 936

State Vendor: 0839

MMIS Provider: 183497311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
MLD Properties, LLC
610 Newport Center Drive, Suite 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Drew, Inc.

doing business as Belle View Estates Rehabilitation and Care Center

Incorporator:

John Ponthie

2723 Alvamar

Shreveport, LA 71106

John Ponthie - 318-443-8167

Vickie Donaldson, President/Secretary/Treasurer

1052 Old Warren Road

Monticello, AR 71655

Board Member

Tamara Russell

312 Tanglewood Dr.

Monticello, AR 71655

Board Member

Wade Smith

2805 Ashley Rd. 7E

Crossett, AR 71635

Member

Progressive Eldercare Services, Inc.

38 Warnock Springs Road

Magnolia, AR 71753

Effective September 1, 2010 - change of ownership. Previous entity operator: Drew Operations, LLC doing business as Belle View Estates Rehabilitation and Care Center] Notice received 02/25/2014 - Department of the Treasury Letter 947 dated 12/15/2013 that Progressive Eldercare Services-Drew, Inc. is now under section 501 (c) (3) of the Internal Revenue Code.

Effective 03/21/2016 - Life Safety Code approval of wing addition for Therapy Room and 6 bed addition - no increase in total licensed beds.

Belvedere Nursing and Rehabilitation Center, LLC

Telephone: (501) 321-4276

FAX Number: (501) 609-9391

I. FACILITY DATA

Updated: 12/21/2017

MAILING ADDRESS

2600 Park Ave.
Hot Springs, AR 71901-5017

PHYSICAL LOCATION

2600 Park Ave.
Hot Springs, AR 71901-5107
County: Garland #26

Administrator: Amanda Levato

Administrator License Number: 1817

Total Licensed Beds: 110

Life Safety Code Years: 2012

Certification: Title

Facility Identification Numbers

Federal Provider: 04-A330

State License: 1132

State Vendor: 0902

MMIS Provider: 223062311

Certified Beds: 110

Medicaid: 110

Medicare: 0

Caid/Care: 0

Private Beds: 0

HomestyleBeds: 0

Classification

NF:

SNF: X

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Belvedere Manor LLC

Landlord:
Belvedere Manor LLC
415 Rogers Ave
Fort Smith, AR 72901

Ownership and Financial Interest

Belvedere Nursing and Rehabilitation Center, LLC

Doing Business as
Belvedere Nursing and Rehabilitation Center, LLC

Belvedere Nursing and Rehabilitation Center, LLC - 100%
415 Rogers Ave
Fort Smith, AR 72901
479-783-4672

Michael Morton - 70%
415 Rogers Ave
Fort Smith, AR 72901
(479) 783-4672

Jerry Sams - 10%
727 Powderhorn Circle
Van Buren, AR 72956
(479) 783-4672

David Norsworthy - 10 %
P. O. Box 180
Gateway, AR 72733
(501) 944-5633

Paralea Hursh - 10%
30 Jeffrey Way
Fort Smith, AR 72903
(479) 783-4672

New Replacement Nursing Facility effective October 24, 2017. Permit of Approval 09/20/2012 HSPA(1188)08 issued to Spring Valley Health & Rehab and Permit of Approval 04/19/2016 HSPA(1481)16 issued to Trinity Health and Rehab. Life safety code inspection on October 24, 2017.

Initial Medicaid Certification effective November 21, 2017. Federal Provider Number 04-A330 effective November 21, 2017.

Bentley Healthcare, LLC

Telephone: (870) 773-7515

FAX Number: (870) 772-4392

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

1100 East 36th Street
Texarkana, AR 71854

PHYSICAL LOCATION

1100 East 36th Street
Texarkana, AR 71854
County: Miller #46

Administrator: Julie Munn

Administrator License Number: 2536

Total Licensed Beds: 111

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5194

State License: 1134

State Vendor: 0210

MMIS Provider: 224525311

Certified Beds: 111

Medicaid: 0

Medicare: 0

Caid/Care: 111

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
LinRock Investments, LLC
1051 Lantrip Road
Sherwood, AR 72120

Ownership and Financial Interest

Bentley Healthcare, LLC

Doing business as Benley Healthcare, LLC

Bentley Healthcare, LLC - 100%

1100 E. 36th St

Texarkana, AR 71854

Tel: 870-773-7515

Cathy Parsons - 100% Member

285 South Broadview St.

Greenbrier, AR 72058

Tel: 870-530-3837

Effective January 1, 2008 - change of ownership

[Previous entity operator: Linrock Investments, LLC d/b/a LinRock Health and Rehab Center]

Effective December 31, 2016 - change of ownership and facility name change

[Pervious enity operator: Sterling Healthcare Services, Inc., doing business as LinRock Health and Rehab Center]

Effective January 1, 2018 - change of ownership and facility name change

[Previous entity operator: Linrock Healthcare & Rehabilitation Center, LLC doing business as Linrock Healthcare & Rehabilitation Center, LLC]

Management Company:

Ridgepointe Healthcare, LLC

P. O. Box 488

Greenbrier, AR 72058

and

1230 Champions Drive

Conway, AR 72304

Tel: 501-499-6651

Bradford House Nursing and Rehab, LLC

Telephone: (479) 273-3430

FAX Number: (479) 273-3578

I. FACILITY DATA

Updated: 02/17/2017

MAILING ADDRESS

1202 S. E. 30th Street
Bentonville, AR 72712

PHYSICAL LOCATION

1202 S. E. 30th Street
Bentonville, AR 72712
County: Benton #04

Administrator: Mike Wright

Administrator License Number: 2233

Total Licensed Beds: 98

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5373

State License: 942

State Vendor: 0500

MMIS Provider: 185474311

Certified Beds: 98

Medicaid: 0

Medicare: 0

Caid/Care: 98

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Agreement 11/01/2015
Bradford House Estates, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Bradford House Nursing and Rehab, LLC

Michael Morton 60%

Jerry Sams 10%

Paralea Hursh 10%

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 20%

P. O. Box 180
Gateway, AR 72733

Effective 02/01/2011 - change of ownership and facility name change
[Previous entity operator and facility name: Bradford House, LLC]

Effective 07/01/2015 - Change in certified bed breakdown - all 98 beds Medicaid/Medicare.
[Previously 24 beds Medicare and 74 beds Medicaid/Medicare.]

Briarwood Nursing and Rehabilitation Center, Inc.

Telephone: (501) 224-9000

FAX Number: (501) 224-9016

I. FACILITY DATA

Updated: 07/14/2017

MAILING ADDRESS

516 So Rodney Parham Rd.
Little Rock, AR 72205

PHYSICAL LOCATION

516 So Rodney Parham Rd
Little Rock, AR 72205
County: Pulaski-Southwest #60-3

Administrator: Joan Robbins
Administrator License Number: 1888
Total Licensed Beds: 120
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5387
State License: 793
State Vendor: 0867
MMIS Provider: 159070311

Certified Beds: 120

Medicaid: 0
Medicare: 0
Caid/Care: 120
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Stites & Morton, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Briarwood Nursing and Rehabilitation Center, Inc.

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Effective 08/29/03 - New Vendor Number assigned effective 08/29/03 - New Facility Replacement and licensed beds increased from 81 to 90 - Permit of Approval 486
Medicaid certification effective 09/16/2003 - Medicaid Federal Provider number 04-A291. Letter dated 10/22/2003 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 09/16/2003. New Federal Provider Number 04-5387. (Previous Federal Provider Number 04-A291) Effective 01/01/2006 - change of ownership/operational control. [Previous entity operator: Stites and Morton, Inc. doing business as Briarwood Nursing and Rehabilitation Center]

Effective 05/16/2012 - total licensed and certified beds increase from 90 to 120. Permit of Approval 863 transferred 10 beds from Stella Manor Nursing and Rehabilitation Center and Health Services Permit Commission approval of 12/16/2010 to transfer 20 beds from the closed Little Rock Healthcare and Rehab.

Brighton Ridge

Telephone: (479) 253-7038

FAX Number: (479) 253-5325

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

235 Huntsville Road
Eureka Springs, AR 72632

PHYSICAL LOCATION

235 Huntsville Road
Eureka Springs, AR 72632
County: Carroll #08

Administrator: Craig Talley

Administrator License Number: 2238

Total Licensed Beds: 100

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5242

State License: 835

State Vendor: 0217

MMIS Provider: 163457311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Victoria Eureka Springs Properties LLC
1150 S Waldron Road
Fort Smith, AR 72903

Ownership and Financial Interest

Victoria Eureka Springs, Inc.

Doing business as Brighton Ridge

Joshua A. Kilgore 100%

1150 S. Waldron Road

Fort Smith, AR 72903

479.434.5500 - Extension 1

Administrative Services Agreement effective 04/01/2015 with

Kilgore Consulting Group, Inc.

1150 S. Waldron Road

Fort Smith, AR 72903

Fax: 479.434.5526 - Joshua Kilgore

Effective April 1, 2007 - Change of Ownership and Facility Name Change

[Previous entity operator: Diversicare Leasing Corp. doing business as Eureka Springs Healthcare and Rehabilitation Center]

Notice received 06/24/2015 - Joshua Kilgore has purchased Ken W. Kilgore's 50% interest in Victoria Eureka Springs, Inc.

Broadway Health and Rehab

Telephone: (870) 735-5174

FAX Number: (870) 735-0614

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

800 West Broadway
West Memphis, AR 72301

PHYSICAL LOCATION

800 West Broadway
West Memphis, AR 72301
County: Crittenden #18

Administrator: Vacant

Administrator License Number:

Total Licensed Beds: 119

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5195

State License: 1096

State Vendor: 0451

MMIS Provider: 211200311

Certified Beds: 119

Medicaid: 0

Medicare: 0

Caid/Care: 119

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
CHP Broadway Healthcare Owner, LLC
450 S. Orange Ave
Orlando, FL 32801

Ownership and Financial Interest

Broadway Health Holdings, LLC

Doing business as Broadway Health and Rehab

Skyline CHP Holdings, LLC 100% of Broadway Health Holdings, LLC

Skyline Arkansas Holdings, LLC 100% of Skyline CHP Holdings, LLC

425 West Capitol Avenue, Suite 3800

Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC

Joseph Schwartz, Manager of Skyline CHP Holdings, LLC and Manager of Broadway Health Holdings, LLC

505 Marlboro Road, Wood-Ridge, New Jersey 07075

Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195

Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC

Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change

[Previous entity operator: Broadway Health and Rehab, LLC/Arkansas SNF Operations Acquisition III, LLC]

Brookridge Cove Rehabilitation and Care Center

Telephone: (501) 354-4585

FAX Number: (501) 354-1257

I. FACILITY DATA

Updated: 03/22/2016

MAILING ADDRESS

1000 Brookridge Lane
Morrilton, AR 72110

PHYSICAL LOCATION

1000 Brookridge Lane
Morrilton, AR 72110
County: Conway #15

Administrator: Bobbi Helton

Administrator License Number: 2242

Total Licensed Beds: 118

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5147

State License: 935

State Vendor: 0523

MMIS Provider: 183357311

Certified Beds: 118

Medicaid: 0

Medicare: 0

Caid/Care: 118

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
MLD Properties, LLC
610 Newport Center Drive, Ste 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Morrilton, Inc.

doing business as Brookridge Cove Rehabilitation and Care Center

Incorporator:

John Ponthie
2723 Alvamar
Shreveport, LA 71106
John Ponthie - 318-443-8167

Board Member, President/Sec/Treasurer

Bobbi Helton
1000 Brookridge Lane
Morrilton, AR 72110

Board Member

Karen Cree
#10 Hospital Drive
Morrilton, AR 72110

Board Member

James Mullins
902 E. Drilling Street
Morrilton, AR 72110

Member

Progressive Eldercare Services, Inc.
38 Warnock Springs Road
Magnolia, AR 71753

Effective September 1, 2010 - change of ownership. [Previous entity operator: Morrilton Operations, LLC doing business as Brookridge Cove Rehabilitation and Care Center]

Notice received 02/10/2015 - Department of the Treasury Letter 947 dated 03/23/2014 that Progressive Eldercare Services-Morrilton, Inc. is now under section 501 (c) (3) of the Internal Revenue Code.

Butterfield Trail Village

Telephone: (479) 442-7220

FAX Number: (479) 442-2019

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

1923 East Joyce Blvd.
Fayetteville, AR 72703

PHYSICAL LOCATION

1923 East Joyce Blvd.
Fayetteville, AR 72703
County: Washington #72-1

Administrator: Jay M. Green

Administrator License Number: 2199

Total Licensed Beds: 87

Life Safety Code Years: 1985 2000

Certification: Title XVIII

Facility Identification Numbers

Federal Provider: 04-5125

State License: 365

State Vendor: 0038

MMIS Provider:

Certified Beds: 87

Medicaid: 0

Medicare: 87

Caid/Care: 0

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF: X

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Butterfield Trail Village, Incorporated

Doing business as Butterfield Trail Village Non Profit Corporation

Board of Directors

Mike Jones, President

4051 Tahoe Circle

Springdale, AR 72764

479.530.3722

Effective 10/28/05 - total licensed beds increased from 60 to 70. Permit of Approval 521
Medicare certified beds remain at 60. Effective 01/01/06 - Total Medicare beds increase from 60 to 70.
Effective 08/15/2012 - total licensed beds increase from 70 to 80 - Permit of Approval 521
[7 beds remain to be approved for Permit of Approval 521]

Effective 10/01/2012 - total licensed beds increase from 80 to 87 - Permit of Approval 521.
Effective 10/01/2012 - total certified Medicare beds increase from 70 to 87.

Cabot Health and Rehab, LLC

Telephone: (501) 843-6181

FAX Number: (501) 843-6736

I. FACILITY DATA

Updated: 07/11/2016

MAILING ADDRESS

200 Northport Drive
Cabot, AR 72023

PHYSICAL LOCATION

200 Northport Drive
Cabot, AR 72023
County: Lonoke #43

Administrator: Trisha Ford, Interim

Administrator License Number: 2403

Total Licensed Beds: 89

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5208

State License: 1055

State Vendor: 0088

MMIS Provider: 205785311

Certified Beds: 89

Medicaid: 0

Medicare: 0

Caid/Care: 89

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Cabot Manor, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Cabot Health and Rehab, LLC

Michael Morton 76%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 8%
P. O. Box 180
Gateway, AR 72733

Jerry Sams 8%
Paralea Hursh 8%
415 Rogers Avenue
Fort Smith, AR 72903

Effective 11-01-2014 Change of Ownership and Facility Name Change

[Previous entity operator: Cabot Nursing and Rehabilitation Center, LLC doing business as Cabot Nursing and Rehabilitation Center.]

Canyon Springs Health and Rehabilitation Center

Telephone: (501) 623-3781

FAX Number: (501) 321-9916

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

1401 Park Avenue
Hot Springs, AR 71901

PHYSICAL LOCATION

1401 Park Avenue
Hot Springs, AR 71901
County: Garland #26

Administrator: Stacie A. Edie

Administrator License Number: 2408

Total Licensed Beds: 140

Life Safety Code Years: 1967 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5142

State License: 1101

State Vendor: 0346

MMIS Provider: 211324311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 1401 Park Avenue, LLC

200 International Circle, Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Park Operations, LLC

Doing business as Canyon Springs Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Canyon Springs Health and Rehabilitation, LLC/Arkansas SNF Operations Acquisition, LLC 100%]

Capital Health and Rehabilitation Center

Telephone: (501) 374-7565

FAX Number: (501) 374-4316

I. FACILITY DATA

Updated: 03/28/2018

MAILING ADDRESS

1516 Cumberland St
Little Rock, AR 72202

PHYSICAL LOCATION

1516 Cumberland St
Little Rock, AR 72202
County: Pulaski-South #60-1

Administrator: Catherine Atlas
Administrator License Number: 2505
Total Licensed Beds: 120
Life Safety Code Years: 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5359
State License: 1108
State Vendor: 0186
MMIS Provider: 212735311

Certified Beds: 120

Medicaid: 0
Medicare: 0
Caid/Care: 120
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: APH&R Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076
Tenant:
Highlands of Little Rock South Cumberland Holdings, LLC
1516 Cumberland Street
Little Rock, AR 72202

Ownership and Financial Interest

Highlands of Little Rock South Cumberland Holdings, LLC
doing business as Capital Health and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of Little Rock South Cumberland Holdings, LLC
JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC
425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and
Manager of Highlands of Little Rock South Cumberland Holdings, LLC
Management Agreement with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195
Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC
Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Little Rock South Cumberland, LLC Doing business as Highlands of Little Rock at
Cumberland Therapy and Living Center]

Effective: 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Little Rock at
Cumberland Therapy and Living Center]

Care Manor Nursing and Rehab

Telephone: (870) 424-5030

FAX Number: (870) 424-5040

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

804 Burnett Drive
Mountain Home, AR 72653-

PHYSICAL LOCATION

804 Burnett Drive
Mountain Home, AR 72653-
County: Baxter #03

Administrator: Deborah Cole

Administrator License Number: 2500

Total Licensed Beds: 104

Life Safety Code Years: 1985 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5351

State License: 1048

State Vendor: 0841

MMIS Provider: 202088311

Certified Beds: 104

Medicaid: 0

Medicare: 0

Caid/Care: 104

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Care Manor Healthcare, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

MHCNC, Inc.

Doing business as Care Manor Nursing and Rehab

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: CMNRC, Inc. doing business as Care Manor Nursing & Rehab Center]

Cavalier Healthcare of England

Telephone: (501) 842-2771

FAX Number: (501) 842-2709

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

400 Stuttgart Hwy
England, AR 72046

PHYSICAL LOCATION

400 Stuttgart Highway
England, AR 72046
County: Lonoke #43

Administrator: Cynthia Deyon McMillan

Administrator License Number: 2047

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5442

State License: 1053

State Vendor: 0208

MMIS Provider: 203051311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Cypress Flat Properties, LLC
800 4th Street SW
Magee, MS 39111

Ownership and Financial Interest

Cavalier Healthcare of England, LLC

Doing business as Cavalier Healthcare of England

Limited Holdings, LLC 50%*
800 4th Street SW
Magee, MS 39111
(601) 503-6310

Bethel Investments, LLC 50%**
3130 Endville Road
Belden, MS 38826

*Brien Hubbard 100% of Limited Holdings, LLC

** Michael Cunningham 50% and Joann Cunningham 50% of Bethel Investments, LLC

Effective 06/01/2014 - change of ownership and facility name change

[Previous entity operator: London LTC, LLC doing business as England Nursing and Rehabilitation Center]

Cave City Nursing Home Inc.

Telephone: (870) 283-5313

FAX Number: (870) 283-5314

I. FACILITY DATA

Updated: 05/22/2015

MAILING ADDRESS

P.O. Box 60
Cave City, AR 72521-0060

PHYSICAL LOCATION

442 Taylor Circle
Cave City, AR 72521
County: Sharp #67

Administrator: David Jarvis
Administrator License Number: 1425
Total Licensed Beds: 90
Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5148
State License: 425
State Vendor: 0822
MMIS Provider: 109335311

Certified Beds: 90

Medicaid: 0
Medicare: 0
Caid/Care: 90
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Cave City Nursing Home, Inc.

Non-Profit Corporation

Board of Directors
Gary Farmer, President
P. O. Box 262
Cave City, AR 72521
870.283.5027

Effective August 28, 1996 total licensed and certified beds increased from 70 to 80.
Effective September 23, 1998, Cave City Nursing Home - all 80 beds Medicare/Medicaid dually participating.
Notice received 9-21-99 of a change in physical location address due to 911 service. (Former 206 Taylor Circle.)

Effective 10-28-99 total licensed and certified beds increased from 80 to 90.

Chambers Nursing Home Center, Inc.

Telephone: (870) 552-7150

FAX Number: (870) 552-7601

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

P. O. Box 1126
Carlisle, AR 72024

PHYSICAL LOCATION

1001 East Park Street
Carlisle, AR 72024
County: Lonoke #43

Administrator: Danny Yancey

Administrator License Number: 570

Total Licensed Beds: 90

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5318

State License: 101

State Vendor: 0110

MMIS Provider: 119524311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Chambers Nursing Home Center, Inc.

Bobby L. Glover	88%	Helen Glover	6%
P. O. Box 1		P. O. Box 887	
Carlisle, AR 72024		Carlisle, AR 72024	

Robert Lee Glover, Jr.	2%	Judy Cordell	2%	Robin L. Rountree	2%
P. O. Box 31		984 Hwy 381		P. O. Box 641	
Carlisle, AR 72024		Carlisle, AR 72024		Carlisle, AR 72024	

Management Services Agreement: RLG & Associates, LLC

124 West Main Street - P. O. Box 1100

Carlisle, AR 72024 Contact: Robert L. Glover, Jr. (Lee) (870) 552-3333

Facility relocation, bed increase, name change, new corporation, new MMIS number effective 1-1-94 (formerly Chambers Nursing Home) Medicare participation effective 10-15-96.

Effective 3-22-00 total licensed and certified beds increased from 70 to 80.

Effective 12/26/2001 - total licensed beds increased from 80 to 90 (Permit of Approval 479)

Effective 04/01/2002 - total certified beds increased from 80 to 90. Licensed beds remain at 90.

Effective 07/01/2005: Change in certified bed breakdown - all 90 beds are Medicare/Medicaid.

Chapel Ridge Health and Rehab

Telephone: (479) 452-1541

FAX Number: (479) 452-2589

I. FACILITY DATA

Updated: 10/26/2016

MAILING ADDRESS

4623 Rogers Ave.
Fort Smith, AR 72903

PHYSICAL LOCATION

4623 Rogers Ave.
Fort Smith, AR 72903
County: Sebastian #65

Administrator: Kristi Terry

Administrator License Number: 1523

Total Licensed Beds: 157

Life Safety Code Years: 1967 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5364

State License: 1120

State Vendor: 0497

MMIS Provider: 216288311

Certified Beds: 157

Medicaid: 0

Medicare: 0

Caid/Care: 157

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Sebastian County Estates, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Chapel Ridge Nursing Center, LLC

doing business as Chapen Ridge Health and Rehab

Chapel Ridge Nursing Center, LLC

Michael Morton, Member 70%

David Norsworthy, Member 10%

Paralea Hursh, Member 10%

Jerry D. Sams, Member 10%

4623 Rogers Ave.

Fort Smith, AR 72903

Administrative Services Agreement with

Central Arkansas Nursing Centers, Inc.,

415 Rogers Avenue

Fort Smith, Arkansas 72901

Effective 10/01/2016 Facility Change of Ownership

[Previous entity operator and facility name: FSNC, Inc., doing business as Chapel Ridge Health and Rehab]

Chapel Woods Health and Rehabilitation

Telephone: (870) 226-6766

FAX Number: (870) 226-7430

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

1440 E Church St
Warren, AR 71671

PHYSICAL LOCATION

1440 East Church Street
Warren, AR 71671
County: Bradley #06

Administrator: Alicia Atnip

Administrator License Number: 2465

Total Licensed Beds: 140

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5201

State License: 1000

State Vendor: 0036

MMIS Provider: 195146311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Wagnon Place, Inc.
2908 Hawkins Drive
Searcy, AR 72143

Ownership and Financial Interest

WRNC, Inc.

Doing Business as: Chapel Woods Health and Rehabilitation

Ovation Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 1, 2013 - Change of Ownership and Facility Name Change

[Previous entity operator: Wagnon Place Health Facilities, LLC doing business as Wagnon Place]

Cla-Clif Nursing and Rehab Center, Inc.

Telephone: (870) 734-3636

FAX Number: (870) 734-4650

I. FACILITY DATA

Updated: 07/01/2010

MAILING ADDRESS

P.O. Box 671
Brinkley, AR 72021

PHYSICAL LOCATION

1214 North Main
Brinkley, AR 72021
County: Monroe #48-2

Administrator: Billy Clay

Administrator License Number: 110

Total Licensed Beds: 116

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5430

State License: 035

State Vendor: 0125

MMIS Provider: 109377311

Certified Beds: 116

Medicaid: 27

Medicare: 0

Caid/Care: 89

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as Ownership of License

Ownership and Financial Interest

Cla-Clif Nursing and Rehab Center, Inc.

Billy Clay 100%
312 W. Cedar
Brinkley, AR 72021

Name change filed with Secretary of States office 6-7-96. Office of Long Term Care Notice received 6-26-97. Effective 04/01/01, Cla-Clif Nursing and Rehabilitation Center voluntarily withdrew from the Medicare Program. New Medicaid Federal Provider Number is 04-A280. (Previous Medicare Federal Provider Number was 04-5286) Notice received 07/09/2009 that the physical location address changed from 1214 North Highway 49 to 1214 North Main due 911 Service. The facility is still located in the same building location. Notice letter dated 09-25-09 from Centers for Medicare and Medicaid Services states that this facility meets the requirements for participation in the Medicare program effective 06/19/09 - 04-5430. [Previous Federal Provider CCN - 04-A280]

Effective 07/01/10 - change in certified bed breakdown as follows:
27 Medicaid [previously 74 Medicaid] 89 Caid/Care [previously 42 Caid/Care]

Colonel Glenn Health and Rehab, LLC

Telephone: (501) 907-8200

FAX Number: (501) 907-8205

I. FACILITY DATA

Updated: 03/15/2017

MAILING ADDRESS

13700 David O. Dodd Road
Little Rock, AR 72210

PHYSICAL LOCATION

13700 David O. Dodd Road
Little Rock, AR 72210
County: Pulaski #60-3

Administrator: Eric Tracy
Administrator License Number: 2327
Total Licensed Beds: 120
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5460
State License: 1114
State Vendor: 0898
MMIS Provider: 213519311

Certified Beds: 120

Medicaid: 0
Medicare: 0
Caid/Care: 120
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Building leased from:
Argenta Health Services LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Colonel Glenn Health and Rehab, LLC

Michael Morton 70%
Jerry D. Sams 10%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 10%
P. O. Box 180
Gateway, AR 72733

Paralea Hursh 10%
30 Jeffrey Way
Fort Smith, AR 72903

Administrative Services Agreement with:
Central Arkansas Nursing Centers, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Effective April 25, 2016 - New Nursing Facility Licensure - Permit of Approval 854

State License number 1114 and vendor number 0898 effective 04/25/2016.

Initial Medicaid Certification effective 05/26/2016. Federal Provider Number 04-A326 effective 05/26/2016.

Notice letter dated 10/20/2016 from Centers for Medicare and Medicaid Services that Colonel Glenn Health and Rehab, LLC, doing business as Colonel Glenn Health and Rehab, LLC, meets the requirements for participation in the Medicare Program effective July 22, 2016 with all 120 beds in Medicare/Medicaid.

Previous Federal Provider Number was 04-A326

Concordia Nursing & Rehab, LLC

Telephone: (479) 855-3735

FAX Number: (479) 855-4697

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

7 Professional Drive
Bella Vista, AR 72715

PHYSICAL LOCATION

7 Professional Drive
Bella Vista, AR 72715
County: Benton #04

Administrator: Lindy Dye

Administrator License Number: 2069

Total Licensed Beds: 102

Life Safety Code Years: 1967 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5143

State License: 1029

State Vendor: 0041

MMIS Provider: 200731311

Certified Beds: 102

Medicaid: 0

Medicare: 0

Caid/Care: 102

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Agreement effective 06/26/2015
Ashton Place Manor, LLC
9 Professional Drive
Bella Vista, AR 72715

Ownership and Financial Interest

Concordia Nursing & Rehab, LLC

Bradford Montgomery, Member 100%
Shanyce Brown, Manager
9 Professional Drive
Bella Vista, AR 72715
(479) 715-6759

Effective January 2, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator and facility name: Concordia Health and Rehab, LLC

Conway Healthcare and Rehabilitation Center

Telephone: (501) 329-2149

FAX Number: (501) 329-4916

I. FACILITY DATA

Updated: 10/31/2017

MAILING ADDRESS

2603 Dave Ward Drive
Conway, AR 72034

PHYSICAL LOCATION

2603 Dave Ward Drive
Conway, AR 72034
County: Faulkner #23

Administrator: Kathern Fisher

Administrator License Number: 2164

Total Licensed Beds: 105

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5245

State License: 1075

State Vendor: 0221

MMIS Provider: 209647311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non - Profit

Building Ownership

Landlord:
OHI Asset (AR) Conway, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Faulkner - Progressive Eldercare Services, Inc.

Doing business as Conway Healthcare and Rehabilitation Center

Matthew Manning
President/Secretary/Treasurer
240 Merlot Drive
Conway, AR 72034

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Melissa "Lisa" K. Garner, Board Member
13 Sternwheel
Conway, AR 72034

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

James A. Capps, Board Member
360 Pippinpost Drive
Conway, AR 72034

Change of Ownership effective 09/01/2015 [Previous entity operator: Faulkner Operations, LLC* doing business as Conway Healthcare and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Received 10/31/2017 - IRS letter 947 dated 12/16/2016 - Faulkner - Progressive Eldercare Services, Inc., is an exempt organization under Section 501 (c) (3) of the Code as a Public Charity.

Corning Therapy and Living Center

Telephone: (870) 857-3100

FAX Number: (870) 857-6396

I. FACILITY DATA

Updated: 04/28/2015

MAILING ADDRESS

831 North Missouri
Corning, AR 72422

PHYSICAL LOCATION

831 North Missouri
Corning, AR 72422
County: Clay #11-1

Administrator: Amy Daughety Burdin

Administrator License Number: 2340

Total Licensed Beds: 84

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5433

State License: 1025

State Vendor: 0888

MMIS Provider: 199879311

Certified Beds: 84

Medicaid: 0

Medicare: 0

Caid/Care: 84

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Clay County Holdings, L.L.C.
P O Box 506
Melbourne, AR 72556

Ownership and Financial Interest

CNNC, INC.

Doing business as Corning Therapy and Living Center

Eagle Health Systems. Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Rd, Ste 210

Conway, AR 72034

(501) 932-0050

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 Contact Person: Amy Rollins
Same address as above

Effective November 1, 2013 - Change of Ownership

[Previous entity operator: Corning Nursing & Rehab Center, Inc. d/b/a Corning Therapy and Living Center]

Cottage Lane Health and Rehab

Telephone: (501) 224-3940

FAX Number: (501) 224-6649

I. FACILITY DATA

Updated: 01/12/2017

MAILING ADDRESS

800 Brookside Drive
Little Rock, AR 72205

PHYSICAL LOCATION

800 Brookside Drive
Little Rock, AR 72205
County: Pulaski-South #60-1

Administrator: Steve Lewellen

Administrator License Number: 2450

Total Licensed Beds: 143

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5458

State License: 1059

State Vendor: 0897

MMIS Provider: 208289311

Certified Beds: 143

Medicaid: 0

Medicare: 0

Caid/Care: 143

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease effective 08/18/2015
SRN Properties, LLC
8520 South 36th Terrace
Fort Smith, AR 72908

Ownership and Financial Interest

SRN Management, LLC

Doing business as Cottage Lane Health and Rehab

Robert A. Rye "Andy" 25%

James Stein 25%

Robert V. Rye 25%

8520 S. 36th Terrace

Fort Smith, AR 72908

(479) 410-1740

Paul Stein 25%

5703 Gulf Tech Drive

Ocean Springs, MS 39564

Change of Ownership effective May 1, 2015. [Previous entity operator: Brookside Healthcare & Rehab, LLC doing business as Brookside Health and Rehabilitation Center]. Effective 07/09/2015 - initial Medicaid Certification - Federal Provider Number 04-A325. Notice letter dated 05/06/2016 from Centers for Medicare and Medicaid Services that SRN Management, LLC, doing business as Brookside Health and Rehabilitation Center meets the requirements for participation in the Medicare Program effective 01/04/2016 with all 143 beds in Medicare/Medicaid. Previous Federal Provider Number was 04-A325

Effective 07/01/2016 - Facility Name Change [Previous doing business as name was Brookside Health and Rehabilitation Center]

Courtyard Gardens Health and Rehabilitation Center

Telephone: (870) 246-5566

FAX Number: (870) 245-3005

I. FACILITY DATA

Updated: 03/21/2016

MAILING ADDRESS

2701 Twin Rivers Drive
Arkadelphia, AR 71923

PHYSICAL LOCATION

2701 Twin Rivers Drive
Arkadelphia, AR 71923

County: Clark #10

Administrator: Kathy Barnhill

Administrator License Number: 2209

Total Licensed Beds: 100

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5350

State License: 1100

State Vendor: 0637

MMIS Provider: 211203311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 2701 Twin Rivers Drive, LLC

200 International Circle, Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Arkadelphia Operations, LLC

Doing business as Courtyard Gardens Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Courtyard Gardens Health and Rehabilitation, LLC\Arkansas SNF Operations Acquisition, LLC-100%]

Courtyard Rehabilitation and Health Center, LLC

Telephone: (870) 875-1580

FAX Number: (870) 863-5092

I. FACILITY DATA

Updated: 03/14/2016

MAILING ADDRESS

2415 W. Hillsboro
El Dorado, AR 71730

PHYSICAL LOCATION

2415 W. Hillsboro
El Dorado, AR 71730
County: Union #70

Administrator: David Lewis
Administrator License Number: 1748
Total Licensed Beds: 101
Life Safety Code Years: 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5182
State License: 858
State Vendor: 0445
MMIS Provider: 167860311

Certified Beds: 101

Medicaid: 0
Medicare: 0
Caid/Care: 101
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Union Assets, LLC
P. O. Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

Courtyard Rehabilitation and Health Center, LLC

*SA ElderCare, LLC 10201 W Markham - Suite 213 Little Rock, AR 72203	40%	** JEJ Investments, LLC 449 Overbrook Court Shreveport, LA 71106	25%
Ross M. Ponthie P. O. Box 12187 Alexandria, LA 71315 (318) 443-8167	25%	Mark Thompson 220 Kincaid Point Boyce, LA 71409	10%

*Members of SA ElderCare, LLC:

Davis Medical Properties, LLC, Louann, AR [includes Dr. Richard K. Davis, Sr.; Mrs. Sheila Davis]
Dr. R. Keith Davis, Jr., Smackover, AR
Preeminent Properties of Arkansas, LLC, Little Rock, AR [includes Gerald Crochet, Jr.; Linda Davis Crochet]
Gregg Massanelli, El Dorado, AR
Greg Smart, El Dorado, AR

** John Ponthie, Sole Member of JEJ Investments, LLC - 100%

Effective March 21, 2008 - Change of Ownership and Facility Name Change.

[Previous entity operator and facility name: Union Operations, LLC doing business as
Courtyard Rehabilitation and Health Center of El Dorado]

Covington Court Health and Rehabilitation Center

Telephone: (479) 646-5700

FAX Number: (479) 646-5956

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

4500 Old Greenwood Rd
Fort Smith, AR 72903

PHYSICAL LOCATION

4500 Old Greenwood Rd
Fort Smith, AR 72903
County: Sebastian #65

Administrator: Ronald S. Yarbrough
Administrator License Number: 2317
Total Licensed Beds: 140
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5363
State License: 591
State Vendor: 0030
MMIS Provider: 119660311

Certified Beds: 140

Medicaid: 0
Medicare: 0
Caid/Care: 140
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company:
Northport Health Services of Arkansas, L.L.C.
931 Fairfax Park
Tuscaloosa, Alabama 35406
Landlord: Armour Heights Nursing Home, Inc.
P. O. Drawer H, Van Buren, AR 72956

Ownership and Financial Interest

Northport Health Services of Arkansas, L.L.C.

Doing Business As: Covington Court Health and Rehabilitation Center

J. Norman Estes 92%
David A. Estes as Trustee for James N. Estes, Jr. 4%
David A. Estes as Trustee for Jennifer Estes Agee 4%
Claude E. Lee Vice President/Secretary for
Northport Health Services of Arkansas, L.L.C.
931 Fairfax Park
Tuscaloosa, AL 35406 (205) 391-3600

Financial and Administrative Services Agreement with NHS Management, L.L.C. - same address as above.
Change of ownership effective 12-1-97. Name change effective 12-1-97. (Formerly Covington Court Healthcare Center). Medicare Provider number 04-5325 and 119589311 terminated effective 10-11-00. Medicaid Provider number 04-A278 and 119660311 effective 10-26-00. Notice received 6-18-01 from Health Care Financing Administration that Covington Court was approved for Medicare participation effective 4-3-01. Medicaid Provider number 04-A278 is terminated effective 4-3-01. (Provider status change) Medicare Provider number 04-5363 is effective 4-3-01. Effective 10-01-01-change in certified bed breakdown-all beds are Medicare/Medicaid. Assignment of Membership Interest from Northport Health Services, Inc. to J. Norman Estes effective 12/31/2006.

Effective 04/01/2008 - Total licensed and certified beds increased from 115 to 140 - Permit of Approval 748. Arkansas Health Services Permit Agency approval to transfer 25 beds from Legacy Health and Rehabilitation Center.

Craighead Nursing Center

Telephone: (870) 933-4535

FAX Number: (870) 935-0554

I. FACILITY DATA

Updated: 06/07/2016

MAILING ADDRESS

5101 Harrisburg Rd
Jonesboro, AR 72404-

PHYSICAL LOCATION

5101 Harrisburg Rd
Jonesboro, AR 72404-
County: Craighead #16

Administrator: Penny McDaniel

Administrator License Number: 1118

Total Licensed Beds: 121

Life Safety Code Years: 1967 1985

Certification: Title XIX

Facility Identification Numbers

Federal Provider: 04-A158

State License: 158

State Vendor: 0175

MMIS Provider: 109244311

Certified Beds: 121

Medicaid: 121

Medicare: 0

Caid/Care: 0

Private Beds: 0

HomestyleBeds:

Classification

NF: X

SNF:

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

County Government

Ownership and Financial Interest

County Government

Craighead County Nursing Home

Doing business as:

Craighead Nursing Center

Board of Directors

Jay Scholtens, Chariman

113 E. Jackson

Jonesboro, AR 72401

870.972.1500

Effective 10-1-96 total licensed and certified beds increased from 90 to 100.

Effective 12-30-98 total licensed and certified beds increased from 100 to 110.

Effective 10-25-2000 total licensed beds increased from 110 to 121. Permit of Approval 451.

Effective January 1, 2001 total certified beds increased from 110 to 121.

Crawford Healthcare and Rehabilitation Center

Telephone: (479) 474-6885

FAX Number: (479) 474-9523

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

2010 Main Street
Van Buren, AR 72956

PHYSICAL LOCATION

2010 Main Street
Van Buren, AR 72956
County: Crawford #17

Administrator: Branson White

Administrator License Number: 2535

Total Licensed Beds: 115

Life Safety Code Years: 1967 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5326

State License: 728

State Vendor: 0315

MMIS Provider: 119736311

Certified Beds: 115

Medicaid: 0

Medicare: 0

Caid/Care: 115

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
VVP, LLC
1150 S. Waldron Road
Fort Smith, AR 72903

Ownership and Financial Interest

Victoria Healthcare Properties LLC

Doing business as
Crawford Healthcare and Rehabilitation Center

Joshua Kilgore 90%
1150 S Waldron Road
Fort Smith, AR 72903

Mark King 10%
2010 Main Street
Van Buren, AR 72956

Administrative Services Agreement effective 04/01/2015 with:
Kilgore Consulting Group, Inc.
1150 S. Waldron Road
Fort Smith, AR 72903
Fax: 479.434.5526 - Joshua Kilgore
Telephone: 479.434.5500 - Extension 1

Change of Ownership effective July 1, 2003.

Previous entity: Crawford Healthcare, Inc., doing business as Crawford Healthcare and Rehabilitation Center
Effective 04/01/2011 - Change in facility certified bed breakdown: all beds are Medicare/Medicaid.

Notice received 06/24/2015 - Ken W. Kilgore assigned his 90% interest in Victoria Healthcare Properties, LLC to Joshua Kilgore.

Creekside Health and Rehab

Telephone: (870) 449-4201

FAX Number: (870) 449-6695

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

620 North Panther Avenue
Yellville, AR 72687

PHYSICAL LOCATION

620 North Panther Avenue
Yellville, AR 72687
County: Marion #45

Administrator: Susan Brown

Administrator License Number: 1840

Total Licensed Beds: 96

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5451

State License: 1097

State Vendor: 0476

MMIS Provider: 211198311

Certified Beds: 96

Medicaid: 0

Medicare: 0

Caid/Care: 96

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
620 North Panther Avenue, LLC
6300 Blair Hill Lane
Baltimore, MD 21209

Ownership and Financial Interest

Creekside Health Holdings, LLC

Doing business as Creekside Health and Rehab

Skyline Arkansas Healthcare, LLC 100% of Creekside Health Holdings, LLC

Skyline Arkansas Holdings, LLC 100% of Skyline Arkansas Healthcare, LLC

425 West Capitol Avenue, Suite 3800

Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC

Joseph Schwartz, Manager of Skyline Arkansas Healthcare, LLC and Manager of Creekside Health Holdings, LLC

505 Marlboro Road, Wood-Ridge, New Jersey 07075

Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195

Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC

Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change

[Previous entity operator: Creekside Health and Rehabilitation, LLC/Arkansas SNF Operations Acquisition II, LLC]

Crestpark DeWitt, LLC

Telephone: (870) 946-3569

FAX Number: (870) 946-3425

I. FACILITY DATA

Updated: 10/04/2017

MAILING ADDRESS

P.O. Box 589
DeWitt, AR 72042

PHYSICAL LOCATION

1325 Liberty Drive
DeWitt, AR 72042
County: Arkansas #01-1

Administrator: Wanda Lynn O'Briant

Administrator License Number: 2322

Total Licensed Beds: 70

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5177

State License: 896

State Vendor: 0431

MMIS Provider: 178300311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub Leased from:

EverGreene Properties of North Carolina L.L.C.
Daniel C. Greene
502 Hickory Ridge Drive, Greensboro, NC 27409
Landlord: CAP Care of Arkansas, Inc.
Ronnie Parker, President
502 Hickory Ridge Drive, Greensboro, NC 27409

Ownership and Financial Interest

Crestpark DeWitt, LLC

Belew, LLC 50%

Dilks, LLC 50%

P O Box 483

Marianna, AR 72360

Barbara Belew, Manager - 50%

Melisha Dilks, Manager - 50%

P. O. Box 483

Marianna, AR 72360

Contact Person: Melisha Dilks

P. O. Box 483

Marianna, AR 72360

870.821.0144

Administrative Services Agreement effective January 19, 2015 with: Home Office, LLC

P. O. Box 1658

Forrest City, AR 72336

(870) 633-3585 - Melisha Dilks

Effective 09/01/2009 - change of ownership and facility name change.

[Formerly EverGreene Properties of North Carolina L.L.C. doing business as Crestpark Retirement Inn [DeWitt]]

Bed decrease - Effective 07/01/2017 - Facility letter dated 05/12/2017 requested a bed decrease from 96 Medicaid/Medicare beds to 70 Medicaid/Medicare beds. 26 beds will be returned to the Arkansas Health Services Permit Agency effective July 1, 2017.

Crestpark Forrest City, LLC

Telephone: (870) 633-4260

FAX Number: (870) 633-3460

I. FACILITY DATA

Updated: 10/14/2017

MAILING ADDRESS

P.O. Box 1658
Forrest City, AR 72336-1658

PHYSICAL LOCATION

500 Kittle Rd
Forrest City, AR 72335
County: St. Francis #68

Administrator: Machele Swiney

Administrator License Number: 2489

Total Licensed Beds: 100

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5219

State License: 897

State Vendor: 0173

MMIS Provider: 178295311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub Leased from:

EverGreene Properties of North Carolina L.L.C.
Daniel C. Greene
502 Hickory Ridge Drive, Greensboro, NC 27409
Landlord: CAP Care of Arkansas, Inc.
Ronnie Parker, President
502 Hickory Ridge Drive, Greensboro, NC 27409

Ownership and Financial Interest

Crestpark Forrest City, LLC

Belew, LLC 50%

Dilks, LLC 50%

P O Box 483

Marianna, AR 72360

Barbara Belew, Manager - 50%

Melisha Dilks, Manager - 50%

P. O. Box 483

Marianna, AR 72360

Administrative Services Agreement effective April 15, 2010 with: Home Office, LLC

P. O. Box 1658

Forrest City, AR 72336

(870) 633-3585 - Melisha Dilks

Effective 09/01/2009 - change of ownership and facility name change.

[Formerly EverGreene Properties of North Carolina L.L.C.

Doing business as Crestpark Retirement Inn (Forrest City)]

Bed decrease - Effective 07/01/2017 - Facility letter dated 05/12/2017 requested a bed decrease from 140 Medicaid/Medicare beds to 100 Medicaid/Medicare beds. 40 beds will be returned to the Arkansas Health Services Permit Agency effective July 1, 2017.

Crestpark Helena, LLC

Telephone: (870) 338-9886

FAX Number: (870) 338-6097

I. FACILITY DATA

Updated: 10/04/2017

MAILING ADDRESS

P.O. Box 310
Helena, AR 72342

PHYSICAL LOCATION

116 November Drive
Helena, AR 72342
County: Phillips #54

Administrator: April Wilson

Administrator License Number: 2334

Total Licensed Beds: 100

Life Safety Code Years: 1967

Certification: Title XIX/VIII

Facility Identification Numbers

Federal Provider: 04-5221

State License: 899

State Vendor: 0176

MMIS Provider: 178296311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub Leased From:

EverGreene Properties of North Carolina L.L.C.
Daniel C. Greene
502 Hickory Ridge Drive, Greensboro, NC 27409
Landlord: CAP Care of Arkansas, Inc.
Ronnie Parker, President
502 Hickory Ridge Drive, Greensboro, NC 27409

Ownership and Financial Interest

Crestpark Helena, LLC

Belew, LLC 50%

Dilks, LLC 50%

P O Box 483

Marianna, AR 72360

Barbara Belew, Manager - 50%

Melisha Dilks, Manager - 50%

P. O. Box 483

Marianna, AR 72360

Contact Person: Barbara Belew

P. O. Box 483

Marianna, AR 72360

501.626.7986

Administrative Services Agreement effective August 18, 2014 with: Home Office, LLC

P. O. Box 1658

Forrest City, AR 72336

(870) 633-3585 - Melisha Dilks

Effective 09/01/2009 - change of ownership and facility name change.

[Formerly EverGreene Properties of North Carolina L.L.C. doing business as Crestpark Inn of Helena]

Bed decrease - Effective 07/01/2017 - Facility letter dated 05/12/2017 requested a bed decrease from 110 Medicaid/Medicare beds to 100 Medicaid/Medicare beds. 10 beds will be returned to the Arkansas Health Services Permit Agency effective July 1, 2017.

Crestpark Marianna, LLC

Telephone: (870) 295-3466

FAX Number: (870) 295-5474

I. FACILITY DATA

Updated: 10/04/2017

MAILING ADDRESS

P.O. Box 386
Marianna, AR 72360

PHYSICAL LOCATION

700 West Chestnut
Marianna, AR 72360
County: Lee #39

Administrator: Melisha Dilks
Administrator License Number: 968
Total Licensed Beds: 80
Life Safety Code Years: 1967 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5449
State License: 894
State Vendor: 0177
MMIS Provider: 178269311

Certified Beds: 80

Medicaid: 0
Medicare: 0
Caid/Care: 80
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub Leased from:
EverGreene Properties of North Carolina L.L.C.
Daniel C. Greene
502 Hickory Ridge Drive, Greensboro, NC 27409
Landlord: CAP Care of Arkansas, Inc.
Ronnie Parker, President
502 Hickory Ridge Drive, Greensboro, NC 27409

Ownership and Financial Interest

Crestpark Marianna, LLC

Belew, LLC 50%
Dilks, LLC 50%
P O Box 483
Marianna, AR 72360
Administrative Services Agreement effective April 15, 2010 with:

Barbara Belew, Manager - 50%
Melisha Dilks, Manager - 50%
P. O. Box 483, Marianna, AR 72360
Contact Person: Barbara Belew 501.626.7986
Home Office, LLC
P. O. Box 1658
Forrest City, AR 72336
(870) 633-3585 - Melisha Dilks

Effective 09/01/09 - change of ownership and facility name change. [Formerly EverGreene Properties of North Carolina L.L.C. doing business as Crestpark Inn of Marianna] Notice letter received from Centers for Medicare and Medicaid Services that Crestpark Marianna, LLC meets the requirements to participate in the Medicare Program effective 05/07/12. New Federal Provider Number 04-5449. Previous Federal Provider Number 04-A266

Effective 04/01/2014 - total licensed and certified beds decrease from 140 to 130.
Health Services Permit Commission approval via Permit of Approval 953
for 10 beds to Fianna Hills Nursing and Rehabilitation Center.

Bed decrease - Effective 07/01/2017 - Facility letter dated 05/12/2017 requested a bed decrease from 46 beds Medicaid only and 84 beds Medicaid/Medicare for a total of 130 beds combined to 80 Medicaid/Medicare beds. 50 beds will be returned to the Arkansas Health Services Permit Agency effective July 1, 2017.

Crestpark Stuttgart, LLC

Telephone: (870) 673-1657

FAX Number: (870) 672-9751

I. FACILITY DATA

Updated: 10/04/2017

MAILING ADDRESS

P.O. Box 790
Stuttgart, AR 72160

PHYSICAL LOCATION

707 West 20th Street
Stuttgart, AR 72160
County: Arkansas #01-2

Administrator: Misty Cox
Administrator License Number: 1724
Total Licensed Beds: 100
Life Safety Code Years: 1967 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5303
State License: 898
State Vendor: 0178
MMIS Provider: 178279311

Certified Beds: 100

Medicaid: 0
Medicare: 0
Caid/Care: 100
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub Leased from:
EverGreene Properties of North Carolina L.L.C.
Daniel C. Greene
502 Hickory Ridge Drive, Greensboro, NC 27409
Landlord: CAP Care of Arkansas, Inc.
Ronnie Parker, President
502 Hickory Ridge Drive, Greensboro, NC 27409

Ownership and Financial Interest

Crestpark Stuttgart, LLC

Belew, LLC 50%
Dilks, LLC 50%
P O Box 483
Marianna, AR 72360

Barbara Belew, Manager - 50%
Melisha Dilks, Manager - 50%
P. O. Box 483
Marianna, AR 72360

Contact Person: Melisha Dilks
P. O. Box 483
Marianna, AR 72360
870.821.0144

Administrative Services Agreement effective April 15, 2010 with: Home Office, LLC
P. O. Box 1658
Forrest City, AR 72336
(870) 633-3585 - Melisha Dilks

Effective 09/01/2009 - change of ownership and facility name change.
[Formerly EverGreene Properties of North Carolina L.L.C. doing business as Crestpark Inn of Stuttgart]

Bed decrease - Effective 07/01/2017 - Facility letter dated 05/12/2017 request a bed decrease from 120 Medicaid/Medicare beds to 100 Medicaid/Medicare beds. 20 beds will be returned to the Arkansas Health Services Permit Agency effective July 1, 2017.

Crestpark Wynne, LLC

Telephone: (870) 238-7941

FAX Number: (870) 238-1989

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

P.O. Box 1127
Wynne, AR 72396

PHYSICAL LOCATION

400 Arkansas Street
Wynne, AR 72396
County: Cross #19

Administrator: Sarah Higginbotham

Administrator License Number: 1995

Total Licensed Beds: 100

Life Safety Code Years: 1967 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5166

State License: 895

State Vendor: 0179

MMIS Provider: 178293311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub Leased from:

EverGreene Properties of North Carolina L.L.C.
Daniel C. Greene

502 Hickory Ridge Drive, Greensboro, NC 27409

Landlord: CAP Care of Arkansas, Inc.

Ronnie Parker, President

502 Hickory Ridge Drive, Greensboro, NC 27409

Ownership and Financial Interest

Crestpark Wynne, LLC

Belew, LLC 50%

Dilks, LLC 50%

P O Box 483

Marianna, AR 72360

Barbara Belew, Manager - 50%

Melisha Dilks, Manager - 50%

P. O. Box 483

Marianna, AR 72360

Contact Person: Melisha Dilks

P. O. Box 483

Marianna, AR 72360

870.821-0144

Administrative Services Agreement effective April 15, 2010 with: Home Office, LLC

P. O. Box 1658

Forrest City, AR 72336

(870) 633-3585 - Melisha Dilks

Effective 09/01/2009 - change of ownership and facility name change.

[Formerly EverGreene Properties of North Carolina L.L.C. doing business as Crestpark Inn of Wynne]

Bed decrease - Effective 07/01/2017 - Facility letter dated 05/12/2017 requested a bed decrease from 137 Medicaid/Medicare beds to 100 Medicaid/Medicare beds. 37 beds will be returned to the Arkansas Health Services Permit Agency effective July 1, 2017.

Crossett Rehabilitation and Health Center

Telephone: (870) 364-5721

FAX Number: (870) 364-7680

I. FACILITY DATA

Updated: 01/11/2016

MAILING ADDRESS

1101 Waterwell Road
Crossett, AR 71635-4152

PHYSICAL LOCATION

1101 Waterwell Rd
Crossett, AR 71635-4152
County: Ashley #02

Administrator: Debra R. Watkins

Administrator License Number: 2247

Total Licensed Beds: 83

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5190

State License: 1090

State Vendor: 0444

MMIS Provider: 211179311

Certified Beds: 83

Medicaid: 0

Medicare: 0

Caid/Care: 83

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 1101 Waterwell Road, LLC

200 International Circle, Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Ashley Operations, LLC

Doing business as Crossett Rehabilitation and Health Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Pinewood Health and Rehabilitation, LLC\Arkansas SNF Operations Acquisition, LLC-100%]

Dardanelle Nursing and Rehabilitation Center, Inc.

Telephone: (479) 229-4884

FAX Number: (479) 229-2481

I. FACILITY DATA

Updated: 02/14/2013

MAILING ADDRESS

P.O. Box 636
Dardanelle, AR 72834

PHYSICAL LOCATION

2199 State Hwy 7 North
Dardanelle, AR 72834
County: Yell #75

Administrator: Vickie Fowler Kneeland

Administrator License Number: 1022

Total Licensed Beds: 110

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5290

State License: 818

State Vendor: 0185

MMIS Provider: 160670311

Certified Beds: 110

Medicaid: 0

Medicare: 0

Caid/Care: 110

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Dardanelle Nursing Center, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Dardanelle Nursing and Rehabilitation Center, Inc.

Michael Morton 100%
415 Rogers Avenue
Ft. Smith, AR 72901
(479) 783-4672

Effective 7-3-96 total licensed and certified beds increased from 90 to 100.

Notice of name change received June 2000 of facility name change effective 05/25/1999.

Formerly Dardanelle Nursing Center.

Effective 7-1-2000 total licensed beds increased from 100 to 110.

Effective 10-1-2000 total certified beds increased from 100 to 110.

Effective 10-01-2001 - change in certified bed breakdown - all beds are Medicare/Medicaid.

Effective July 1, 2006 - change of ownership and facility name change

[Previous entity operator: Dardanelle Nursing Center, Inc. doing business as Dardanelle Nursing and Rehabilitation Center]

Effective January 31, 2008, replacement/relocation - Permit of Approval 691

[Previous facility location: 510 Green Street, Dardanelle, AR 72834]

Davis East

Telephone: (870) 535-1155

FAX Number: (870) 535-0732

I. FACILITY DATA

Updated: 11/15/2016

MAILING ADDRESS

6811 South Hazel Street
Pine Bluff, AR 71603

PHYSICAL LOCATION

6811 South Hazel Street
Pine Bluff, AR 71603
County: Jefferson #35

Administrator: Luvenia Blair

Administrator License Number: 2328

Total Licensed Beds: 126

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5311

State License: 725

State Vendor: 0834

MMIS Provider: 119733311

Certified Beds: 126

Medicaid: 0

Medicare: 0

Caid/Care: 126

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Hazel Street Nursing Association

Doing business as

Davis East

Hazel Street Nursing Association

Non-Profit Corporation

Kenny M. Bonds, Jr., Chairman

P. O. Box 500

Moscow, AR 71659

870.534.7777

Lavern Terry, Administrator or Joy Wells, Compliance 870.850.2900

Same address as the facility address.

Effective July 1, 2003 - change of ownership and facility name change (Previously Pathfinder Healthcare, Inc.)

Davis Life Care Center

Telephone: (870) 541-0342

FAX Number: (870) 850-7967

I. FACILITY DATA

Updated: 10/24/2017

MAILING ADDRESS

6810 South Hazel
Pine Bluff, AR 71603

PHYSICAL LOCATION

6810 South Hazel
Pine Bluff, AR 71603
County: Jefferson #35

Administrator: Kathryn Cash

Administrator License Number: 1950

Total Licensed Beds: 177

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5379

State License: 658

State Vendor: 0187

MMIS Provider: 119666311

Certified Beds: 177

Medicaid: 0

Medicare: 0

Caid/Care: 177

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Davis Nursing Association

Doing business as: Davis Life Care Center

Davis Nursing Association
Board of Directors
Kenny M. Bonds, Jr., Chairman
P. O. Box 500
Moscow, AR 71659
870.534.7777

Non-Profit Association
Non Profit Corporation 501(e)(3)

Joy Wells, Compliance or Brian Miller, Executive Director - 870.850.2900
Same address as the facility address

Change of Ownership effective September 1, 2001.

Letter dated May 14, 2003, from Centers for Medicare and Medicaid Services that Davis Nursing Association d/b/a Davis Life Care Center meets the requirements for participation in the Medicare Program effective March 19, 2003.

New Medicare Federal Provider number 04-5379 (Previous Medicaid Federal Provider number 04-A012)

Effective April 1, 2004 - change in certified bed breakdown - all beds participating in Medicare and Medicaid.

Deerview, LLC

Telephone: (479) 489-5237

FAX Number: (479) 489-5599

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

502 West Pennington
Ola, AR 72853

PHYSICAL LOCATION

502 West Pennington
Ola, AR 72853
County: Yell #75

Administrator: Amanda Cook

Administrator License Number: 0812

Total Licensed Beds: 74

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5448

State License: 1027

State Vendor: 0812

MMIS Provider: 199715311

Certified Beds: 74

Medicaid: 0

Medicare: 0

Caid/Care: 74

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Pennington Road Property, L.L.C.
200 International Circle - Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Deerview, LLC

Keith Head 75%
1505 Dogwood Trail
Conway, AR 72033
(501) 514-5818

Cathy Parsons 25%
1265 Champions Drive
Conway, AR 72034
(870) 530-3837

Management Agreement with:

H.O.P.E. Healthcare, LLC

P. O. Box 1369

Conway, AR 72033

Contact: Keith Head - (501) 499-6651

Effective November 1, 2013 - Change of Ownership and Facility Name Change
[Formerly Yell County Nursing Home, Inc.]

Notice received 06/05/2014 from Deerview, LLC to delete P. O. Box 249 as the mailing address.

Dermott City Nursing Home

Telephone: (870) 538-3241

FAX Number: (870) 538-5763

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

P. O. Box 710
Dermott, AR 71638

PHYSICAL LOCATION

702 West Gaines St
Dermott, AR 71638
County: Chicot #09

Administrator: Rosie Jenkins

Administrator License Number: 2523

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5172

State License: 476

State Vendor: 0830

MMIS Provider: 109467311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

City Government

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

City Government

Dermott City Nursing Home

Dr. Clinton Hampton, Mayor

City of Dermott

P. O. Box 371

Dermott, AR 71638

Mayor's Representative: Mr. Lucan Hargraves

(870) 538-5251

Notice received 01/26/2015

Board Chairperson

Julia Boatner

13 Maulding Drive

Dermott, AR 71638

(870) 538-8329

Effective July 1, 2003 - change in certified bed breakdown - all beds participating in Medicare and Medicaid Programs.

Des Arc Nursing And Rehabilitation Center

Telephone: (870) 256-4194

FAX Number: (870) 256-1407

I. FACILITY DATA

Updated: 10/01/2015

MAILING ADDRESS

2216 West Main Street
Des Arc, AR 72040

PHYSICAL LOCATION

2216 West Main Street
Des Arc, AR 72040
County: Prairie #59

Administrator: Molly K. Walker

Administrator License Number: 1393

Total Licensed Beds: 98

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5236

State License: 1078

State Vendor: 0189

MMIS Provider: 209655311

Certified Beds: 98

Medicaid: 0

Medicare: 0

Caid/Care: 98

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Des Arc, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Prairie - Progressive Eldercare Services, Inc.

Doing business as Des Arc Nursing and Rehabilitation Center

Molly K. Walker
President/Secretary/Treasurer
16 Buttercup Cove
Cabot, AR 72023

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Donna Parchman, Board Member
14242 Sandhill Rd.
Des Arc, AR 72040

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Jimmy G. West, Board Member
P. O. Box 76
Des Arc, AR 72040

Change of Ownership effective 09/01/2015 [Previous entity operator: Prairie Operations, LLC* doing business as Des Arc Nursing and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

DeWitt Nursing Home

Telephone: (870) 233-2252

FAX Number: (870) 946-0018

I. FACILITY DATA

Updated: 09/01/2015

MAILING ADDRESS

P.O. Box 428
DeWitt, AR 72042

PHYSICAL LOCATION

1605 South Madison St
DeWitt, AR 72042
County: Arkansas #01-1

Administrator: Charlotte Hackney

Administrator License Number: 2444

Total Licensed Beds: 60

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5365

State License: 685

State Vendor: 0192

MMIS Provider: 119692311

Certified Beds: 60

Medicaid: 0

Medicare: 0

Caid/Care: 60

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

DeWitt Hospital and Nursing Home, Inc.

Name of Nursing Facility: DeWitt Nursing Home

DeWitt Hospital and Nursing Home, Inc.

Corporation - Non Profit

David Jessup, Chairman

P. O. Box 511
DeWitt, AR 72042
870.946.3531

Alton Chambless, Vice Chairman

1109 Lee Street
DeWitt, AR 72042

Rick Duffield, Secretary

P. O. Box 288
DeWitt, AR 72042

Hospital-based facility: DeWitt Hospital
1641 S. Whitehead Drive
DeWitt, AR 72042

Effective 07/12/2002 - change of ownership - name change.
(Previous Owner: City Government - DeWitt City Nursing Home)

Diamond Cove, LLC

Telephone: (870) 670-5134

FAX Number: (870) 670-4251

I. FACILITY DATA

Updated: 03/12/2018

MAILING ADDRESS

1203 S. Bend Drive
Horseshoe Bend, AR 72512

PHYSICAL LOCATION

1203 S. Bend Drive
Horseshoe Bend, AR 72512
County: Izard #33

Administrator: Gary Still

Administrator License Number: 2393

Total Licensed Beds: 78

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5144

State License: 1133

State Vendor: 0539

MMIS Provider: 224526311

Certified Beds: 78

Medicaid: 0

Medicare: 0

Caid/Care: 78

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
LinWood Holding, LLC
1051 Lantrip Road.
Sherwood, AR 72120

Ownership and Financial Interest

Diamond Cove, LLC

Doing business as Diamond Cove, LLC

Diamond Cove, LLC - 100%

1203 S. Bend Drive
Horseshoe Bend, AR 72512

Tel: 870-773-7515

Cathy Parsons - 100% Member

285 S. Broadview St.
Greenbrier, AR, 72058

Tel: 870-530-3837

Management Company:

Ridgepointe Healthcare, LLC
P. O. Box 488

Greenbrier, AR 72058

and
1230 Champions Drive

Conway, AR 72304

Tel: 501-499-6651

Change of ownership and facility name change effective October 26, 2007.

[Previous entity operator and facility name: Izard Operations, LLC doing business as North Arkansas Life Care Center]

Effective December 31, 2016, change of ownership and facility name change. [Previous entity operator and facility name: CrownPoint Health & Rehab Center, Inc., doing business as CrownPoint Health and Rehab Center]

Effective January 1, 2018 - change of ownership and facility name change [Previous entity operator: Crown Point Healthcare & Rehabilitation Center, LLC doing business as Crown Point Healthcare & Rehabilitation Center, LLC]

Dierks Healthcare & Rehabilitation Center, LLC

Telephone: (870) 286-3100

FAX Number: (870) 286-3030

I. FACILITY DATA

Updated: 03/09/2017

MAILING ADDRESS

402 S. Arkansas Avenue
Dierks, AR 71833

PHYSICAL LOCATION

402 S. Arkansas Avenue
Dierks, AR 71833
County: Howard #31

Administrator: Kari Robbins

Administrator License Number: 2428

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5346

State License: 1125

State Vendor: 0853

MMIS Provider: 218095311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

DK RE, LLC
824 Salem Rd. Ste. 210
Conway, AR 72034

Ownership and Financial Interest

Dierks Healthcare & Rehabilitation Center, LLC

Doing business as Dierks Healthcare & Rehabilitation Center, LLC

JS Arkansas Five Healthcare LLC - 100%

425 West Capital Ave, Suite 3800

Little Rock, AR 72201

Joseph Schwartz

505 Marlboro Rd,

Wood-Ridge NJ 07075

100% Member of JS Arkansas Five Healthcare, LLC

Management Company:

JS ARK Management Group, LLC

505 Marlboro Rd,

Wood-Ridge NJ 07075

Joseph Schwartz 100% member and

CEO of JS ARK Management Group, LLC

Effective January 1, 2005, change of ownership and facility name change. [Previous entity operator and facility name: Dierks Nursing and Rehab, Inc.]

Effective December 31, 2016, change of ownership and facility name change. [Previous entity operator and facility name: Banyan Healthcare Services, L.L.C., doing business as Dierks Health and Rehab Center]

Eaglecrest Nursing and Rehab

Telephone: (870) 994-3040

FAX Number: (870) 994-3041

I. FACILITY DATA

Updated: 06/23/2014

MAILING ADDRESS

916 Highway 62/412
Ash Flat, AR 72513

PHYSICAL LOCATION

916 Highway 62/412
Ash Flat, AR 72513
County: Fulton #25

Administrator: April Spurlock
Administrator License Number: 1519
Total Licensed Beds: 100
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5352
State License: 1044
State Vendor: 0855
MMIS Provider: 202090311

Certified Beds: 100

Medicaid: 0
Medicare: 0
Caid/Care: 100
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Ash Flat Properties, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

AFNC, Inc.

Doing business as Eaglecrest Nursing and Rehab

Eagle Health Systems. Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%
Bryan Adams with 50%
824 Salem Road, Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: ENRC, Inc. doing business as Eaglecrest Nursing and Rehab Center]

Encore Healthcare and Rehabilitation

Telephone: (501) 337-9581

FAX Number: (501) 337-9168

I. FACILITY DATA

Updated: 12/05/2017

MAILING ADDRESS

1820 West Moline St
Malvern, AR 72104

PHYSICAL LOCATION

1820 West Moline Street
Malvern, AR 72104
County: Hot Spring #30

Administrator: Randy Reed

Administrator License Number: 2366

Total Licensed Beds: 95

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5393

State License: 734

State Vendor: 0524

MMIS Provider: 119743311

Certified Beds: 95

Medicaid: 0

Medicare: 0

Caid/Care: 95

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
Malvern Nursing Home Partnership, Limited
10632 Hillary Ct.
Baton Rouge, LA 70810

Ownership and Financial Interest

Arkansas Elder Outreach of Little Rock, Inc.

Doing business as Encore Healthcare and Rehabilitation

Arkansas Elder Outreach of Little Rock, Inc.

Corporation - Non-Profit

Douglas M. Walsh, Board Member

10632 Hillary Court

Baton Rouge, LA 70810

(225) 769-7960

Effective 02/01/03 - Change of Ownership. Previous Entity Owner: Malvern Nursing Home Partnership, LTD - Partnership. Effective 11/01/03 - Change of Ownership/Operational Control Previous Entity Operator: Malvern League of Elderly Services, Inc. Letter dated 05/17/04 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 11/16/03. Medicare Federal Provider number 04-5393. (previous Federal Provider number 04-A040) Effective 10/18/10 - Facility Name Change [Previous facility name was Malvern Nursing Home] Fictitious name filing with the Arkansas Secretary of State on July 1, 2010.

Effective 12/15/2014 - Facility Replacement/Relocation - Permit of Approval 932

Previous location address was 829 Cloud Road, Malvern, AR 72104. Effective 12/15/2014 - Facility doing business as name changed from Malvern Nursing and Rehabilitation to Encore Healthcare and Rehabilitation.

Evergreen Living Center at Stagecoach

Telephone: (501) 213-0547

FAX Number: (501) 213-0552

I. FACILITY DATA

Updated: 10/12/2017

MAILING ADDRESS

6907 Hwy 5 North
Bryant, AR 72022

PHYSICAL LOCATION

6907 Highway 5 North
Bryant, AR 72022
County: Saline #62

Administrator: Joseph Petrucci

Administrator License Number: 0895

Total Licensed Beds: 116

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5457

State License: 1117

State Vendor: 0895

MMIS Provider: 214133311

Certified Beds: 116

Medicaid: 0

Medicare: 0

Caid/Care: 116

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
H & S Bryant, LLC
5 Halsted Circle, Ste 1
Rogers, AR 72756

Ownership and Financial Interest

Salco NC, Inc.

Doing Business as Evergreen Living Center at Stagecoach

Ovation Health Systems, Inc. - 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Ste 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc. - Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - Same address as above

Effective 07-02-2016 - Change of Ownership and Facility Name Change

[Previous entity operator: KMJ Enterprises Benton II, LLC

doing business as Stagecoach Nursing & Rehabilitation Center]

Fayetteville Health and Rehabilitation Center

Telephone: (479) 521-4353

FAX Number: (479) 442-3032

I. FACILITY DATA

Updated: 07/11/2017

MAILING ADDRESS

3100 Old Missouri Rd
Fayetteville, AR 72703

PHYSICAL LOCATION

3100 Old Missouri Rd
Fayetteville, AR 72703
County: Washington #72-1

Administrator: Rochelle Massengill

Administrator License Number: 2014

Total Licensed Beds: 140

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5220

State License: 592

State Vendor: 0006

MMIS Provider: 119590311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease company:

Northport Health Services of Arkansas, L.L.C.

931 Fairfax Park

Tuscaloosa, AL 35406

Leased from: 2342 LLC

5303 East Hwy 45

Fort Smith, AR 72916

Ownership and Financial Interest

Northport Health Services of Arkansas, L.L.C.

Doing business as

Fayetteville Health and Rehabilitation Center

J. Norman Estes 92%

David A. Estes as Trustee for James N. Estes, Jr. 4%

David A. Estes as Trustee for Jennifer Estes Agee 4%

931 Fairfax Park

Tuscaloosa, Alabama 35406

(205) 391-3600

Claude E. Lee, Vice President/Secretary for

Northport Health Services of Arkansas, L.L.C.

931 Fairfax Park

Tuscaloosa, AL 34506

(205) 391-3600

Financial and Administrative Services Agreement with NHS Management, L.L.C. - same address as above

Change of ownership effective 12-1-97.

Name change effective 12-1-97 (Formerly Fayetteville Nursing Center).

Effective 10-01-2001 - change in certified bed breakdown - all beds are Medicare/Medicaid.

Assignment of Membership Interest from Northport Health Services, Inc. to J. Norman Estes effective 12/31/2006

Fianna Hills Nursing & Rehabilitation Center

Telephone: (479) 648-9600

FAX Number: (479) 648-9673

I. FACILITY DATA

Updated: 08/23/2017

MAILING ADDRESS

8411 South 28th Street
Fort Smith, AR 72908-8646

PHYSICAL LOCATION

8411 South 28th Street
Fort Smith, AR 72908-8646
County: Sebastian #65

Administrator: Karen Mundy
Administrator License Number: 2397
Total Licensed Beds: 102
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5354
State License: 724
State Vendor: 0856
MMIS Provider: 119732311

Certified Beds: 102

Medicaid: 0
Medicare: 0
Caid/Care: 102
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
H & S Fort Smith, LLC
5 Halsted Circle, Ste 1
Rogers, AR 72756

Ownership and Financial Interest

KMJ Enterprises Fianna Hills, LLC

doing business as Fianna Hills Nursing & Rehabilitation Center

RHS Nursing, LLC 100%*

5 Halsted Circle, Ste 1, Rogers, AR 72756

*Don R. Schaap, Co-Manager 25%

*Kimberly Rose Schaap, Co-Manager 25%

19 S Brixham Dr
Rogers, AR 72758

* Mike Hathorn, Co-Manager 50%

13881 Harris Road, Rogers, AR 72756

Administrative Services Agreement with: KMJ Management, LLC doing business as Pinnacle Healthcare, LLC
5 Halsted Circle, Ste 1, Rogers, AR 72756 Contact: Mike Hathorn (479) 636-5716

Effective 01/01/03-Change of ownership (Former entity: Rose Care, Inc. d/b/a Fianna Hills Nursing and Rehabilitation Center) Effective 07/01/12-total licensed and certified beds increase from 70 to 92. Health Services Permit Commission approval-Permit of Approval 850 for 10 beds from Homestead Manor Nursing Home and Health Services Permit Commission approval to transfer 12 beds from River Valley Health and Rehabilitation Center. Effective 01/01/13 - Assignment of Membership Interest in KMJ Enterprises Fianna Hills, LLC as indicated.

Effective 04/01/14 - total licensed and certified beds increase from 92 to 102 - Permit of Approval 953
[Health Services Permit Approval - 10 beds from Crestpark Marianna, LLC]

Fort Smith Health and Rehabilitation Center

Telephone: (479) 646-3454

FAX Number: (479) 434-2275

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

5301 Wheeler Avenue
Fort Smith, AR 72901-8395

PHYSICAL LOCATION

5301 Wheeler Avenue
Fort Smith, AR 72901-8395
County: Sebastian #65

Administrator: Gina Pagan

Administrator License Number: 1932

Total Licensed Beds: 117

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5345

State License: 1109

State Vendor: 0776

MMIS Provider: 212715311

Certified Beds: 117

Medicaid: 0

Medicare: 0

Caid/Care: 117

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Valley River Property Holdings, LLC
1145 Hembree Road
Roswell, GA 30076

Tenant: Highlands of Fort Smith Holdings, LLC
5301 Wheeler Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Highlands of Fort Smith Holdings, LLC

doing business as Fort Smith Health and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of Fort Smith Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and
Manager of Highlands of Fort Smith Holdings, LLC

Management Agreement with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Fort Smith, LLC Doing business as Highlands of Fort Smith Therapy and Living Center]

Effective 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Fort Smith
Therapy and Living Center]

Gardner Nursing and Rehabilitation

Telephone: (870) 628-4144

FAX Number: (870) 628-4891

I. FACILITY DATA

Updated: 11/03/2017

MAILING ADDRESS

702 No Drew St
Star City, AR 71667

PHYSICAL LOCATION

702 No Drew St
Star City, AR 71667
County: Lincoln #40

Administrator: Paul (Wes) Brown

Administrator License Number: 2192

Total Licensed Beds: 95

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5269

State License: 1113

State Vendor: 0240

MMIS Provider: 212876311

Certified Beds: 95

Medicaid: 0

Medicare: 0

Caid/Care: 95

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
LCNC, Inc.
824 Salem Rd., Ste 210
Conway, AR 72034

Ownership and Financial Interest

Linco Health, Inc.

Doing business as Gardner Nursing and Rehabilitation
RHC Operations, Inc. 100%

824 Salem Road - Suite 210
Conway, AR 72034
(501) 932-0050

RHC Operations, Inc. owns 100% of Linco Health, Inc.

Which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2016 - Change of Ownership and Facility Name Change

[Previous entity operator: Gardner Health, LLC doing business as Gardner Nursing Center]

Bed decrease - Effective 10/01/2017 - Facility letter dated 08/15/2017 requesting a bed decrease from 105 Medicaid/Medicare beds to 95 Medicaid/Medicare beds. Permit of Approval number 1041, HSPA File (1522) 17, dated July 25, 2017. 10 beds will be returned to the Arkansas Health Service Permit Agency effective 10/01/2017.

Garland Nursing and Rehabilitation Center

Telephone: (501) 262-2571

FAX Number: (501) 262-2215

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

610 Carpenter Dam Rd
Hot Springs, AR 71901

PHYSICAL LOCATION

610 Carpenter Dam Rd
Hot Springs, AR 71901
County: Garland #26

Administrator: Vacant

Administrator License Number:

Total Licensed Beds: 105

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5235

State License: 1076

State Vendor: 0236

MMIS Provider: 209650311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Hot Springs, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Garland - Progressive Eldercare Services, Inc.

Doing business as Garland Nursing and Rehabilitation Center

Rebecca Allen Holiman
President/Secretary/Treasurer
108 Wild Dogwood Trail
Hot Springs, AR 71913

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Mary Martha (Marti) Dreamer, Board Member
157 Peninsula Point
Hot Springs, AR 71901

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Kevin D. Hale, Board Member
269 Pittman Rd.
Hot Springs, AR 71913

Change of Ownership effective 09/01/2015 [Previous entity operator: Garland Operations, LLC* doing business as Garland Nursing and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Gassville Therapy and Living

Telephone: (870) 435-2588

FAX Number: (870) 435-2598

I. FACILITY DATA

Updated: 05/23/2017

MAILING ADDRESS

203 Cotter Road
Gassville, AR 72635

PHYSICAL LOCATION

203 Cotter Road
Gassville, AR 72635
County: Baxter #03

Administrator: Tracey Tidwell

Administrator License Number: 2225

Total Licensed Beds: 105

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5218

State License: 1046

State Vendor: 0821

MMIS Provider: 202101311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Baxter County Healthcare Solutions, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

GVNC, Inc.

Doing business as Gassville Therapy and Living

Eagle Health Systems. Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: Gassville Therapy & Living Center, Inc.]

General Baptist Nursing Home of Piggott

Telephone: (870) 598-2291

FAX Number: (870) 598-5771

I. FACILITY DATA

Updated: 04/07/2017

MAILING ADDRESS

450 S. 9th Ave.
Piggott, AR 72454-2501

PHYSICAL LOCATION

450 S. 9th Ave.
Piggott, AR 72454-2501
County: Clay #11-1

Administrator: William Straw

Administrator License Number: 2400

Total Licensed Beds: 105

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5178

State License: 983

State Vendor: 0361

MMIS Provider: 191372311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license

Ownership and Financial Interest

General Baptist Nursing Home of Piggott

Church Affiliation: General Association of General Baptist

Non-Profit Corporation

Scott R. Cole, CEO
2062 Magnolia Drive
Piggott, AR 72454
(573) 217-8669

General Baptist Nursing Home Board
Carol Blanton, President
401 Osage Druve
Advance, MO 63730

Management Agreement with:
General Baptist Nursing Home Board, Inc.
Doing business as General Baptist Health Care
1287 W North Street
Piggott, AR 72454
Contact: Scott R. Cole - (573) 217-8669

Effective 04/01/12 - Change of ownership and facility name change
[Previous entity operator and facility name: Murphy Healthcare, LLC doing business as
Murphy Health and Rehabilitation Center of Piggott

Glenwood Health and Rehabilitation, LLC

Telephone: (870) 356-3953

FAX Number: (870) 356-4314

I. FACILITY DATA

Updated: 12/02/2016

MAILING ADDRESS

615 Mountain View Road
Glenwood, AR 71943

PHYSICAL LOCATION

615 Mountain View Road
Glenwood, AR 71943
County: Pike #55

Administrator: Kimberly M. Hammonds

Administrator License Number: 2458

Total Licensed Beds: 80

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5403

State License: 964

State Vendor: 0090

MMIS Provider: 188825311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

SLC Operations Master Tenant, LLC

1422 Clarkview Road

Baltimore, MD 20209

Landlord: Glenwood Manor, LLC

299 South 24th Street

Rogers, AR 72758

Ownership and Financial Interest

Glenwood Health and Rehabilitation, LLC

Arkansas SNF Operations Acquisition II, LLC * 100% of Glenwood Health and Rehabilitation, LLC

1422 Clarkview Road * A Delaware, LLC

Baltimore, MD 21209 (410) 342-3155

Brian Reynolds, Manager - Same address as above - (410) 513-8738

Daniel Baird, Manager - Same address as above - (410) 342-3155

Arkansas Nursing Home Acquisition, LLC - 49% of Arkansas SNF Operations Acquisition II, LLC

CSCV Holdings II, LLC - 51% of Arkansas SNF Operations Acquisition II, LLC

Alan Zuccari 100% of Arkansas Nursing Home Acquisition, LLC

Capital Funding Group, Inc. - 90% of CSCV Holdings II, LLC

Brian Reynolds, Member/Manager - 10% of CSCV Holdings II, LLC

John W. Dwyer 100% of Capital Funding Group, Inc.

Effective 12/01/2015 Consulting Agreement with Skyline Management Group, LLC c/o Skyline Health Care LLC

505 Marlborough Road, Wood-Ridge, NJ 07075 - Contact: Joseph Schwartz

Skyline Central Billing Office, LLC

400 Colonial Center Parkway - Suite 140, Lake Mary, FL 32746

Stock Purchase Change of Ownership effective 09/01/2011 [Former 100% owner: Glenwood Manor Holdings, LLC]

Good Samaritan Society - Hot Springs Village

Telephone: (501) 922-2000

FAX Number: (501) 922-4068

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

121 Cortez Rd
Hot Springs Village, AR 71909

PHYSICAL LOCATION

121 Cortez Rd
Hot Springs Village, AR 71909
County: Saline #62

Administrator: Phyllis Young
Administrator License Number: 2003
Total Licensed Beds: 50
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5191
State License: 382
State Vendor: 0243
MMIS Provider: 109413311

Certified Beds: 50

Medicaid: 0
Medicare: 0
Caid/Care: 50
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

The Evangelical Lutheran Good Samaritan Society
Doing business as Good Samaritan Society - Hot Springs Village

The Evangelical Lutheran Good Samaritan Society
4800 West 57th Street
Sioux Falls, South Dakota 57117
David J. Horazdovsky, President and CEO
(605) 362-3100

Non-Profit Corporation

Board of Directors, Chairperson
John F. Holt
421 Ridge Road
Albert Lea, MN 56007

Hot Springs Village is divided between two counties: Garland and Saline. The physical location for this facility is in Saline County and the zip code is Garland County.

Effective March 18, 2002 - Name Change (Former facility name was Good Samaritan Cedar Lodge).
Effective July 1, 2005 - total licensed and certified beds increased from 40 to 50. Health Services Permit Agency - Permit of Approval 518. Effective September 17, 2007 - facility name change - Filed with Arkansas Secretary of State on July 19, 2007. [Formerly Good Samaritan Campus]

Good Samaritan Society - Mountain Home

Telephone: (870) 425-2494

FAX Number: (870) 424-2036

I. FACILITY DATA

Updated: 05/10/2016

MAILING ADDRESS

300 Good Samaritan Drive
Mountain Home, AR 72653

PHYSICAL LOCATION

300 Good Samaritan Drive
Mountain Home, AR 72653
County: Baxter #03

Administrator: Chad Huebner

Administrator License Number: 2134

Total Licensed Beds: 70

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5250

State License: 007

State Vendor: 0261

MMIS Provider: 109436311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

The Evangelical Lutheran Good Samaritan Society
doing business as Good Samaritan Society - Mountain Home

The Evangelical Lutheran Good Samaritan Society
4800 West 57th Street
Sioux Falls, South Dakota 57108
David J. Horazdovsky, President and CEO
(605) 362-3100

Non-Profit Corporation

Board of Directors, Chairperson
John F. Holt
421 Ridge Road
Albert Lea, MN 56007

Notice received from Mountain Home Good Samaritan Village that the physical and mailing address has changed due to 911 emergency address requirements. (previous address was 3031 Turnage Drive)

Effective September 17, 2007 - facility name change - Filed with Arkansas Secretary of State on July 19, 2007.
[Formerly Mountain Home Good Samaritan Village]

Gosnell Therapy and Living

Telephone: (870) 532-5550

FAX Number: (870) 532-5600

I. FACILITY DATA

Updated: 12/03/2013

MAILING ADDRESS

700 Moody Street
Gosnell, AR 72315

PHYSICAL LOCATION

700 Moody Street
Gosnell, AR 72315
County: Mississippi #47-1

Administrator: Andrea Neil

Administrator License Number: 2125

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5439

State License: 1023

State Vendor: 0873

MMIS Provider: 199882311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Berryville Properties, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

GNNC, INC.

Doing business as Gosnell Therapy and Living

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Rd, Ste 210

Conway, AR 72034

(501) 932-0050

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 Contact Person: Amy Rollins
Same address as above

Effective November 1, 2013 - Change of Ownership and Facility Name Change
[Previous entity operator and facility name: Gosnell Therapy and Living Center, Inc.]

Grace Point, LLC

Telephone: (870) 862-5124

FAX Number: (870) 881-8053

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

1700 East Short Hillsboro
El Dorado, AR 71730

PHYSICAL LOCATION

1700 East Short Hillsboro
El Dorado, AR 71730
County: Union #70

Administrator: Sandra Mancell

Administrator License Number: 0334

Total Licensed Beds: 122

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5275

State License: 1030

State Vendor: 0334

MMIS Provider: 200790311

Certified Beds: 122

Medicaid: 104

Medicare: 0

Caid/Care: 18

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
HMNH, Inc.
314 East Oak Street
El Dorado, Arkansas 71730

Ownership and Financial Interest

Grace Point, LLC

Keith Head 75%
1505 Dogwood Trail
Conway, AR 72033
(501) 514-5818

Cathy Parsons 25%
1265 Champions Drive
Conway, AR 72034
(870) 530-3837

Management Agreement with:

H.O.P.E. Healthcare, LLC

P. O. Box 1369

Conway, AR 72033

Contact: Keith Head - (501) 499-6651

Effective January 2, 2014 - Change of ownership and facility name change
Formerly HMNH, Inc. doing business as Hillsboro Manor Life Care Center

Greenbrier Nursing and Rehabilitation Center

Telephone: (501) 679-0860

FAX Number: (501) 679-0871

I. FACILITY DATA

Updated: 02/14/2013

MAILING ADDRESS

P. O. Box 250
Greenbrier, AR 72058

PHYSICAL LOCATION

#16 Wilson Farm Road
Greenbrier, AR 72058
County: Faulkner #23

Administrator: Stacey Ussery
Administrator License Number: 2167
Total Licensed Beds: 87
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5381
State License: 828
State Vendor: 0865
MMIS Provider: 162503311

Certified Beds: 87

Medicaid: 0
Medicare: 0
Caid/Care: 87
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Greenbrier Nursing Property, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Greenbrier Care Center, Inc.

Doing business as Greenbrier Nursing and Rehabilitation Center

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

New Nursing Facility effective 02/04/03 - POA 485. Medicaid Certification effective 02/20/03. Effective 04/01/03 - total licensed beds increased from 28 to 70 - (Health Services Permit Agency Approval for this transfer of 42 beds from Salem Place Nursing and Rehabilitation Center.) Effective 04/01/03 - total certified beds increased from 28 to 70. Letter dated 06/26/03 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 04/14/2003. Previous Federal Provider number 04-A289. New Federal Provider number 04-5381 effective 04/14/2003. Effective 01/01/07 - Change of Ownership [Previous operator Greenbrier Nursing and Rehabilitation Center, Inc.] Effective 01/01/07 - total licensed and certified beds increased from 70 to 80 [Permit of Approval 713] Effective 04/01/2009 - total licensed and certified beds increased from 80 to 90 [Permit of Approval 799]

Effective 04/01/10 - Total licensed and certified beds decrease from 90 to 87 [Health Services Permit Commission Approval to transfer 3 beds to Salem Place Nursing and Rehabilitation Center]

Greene Acres Nursing Home

Telephone: (870) 236-8771

FAX Number: (870) 239-8948

I. FACILITY DATA

Updated: 05/26/2016

MAILING ADDRESS

2402 Country Club Road
Paragould, AR 72450

PHYSICAL LOCATION

2402 Country Club Road
Paragould, AR 72450
County: Greene #28

Administrator: Marlisa Thompson

Administrator License Number: 1595

Total Licensed Beds: 143

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5424

State License: 123

State Vendor: 0285

MMIS Provider: 119620311

Certified Beds: 143

Medicaid: 0

Medicare: 0

Caid/Care: 143

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Greene Acres Nursing Home Association, Inc.

Non-Profit Corporation

Board of Directors, Chairperson
Jeff Shelton
2518 Spring Lake Rd.
Paragould, AR 72450
870.240.6342

Facility replacement and bed increase from 89 to 125 effective 7-31-95. Total licensed and certified beds increased from 125 to 130 effective 6-1-98. Medicare Federal Provider number 04-5292 and MMIS 109258311 terminated on 10-3-98. Medicaid Federal Provider number 04-A256 and MMIS 119620311 effective 10-29-98. Mailing address change July 9, 2001 - Delete P. O. Box 1027. Notice dated April 9, 2008 from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective April 1, 2008. [Previous Federal Provider number: 04-A256]

Effective 01-01-09 total licensed and certified beds increase from 130 to 143 - Permit of Approval 746 [The 13 beds is a transfer of beds from Belle Meade, A Rehabilitation and Guest Care Facility.]

Greenhurst Nursing Center

Telephone: (479) 965-7373

FAX Number: (479) 965-0340

I. FACILITY DATA

Updated: 01/24/2018

MAILING ADDRESS

P.O. Box 458
Charleston, AR 72933-0458

PHYSICAL LOCATION

226 Skyler Drive
Charleston, AR 72933
County: Franklin #24

Administrator: Jonas C. Schaffer
Administrator License Number: 2146
Total Licensed Beds: 97
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5447
State License: 022
State Vendor: 0290
MMIS Provider: 109059311

Certified Beds: 97

Medicaid: 0
Medicare: 0
Caid/Care: 97
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Lease Company: Greenhurst, Inc. d/b/a
Greenhurst Nursing Center
226 Skyler Drive, Charleston, AR 72933-04580
Landlord: Schaffer, LLC
P. O. Box 147
Charleston, AR 72933-0147

Ownership and Financial Interest

Greenhurst, Inc.

Doing Business as

Greenhurst Nursing Center

Jonas C. Schaffer

100%

P.O. Box 147

Charleston, AR 72933

Total licensed and certified beds increased from 73 to 88 effective 12-15-97. Facility replacement/relocation. Name change effective 12-15-97 (Formerly Greenhurst, Inc.). Physical location address changed on 1-18-99 due to 911 Postal Service. (Former address: 1201 East Main) Effective 01/04/2001 total licensed beds increased from 88 to 97. Medicaid certified beds remain at 88. Effective 04/01/01, total certified beds increased from 88 to 97. Notice received 1-22-02 that due to Postal Department request, the physical location address has changed from 2816 East Main Street to 226 Skyler Drive. Notice letter dated April 12, 2012 from Centers for Medicare and Medicaid Services that Greenhurst, Inc. doing business as Greenhurst Nursing Center meets the requirements to participate in the Medicare Program effective February 21, 2012. New Federal Provider Number 04-5447. Previous Federal Provider Number 04-A024.

Effective January 1, 2013 - Greenhurst, Inc. has redeemed the 50% stock of Martin C. Shaffer. Fred H. Shaffer is now the sole remaining owner of stock in Greenhurst, Inc. as well as in the landlord, Schaffer, LLC.

Effective January 1, 2018, Fred H. Shaffer hereby sells, assigns and transfers unto Jonas Schaffer, ten [10] shares of common stock in Greenhurst, Inc., constituting 100% of the undivided whole of the issued and outstanding stock in Greenhurst, Inc. Jonas C. Schaffer is now the sole remaining owner of stock in Greenhurst, Inc.

Greystone Nursing and Rehab, LLC

Telephone: (501) 605-1545

FAX Number: (501) 605-1505

I. FACILITY DATA

Updated: 10/27/2016

MAILING ADDRESS

121 Spring Valley Road
Cabot, AR 72023

PHYSICAL LOCATION

121 Spring Valley Road
Cabot, AR 72023
County: Lonoke #43

Administrator: Austin Wright

Administrator License Number: 2466

Total Licensed Beds: 80

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5453

State License: 1002

State Vendor: 0894

MMIS Provider: 196817311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
LJL Properties, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Greystone Nursing and Rehab, LLC

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Nursing Facility Licensure effective April 1, 2013 - Permit of Approval 839 for the closed Zimmerman Nursing Home, Inc.

Medicaid certification effective May 8, 2013 - Federal Provider Number 04-A321. Notice letter dated 07/16/2013 from Centers for Medicare and Medicaid Services that Greystone Nursing and Rehab, LLC meets the requirements to participate in the Medicare Program effective 05/31/2013 with all 70 beds participating in Medicare/Medicaid. Previous Federal Provider Number 04-A321.

Effective 07/01/2015 - Total licensed and certified beds increase from 70 to 80. Permit of Approval 990

Happy Valley Nursing & Rehabilitation

Telephone: (501) 467-3339

FAX Number: (501) 467-3395

I. FACILITY DATA

Updated: 02/07/2017

MAILING ADDRESS

P.O. Box 566
Malvern, AR 72104

PHYSICAL LOCATION

955 Division Street
Malvern, AR 72104
County: Hot Spring #30

Administrator: Jacqueline Kilgore

Administrator License Number: 1264

Total Licensed Beds: 83

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5459

State License: 1104

State Vendor: 0436

MMIS Provider: 212302311

Certified Beds: 83

Medicaid: 0

Medicare: 0

Caid/Care: 83

Private Beds: 0

HomestyleBeds: 0

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Cheers of Malvern, LLC
955 Division St.
Malvern, AR 72104

Ownership and Financial Interest

Happy Valley, LLC

Doing business as

Happy Valley Nursing & Rehabilitation

Jacqueline Kilgore, President 81%

Jill Kilgore 10%

3100 Happy Valley
Little Rock, AR 72212

Bill Sliger, CFO 9%

124 Springwood Dr
Little Rock, AR 72211

Effective March 1, 2016 Change of Ownership

[Previous Entity Operator Jacqueline Kilgore, LLC Doing business as Happy Valley Nursing and Rehabilitation]

Notice letter dated 10/18/2016 from Centers for Medicare and Medicaid Services that Happy Valley, LLC, doing business as Happy Valley Nursing & Rehabilitation meets the requirements for participation in the Medicare Program effective June 23, 2016 with all 83 beds in Medicare/Medicaid.

Previous Federal Provider Number was 04-E244

Harrison Rehabilitation and Health Center

Telephone: (870) 741-3438

FAX Number: (870) 741-9117

I. FACILITY DATA

Updated: 01/07/2016

MAILING ADDRESS

115 Orendorff Avenue
Harrison, AR 72601

PHYSICAL LOCATION

115 Orendorff Avenue
Harrison, AR 72601
County: Boone #05

Administrator: Cathy Abatangle, Interim

Administrator License Number: 2120

Total Licensed Beds: 90

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5197

State License: 1087

State Vendor: 0311

MMIS Provider: 211130311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 115 Orendorff Avenue, LLC

200 International Circle, Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Boone Operations, LLC

Doing business as Harrison Rehabilitation and Health Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Highlands of Harrison Orendorf, LLC doing business as Highlands of Harrison at Orendorff Health and Rehabilitation/Highlands of Arkansas-100%]

Heartland Rehabilitation and Care Center

Telephone: (501) 778-8200

FAX Number: (501) 778-9652

I. FACILITY DATA

Updated: 07/11/2017

MAILING ADDRESS

19701 Interstate 30
Benton, AR 72015

PHYSICAL LOCATION

19701 Interstate 30
Benton, AR 72015
County: Saline #62

Administrator: Michael Tindell

Administrator License Number: 2498

Total Licensed Beds: 119

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5199

State License: 934

State Vendor: 0833

MMIS Provider: 183499311

Certified Beds: 119

Medicaid: 0

Medicare: 0

Caid/Care: 119

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
MLD Properties, LLC
610 Newport Center Drive, Ste 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Saline, Inc.

doing business as

Heartland Rehabilitation and Care Center

Incorporator:

John Ponthie
2723 Alvamar
Shreveport, LA 71106
John Ponthie - 318-443-8167

Board Member, Pres/Sec

Earnest Johnson
19701 Interstate 30
Benton, AR 72015

Member

Progressive Eldercare Services, Inc
38 Warnock Springs Road
Magnolia, AR 71753

Board Member

Steve Henson
P. O. Box 2481
Benton, AR 72015

Board Member

Pastor Dennis M. Gage
609 River Street
Benton, AR 72015

Board Member

Jeff Westbrook
8750 M.I. Lane
Tull, AR 72015

Effective September 1, 2010 - change of ownership

[Previous entity operator: Saline Operations, LLC doing business as Heartland Rehabilitation and Care Center]

Notice received 02/12/2014 - Department of the Treasury Letter 947 dated 12/15/2013 that Progressive Eldercare Services-Saline, Inc. is now under section 501 (c) (3) of the Internal Revenue Code.

Heather Manor Nursing and Rehabilitation Center

Telephone: (870) 777-3448

FAX Number: (870) 777-3445

I. FACILITY DATA

Updated: 01/11/2017

MAILING ADDRESS

P.O. Box 2002
Hope, AR 71801

PHYSICAL LOCATION

400 West 23rd Street
Hope, AR 71801
County: Hempstead #29

Administrator: Stacey Clay

Administrator License Number: 2365

Total Licensed Beds: 128

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5337

State License: 767

State Vendor: 0837

MMIS Provider: 155094311

Certified Beds: 128

Medicaid: 0

Medicare: 0

Caid/Care: 128

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Heather Manor South, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Heather Manor Care Center, Inc.

doing business as Heather Manor Nursing and Rehabilitation Center

Michael Morton 100%

415 Rogers Avenue
Ft. Smith, AR 72901
(479) 783-4672

Medicare participation effective 1-1-98. To correct license of 1994 and to comply with Articles of Incorporation. Correct name is Heather Manor South, Inc. Effective 12-27-99-Heather Manor Nursing Center - North (Vendor 0323) voluntarily closed and the 81 beds transferred to Heather Manor Nursing and Rehabilitation Center (Formerly Heather Manor South) by Health Services Commission Approval without a Permit of Approval. Effective 12-27-99 total licensed and certified beds at Heather Manor Nursing and Rehabilitation Center increased from 70 to 120. Effective 01-20-2000 total beds increased from 120 to 128. Effective 10/01/01 - change in certified bed breakdown - all beds are Medicare/Medicaid.

Effective 01/01/2005 - change of ownership/corporate restructure. [Previous entity operator was Heather Manor South, Inc., doing business as Heather Manor Nursing and Rehabilitation Center.]

Heritage Living Center

Telephone: (501) 327-7642

FAX Number: (501) 327-2812

I. FACILITY DATA

Updated: 03/15/2017

MAILING ADDRESS

1175 Morningside Drive
Conway, AR 72034

PHYSICAL LOCATION

1175 Morningside Drive
Conway, AR 72034
County: Faulkner #23

Administrator: Leslie Lamb
Administrator License Number: 2360
Total Licensed Beds: 140
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5308
State License: 946
State Vendor: 0321
MMIS Provider: 186437311

Certified Beds: 140

Medicaid: 0
Medicare: 0
Caid/Care: 140
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from landlord:
Heritage Center, Inc.*
824 Salem Rd, Ste 210
Conway, AR 72034
*Formerly known as Heritage Living Center, Inc.

Ownership and Financial Interest

HLNC, Inc.

Doing business as Heritage Living Center

RHC Operations, Inc. 100% which includes the following individuals:
Brandon Adams 50%
Bryan Adams 50%
824 Salem Rd, Ste 210
Conway, AR 72034

Healthcare Provider Services Agreement: Administrative Services Provider - Contact Person: Amy Rollins
Reliance Health Care, Inc., 824 Salem Rd - Ste 210, Conway, AR 72034 (501) 932-0050
Effective 05/01/11-Change of ownership and facility name change. [Previous entity operator and facility name:
Heritage Living Center. Effective 08/20/12-total licensed beds increase from 121 to 131-Permit of Approval 884. [9
beds remain to be approved for POA 884] Effective 10/01/12 - total certified beds increase from 121 to 131.
Effective 05/20/2015 - total licensed bed increase from 131 to 140 - Permit of Approval 884 - Remaining 9 beds.

Effective 07/01/2015 - change in bed breakdown - all 140 beds Medicaid/Medicare.
[Previously 131 beds Medicaid/Medicare and 9 beds Private.]

Heritage of Hot Springs Health and Rehab

Telephone: (501) 624-7149

FAX Number: (501) 624-6466

I. FACILITY DATA

Updated: 07/13/2016

MAILING ADDRESS

552 Golf Links Road
Hot Springs, AR 71901-7917

PHYSICAL LOCATION

552 Golf Links Road
Hot Springs, AR 71901
County: Garland #26

Administrator: Vicki Brown

Administrator License Number: 1057

Total Licensed Beds: 152

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5098

State License: 1118

State Vendor: 0017

MMIS Provider: 214139311

Certified Beds: 152

Medicaid: 0

Medicare: 0

Caid/Care: 152

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased Company:

Leased from Landlord:
552 Golf Links Road Realty, LLC
505 Marlboro Road
Wood-Ridge, NJ 07075

Ownership and Financial Interest

Heritage of Hot Springs Holdings, LLC

doing business as Heritage of Hot Springs Health and Rehab

Skyline Arkansas Healthcare, LLC 100% of Heritage of Hot Springs Holdings, LLC

Skyline Arkansas Holdings, LLC 100% of Skyline Arkansas Healthcare, LLC

425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of Skyline Arkansas Holdings, LLC - Manager of Skyline Arkansas Healthcare, LLC and Manager of Heritage of Hot Springs Holdings, LLC

Management Agreement with Skyline Management Group, LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Management Group LLC and CEO of Skyline Management Group, LLC

Brandon Augustyniak - CFO of Skyline Management Group, LLC

Effective July 1, 2016 - Change of Ownership and Facility Name Change

[Formerly Heritage of Hot Springs Health and Rehabilitation, LLC]

Heritage Square Nursing And Rehabilitation Center, Inc.

Telephone: (870) 763-3654

FAX Number: (870) 762-1172

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

P.O. Box 687
Blytheville, AR 72316

PHYSICAL LOCATION

710 No Ruddle Road
Blytheville, AR 72315
County: Mississippi #47-1

Administrator:	Lesley Wilkerson
Administrator License Number:	2214
Total Licensed Beds:	86
Life Safety Code Years:	1967 1985
 Certification:	 Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5366
State License: 672
State Vendor: 0590
MMIS Provider: 119680311

Certified Beds: 86

Medicaid:	0
Medicare:	0
Caid/Care:	86
Private Beds:	0
HomestyleBeds:	

Classification

NF:	
SNF:	
NF/SNF:	X
ICF/MR:	
ICF/MR10:	

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Heritage Square Nursing A Rehabilitation Center, I

Extendi-Care, Inc. owns100% of Heritage Square Nursing and Rehabilitation Center, Inc.

RHC Operations, Inc. owns 100% of Extendi-Care, Inc.

RHC Operations, Inc.

Includes the following individuals:

Bryan M. Adams	50%
Anthony Brandon Adams	50%

824 Salem Road - Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 01/05/02 Change of Ownership/Corporate Restructure and name change. Same owners and same percentages (Former name Parkview Nursing Center-Blytheville). Effective 01/01/06 - total licensed and certified beds increased from 80 to 86. Health Services Permit Commission approval to move 6 beds from the closed Memorial Nursing Center of Blytheville. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc. Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Hickory Heights Health and Rehab, LLC

Telephone: (501) 830-2273

FAX Number: (501) 830-2279

I. FACILITY DATA

Updated: 05/21/2014

MAILING ADDRESS

#3 Chenal Heights Drive
Little Rock, AR 72223

PHYSICAL LOCATION

#3 Chenal Heights Drive
Little Rock, AR 72223
County: Pulaski-East #60-4

Administrator: Tina Lynette Beard

Administrator License Number: 2201

Total Licensed Beds: 120

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5455

State License: 1028

State Vendor: 0896

MMIS Provider: 200342311

Certified Beds: 120

Medicaid: 0

Medicare: 0

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Hickory Manor, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Hickory Heights Health and Rehab, LLC

Michael Morton 70%

Jerry Sams 10%

Paralea Hursh 10%

415 Rogers Avenue

Fort Smith, AR 72901 (479) 783-4672

David Norsworthy 10%

P. O. Box 180

Gateway, AR 72733

Administrative Services Agreement with Central Arkansas Nursing Centers, Inc.

415 Rogers Avenue, Fort Smith, AR 72901

Effective 12/16/2013 - Change of Ownership and Facility Name Change. [Previously Chenal Heights Healthcare & Rehab, LLC doing business as Chenal Heights Health and Rehabilitation Center]

Effective 12/19/2013 - initial Medicaid Certification

Notice Letter dated 05/06/2014 from Centers for Medicare and Medicaid Services that Hickory Heights Health and Rehab, LLC meets the requirements to participate in the Medicare Program effective December 20, 2013 with all 120 beds participating in Medicare/Medicaid. Previous Federal Provider Number was 04-A323.

Highland Court, A Rehabilitation and Resident Care Facility

Telephone: (870) 448-3577

FAX Number: (870) 448-4884

I. FACILITY DATA

Updated: 02/03/2015

MAILING ADDRESS

P.O. Box 541
Marshall, AR 72650

PHYSICAL LOCATION

942 North Highway 65
Marshall, AR 72650
County: Searcy #64

Administrator: Amanda Patterson

Administrator License Number: 2180

Total Licensed Beds: 78

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5353

State License: 952

State Vendor: 0484

MMIS Provider: 187792311

Certified Beds: 78

Medicaid: 0

Medicare: 0

Caid/Care: 78

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
Searcy Assets, LLC
P. O. Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

Progressive Eldercare Services-Searcy, Inc.

doing business as

Highland Court, A Rehabilitation and Resident Care Facility

Incorporator:

Marla Reece
942 North Highway 65
Marshall, AR 72650

Amanda Patterson, Pres/Sec/Treas

942 North Highway 65
Marshall, AR 72650

Member

Progressive Eldercare Services, Inc.
38 Warnock Springs Road
Magnolia, AR 71753

Board Member

Lori Gray
6858 South Highway 27
Marshall, AR 72650

Board Member

Gary Jack Treat
4684 North Highway 27
Marshall, AR 72650

Corporate Office:

P. O. Box 12187
Alexandria, LA 71315
318-443-8167

Effective August 1, 2011 - change of ownership. [Previous entity operator: Highland Court, LLC doing business as Highland Court, A Rehabilitation and Resident Care Facility]

Received 07/26/2013 - IRS letter 947 dated 07/14/2013 - Progressive Eldercare Services-Searcy, Inc. is an exempt organization under Section 501 (c) (3) of the Code as a Public Charity.

Highland Healthcare and Rehabilitation Center

Telephone: (479) 876-1847

FAX Number: (479) 876-1534

I. FACILITY DATA

Updated: 09/19/2017

MAILING ADDRESS

670 Rogers Road
Bella Vista, AR 72715

PHYSICAL LOCATION

670 Rogers Road
Bella Vista, AR 72715
County: Benton #04

Administrator: Carmen Melton

Administrator License Number: 2436

Total Licensed Beds: 90

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5402

State License: 741

State Vendor: 0869

MMIS Provider: 119749311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Regional Care of Bella Vista, LLC
222 South First Street
Rogers, AR 72756

Ownership and Financial Interest

Highlands Health, LLC

doing business as Highland Healthcare and Rehabilitation Center

Regional Care, LLC
222 South First Street
Rogers, AR 72756

100%

Management Agreement with CornerStone Health Care, Inc.
222 South First Street, Rogers, AR 72756
(479) 464-0200 Contact: P. Cody Long

Effective 05/17/04-New Nursing Facility-Permit of Approval 439 for 70 beds. Effective 06/25/04-Medicaid certification- Federal Provider 04-A294; MMIS 119749311. Effective 11/01/04-Change in percentages of ownership of Highlands Health, LLC. Facility Numbers and IRS number remain the same. Regional Care, LLC, purchased 75% of membership interest of Highlands Health, LLC. Allen Kilgore, Manager, Regional Care, LLC. Letter received from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 06/26/04. Medicare Provider 04-5402. Previous Federal Provider 04-A294. Effective 04/18/05-total licensed beds increased from 70 to 90-Health Services Permit Commission approval. Effective 07/01/05-change in certified bed breakdown: 46 Medicaid beds and 44 Medicare/Medicaid beds. Assignment of Membership Interest received 03/11/08-Jerry Kent Halley has assigned his 25% to Regional Care, LLC effective 10/01/07. Effective 04/10/08-Assignment of Membership interest-Regional Care, LLC 90%-Shane Edwards 10%. Notice received of Assignment of Membership Interest of 10% back to Regional Care, LLC effective 07/01/09.

Effective 04/01/2011 - change in facility certified bed breakdown: all beds are Medicare/Medicaid.

Hillcrest Care and Rehab

Telephone: (870) 887-3811

FAX Number: (870) 887-6019

I. FACILITY DATA

Updated: 09/19/2017

MAILING ADDRESS

1421 West Second St North
Prescott, AR 71857

PHYSICAL LOCATION

1421 West Second St North
Prescott, AR 71857
County: Nevada #50

Administrator: Ginger Turner

Administrator License Number: 2296

Total Licensed Beds: 90

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5306

State License: 692

State Vendor: 0326

MMIS Provider: 119698311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Colonial Homes, Inc.
2733 Caddo St, Ste B
Arkadelphia, AR 71923

Ownership and Financial Interest

Hillcrest Care & Rehab, LLC

doing business as Hillcrest Care and Rehab

Eddie Arnold, President 23.44%
P. O. Box 963
Arkadelphia, AR 71923
(870) 246-5979

Glen Arnold 23.45%
4116 Tahoe Lane
Benton, AR 72019

Bryon Grimmett 48.15%
1011 North Olive
Waldo, AR 71770

Steve Crow 4.96%
P. O. Box 132
Bismarck, AR 71929

Effective 7-1-96 total licensed and certified beds increased from 80 to 90.

Name change effective 5-22-97 (date of receipt) (formerly Hillcrest Care Center, Prescott.)

Effective 10-1-99: Change in certified bed breakdown.

Effective July 1, 2002 - Change of Ownership/Operational Control

(Previous entity owner: Colonial Homes, Inc., doing business as Hillcrest Care and Rehab)

Effective April 1, 2005 - Change in certified bed breakdown - All beds are Medicare/Medicaid.

Hillcrest Home

Telephone: (870) 741-5001

FAX Number: (870) 741-3741

I. FACILITY DATA

Updated: 05/19/2016

MAILING ADDRESS

1111 Maplewood Rd
Harrison, AR 72601-3099

PHYSICAL LOCATION

1111 Maplewood Rd
Harrison, AR 72601-3099
County: Boone #05

Administrator: Omar Lee Miller
Administrator License Number: 1052
Total Licensed Beds: 103
Life Safety Code Years: 1967 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5441
State License: 206
State Vendor: 0325
MMIS Provider: 184820311

Certified Beds: 103

Medicaid: 0
Medicare: 0
Caid/Care: 103
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased From:
Boone County Hillcrest Home Board
Boone County Judge
Boone County Courthouse
100 N. Main St - Ste 300
Harrison, AR 72601

Ownership and Financial Interest

Mission Interests Committee of the Amish Mennonite Churches of the United States

Mission Interests Committee of the Amish Mennonite Churches of the United States
doing business as Hillcrest Home

Non-Profit Corporation
(501) (c) (3)

Board of Directors Steve Swartzentruber, Chairman
306 Coldspring Church Rd
Abbeyville, SC 29620
(864) 446-8857

Contact Person: Marvin Weirich, Sec.-Treas.
13200 CR 20
Middlebury IN 46540
(574) 825-8196

Effective 01/01/11-New MMIS number assigned by HPES due to change in TAX ID number. Previous MMIS number was 109417311. Letter dated 06/13/11 from Centers for Medicare and Medicaid Services that Mission Interests Committee of the Amish Mennonite Churches of the United States doing business as Hillcrest Home meets the requirements to participate in the Medicare program effective 03/18/11. New Federal Provider number 04-5441. Previous Federal Provider number was 04-E047. Effective 10/01/12-total licensed and certified beds increase from 93 to 96 [Permit of Approval 898 for 10 beds from Crystal Falls Healthcare]. Effective 03/11/14 - total licensed beds increase from 96 to 103 - Permit of Approval 898.

Effective 04/01/2014 - total certified beds increase from 96 to 103.

Hillview Post Acute and Rehabilitation Center

Telephone: (501) 224-2700

FAX Number: (501) 907-0629

I. FACILITY DATA

Updated: 10/24/2017

MAILING ADDRESS

8701 Riley Drive
Little Rock, AR 72205

PHYSICAL LOCATION

8701 Riley Drive
Little Rock, AR 72205
County: Pulaski-East #60-4

Administrator: Brittney DeVazier

Administrator License Number: 2416

Total Licensed Beds: 140

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5259

State License: 1107

State Vendor: 0844

MMIS Provider: 212718311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Woodland Hills HC Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076

Tenant:
Highlands of Little Rock Riley Holdings, LLC
8701 Riley Drive
Little Rock, AR 72205

Ownership and Financial Interest

Highlands of Little Rock Riley Holdings, LLC

doing business as Hillview Post Acute and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of Little Rock Riley Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and
Manager of Highlands of Little Rock Riley Holdings, LLC

Management Agreement with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Little Rock Riley, LLC Doing business as Highlands of Little Rock at Woodland Hills
Therapy and Living Center]

Effective 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Little Rock at
Woodland Hills Therapy and Living Center]

Hiram Shaddox Geriatric Health and Rehab

Telephone: (870) 425-6203

FAX Number: (870) 424-2227

I. FACILITY DATA

Updated: 11/16/2017

MAILING ADDRESS

620 Hospital Drive
Mountain Home, AR 72653

PHYSICAL LOCATION

620 Hospital Drive
Mountain Home, AR 72653
County: Baxter #03

Administrator: Ben Worlow

Administrator License Number: 2512

Total Licensed Beds: 81

Life Safety Code Years: 1967 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5406

State License: 1043

State Vendor: 0871

MMIS Provider: 202096311

Certified Beds: 81

Medicaid: 0

Medicare: 0

Caid/Care: 81

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Baxter County Healthcare Solutions, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

MHHNC, Inc.

Doing business as Hiram Shaddox Geriatric Health and Rehab

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: BMNRC, Inc. doing business as Hiram Shaddox Geriatric Center]

Homestead Health and Rehabilitation Center

Telephone: (870) 533-4444

FAX Number: (870) 533-8841

I. FACILITY DATA

Updated: 04/25/2017

MAILING ADDRESS

826 North Street
Stamps, AR 71860-4522

PHYSICAL LOCATION

826 North Street
Stamps, AR 71860-4522
County: Lafayette #37

Administrator: Rosie L. Edwards

Administrator License Number: 1845

Total Licensed Beds: 94

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5232

State License: 1112

State Vendor: 0338

MMIS Provider: 212733311

Certified Beds: 94

Medicaid: 0

Medicare: 0

Caid/Care: 94

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Homestead Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076

Tenant:
Highlands of Stamps Holdings, LLC
826 North Street
Stamps, AR 71860

Ownership and Financial Interest

Highlands of Stamps Holdings, LLC

Doing business as Homestead Health and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of Stamps Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800

Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and Manager of Highlands of Stamps Holdings, LLC

Management Agreement with Skyline Services Group LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Stamps, LLC Doing business as Highlands of Stamps Therapy and Living Center]

Effective: 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Stamps Therapy and Living Center]

Hudson Memorial Nursing Home

Telephone: (870) 863-8131

FAX Number: (870) 863-8661

I. FACILITY DATA

Updated: 04/02/2014

MAILING ADDRESS

700 N. College Avenue
El Dorado, AR 71730

PHYSICAL LOCATION

700 N. College Avenue
El Dorado, AR 71730
County: Union #70

Administrator: Carolyn Merritt

Administrator License Number: 2353

Total Licensed Beds: 108

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5214

State License: 157

State Vendor: 0355

MMIS Provider: 109194311

Certified Beds: 108

Medicaid: 0

Medicare: 0

Caid/Care: 108

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

Same as ownership of license

Ownership and Financial Interest

County Government

Hudson Memorial Nursing Home

Union County

Non Profit Association

Judge Mike Loftin, Ex-Officio
Union County Courthouse
El Dorado, AR 71730
870.864.1900

Indian Rock Village Health Center

Telephone: (501) 884-3210

FAX Number: (501) 884-6800

I. FACILITY DATA

Updated: 07/29/2016

MAILING ADDRESS

265 Dave Creek Parkway
Fairfield Bay, AR 72088

PHYSICAL LOCATION

265 Dave Creek Parkway
Fairfield Bay, AR 72088
County: Van Buren #71

Administrator: Misty Watts

Administrator License Number: 2477

Total Licensed Beds: 55

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5153

State License: 821

State Vendor: 0828

MMIS Provider: 160843311

Certified Beds: 55

Medicaid: 0

Medicare: 0

Caid/Care: 55

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Fairfield Health Property, LLC
10 Shackleford Plaza, Suite 102
Little Rock, AR 72212

Ownership and Financial Interest

Indian Rock Village, LLC

Doing business as
Indian Rock Village Health Center

Edward V. Holman 100%
10 Shackleford Plaza, Suite 102
Little Rock, AR 72212
501.224.0846

Effective February 1, 2006 - change of ownership and facility name change
[Previous entity operator: The Evangelical Lutheran Good Samaritan Society doing business as Good Samaritan Indian Rock Village]

Innisfree Health and Rehab, LLC

Telephone: (479) 636-5545

FAX Number: (479) 636-3092

I. FACILITY DATA

Updated: 09/01/2016

MAILING ADDRESS

301 South 24th Street
Rogers, AR 72758-

PHYSICAL LOCATION

301 South 24th Street
Rogers, AR 72758-
County: Benton #04

Administrator: Beverly Jordan

Administrator License Number: 617

Total Licensed Beds: 80

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5302

State License: 940

State Vendor: 0846

MMIS Provider: 185473311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Effective 11/01/2015
Innisfree Estates, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Innisfree Health and Rehab, LLC

Michael Morton	70%	David Norsworthy	10%
Jerry Sams	10%	P. O. Box 180	
Paralea Hursh	10%	Gateway, AR 72733	

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Effective 02/01/2011 - change of ownership and facility name change
[Previous entity operator: Innisfree Nursing and Rehabilitation, LLC
doing business as Innisfree Nursing and Rehabilitation]

Effective 07/01/2015 - All 80 beds certified for Medicaid/Medicare.
[Previously 71 beds Medicaid/Medicare and 9 beds Medicare]

Effective 03/30/16 - Revised ownership percentages received from Pat Cherry on 08/30/16.

Jamestown Nursing and Rehab, LLC

Telephone: (479) 986-9945

FAX Number: (479) 636-1184

I. FACILITY DATA

Updated: 09/01/2016

MAILING ADDRESS

2001 Hampton Place
Rogers, AR 72758

PHYSICAL LOCATION

2001 Hampton Place
Rogers, AR 72758
County: Benton #04

Administrator: Jessica Anderson

Administrator License Number: 2316

Total Licensed Beds: 140

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5435

State License: 941

State Vendor: 0886

MMIS Provider: 185475311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease effective 11/01/2015
Jamestown Estates, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Jamestown Nursing and Rehab, LLC

Michael Morton 70%

Jerry Sams 10%

Paralea Hursh 10%

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 10%

P. O. Box 180
Gateway, AR 72733

Effective 02/01/2011 - change of ownership and facility name change

[Previous entity operator: Jamestown Health and Rehab, LLC doing business as Jamestown Health and Rehab]

Effective 03/30/16 - Revised ownership percentages received from Pat Cherry on 08/30/16.

Johnson County Health and Rehab, LLC

Telephone: (479) 754-2052

FAX Number: (479) 754-5745

I. FACILITY DATA

Updated: 04/01/2016

MAILING ADDRESS

1451 E. Poplar St.
Clarksville, AR 72830

PHYSICAL LOCATION

1451 East Poplar Street
Clarksville, AR 72830
County: Johnson #36

Administrator: Robin Lambert

Administrator License Number: 2249

Total Licensed Beds: 120

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5168

State License: 1003

State Vendor: 0512

MMIS Provider: 196816311

Certified Beds: 120

Medicaid: 0

Medicare: 0

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Johnson County Manor, LLC
415 Rogers Avenue
Ft. Smith, AR 72901

Ownership and Financial Interest

Johnson County Health and Rehab, LLC

Michael Morton	70%	David Norsworthy	10%
415 Rogers Avenue		P. O. Box 180	
Ft. Smith, AR 72901		Gateway, AR 72733	
(479) 783-4672			

Jerry D. Sams	10%	Paralea Hursh	10%
3316 Pecan Grove Lane		30 Jeffrey Way	
Alma, AR 72921		Fort Smith, AR 72903	

Effective 05/01/2013 - change of ownership and facility name change. [Previous entity operator: Countryside Manor, L.L.C. doing business as Countryside Manor] Notice received 10/20/2014 that the correct percentages for Johnson County Health and Rehab, LLC are as listed above. Effective 02/16/2016 - Facility Replacement/Relocation/licensed beds increase from 93 to 112. Permit of Approval 958 Previous physical location address was 300 South Thompson Road, Lamar, AR 72846]

Effective 04/01/2016 - total licensed beds increased from 112 to 120. Health Services Permit Commission Approval to move 8 beds from the closed Clarksville Nursing and Rehab, LLC. Effective 04/01/2016 total certified beds increased from 93 to 120.

Jonesboro Health and Rehab

Telephone: (870) 935-7550

FAX Number: (870) 931-0093

I. FACILITY DATA

Updated: 11/29/2016

MAILING ADDRESS

1705 LaTourette Dr
Jonesboro, AR 72404

PHYSICAL LOCATION

1705 LaTourette Drive
Jonesboro, AR 72404
County: Craighead #16

Administrator: Spencer Rogers

Administrator License Number: 2103

Total Licensed Beds: 136

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5134

State License: 1094

State Vendor: 0248

MMIS Provider: 211201311

Certified Beds: 136

Medicaid: 0

Medicare: 0

Caid/Care: 136

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
CHP Jonesboro Healthcare Owner, LLC
450 S. Orange Ave
Orlando, FL 32801

Ownership and Financial Interest

Jonesboro Holdings, LLC

Doing business as Jonesboro Health and Rehab

Skyline CHP Holdings, LLC 100% of Jonesboro Holdings, LLC
Skyline Arkansas Holdings, LLC 100% of Skyline CHP Holdings, LLC
425 West Capitol Avenue, Suite 3800
Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC
Joseph Schwartz, Manager of Skyline CHP Holdings, LLC and Manager of Jonesboro Holdings, LLC
505 Marlboro Road, Wood-Ridge, New Jersey 07075
Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195
Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC
Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change
[Previous entity operator: Jonesboro Health and Rehab, LLC/Arkansas SNF Operations Acquisition III, LLC]

Katherine's Place at Wedington

Telephone: (479) 444-6108

FAX Number: (479) 444-1403

I. FACILITY DATA

Updated: 11/03/2017

MAILING ADDRESS

4405 W Persimmon St.
Fayetteville, AR 72704

PHYSICAL LOCATION

4405 West Persimmon Street
Fayetteville, AR 72704
County: Washington #72-1

Administrator: Kayla Loker

Administrator License Number: 4405

Total Licensed Beds: 119

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5434

State License: 923

State Vendor: 0889

MMIS Provider: 182798311

Certified Beds: 119

Medicaid: 0

Medicare: 0

Caid/Care: 119

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
RHC Real Estate, LLC
c/o Griffin Properties
P O Box 2207
Fort Smith, AR 72902-2207

Ownership and Financial Interest

WCNC, Inc.

Doing business as Katherine's Place at Wedington

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 08/01/2010 - new nursing facility licensure. Health Service Permit Commission approval via Permit of

Approval 751. Medicaid certification effective 08/19/2010 - Provider number 04-A315 and MMIS number

182798311

Notice received from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare program effective 08/19/2010. Medicare Provider number assigned by CMS is 04-5434. Previous Medicaid Provider number was 04-A315.

Bed increase - Effective 10/01/2017 - Facility letter dated 08/15/2017 requesting a bed increase from 109 Medicaid/Medicare beds to 119 Medicaid/Medicare beds. Permit of Approval number 1040, HSPA File (1521) 17, dated July 25, 2017.

Lake Hamilton Health and Rehab

Telephone: (501) 767-7530

FAX Number: (501) 767-7534

I. FACILITY DATA

Updated: 07/21/2017

MAILING ADDRESS

120 Pittman Road
Hot Springs, AR 71913

PHYSICAL LOCATION

120 Pittman Road
Hot Springs, AR 71913
County: Garland #26

Administrator: Lance Stack

Administrator License Number: 2515

Total Licensed Beds: 84

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5445

State License: 948

State Vendor: 0892

MMIS Provider: 187641311

Certified Beds: 84

Medicaid: 0

Medicare: 0

Caid/Care: 84

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Country Club Manor, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Country Club Gardens, LLC

Doing business as Lake Hamilton Health and Rehab

Michael Morton 100%

415 Rogers Ave
Fort Smith, AR 72901
(479) 783-4672

New Nursing Facility license effective 06/01/2011 - Permit of Approval 503 for the closed Forest Healthcare, Inc.
Medicaid Certification effective 07/20/2011 - Federal Provider number is 04-A319
Notice letter dated November 28, 2011 from Centers for Medicare and Medicaid Services that Country Club Gardens, LLC doing business as Lake Hamilton Health and Rehab meets the requirements to participate in the Medicare Program effective September 2, 2011. New Federal Provider Number 04-5445. Previous Federal Provider was 04-A319.

Second Amended and Restated Operating Agreement for Country Club Gardens, LLC - Michael Morton is 100% member of Country Club Gardens, LLC

Effective 07/01/2015 - All 84 beds Medicaid/Medicare.
[Previously 67 beds Medicaid/Medicare and 17 beds Medicare]

Lake Village Rehabilitation and Care Center

Telephone: (870) 265-5337

FAX Number: (870) 265-3275

I. FACILITY DATA

Updated: 03/22/2016

MAILING ADDRESS

903 Borgognoni Drive
Lake Village, AR 71653

PHYSICAL LOCATION

903 Borgognoni Drive
Lake Village, AR 71653
County: Chicot #09

Administrator: Loretta Alexander

Administrator License Number: 2460

Total Licensed Beds: 102

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5184

State License: 933

State Vendor: 0446

MMIS Provider: 183498311

Certified Beds: 102

Medicaid: 0

Medicare: 0

Caid/Care: 102

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Lease from:
MLD Properties, LLC
610 Newport Center Drive, Suite 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Chicot, Inc.

doing business as

Lake Village Rehabilitation and Care Center

Incorporator:

John Ponthie
2723 Alvarado
Shreveport, LA 71106
John Ponthie - 318-443-8167

Loretta Alexander, Pres/Sec/Treas

903 Borgognoni Drive
Lake Village, AR 71653

Member

Progressive Eldercare Services, Inc.
38 Warnock Springs Road
Magnolia, AR 71753

Board Member

Skylar King
1831 S Hwy 82-65
Lake Village, AR 71653

Board Member

Jan Nelson
408 N. Cherry St.
Eudora, AR 71640

Effective September 1, 2010 - change of ownership

[Previous entity operator: Chicot Operations, LLC doing business as Lake Village Rehabilitation and Care Center]

Notice received 02/03/2015 - Department of the Treasury Letter 947 dated 03/23/2014 that Progressive Eldercare Services-Chicot, Inc. is now under section 501 (c) (3) of the Internal Revenue Code.

Lakeside Nursing Center

Telephone: (870) 237-8151

FAX Number: (870) 237-4011

I. FACILITY DATA

Updated: 09/07/2016

MAILING ADDRESS

P.O. Box 578
Lake City, AR 72437

PHYSICAL LOCATION

1207 Willow Run Road
Lake City, AR 72437
County: Craighead #16

Administrator: Rebecca Leavitt
Administrator License Number: 2483
Total Licensed Beds: 75
Life Safety Code Years: 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5315
State License: 670
State Vendor: 0412
MMIS Provider: 119678311

Certified Beds: 75

Medicaid: 0
Medicare: 0
Caid/Care: 75
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Lakeside Nursing And Rehabilitation Center, Inc.

Doing business as Lakeside Nursing Center

Extendi-Care, Inc. owns100% of Lakeside Nursing and Rehabilitation Center, Inc.

RHC Operations, Inc. owns 100% of Extendi-Care, Inc.

RHC Operations, Inc.

Includes the following individuals: Bryan M. Adams 50% and Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 01/05/02-Change of Ownership/Corporate Restructure and Name Change. Same owners and same percentages (Former name Lakeside Nursing Center) Effective 04/01/05-Total licensed and certified beds decreased from 90 to 75-15 beds to Permit of Approval 610. Registration of Fictitious Name of Lakeside Nursing Center for Lakeside Nursing and Rehabilitation Center, Inc. with Arkansas Secretary of State on 03/02/04. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc. Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Lakewood Health and Rehab, LLC

Telephone: (501) 791-2323

FAX Number: (501) 791-7160

I. FACILITY DATA

Updated: 07/11/2016

MAILING ADDRESS

2323 McCain Boulevard
North Little Rock, AR 72116

PHYSICAL LOCATION

2323 McCain Boulevard
North Little Rock, AR 72116
County: Pulaski-North #60-2

Administrator: Brandon Price, Interim

Administrator License Number: 2449

Total Licensed Beds: 85

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5202

State License: 1056

State Vendor: 0836

MMIS Provider: 205783311

Certified Beds: 85

Medicaid: 0

Medicare: 0

Caid/Care: 85

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Lakewood Manor, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Lakewood Health and Rehab, LLC

Michael Morton 76%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 8%
P. O. Box 180
Gateway, AR 72733

Paralea Hursh 8%
Jerry D. Sams 8%
415 Rogers Avenue
Fort Smith, Ar 72901

Effective 11-01-2014 Change of Ownership and Facility Name Change

[Previous entity operator: Lakewood Nursing and Rehabilitation Center, LLC doing business as Lakewood Nursing and Rehabilitation Center.

Lakewood Healthcare, Inc.

Telephone: (501) 262-1920

FAX Number: (501) 262-5237

I. FACILITY DATA

Updated: 04/25/2017

MAILING ADDRESS

260 Lakepark Drive
Hot Springs, AR 71901

PHYSICAL LOCATION

260 Lakepark Drive
Hot Springs, AR 71901
County: Garland #26

Administrator: Gale Woodell

Administrator License Number: 1430

Total Licensed Beds: 80

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5404

State License: 024

State Vendor: 0420

MMIS Provider: 109481311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Lakewood Healthcare, Inc.

Non-Profit Corporation

Board Member

Clyde Covington, President
112 Orchard
Hot Springs, AR 71913
501.276.4166

Effective 10-3-96 total licensed and certified beds increased from 75 to 80. Letter received from Centers for Medicare and Medicaid Services that Lakewood Convalescent Home, Inc., meets the requirements to participate in the Medicare program effective February 12, 2005. Medicare Federal Provider number 04-5404. Previous Federal Provider number was 04-A213. Notice received 05/20/09 of a change in the mailing address from 1174 Carpenter Dam Road to 260 Lakepark Drive for Lakewood Convalescent Home, Inc. due to the construction of a new road. The facility is still located in the same building location.

Effective 10/22/2015 - Facility Corporate Name Change - Filed with the Arkansas Secretary of State on October 1, 2015. Tax ID number remains the same. [Previous corporate name: Lakewood Convalescent Home, Inc.]

Lawrence Hall Nursing Center

Telephone: (870) 886-1295

FAX Number: (870) 886-6099

I. FACILITY DATA

Updated: 03/15/2017

MAILING ADDRESS

P O BOX 839
Walnut Ridge, AR 72476-0839

PHYSICAL LOCATION

1051 West Free Street
Walnut Ridge, AR 72476
County: Lawrence #38

Administrator: April Bateman

Administrator License Number: 1648

Total Licensed Beds: 179

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5452

State License: 196

State Vendor: 0425

MMIS Provider: 119707311

Certified Beds: 179

Medicaid: 0

Medicare: 0

Caid/Care: 179

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

County of Lawrence
Lawrence County Courthouse
Walnut Ridge, AR 72476

Ownership and Financial Interest

County Government

Lawrence Hall Nursing Center

Non-Profit Corporation

Bill Maxwell - Chairman
P O Box 125
Black Rock, AR 72415
870.878.6485

Hospital Based Nursing Facility: Lawrence Memorial Hospital (870) 886-1200
1309 West Main Street [72476]
P O Box 839
Walnut Ridge, AR 72476-0839

Total licensed and certified beds increased from 172 to 189 effective 7-1-96. Effective 6-30-99 Lawrence Hall Nursing Center requested voluntary withdrawal from the Medicare Program. (RE: 04-5083) Effective 04/01/03 - New MMIS number issued due to new IRS number. (Previous MMIS number 109027311) Corporation - Non Profit (previous Non-Profit Association) Notice dated 11/11/04 - address change for mail services. Previous addresses of 1309 West Main Street, PO Box 839, Walnut Ridge, AR 72476 will remain for Lawrence Memorial Hospital. Effective 10/01/2011 - total licensed and certified beds decrease from 189 to 179. [Lawrence Hall Nursing Center has returned the 10 beds back to Health Services Permit Agency for re-distribution.]

Notice letter dated 06/17/2013 from Centers for Medicare and Medicaid Services that Lawrence Hall Nursing Center meets the requirements to participate in the Medicare Program effective 05/10/2013 with all 179 beds participating in Medicare/Medicaid. Previous Federal Provider was 04-A267.

Notice received to change the facility's mailing address from the street address to P. O. Box 839

Legacy Health and Rehabilitation Center

Telephone: (479) 783-3101

FAX Number: (479) 784-9072

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

3310 North 50th Street
Fort Smith, AR 72904

PHYSICAL LOCATION

3310 North 50th Street
Fort Smith, AR 72904
County: Sebastian #65

Administrator: Cynthia McArthur

Administrator License Number: 2517

Total Licensed Beds: 115

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5267

State License: 593

State Vendor: 0540

MMIS Provider: 119591311

Certified Beds: 115

Medicaid: 0

Medicare: 0

Caid/Care: 115

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company:

Northport Health Services of Arkansas, L.L.C.
931 Fairfax Park

Tuscaloosa, Alabama 35406

Landlord: Oaks Lodge Rest Home, Incorporated

C/o Glen Hopkins

P. O. Drawer H, Van Buren, AR 72956

Ownership and Financial Interest

Northport Health Services of Arkansas, L.L.C.

Doing business as:

Legacy Health and Rehabilitation Center

J. Norman Estes 92%
David A. Estes as Trustee for James N. Estes, Jr. 4%
David A. Estes as Trustee for Jennifer Estes Agee 4%
931 Fairfax Park
Tuscaloosa, Alabama 35406
(205) 391-3600

Claude E. Lee, Vice President/Secretary for
Northport Health Services of Arkansas, L.L.C.
931 Fairfax Park
Tuscaloosa, AL 34506
(205) 391-3600

Financial and Administrative Services Agreement with NHS Management, L.L.C. - same address as above
Change of ownership effective 12-1-97. Name change effective 12-1-97 (Formerly Fort Smith Healthcare and
Rehabilitation Center) Effective 10-01-2001 - change in certified bed breakdown - all beds are Medicare/Medicaid.
Effective 10-01-2005 - Facility name change [Previous facility name: Fort Smith Health and Rehabilitation Center
Assignment of Membership Interest from Northport Health Services, Inc. to J. Norman Estes effective 12/31/2006
Effective 04/01/2008 - Total licensed and certified beds decreased from 140 to 115. Arkansas Health Services
Permit Agency approval to transfer 25 beds to Covington Court Health and Rehabilitation Center.

Legacy Heights Nursing and Rehab, LLC

Telephone: (479) 968-5858

FAX Number: (479) 890-6013

I. FACILITY DATA

Updated: 11/26/2013

MAILING ADDRESS

900 West 12th St
Russellville, AR 72801

PHYSICAL LOCATION

900 West 12th St.
Russellville, AR 72801
County: Pope #58

Administrator: Jamie L Robinson

Administrator License Number: 2318

Total Licensed Beds: 122

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5410

State License: 950

State Vendor: 0426

MMIS Provider: 187369311

Certified Beds: 122

Medicaid: 0

Medicare: 0

Caid/Care: 122

Private Beds: 0

HomestyleBeds: 0

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Legacy Heights Manor, LLC
415 Rogers Avenue
Fort Smith, AR 72801

Ownership and Financial Interest

Legacy Heights Nursing and Rehab, LLC

Michael Morton 80%

David Norsworthy 10%

Jerry Sams 5%

Paralea Hursh 5%

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Effective 07/01/2011 Change of Ownership and Facility Name Change.

[Formerly: Rose and Wells, Inc. doing business as Legacy Lodge Nursing Home]

Lexington Place Healthcare and Rehabilitation LLC

Telephone: (870) 935-8330

FAX Number: (870) 935-8332

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

2911 Browns Lane
Jonesboro, AR 72401-7204

PHYSICAL LOCATION

2911 Browns Lane
Jonesboro, AR 72401-7204
County: Craighead #16

Administrator: Debbie Hicks

Administrator License Number: 1975

Total Licensed Beds: 117

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5321

State License: 1034

State Vendor: 0698

MMIS Provider: 201276311

Certified Beds: 117

Medicaid: 0

Medicare: 0

Caid/Care: 117

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
JNBNC, Inc.
824 Salem RD, Ste 210
Conway, AR 72034

Ownership and Financial Interest

Lexington Place Healthcare and Rehabilitation LLC

Keith Head 75%
1505 Dogwood Trail
Conway, AR 72033
(501) 514-5818

Cathy Parsons 25%
1265 Champions Drive
Conway, AR 72034
(870) 530-3837

Management Agreement with:

H.O.P.E. Healthcare, LLC

P. O. Box 1369

Conway, AR 72033

Contact: Keith Head - (501) 499-6651

Effective March 1, 2014 - Change of ownership and facility name change
Formerly JNBNC, Inc. doing business as Twin Oaks Health and Rehabilitation

Effective January 1, 2017 Bed decrease from 152 to 117. Thirty Five (35) beds were transferred to Ridgcrest Health and Rehabilitation HSPA Approval letter dated: 11/10/2016. Original approval letter dated 06/16/16 File #HSPA(1426)

Lincoln Heights Healthcare

Telephone: (870) 619-2139

FAX Number: (870) 628-5316

I. FACILITY DATA

Updated: 12/19/2017

MAILING ADDRESS

505 East Victory
Star City, AR 71667

PHYSICAL LOCATION

505 East Victory
Star City, AR 71667
County: Lincoln #40

Administrator: Vickie M. Donaldson

Administrator License Number: 2380

Total Licensed Beds: 87

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5165

State License: 785

State Vendor: 0704

MMIS Provider: 157584311

Certified Beds: 87

Medicaid: 0

Medicare: 0

Caid/Care: 87

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Star City Arkansas, L.L.C.
200 International Circle - Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Star City Nursing Center PLLC

Doing business as Lincoln Heights Healthcare

Keith Head	75%	Cathy Parsons	25%
1505 Dogwood Trail		1265 Champions Drive	
Conway, AR 72032		Conway, AR 72034	
(501) 514-5818		(870) 530-3837	

Management Agreement with:

H.O.P.E. Healthcare, LLC

P. O. Box 1369

Conway, AR 72033

Contact: Keith Head - 501.499.6651

Effective 11/01/05 - change in operational control and facility name change. [Previous operator: Murphy Healthcare II, LLC doing business as Murphy Health and Rehabilitation Center of Star City] Effective 07/01/2009 - facility name change [Previous facility name: Star City Nursing Center, PLLC] Notice was received concerning document notarized on 06/04/2013 that Cindy Kellogg assigned her 50% interest in Star City Nursing Center PLLC to Keith Head.

Lindley Healthcare and Rehabilitation Center

Telephone: (870) 523-6539

FAX Number: (870) 523-8561

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

326 Lindley Lane
Newport, AR 72112

PHYSICAL LOCATION

326 Lindley Lane
Newport, AR 72112
County: Jackson #34

Administrator: Stacey Luster

Administrator License Number: 2195

Total Licensed Beds: 120

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5334

State License: 1116

State Vendor: 0260

MMIS Provider: 214134311

Certified Beds: 120

Medicaid: 0

Medicare: 0

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from landlord:
Newport Realty, LLC
425 West Capitol Avenue - Suite 3800
Little Rock, AR 72201

Ownership and Financial Interest

Lindley Healthcare and Rehabilitation Center, LLC

Doing business as Lindley Healthcare and Rehabilitation Center

Prince of Persia Healthcare, LLC - 100% Member of Lindley Healthcare and Rehabilitation Center, LLC
425 West Capitol Avenue-Suite 3800
Little Rock, AR 72201

Joseph Schwartz - 100% Member of Prince of Persia Healthcare, LLC
and Manager of Lindley Healthcare and Rehabilitation Center, LLC
505 Marlboro Road
Wood-Ridge, NJ 07075

Management Company with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 - Telephone - 201.635-1195
Joseph Schwartz - 100% Member of Skyline Services Group LLC
Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective 06/01/2016 - Change of Ownership and Facility Name Change
[Previous entity operator and facility name: Lindley Health & Rehab Center, LLC]

Little River Nursing & Rehab

Telephone: (870) 898-5101

FAX Number: (870) 898-4698

I. FACILITY DATA

Updated: 05/25/2016

MAILING ADDRESS

162 Hwy 32-2A
Ashdown, AR 71822

PHYSICAL LOCATION

162 Hwy 32-2A
Ashdown, AR 71822
County: Little River #41

Administrator: Dana Battiest
Administrator License Number: 1516
Total Licensed Beds: 85
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5244
State License: 050
State Vendor: 0438
MMIS Provider: 109427311

Certified Beds: 85

Medicaid: 0
Medicare: 0
Caid/Care: 85
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

County Government

Little River Nursing & Rehab
Little River County

Non-Profit Association

Little River Memorial Hospital
Board of Governors
Perry Young, Chairman
P. O. Box 450
Foreman, AR 71836
(903) 826-1618

Effective 7-13-98 Little River Nursing Home requests all 76 beds be dually certified for Medicare/Medicaid. Effective 7-29-10 - facility replacement/relocation - Permit of Approval 718. [Previous physical location address: 450 West Locke Street, Ashdown, AR 71822] Effective 01/01/2013 - total licensed and certified beds increase from 76 to 85. Permit of Approval 888. Health Services Commission Approval to transfer 9 beds from Creekside Health and Rehabilitation, LLC [formerly known as Marion County Nursing Home]. Notice received 07/31/2014 for a facility "doing business as" name effective August 1, 2014 from Little River Nursing Home to Little River Nursing & Rehab. Notice received 03/25/2016 from Little River Nursing & Rehab to delete P. O. Box 69 as the mailing address. The physical location is now the mailing address.

Little Rock Post Acute and Rehabilitation

Telephone: (501) 664-6200

FAX Number: (501) 664-6832

I. FACILITY DATA

Updated: 02/26/2018

MAILING ADDRESS

5720 West Markham Street
Little Rock, AR 72205

PHYSICAL LOCATION

5720 West Markham Street
Little Rock, AR 72205
County: Pulaski-East #60-4

Administrator: Angala Tart

Administrator License Number: 2158

Total Licensed Beds: 154

Life Safety Code Years: 2000

Certification: Title XIX/VIII

Facility Identification Numbers

Federal Provider: 04-5450

State License: 1105

State Vendor: 0893

MMIS Provider: 212642311

Certified Beds: 154

Medicaid: 0

Medicare: 72

Caid/Care: 82

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Little Rock HC&R Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076

Tenant:
Highlands of Little Rock West Markham Holdings, LLC
5720 West Markham Street
Little Rock, AR 72205

Ownership and Financial Interest

Highlands of Little Rock West Markham Holdings, LLC

doing business as Little Rock Post Acute and Rehabilitation

Skyline Highland Holdings, LLC 100% of Highlands of Little Rock West Markham Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800

Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and Manager of Highlands of Little Rock West Markham Holdings, LLC

Management Agreement with Skyline Services Group LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Little Rock West Markham, LLC Doing business as Highlands of Little Rock at Midtown Therapy and Living Center]Effective: 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Little Rock at Midtown Therapy and Living Center]

Effective: 01/01/2018 - Total licensed and certified Medicare/Medicaid beds increase from 52 to 82, with 72 additional Medicare beds only. Total licensed beds 154. [Previously 52 beds participating in the Medicare/Medicaid programs with 102 Medicare only beds for a licensed total of 154 beds]

Longmeadow Nursing Center - Camden

Telephone: (870) 836-9337

FAX Number: (870) 836-5606

I. FACILITY DATA

Updated: 12/05/2017

MAILING ADDRESS

365 Alpha Street
Camden, AR 71701

PHYSICAL LOCATION

365 Alpha Street
Camden, AR 71701
County: Ouachita #52

Administrator: Jill Kilgore

Administrator License Number: 1465

Total Licensed Beds: 69

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5348

State License: 655

State Vendor: 0432

MMIS Provider: 119664311

Certified Beds: 69

Medicaid: 63

Medicare: 0

Caid/Care: 6

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Jacqueline Kilgore, LLC

Doing business as
Longmeadow Nursing Centers

Name of Nursing Facility: Longmeadow Nursing Center - Camden

Jacqueline Kilgore 100%
3100 Happy Valley
Little Rock, AR 72212
(501) 912-9635

Effective 03-02-2001 - Change of Ownership - New License Number and new MMIS number.

Lonoke Health and Rehab Center, LLC

Telephone: (501) 676-2600

FAX Number: (501) 676-3900

I. FACILITY DATA

Updated: 05/19/2015

MAILING ADDRESS

P.O. Box 220
Lonoke, AR 72086

PHYSICAL LOCATION

1501 Lincoln Street
Lonoke, AR 72086
County: Lonoke #43

Administrator: Ashley Thomley

Administrator License Number: 2258

Total Licensed Beds: 80

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5289

State License: 1057

State Vendor: 0848

MMIS Provider: 205784311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Lonoke Manor, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Lonoke Health and Rehab Center, LLC

Michael Morton 76%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 8%
P. O. Box 180
Gateway, AR 72733

Paralea Hursh 8%
Jerry D. Sams 8%
415 Rogers Avenue
Fort Smith, AR 72901

Effective 11-01-2014 Change of Ownership and Facility Name Change

[Previous entity operator: Lonoke Nursing and Rehabilitation Center, LLC doing business as Lonoke Nursing and Rehabilitation Center.]

Madison Healthcare and Rehabilitation Center

Telephone: (501) 888-4200

FAX Number: (501) 888-4891

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

2821 W Dixon Rd
Little Rock, AR 72206

PHYSICAL LOCATION

2821 W Dixon Rd
Little Rock, AR 72206
County: Pulaski-Southwest #60-3

Administrator: Michael M. McElroy

Administrator License Number: 2542

Total Licensed Beds: 140

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5446

State License: 1115

State Vendor: 0880

MMIS Provider: 214136311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from landlord:
Dixon Realty, LLC
425 West Capitol Avenue - Suite 3800
Little Rock, AR 72201

Ownership and Financial Interest

Madison Healthcare and Rehabilitation Center, LLC

Doing business as Madison Healthcare and Rehabilitation Center

Prince of Persia Healthcare, LLC - 100% Member of Madison Healthcare and Rehabilitation Center, LLC

425 West Capitol Avenue-Suite 3800

Little Rock, AR 72201

Joseph Schwartz - 100% Member of Prince of Persia Healthcare, LLC

and Manager of Madison Healthcare and Rehabilitation Center, LLC

505 Marlboro Road

Wood-Ridge, NJ 07075

Management Company with Skyline Services Group LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 - Telephone - 201.635-1195

Joseph Schwartz - 100% Member of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective 06/01/2016 - Change of Ownership and Facility Name Change

[Previous entity operator and facility name: Madison Health & Rehab, LLC]

Magnolia Health and Rehab

Telephone: (870) 234-7000

FAX Number: (870) 234-7168

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

2642 N Dudney Road
Magnolia, AR 71753

PHYSICAL LOCATION

2642 North Dudney Road
Magnolia, AR 71753
County: Columbia #14

Administrator: Steven Krepick

Administrator License Number: 2539

Total Licensed Beds: 140

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5135

State License: 1093

State Vendor: 0428

MMIS Provider: 211183311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
CHP Magnolia Healthcare Owner, LLC
450 S. Orange Ave
Orlando, FL 32801

Ownership and Financial Interest

Magnolia Health Holdings, LLC

Doing business as Magnolia Health and Rehab

Skyline CHP Holdings, LLC 100% of Magnolia Health Holdings, LLC

Skyline Arkansas Holdings, LLC 100% of Skyline CHP Holdings, LLC

425 West Capitol Avenue, Suite 3800

Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC

Joseph Schwartz, Manager of Skyline CHP Holdings, LLC and Manager of Magnolia Health Holdings, LLC

505 Marlboro Road, Wood-Ridge, New Jersey 07075

Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC

505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195

Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC

Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change

[Previous entity operator: Magnolia Health and Rehab, LLC/Arkansas SNF Operations Acquisition III, LLC]

Manila Nursing Center

Telephone: (870) 561-3342

FAX Number: (870) 561-4412

I. FACILITY DATA

Updated: 12/19/2017

MAILING ADDRESS

P.O. Box 430
Manila, AR 72442

PHYSICAL LOCATION

814 N. Davis St.
Manila, AR 72442
County: Mississippi #47-1

Administrator:	Jerod Straver
Administrator License Number:	2288
Total Licensed Beds:	70
Life Safety Code Years:	1985
Certification:	Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5297
State License: 671
State Vendor: 0465
MMIS Provider: 119679311

Certified Beds: 70

Medicaid:	0
Medicare:	0
Caid/Care:	70
Private Beds:	0
HomestyleBeds:	

Classification

NF:	
SNF:	
NF/SNF:	X
ICF/MR:	
ICF/MR10:	

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Manila Nursing And Rehabilitation Center, Inc.

Doing business as Manila Nursing Center

Extendi-Care, Inc. owns100% of Manila Nursng and Rehabilitation Center, Inc.

RHC Operations, Inc. owns 100% of Extendi-Care, Inc.

RHC Operations, Inc

includes the following individuals: Bryan M. Adams 50% and Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 01/05/02 Change of Ownership/Corporate Restructure and name change. Same owners and same percentages (Former name Manila Nursing Center) Registration of Fictitious Name of Manila Nursing Center for Manila Nursing and Rehabilitation Center, Inc. with Arkansas Secretary of State on 03/02/04. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc.

Notice received 03/01/10: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

McGehee Health and Rehabilitation Center

Telephone: (870) 222-5450

FAX Number: (870) 222-5863

I. FACILITY DATA

Updated: 01/11/2016

MAILING ADDRESS

700 Mark Drive
McGehee, AR 71654

PHYSICAL LOCATION

700 Mark Drive
McGehee, AR 71654
County: Desha #21

Administrator: Marlene Hensley

Administrator License Number: 1457

Total Licensed Beds: 140

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5139

State License: 1084

State Vendor: 0447

MMIS Provider: 211178311

Certified Beds: 119

Medicaid: 0

Medicare: 0

Caid/Care: 119

Private Beds: 21

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 700 Mark Drive, LLC

200 International Circle - Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Desha Operations, LLC

Doing business as McGehee Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Highlands of McGehee, LLC doing business as Highlands of McGehee Health and Rehabilitation/Highlands of Arkansas 100%]

Meadowview Healthcare and Rehab

Telephone: (479) 738-2021

FAX Number: (479) 738-1515

I. FACILITY DATA

Updated: 10/01/2010

MAILING ADDRESS

P. O. Box 1198
Huntsville, AR 72740

PHYSICAL LOCATION

825 North Gaskill
Huntsville, AR 72740
County: Madison #44

Administrator: Ruby Pyle

Administrator License Number: 680

Total Licensed Beds: 105

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5341

State License: 098

State Vendor: 0496

MMIS Provider: 109488311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Meadowview Healthcare And Rehab

Board of Directors
Barry Cleaver, President
P.O. Box 1198
Huntsville, AR 72740
479.738.2212

Non-Profit Corporation

Medicare participation effective 4-1-98.

Name change effective 7-12-98 (Formerly Meadowview Lodge Nursing Home).

Change in physical location address from 812 North Gaskill to 825 North Gaskill due to 911 Services - notice received 04/12/04.

Effective 10/01/2010 - change in certified bed breakdown: All 105 beds participating in Medicare and Medicaid.

Mena Manor

Telephone: (479) 394-2617

FAX Number: (479) 394-3928

I. FACILITY DATA

Updated: 03/09/2016

MAILING ADDRESS

100 9th Street
Mena, AR 71953

PHYSICAL LOCATION

100 9th Street
Mena, AR 71953
County: Polk #57

Administrator: Barbara Janette Bernard

Administrator License Number: 1954

Total Licensed Beds: 69

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5229

State License: 1033

State Vendor: 0435

MMIS Provider: 201135311

Certified Beds: 69

Medicaid: 0

Medicare: 0

Caid/Care: 69

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Regional Care of Mena II, LLC
222 South First Street
Rogers, AR 72756

Ownership and Financial Interest

Mena Health, LLC

Doing business as Mena Manor

The Alington D. Kilgore Trust U/A dated 10/18/95	70%
KLKM-II, LLC [Kristina Kilgore-Mullen]	10%
MAKIL-II, LLC [Mark Kilgore]	10%
LMK-II, LLC [Michele Kilgore]	10%

222 South First Street
Rogers, AR 72756

Management Agreement with
CornerStone Health Care, Inc.
222 South First Street
Rogers, AR 72756

Contact: P. Cody Long - 479.464.0200

Effective 02/01/2014 - Change of Ownership

[Previous entity operator: Waverley-Arkansas, Inc. doing business as Mena Manor]

Methodist Health and Rehab

Telephone: (479) 452-1611

FAX Number: (479) 452-1619

I. FACILITY DATA

Updated: 02/22/2018

MAILING ADDRESS

7425 Euper Lane
Fort Smith, AR 72903-2899

PHYSICAL LOCATION

7425 Euper Lane
Fort Smith, AR 72903-2899
County: Sebastian #65

Administrator: Deanna Fears
Administrator License Number: 2175
Total Licensed Beds: 145
Life Safety Code Years: 1967 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5413
State License: 215
State Vendor: 0510
MMIS Provider: 109008311

Certified Beds: 145

Medicaid: 0
Medicare: 0
Caid/Care: 145
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Methodist Nursing Home of Fort Smith, Inc.

Doing business as
Methodist Health and Rehab

METHODIST NURSING HOME OF FORT SMITH, INC.
Church Affiliation: United Methodist Church
Non-Profit Corporation

Board of Directors
Dr. Taylor Prewitt, President
8311 Mile Tree
Fort Smith, AR 72903 479.452.0263

Letter dated 09/20/06 from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 06/07/06. Bed breakdown: 48 Medicare beds and 97 Medicare/Medicaid beds Federal Provider number 04-5413 [Previous Federal Provider Number 04-A096]Effective May 1, 2011 - facility name change to Methodist Health and Rehab. Registration of Fictitious name of Methodist Health and Rehab for Methodist Nursing Home of Fort Smith, Inc. with the Arkansas Secretary of State on March 31, 2011.

Effective: December 9, 2016 mailing address and physical location address changed to 7425 Euper Lane, Fort Smith, AR 72903. Change was directed due to 911 changes. [Previous mailing address and physical location: 1915 South 74th St, Fort Smith, AR 72903

Effective: January 1, 2018 - Facility Medicaid bed increase 97 to 145 Medicaid beds. Facility now license for 145 dually certified Medicaid/Medicare beds. [Facility previously licensed for 145 beds with 97 Medicaid/Medicare beds and an additional 48 Medicare beds only]

Mine Creek Health and Rehab

Telephone: (870) 845-2021

FAX Number: (870) 845-5280

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

1407 North Main Street
Nashville, AR 71852

PHYSICAL LOCATION

1407 North Main Street
Nashville, AR 71852
County: Howard #31

Administrator: Carrie Smith

Administrator License Number: 2537

Total Licensed Beds: 78

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5180

State License: 1098

State Vendor: 0452

MMIS Provider: 211197311

Certified Beds: 78

Medicaid: 0

Medicare: 0

Caid/Care: 78

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
CHP Mine Creek Healthcare Owner, LLC
450 S. Orange Avenue
Orlando, FL 32801

Ownership and Financial Interest

Mine Creek Holdings, LLC

Doing business as Mine Creek Health and Rehab

Alternate Facility telephone number: (870) 845-2023

Skyline CHP Holdings, LLC 100% of Mine Creek Holdings, LLC
Skyline Arkansas Holdings, LLC 100% of Skyline CHP Holdings, LLC
425 West Capitol Avenue, Suite 3800
Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC
Joseph Schwartz, Manager of Skyline CHP Holdings, LLC and Manager of Mine Creek Holdings, LLC
505 Marlboro Road, Wood-Ridge, New Jersey 07075
Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195
Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC
Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change
[Previous entity operator: Mine Creek Health and Rehab, LLC/Arkansas SNF Operations Acquisition III, LLC]

Mitchells Nursing Home, Inc.

Telephone: (479) 495-2914

FAX Number: (479) 495-3685

I. FACILITY DATA

Updated: 05/27/2016

MAILING ADDRESS

P.O. Box 10
Danville, AR 72833

PHYSICAL LOCATION

501 W 10th
Danville, AR 72833
County: Yell #75

Administrator: Robert D Mitchell

Administrator License Number: 2411

Total Licensed Beds: 105

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5454

State License: 073

State Vendor: 0515

MMIS Provider: 109435311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as Ownership of License

Ownership and Financial Interest

Mitchells Nursing Home, Inc.

Sarah E. Sanders Trust
P O Box 10
Danville, AR 72833
479.495.2914

50%

Robert D. Mitchell Trust
P O Box 785
Danville, AR 72833

50%

Notice letter dated 10/21/2013 from Centers for Medicare and Medicaid Services that Mitchell's Nursing Home, Inc. meets the requirements to participate in the Medicare Program effective July 17, 2013 with all 105 beds participating in Medicare/Medicaid. Previous Federal Provider Number was 04-E086.

Monette Manor, LLC

Telephone: (870) 486-5419

FAX Number: (870) 486-5541

I. FACILITY DATA

Updated: 10/04/2017

MAILING ADDRESS

P.O. Box 470
Monette, AR 72447

PHYSICAL LOCATION

669 Hwy 139 North
Monette, AR 72447
County: Craighead #16

Administrator: Kevin Stewart

Administrator License Number: 2341

Total Licensed Beds: 86

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5312

State License: 770

State Vendor: 0424

MMIS Provider: 155098311

Certified Beds: 86

Medicaid: 0

Medicare: 0

Caid/Care: 86

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Monette Properties, Inc.
P. O. box 310
Newport, AR 72112

Ownership and Financial Interest

Monette Manor, LLC

Doing business as
Monette Manor, LLC

Rick Sampson 50%
P. O. Box 310
Newport, AR 72112

William C. Bulloch 50%
P. O. Box 535
Monticello, AR 71657

Administrative Services Agreement:
Care Management, Inc.
1005 McLain Street
P. O. Box 310
Newport, AR 72112
(870) 523-4333 - Contact person is Rick Sampson

Effective January 1, 2005 - Change of ownership/facility name change. [Previous entity operator was Monette Properties, Inc., doing business as Monette Manor]

Montgomery County Nursing Home

Telephone: (870) 867-2156

FAX Number: (870) 867-2049

I. FACILITY DATA

Updated: 05/06/2016

MAILING ADDRESS

P.O. Box 1208
Mount Ida, AR 71957

PHYSICAL LOCATION

741 South Drive
Mount Ida, AR 71957
County: Montgomery #49

Administrator: Tommy Johnston

Administrator License Number: 1764

Total Licensed Beds: 112

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5266

State License: 198

State Vendor: 0521

MMIS Provider: 109243311

Certified Beds: 112

Medicaid: 0

Medicare: 0

Caid/Care: 112

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

County Government

Montgomery County Nursing Home

County of Montgomery 100%

105 Highway 270 East, #10

Mt. Ida, AR 71957

(870) 867-3114

Ray Connel, Board President

530 North Bumblebee Road

Glenwood, AR 71965

(870) 356-3595

Effective June 8, 2002, a Saturday - residents move to new location.

Permit of Approval 442 Replacement/relocation from 117 Ray Street to 741 South Drive.

Effective June 8, 2002, - total licensed and certified beds increased from 96 to 106 - Permit of Approval 442.

Effective April 1, 2005 - Change in certified bed breakdown - All beds are Medicare/Medicaid.

Effective July 1, 2007 - total licensed and certified beds increased from 106 to 112 - Permit of Approval 743

Mount Vista Rehabilitation and Health Center

Telephone: (870) 741-7667

FAX Number: (870) 741-6719

I. FACILITY DATA

Updated: 06/06/2017

MAILING ADDRESS

202 Tims Avenue
Harrison, AR 72601

PHYSICAL LOCATION

202 Tims Avenue
Harrison, AR 72601
County: Boone #05

Administrator: Amanda Kinyon

Administrator License Number: 2479

Total Licensed Beds: 154

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5192

State License: 1082

State Vendor: 0427

MMIS Provider: 211118311

Certified Beds: 154

Medicaid: 0

Medicare: 0

Caid/Care: 154

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 202 Tims Avenue, LLC

200 International Circle - Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Harrison Operations, LLC

Doing business as Mount Vista Rehabilitation and Health Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Highlands of Harrison Tims, LLC doing business as Highlands of Harrison at Tims Health and Rehabilitation/Highlands of Arkansas 100%]

Mountain Meadows Health and Rehabilitation

Telephone: (870) 251-1112

FAX Number: (870) 251-2911

I. FACILITY DATA

Updated: 08/25/2017

MAILING ADDRESS

1680 Batesville Boulevard
Batesville, AR 72501-

PHYSICAL LOCATION

1680 Batesville Boulevard
Batesville, AR 72501-
County: Independence #32

Administrator: Tonya Moser

Administrator License Number: 2015

Total Licensed Beds: 110

Life Safety Code Years: 1985

Certification: Title XIXXVIII

Facility Identification Numbers

Federal Provider: 04-5369

State License: 996

State Vendor: 0849

MMIS Provider: 195056311

Certified Beds: 110

Medicaid: 0

Medicare: 0

Caid/Care: 110

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Independence RE, LLC
824 Salem Road, Suite 210
Conway, Arkansas 72304
ATTN: Eric Bell

Ownership and Financial Interest

BVNC, Inc.

Doing Business as: Mountain Meadows Health and Rehabilitation

Ovation Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 1, 2013 - Change of Ownership and Facility Name Change

[Previous entity operator: Rolling Hills H.C., Inc. doing business as Rolling Hills Nursing Center]

Effective July 27, 2017 the lease between Rolling Hills HC, Inc., 2908 Hawkins Drive, Searcy, AR 72143 and BVNC, Inc., dba Mountain Meadows Health and Rehabilitation has been terminated.

Effective July 27, 2017 pursuant to a mortgage transfer BVNC, Inc., dba Mountain Meadows Health and Rehabilitation has entered into a new lease with the new landlord, Independence RE, LLC., 824 Salem Road, Suite 210, Conway, Arkansas 72304.

Mountain View Health and Rehabilitation Center

Telephone: (870) 269-5835

FAX Number: (870) 269-2723

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

706 Oak Grove St
Mountain View, AR 72560

PHYSICAL LOCATION

706 Oak Grove St
Mountain View, AR 72560
County: Stone #69

Administrator: Tammy Romero

Administrator License Number: 1957

Total Licensed Beds: 97

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5146

State License: 1111

State Vendor: 0542

MMIS Provider: 212739311

Certified Beds: 97

Medicaid: 0

Medicare: 0

Caid/Care: 97

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Mt. V Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076

Tenant:
Highlands of Mountain View SNF Holdings, LLC
706 Oak Grove Street
Mountain View, AR 72560

Ownership and Financial Interest

Highlands of Mountain View SNF Holdings, LLC

doing business as Mountain View Health and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of Mountain View SNF Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and
Manager of Highlands of Mountain View SNF Holdings, LLC

Management Agreement with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Mountain View SNF, LLC Doing business as Highlands of Mountain View Therapy and
Living Center]

Effective 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Mountain View
Therapy and Living Center]

Murfreesboro Rehab & Nursing, Inc.

Telephone: (870) 285-2186

FAX Number: (870) 285-2348

I. FACILITY DATA

Updated: 05/22/2013

MAILING ADDRESS

P.O. Box 656
Murfreesboro, AR 71958

PHYSICAL LOCATION

110 W. 13th Street
Murfreesboro, AR 71958
County: Pike #55

Administrator: Sandra Barnett

Administrator License Number: 1979

Total Licensed Beds: 66

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5415

State License: 924

State Vendor: 0358

MMIS Provider: 182413311

Certified Beds: 66

Medicaid: 0

Medicare: 0

Caid/Care: 66

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Murfreesboro Nursing Center,
A Limited Liability Company
Contact: Roger Tidwell
P. O. Box 1704
Glenwood, AR 71943

Ownership and Financial Interest

Murfreesboro Rehab & Nursing, Inc.

100%

Sandra Tidwell Barnett
519 North Kelley Ave
Murfreesboro, AR 71958

(870) 285-2186 - Facility telephone number.

Effective August 1, 2010 - change of ownership and facility name change

[Previous entity operator: Murfreesboro Nursing Center, L.L.C. doing business as Murfreesboro Nursing Center.]

Nashville Nursing and Rehab, Inc.

Telephone: (870) 845-4600

FAX Number: (870) 845-4500

I. FACILITY DATA

Updated: 05/27/2011

MAILING ADDRESS

P.O. Box 376
Nashville, AR 71852-0376

PHYSICAL LOCATION

810 North 8th St
Nashville, AR 71852-0376
County: Howard #31

Administrator: Renda Cogburn

Administrator License Number: 1532

Total Licensed Beds: 70

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5342

State License: 753

State Vendor: 0532

MMIS Provider: 154010311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Effective 07/01/2009 leased from:
NV RE, LLC
824 Salem Rd., Ste 210
Conway, AR 72034-4800

Ownership and Financial Interest

Nashville Nursing and Rehab, Inc.

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective July 1, 2004 - change of ownership and facility name change. [Previous entity operator: Nashville Nursing Center, Inc.] Effective 01/01/2005 - change in certified bed breakdown - All beds are Medicare/Medicaid. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc.

Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Newton County Nursing Home

Telephone: (870) 446-2333

FAX Number: (870) 446-5133

I. FACILITY DATA

Updated: 05/10/2016

MAILING ADDRESS

P.O. Box 442
Jasper, AR 72641

PHYSICAL LOCATION

610 East Court Street
Jasper, AR 72641
County: Newton #51

Administrator: Lisa L. Duncan

Administrator License Number: 1974

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX

Facility Identification Numbers

Federal Provider: 04-E090

State License: 645

State Vendor: 0534

MMIS Provider: 119655311

Certified Beds: 70

Medicaid: 70

Medicare: 0

Caid/Care: 0

Private Beds: 0

HomestyleBeds:

Classification

NF: X

SNF:

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as Ownership of License

Ownership and Financial Interest

Newton County Healthcare Association, Inc.

doing business as
Newton County Nursing Home

Non Profit Corporation

Board of Directors
Gerald Norton, Chairman
HC 72, Box 85
Jasper, AR 72641
(870) 434-5505

Change in operational control effective 4-1-00.

Effective August 24, 2002 - total licensed and certified beds increased from 42 to 70.

Effective August 24, 2002 - replacement/relocation to new address 610 East Court Street - Permit of Approval 471.
(previous location was at 504 Court Street)

Note: All mail must be sent to P. O. Box 442. The local Postal Service will not deliver mail to the street address. The nursing facility must go to the Post Office to pick up all mail.

North Hills Life Care and Rehab

Telephone: (479) 444-9000

FAX Number: (479) 444-9090

I. FACILITY DATA

Updated: 01/26/2018

MAILING ADDRESS

27 E. Appleby Road
Fayetteville, AR 72703

PHYSICAL LOCATION

27 E. Appleby Road
Fayetteville, AR 72703-
County: Washington #72-1

Administrator: Jacquelyn Maddox

Administrator License Number: 2469

Total Licensed Beds: 92

Life Safety Code Years: 1985 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5398

State License: 754

State Vendor: 0868

MMIS Provider: 154011311

Certified Beds: 92

Medicaid: 0

Medicare: 0

Caid/Care: 92

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Effective 07/01/2009 leased from:
FAYV RE, LLC
824 Salem Rd., Ste. 210
Conway, AR 72034-4800

Ownership and Financial Interest

Northwest Health and Rehab, Inc.

Doing business as North Hills Life Care and Rehab

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 07/01/04-change of ownership/facility name change. [Previous operator: Northwest Nursing Center, Inc.] Letter dated 09/20/04 from Centers for Medicare and Medicaid Services this facility meets the requirements for participation in the Medicare Program effective 04/22/04. New Federal Provider is 04-5398. Previous Federal Provider was 04-A292. Effective 01/01/05-total licensed and certified beds increased from 80 to 92. HSPC approval to move 12 beds [5 beds from Westwood Health and Rehab, Inc.-7 beds from the closed Rochier Heights] Arkansas Secretary of State filed on 01/07/08: Reliance Health Care Management, Inc. changing name to RHC Operations, Inc. Notice received 03/01/10: Effective 1/1/10 Boyd Wright is no longer an owner of RHC Operations, Inc.

North Little Rock Health and Rehabilitation Center

Telephone: (501) 758-3800

FAX Number: (501) 753-3893

I. FACILITY DATA

Updated: 12/16/2016

MAILING ADDRESS

2501 John Ashley Drive
North Little Rock, AR 72114

PHYSICAL LOCATION

2501 John Ashley Drive
North Little Rock, AR 72114
County: Pulaski-North #60-2

Administrator: Cindi Dughetti

Administrator License Number: 1820

Total Licensed Beds: 140

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5385

State License: 1106

State Vendor: 0864

MMIS Provider: 212707311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Northridge HC&R Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076

Tenant:
Highlands of North Little Rock John Ashley Holdings, LLC
2501 John Ashley Drive
North Little Rock, AR 72114

Ownership and Financial Interest

Highlands of North Little Rock John Ashley Holdings, LLC

doing business as North Little Rock Health and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of North Little Rock John Ashley Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and
Manager of Highlands of North Little Rock John Ashley Holdings, LLC

Management Agreement with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of North Little Rock John Ashley, LLC Doing business as Highlands of North Little Rock
Therapy and Living Center]

Effective: 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of North Little
Rock Therapy and Living Center]

Nursing and Rehabilitation Center at Good Shepherd, LLC

Telephone: (501) 217-9774

FAX Number: (501) 217-9781

I. FACILITY DATA

Updated: 03/15/2017

MAILING ADDRESS

3001 Aldersgate Road
Little Rock, AR 72205

PHYSICAL LOCATION

3001 Aldersgate Road
Little Rock, AR 72205
County: Pulaski-South #60-1

Administrator: Bobby Lamb

Administrator License Number: 2490

Total Licensed Beds: 120

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5343

State License: 661

State Vendor: 0852

MMIS Provider: 119668311

Certified Beds: 120

Medicaid: 0

Medicare: 0

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Ecumenical Care and Rehabilitation Center, LLC
415 Rogers Avenue
Ft. Smith, AR 72901

Ownership and Financial Interest

Nursing and Rehabilitation Center at Good Shepherd, LLC

Michael Morton 100%
415 Rogers Avenue
Ft. Smith, AR 72901
(479) 783-4672

Effective 12/30/97 facility licensed for 80 beds. Medicaid participation effective 04-15-98. Medicare participation effective 05-18-98. Effective 12-02-01 Change of Ownership/Name Change (Previous name: Healthcare Center at Good Shepherd, Inc.) Effective 12-02-01-80 beds participating in Medicare/Medicaid Programs. Effective 07-23-02 - Total licensed beds increased from 80 to 96 HSPC approval Effective 07-23-02 All 96 beds dual participating in Medicare and Medicaid. Effective 07/01/04 Total licensed and certified beds increased from 96 to 103. HSPC approval to move 7 beds from Briarwood Nursing and Rehabilitation Center. Effective 10/01/06 - total licensed and certified beds increased from 103 to 113. Permit of Approval 712 [10 beds from Pine Ridge Healthcare, LLC] Effective 01/15/08 - total licensed beds increased from 113 to 120-HSPC Approval-movement of 7 beds from StoneRidge Health and Rehab Center. Buy-Out notice received: Effective February 1, 2008, Michael Morton purchased Richard Griffins 25% interest and Richard Griffin, II 25% interest in Nursing and Rehabilitation Center at Good Shepherd, LLC and Ecumenical Care and Rehabilitation Center, LLC.

Effective 04/01/2008 - all 120 beds Medicare/Medicaid.

Oak Manor Nursing and Rehabilitation Center, Inc.

Telephone: (479) 675-3763

FAX Number: (479) 675-2943

I. FACILITY DATA

Updated: 02/15/2013

MAILING ADDRESS

P.O. Box 170
Booneville, AR 72927

PHYSICAL LOCATION

150 Morton Avenue
Booneville, AR 72927
County: Logan #42-2

Administrator: Sue Travis
Administrator License Number: 328
Total Licensed Beds: 120
Life Safety Code Years: 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5301
State License: 817
State Vendor: 0544
MMIS Provider: 160674311

Certified Beds: 120

Medicaid: 0
Medicare: 0
Caid/Care: 120
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Oak Manor Nursing Center, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Oak Manor Nursing and Rehabilitation Center, Inc.

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Effective 5/31/00 - Facility Replacement/Relocation - Permit of Approval 406
and Name Change
Former Name: Oak Manor Nursing Center
Former physical location: 1534 East Main

Effective 06/02/00 - total licensed beds increased from 115 to 120 - Permit of Approval 406. Notice of same location physical address change was received 03/07/2003. New same location physical address is 150 Morton Avenue. (Previous address: 150 Reba Avenue) Effective July 1, 2006 - Change of Ownership and facility name change. [Previous entity operator: Oak Manor Nursing Center, Inc. doing business as Oak Manor Nursing and Rehabilitation Center]

Oak Ridge Nursing Home

Telephone: (870) 862-5511

FAX Number: (870) 863-3240

I. FACILITY DATA

Updated: 05/09/2016

MAILING ADDRESS

501 Hudson St
El Dorado, AR 71730

PHYSICAL LOCATION

501 Hudson St
El Dorado, AR 71730
County: Union #70

Administrator: Deborah McKnight

Administrator License Number: 615

Total Licensed Beds: 180

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5271

State License: 214

State Vendor: 0549

MMIS Provider: 109136311

Certified Beds: 180

Medicaid: 0

Medicare: 0

Caid/Care: 180

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

The BLM COMPANY, INC.

Lieselotte S. Offergeld 100%
501 Hudson
El Dorado, AR 71730

Effective 10/01/2003 - Oak Ridge Nursing Home has requested a bed reduction from 190 to 180.
Effective April 1, 2009 - change in certified bed breakdown: all 180 beds Medicare/Medicaid.

Notice received 05/06/2016 - Beryl A. Bonehill's 50% interest has been transferred to Lieselotte S. Offergeld.

Oakdale Nursing Facility

Telephone: (501) 729-3823

FAX Number: (501) 729-3621

I. FACILITY DATA

Updated: 03/01/2016

MAILING ADDRESS

PO Box 670
Judsonia, AR 72081

PHYSICAL LOCATION

101 Cynthia
Judsonia, AR 72081
County: White #73

Administrator: Cloie Ross
Administrator License Number: 1642
Total Licensed Beds: 154
Life Safety Code Years: 1967
1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5418
State License: 071
State Vendor: 0877
MMIS Provider: 161964311

Certified Beds: 154

Medicaid: 0
Medicare: 20
Caid/Care: 134
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Senior Care, Inc.

Doing business as

Oakdale Nursing Facility

Leonard Wiggins 100%
109 Summerview Dr.
Searcy, AR 72143

Facility Services Agreement with ConvaCare Management, Inc.
Joey Wiggins, President - (501) 305-3153
P. O. Box 8248, Searcy, AR 72145

Effective 11-27-96 total licensed and certified beds increased from 140 to 154. Effective 10/21/2006 Senior Care, Inc. doing business as Oakdale Nursing Facility voluntarily terminated from the Medicare and Medicaid Programs. Payment for current Medicaid residents to continue for 30 days following termination. Medicare Federal Provider number was 04-5240; MMIS number was 10946831. Effective 10/27/2006 - Medicaid Certification; New Federal Provider number 04-A302; New vendor number 0877 New MMIS number 161964311. Letter dated 02/13/2007 from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 12/21/06. New Federal Provider Number is 04-5418 [Previous Federal Provider Number was 04-A302]

Oaklawn Estates, LLC

Telephone: (870) 777-8855

FAX Number: (870) 777-8464

I. FACILITY DATA

Updated: 03/23/2018

MAILING ADDRESS

1901 S. Laurel Street
Hope, AR 71801

PHYSICAL LOCATION

1901 S. Laurel Street
Hope, AR 71801
County: Hempstead #29

Administrator: Melora Davis (Interim)

Administrator License Number: 2533

Total Licensed Beds: 100

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5382

State License: 1135

State Vendor: 0601

MMIS Provider: 224524311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Care Holding, LLC
1051 Lantrip Road
Sherwood, AR 72120

Ownership and Financial Interest

Oaklawn Estates, LLC

Doing business as

Oaklawn Estates, LLC

Oaklawn Estates, LLC - 100%

1901 S. Laurel Street

Hope, AR 71801

Tel: 870-777-8855

Cathy Parsons - 100% Member

285 S. Broadview St.

Greenbrier, AR 72058

Tel: 870-530-3837

Effective January 1, 2011 - change of ownership and facility name change [Previous entity operator: Caring Home, LLC doing business as Pinehope Health and Rehabilitation Center]

Effective December 31, 2016 - change of ownership and facility name change [Previous entity operator: Laurel Place Health & Rehab Center, LLC doing business as Laurel Place Health & Rehab Center]

Effective January 1, 2018 - change of ownership and facility name change [Previous entity operator: [Laue] Brook Healthcare & Rehabilitation Center, LLC doing business as Laurel Brook Healthcare & Rehabilitation Center, LLC]

Management Company:

Ridgepointe Healthcare, LLC

P. O. Box 488

Greenbrier, AR 72058

and

1230 Champions Drive

Conway, AR 72304

Tel: 501-499-6651

Osceola Therapy and Living

Telephone: (870) 563-3201

FAX Number: (870) 563-3797

I. FACILITY DATA

Updated: 10/10/2017

MAILING ADDRESS

287 S. Country Club Rd.
Osceola, AR 72370

PHYSICAL LOCATION

287 South Country Club Road
Osceola, AR 72370
County: Mississippi #47-2

Administrator: Alexandria Washburn

Administrator License Number: 2516

Total Licensed Beds: 115

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5440

State License: 1024

State Vendor: 0885

MMIS Provider: 199881311

Certified Beds: 115

Medicaid: 0

Medicare: 0

Caid/Care: 115

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Berryville Properties, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

OSNC, INC.

Doing business as Osceola Therapy and Living

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Rd, Ste 210

Conway, AR 72034

(501) 932-0050

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 Contact Person: Amy Rollins
Same address as above

Effective November 1, 2013 - Change of Ownership and Facility Name Change
[Previous entity operator and facility name: Osceola Therapy and Living Center, Inc.]

Ouachita Nursing and Rehabilitation Center

Telephone: (870) 836-4111

FAX Number: (870) 836-5671

I. FACILITY DATA

Updated: 06/09/2017

MAILING ADDRESS

1411 Country Club Road
Camden, AR 71701

PHYSICAL LOCATION

1411 Country Club Road
Camden, AR 71701
County: Ouachita #52

Administrator: Julie Harper

Administrator License Number: 2481

Total Licensed Beds: 142

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5207

State License: 1070

State Vendor: 0557

MMIS Provider: 209661311

Certified Beds: 142

Medicaid: 0

Medicare: 0

Caid/Care: 142

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Camden, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Camden - Progressive Eldercare Services, Inc.

Doing business as Ouachita Nursing and Rehabilitation Center

Angela Marlar
President/Secretary/Treasurer
1411 Country Club Road
Camden, AR 71701

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Helen E. Aregood, Board Member
3020 Cherokee St.
Camden, AR 71701

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

James S. Brooks, Board Member
1355 Hickman Rd.
Camden, AR 71701

Change of Ownership effective 09/01/2015 [Previous entity operator: Camden Operations, LLC* doing business as Ouachita Nursing and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Ozark Health Nursing and Rehab Center

Telephone: (501) 745-9508

FAX Number: (501) 745-7097

I. FACILITY DATA

Updated: 03/07/2016

MAILING ADDRESS

P.O. Box 206
Clinton, AR 72031

PHYSICAL LOCATION

2500 Highway 65 South
Clinton, AR 72031
County: Van Buren #71

Administrator: Carla Roberts

Administrator License Number: 2451

Total Licensed Beds: 118

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5414

State License: 203

State Vendor: 0769

MMIS Provider: 119624311

Certified Beds: 118

Medicaid: 0

Medicare: 0

Caid/Care: 118

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Van Buren County Owns leases to: Ozark Health, Inc.
Van Buren County Judge P.O. Box 206
P. O. Box 60 Clinton, AR 72031
Main Street
Clinton, AR 72031

Ownership and Financial Interest

Ozark Health, Inc.

Doing business as:

Ozark Health Nursing and Rehab Center

Non-Profit Corporation

Board of Directors

Edward Morgan, President

P. O. Box 388

Clinton, AR 72031 501.745.4044

Hospital-based facility:

Ozark Health Medical Center

2500 Highway 65 South

Clinton, AR 72031

Name change effective 11-9-98 (Formerly Van Buren County Nursing Home). Medicaid Federal Provider Number 04-A102 and MMIS 109039311 terminated effective 1-26-99. Medicaid Federal Provider Number 04-A263 and MMIS 119624311 effective 2-25-99. Effective 5-14-99 total licensed and certified beds increased from 120 to 132. Effective 09/14/2004 - facility replacement/relocation - Permit of Approval 545. Notice received from Centers for Medicare and Medicaid Services that Ozark Health, Inc. doing business as Ozark Health Nursing Center meets the requirements to participate in the Medicare Program effective July 25, 2006. New Federal Provider Number 04-5414 [Previous Federal Provider Number: 04-A263] Effective 04/01/10 - total licensed and certified beds decrease from 132 to 118 [14 beds returned to Health Services Permit Commission for redistribution]

Effective 07/01/2013 - Facility Name Change - Previous doing business as name: Ozark Health Nursing Center
Fictitious Name filing with Arkansas Secretary of State on June 3, 2013.

Ozark Nursing Home, Inc.

Telephone: (479) 667-4791

FAX Number: (479) 667-5791

I. FACILITY DATA

Updated: 12/29/2016

MAILING ADDRESS

600 North 12th St
Ozark, AR 72949

PHYSICAL LOCATION

600 North 12th St
Ozark, AR 72949
County: Franklin #24

Administrator: Ashley Marcotte

Administrator License Number: 2415

Total Licensed Beds: 135

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5386

State License: 023

State Vendor: 0570

MMIS Provider: 109226311

Certified Beds: 135

Medicaid: 0

Medicare: 0

Caid/Care: 135

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Ozark Nursing Home, Inc.

David Shaffer 33.3%
707 W. Main St
Ozark, AR 72949

Don Shaffer 33.4%
238 Riverview Dr
Ozark, AR 72949

Jack Shaffer 33.3%
244 Riverview Dr
Ozark, AR 72949

Letter dated October 9, 2003 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective August 22, 2003.

Previous Federal Provider 04-A153. New Federal Provider number 04-5386 effective 08/22/2003.

Effective 07/01/10 - total licensed and certified beds decrease from 152 to 135. [17 beds returned to Health Services Permit Commission for redistribution]

Ozark Terrace Health and Rehabilitation Center

Telephone: (479) 636-5841

FAX Number: (479) 621-8345

I. FACILITY DATA

Updated: 12/16/2016

MAILING ADDRESS

1513 South Dixieland Rd
Rogers, AR 72758

PHYSICAL LOCATION

1513 South Dixieland Rd
Rogers, AR 72758
County: Benton #04

Administrator: Kimberly Weaver

Administrator License Number: 2303

Total Licensed Beds: 110

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5212

State License: 1110

State Vendor: 0320

MMIS Provider: 212737311

Certified Beds: 110

Medicaid: 0

Medicare: 0

Caid/Care: 110

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord: Park Heritage Property Holdings, LLC
1145 Hembree Road, Roswell, GA 30076

Tenant:
Highlands of Rogers Dixieland Holdings, LLC
1513 S. Dixieland Road
Rogers, AR 72758

Ownership and Financial Interest

Highlands of Rogers Dixieland Holdings, LLC

doing business as Ozark Terrace Health and Rehabilitation Center

Skyline Highland Holdings, LLC 100% of Highlands of Rogers Dixieland Holdings, LLC

JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC

425 West Capitol Avenue, Suite 3800
Little Rock, Arkansas 72201

Joseph Schwartz 100% Member of JS Highland Holdings, LLC - Manager of Skyline Highland Holdings, LLC and
Manager of Highlands of Rogers Dixieland Holdings, LLC

Management Agreement with Skyline Services Group LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195

Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC

Brandon Augustyniak - CFO of Skyline Services Group LLC

Effective April 1, 2016 - Change of Ownership

[Formerly Highlands of Rogers Dixieland, LLC Doing business as Highlands of Northwest Arkansas Therapy and
Living Center]

Effective: 11/07/2016 - Facility Name Change [Previous doing business as name was Highlands of Northwest
Arkansas Therapy and Living Center]

Paris Health and Rehabilitation Center

Telephone: (479) 963-6151

FAX Number: (479) 963-6773

I. FACILITY DATA

Updated: 10/25/2016

MAILING ADDRESS

1414 S. Elm St.
Paris, AR 72855

PHYSICAL LOCATION

1414 S. Elm St.
Paris, AR 72855
County: Logan #42-1

Administrator: Jaclyn Hughes

Administrator License Number: 2492

Total Licensed Beds: 140

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5300

State License: 609

State Vendor: 0815

MMIS Provider: 119609311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Northport Health Services of Arkansas, L.L.C.

doing business as

Paris Health and Rehabilitation Center

J. Norman Estes 92%
David A. Estes as Trustee for James N. Estes, Jr. 4%
David A. Estes as Trustee for Jennifer Estes Agee 4%
931 Fairfax Park
Tuscaloosa, Alabama 35406
(205) 391-3600

Claude E. Lee, Vice President/Secretary for
Northport Health Services of Arkansas, L.L.C.
931 Fairfax Park
Tuscaloosa, AL 34506
(205) 391-3600

Financial and Administrative Services Agreement with NHS Management, L.L.C. - same address as above.

Change of ownership effective 7-1-98.

Name change effective 7-1-98 (Formerly Logan County Nursing and Rehabilitation Center).

Effective 4-1-2000 - change in facility certified bed breakdown as referenced above.

Effective 10-01-2001 - change in certified bed breakdown - all beds are Medicare/Medicaid.

Noticed received 01/08/2004 from nursing facility to delete P. O. Box 431 as the mailing address.

Assignment of Membership Interest from Northport Health Services, Inc. to J. Norman Estes effective 12/31/2006

Parkway Health Center

Telephone: (501) 202-1645

FAX Number: (501) 202-1693

I. FACILITY DATA

Updated: 05/22/2015

MAILING ADDRESS

14324 Chenal Parkway
Little Rock, AR 72211

PHYSICAL LOCATION

14324 Chenal Parkway
Little Rock, AR 72211

County: Pulaski-South #60-1

Administrator: Steven Gates

Administrator License Number: 488

Total Licensed Beds: 105

Life Safety Code Years: 1985

Certification: Title

Facility Identification Numbers

Federal Provider: None

State License: 432

State Vendor: 0851

MMIS Provider: N/A

Certified Beds: 0

Medicaid: 0

Medicare: 0

Caid/Care: 0

Private Beds: 105

HomestyleBeds:

Classification

NF: X

SNF:

NF/SNF:

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Parkway Health Center, Inc.

Non Profit Corporation

Russell D. Harrington, Jr., Senior Advisor
Troy Wells, President
9601 I-630, Exit 7
Little Rock, AR 72205-7299
(501) 202-2080

Effective 7-1-96 total licensed beds increased from 75 to 85.

Effective 8-11-97 total licensed beds increased from 85 to 105.

Medicare participation effective 9-11-97 with 04-5333 Federal Provider Number.

Notice received from Health Care Financing Administration that Parkway Health Center withdrew from the Medicare Program effective May 1, 2000.

All 105 beds are non certified effective May 1, 2000.

Perry County Nursing and Rehabilitation Center

Telephone: (501) 889-2400

FAX Number: (501) 889-5344

I. FACILITY DATA

Updated: 02/25/2013

MAILING ADDRESS

P.O. Box 270
Perryville, AR 72126

PHYSICAL LOCATION

1321 Scenic Drive
Perryville, AR 72126
County: Perry #53

Administrator: Rhonda Stout

Administrator License Number: 1980

Total Licensed Beds: 95

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5246

State License: 766

State Vendor: 0592

MMIS Provider: 155079311

Certified Beds: 95

Medicaid: 0

Medicare: 0

Caid/Care: 95

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Perry County Nursing Center, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Perry County Care Center, Inc.

Doing business as
Perry County Nursing and Rehabilitation Center

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Notice of name change received June 2000 for name change effective 5-25-1999.

Former Name: Perry County Nursing Center

Effective 10-01-2001 - change in certified bed breakdown - all beds are Medicare/Medicaid.

Effective 01/01/05 - Change of ownership/corporate restructure [Previous entity operator: Perry County Nursing Center, Inc., doing business as Perry County Nursing and Rehabilitation Center.]

Pine Hills Health and Rehabilitation Center

Telephone: (870) 836-6833

FAX Number: (870) 836-7178

I. FACILITY DATA

Updated: 01/14/2016

MAILING ADDRESS

900 Magnolia Rd
Camden, AR 71701

PHYSICAL LOCATION

900 Magnolia Rd
Camden, AR 71701
County: Ouachita #52

Administrator: Robin R. Looney

Administrator License Number: 2354

Total Licensed Beds: 106

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5189

State License: 1099

State Vendor: 0442

MMIS Provider: 211205311

Certified Beds: 106

Medicaid: 0

Medicare: 0

Caid/Care: 106

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
1422A Clarkview Road, Baltimore, MD 21209
Prime Landlord: 900 Magnolia Road SW, LLC
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Camden II Operations, LLC

Doing business as Pine Hills Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Pine Hills Health and Rehabilitation, LLC\Arkansas SNF Operations Acquisition, LLC-100%]

Pink Bud Home for the Golden Years

Telephone: (479) 996-4125

FAX Number: (479) 996-4023

I. FACILITY DATA

Updated: 07/23/2014

MAILING ADDRESS

P.O. Drawer 2000
Greenwood, AR 72936-2000

PHYSICAL LOCATION

400 So Coker
Greenwood, AR 72936-2000
County: Sebastian #65

Administrator: Roger M. Corbin

Administrator License Number: 121

Total Licensed Beds: 110

Life Safety Code Years: 1967 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5456

State License: 043

State Vendor: 0609

MMIS Provider: 109446311

Certified Beds: 110

Medicaid: 0

Medicare: 0

Caid/Care: 110

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

E.R.R.S., Inc.

Doing business as

Pink Bud Home for the Golden Years

Evelyn Corbin Wilson 49%
P. O. Box 895
Greenwood, AR 72936

Roger Corbin 17%
935 Marymont Drive
Greenwood, AR 72936

Rhonda Oliver 17%
1025 Marymont Drive
Greenwood, AR 72936

Sheila Corbin 17%
58 Stone Gate Court
Fort Smith, AR 72916

Notice Letter dated July 18, 2014 from Centers for Medicare and Medicaid Services that E.R.R.S., Inc. doing business as Pink Bud Home for the Golden Years meets the requirements to participate in the Medicare Program effective January 28, 2014 with all 110 beds participating in Medicare/Medicaid. Previous Federal Provider Number was 04-E104.

Pioneer Therapy and Living

Telephone: (870) 368-4377

FAX Number: (870) 368-5071

I. FACILITY DATA

Updated: 05/06/2014

MAILING ADDRESS

1506 E Main St
Melbourne, AR 72556

PHYSICAL LOCATION

1506 East Main Street
Melbourne, AR 72556
County: Izard #33

Administrator: Jody Kever

Administrator License Number: 1610

Total Licensed Beds: 86

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5322

State License: 1047

State Vendor: 0610

MMIS Provider: 202086311

Certified Beds: 86

Medicaid: 0

Medicare: 0

Caid/Care: 86

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Pioneer Holdings, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

MLBNC, Inc.

Doing business as Pioneer Therapy and Living

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: PNRG, Inc. doing business as Pioneer Therapy and Living Center]

Pleasant Manor Nursing & Rehab

Telephone: (870) 898-5001

FAX Number: (870) 898-3342

I. FACILITY DATA

Updated: 09/13/2016

MAILING ADDRESS

950 Homestead
Ashdown, AR 71822

PHYSICAL LOCATION

950 Homestead
Ashdown, AR 71822
County: Little River #41

Administrator: Lori Pickett

Administrator License Number: 1952

Total Licensed Beds: 78

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5227

State License: 951

State Vendor: 0618

MMIS Provider: 187736311

Certified Beds: 78

Medicaid: 0

Medicare: 0

Caid/Care: 78

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from: Pickett Investments, Inc.
68 Sugar Ridge
Texarkana, AR 71854

Ownership and Financial Interest

J.L.P. Investments, LLC

doing business as

Pleasant Manor Nursing & Rehab

James Pickett 100%
68 Sugar Ridge
Texarkana, AR 71854
(903) 278-1634

Effective 08/01/2011 - Change of Ownership and Facility Name Change

[Former entity operator: Pleasant Manor Nursing Home, LLC doing business as Pleasant Manor Nursing Home]

Notice received that effective 09/30/2013 - Lori Hill transferred her 50% interest in J.L.P. Investments, LLC to James Pickett.

Pleasant Valley Nursing & Rehabilitation

Telephone: (501) 225-8888

FAX Number: (501) 228-7536

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

12111 Hinson Rd
Little Rock, AR 72212

PHYSICAL LOCATION

12111 Hinson Rd
Little Rock, AR 72212
County: Pulaski-East #60-4

Administrator: Marty Tolbert

Administrator License Number: 2044

Total Licensed Beds: 97

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5390

State License: 695

State Vendor: 0854

MMIS Provider: 119701311

Certified Beds: 97

Medicaid: 0

Medicare: 0

Caid/Care: 97

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
Arkansas Nursing Home Limited Partnership
10632 Hillary Ct.
Baton Rouge, LA 70810

Ownership and Financial Interest

Arkansas Elder Outreach of Little Rock, Inc.

Doing business as Pleasant Valley Nursing & Rehabilitation

Arkansas Elder Outreach of Little Rock, Inc.

Corporation - Non-Profit

Douglas M. Walsh, Board Member

10632 Hillary Court
Baton Rouge, LA 70810
(225) 769-7960

Effective February 1, 2003 - Change of Ownership Previous Entity Owner: Arkansas Nursing Home Partnership, LTD. - Partnership

Letter dated 11/12/2003 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 09/29/2003. New Federal Provider Number 04-5390 (Previous Federal Provider Number 04-A259)

Effective July 1, 2004 - change in certified bed breakdown. All beds are Medicare/Medicaid.

Effective 10/25/2010 - facility name change - formerly Pleasant Valley Living Center

Registration of Fictitious Name filed with Arkansas Secretary of State on September 17, 2010.

Pocahontas Healthcare and Rehabilitation Center

Telephone: (870) 892-2523

FAX Number: (870) 248-0378

I. FACILITY DATA

Updated: 03/30/2016

MAILING ADDRESS

105 Country Club Road
Pocahontas, AR 72455

PHYSICAL LOCATION

105 Country Club Road
Pocahontas, AR 72455
County: Randolph #61

Administrator: Jeannie Fort

Administrator License Number: 2448

Total Licensed Beds: 97

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5284

State License: 1079

State Vendor: 0620

MMIS Provider: 209652311

Certified Beds: 97

Medicaid: 0

Medicare: 0

Caid/Care: 97

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Pocahontas, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Randolph - Progressive Eldercare Services, Inc.

Doing business as Pocahontas Healthcare and Rehabilitation Center

Jeannie M. Fort
President/Secretary/Treasurer
105 Country Club Rd.
Pocahontas, AR 72455

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

James K. DeClerk, Board Member
505 W. Everett
Pocahontas, AR 72455

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Pasturing Johnson, Board Member
1613 West Marr Street
Pocahontas, AR 72455

Change of Ownership effective 09/01/2015 [Previous entity operator: Randolph Operations, LLC* doing business as Pocahontas Healthcare and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Prairie Grove Health and Rehabilitation, LLC

Telephone: (479) 846-2169

FAX Number: (479) 846-4665

I. FACILITY DATA

Updated: 02/13/2018

MAILING ADDRESS

621 South Mock Street
Prairie Grove, AR 72753

PHYSICAL LOCATION

621 South Mock Street
Prairie Grove, AR 72753
County: Washington #72-1

Administrator: Jayme Creek

Administrator License Number: 2268

Total Licensed Beds: 70

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5409

State License: 853

State Vendor: 0501

MMIS Provider: 166574311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Prairie Grove Health and Rehabilitation, LLC

James Stein 31.58%

Robert Andrew Rye 13.16%

Kate Minor 5.26%

Derek Goodlin 5.26%

Robert Vim Rye 13.16%

8520 South 36th Terrace

Fort Smith, AR 72908

Contact: Andy Rye, Vice President

(479) 410-1740

Paul Stein 31.58%

5703 Gulf Tech Drive

Ocean Springs, MS 39564

Effective January 11, 2008 - Change of ownership and facility name change

[Previous operator: Sequoyah Residential Facilities, Inc. doing business as Medi Home of Prairie Grove]

Premier Health and Rehabilitation Center

Telephone: (501) 955-2108

FAX Number: (501) 955-9517

I. FACILITY DATA

Updated: 07/11/2017

MAILING ADDRESS

3600 Richards Road
North Little Rock, AR 72117

PHYSICAL LOCATION

3600 Richards Road
North Little Rock, AR 72117
County: Pulaski-North #60-2

Administrator: Stephen Hudgens

Administrator License Number: 2020

Total Licensed Beds: 132

Life Safety Code Years: 1985

2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5357

State License: 1088

State Vendor: 0857

MMIS Provider: 211120311

Certified Beds: 132

Medicaid: 0

Medicare: 12

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 3600 Richards Road, LLC

200 International Circle, Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Pulaski Operations, LLC

Doing business as Premier Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Premier Health and Rehabilitation, LLC/Arkansas SNF Operations Acquisition, LLC]

Presbyterian Village, Inc.

Telephone: (501) 225-1615

FAX Number: (501) 225-0849

I. FACILITY DATA

Updated: 04/01/2016

MAILING ADDRESS

500 Brookside Drive
Little Rock, AR 72205

PHYSICAL LOCATION

500 Brookside Drive
Little Rock, AR 72205
County: Pulaski-South #60-1

Administrator: Brenda Bane

Administrator License Number: 804

Total Licensed Beds: 78

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5436

State License: 060

State Vendor: 9010

MMIS Provider: 184672311

Certified Beds: 78

Medicaid: 0

Medicare: 0

Caid/Care: 78

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Presbyterian Village, Inc.

Non-Profit Corporation

Church Affiliated: Sponsorship of Presbyterian Churches

Board of Directors

Judy Steen, President

16 Club Manor Dr.

Maumelle, AR 72113

Effective April 25, 1996, Presbyterian Village Health Care Center was approved for participation in the Medicare Program. Effective July 24, 1998, Presbyterian Village Health Care Center - voluntary withdrawal from the Medicare Program. Effective 12/09/2010 - Presbyterian Village, Inc. is approved for Medicaid certification. Federal Provider number is 04-A318 and MMIS number is 184672311 with 54 beds participating in the Medicaid Program.

Notice received from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 12/09/2010. Medicare Provider number assigned by CMS is 04-5436. Previous Medicaid Provider number was 04-A318.

Effective 04/01/2016 - Change in Certified Bed Breakdown - all 78 beds participate in Medicare and Medicaid Programs. [Previously 24 beds Medicare; 54 beds Medicaid/Medicare]

Prescott Manor Nursing Center

Telephone: (870) 455-1086

FAX Number: (870) 887-6690

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

700 Manor Drive
Prescott, AR 71857-2800

PHYSICAL LOCATION

700 Manor Drive
Prescott, AR 71857-2800
County: Nevada #50

Administrator: Peggy J. McLelland

Administrator License Number: 1103

Total Licensed Beds: 111

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5181

State License: 665

State Vendor: 0613

MMIS Provider: 119673311

Certified Beds: 111

Medicaid: 0

Medicare: 0

Caid/Care: 111

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Prescott Arkansas, L.L.C.
200 International Circle - Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

KSJ LLC

Doing business as Prescott Manor Nursing Center

Keith Head	75%	Cathy Parsons	25%
1505 Dogwood Trail		1265 Champions Drive	
Conway, AR 72032		Conway, AR 72034	
(501) 514-5818		(870) 530-3837	

Management Agreement with: H.O.P.E. Healthcare, LLC

P. O. Box 1369

Conway, AR 72033

Contact: Keith Head - 501.499.6651

Effective February 1, 2002 - Change of Ownership and Name Change
(Formerly Beverly Healthcare - Prescott)

Notice received May 27, 2011 that Stafford Kees transferred his 40% interest in KSJ LLC and Brandon Kees transferred his 10% interest in KSJ LLC to Keith Head. All three individuals signed the Contract on 10/20/2010. Notice received 11/24/2014 of change in telephone number for Prescott Manor Nursing Center.

Promenade Health and Rehabilitation

Telephone: (479) 268-3989

FAX Number: (479) 636-0849

I. FACILITY DATA

Updated: 04/12/2018

MAILING ADDRESS

1101 South Promenade Boulevard
Rogers, AR 72758

PHYSICAL LOCATION

1101 S. Promenade Boulevard
Rogers, AR 72758
County: Benton #04

Administrator: Lana Rogers

Administrator License Number: 1833

Total Licensed Beds: 114

Life Safety Code Years: 2012

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5361

State License: 1069

State Vendor: 0059

MMIS Provider: 208282311

Certified Beds: 114

Medicaid: 0

Medicare: 0

Caid/Care: 114

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

SRN Management 2, LLC

doing business as Promenade Health and Rehabilitaiton

Robert A. Rye "Andy" 25%

James Stein 25%

Robert V. Rye 25%

8520 S. 36th Terrace

Fort Smith, AR 72908

479.410.1740

Effective July 1, 2015 - Change of Ownership and facility name change.

[Formerly Benton Nursing, LLC doing business as Bentonville Manor Nursing Home]

Effective 07/29/2017 - Facility Replacement/Relocation and Bed Increase - Permit of Approval #1009

Effective 07/29/2017 - Total licensed beds increase from 95 to 114: Medicare/Medicaid beds remain at 95.

[Previous facility name and location address was: Bentonville Health and Rehabilitation, 224 South Main Street Bentonville, AR 72712-5963]

Effective 01/01/2018 - Certified beds increase from 95 to 114 Medicare/Medicaid beds. [Previously 95 Medicare/Medicaid beds and 19 licensed only beds.]

Effective 03/01/2018 - Facility Name Change [Formerly SRN Management 2, LLC doing business as Pinnacle Health and Rehabilitation]

Quapaw Care and Rehabilitation Center, LLC

Telephone: (501) 525-7140

FAX Number: (501) 525-7441

I. FACILITY DATA

Updated: 02/15/2013

MAILING ADDRESS

138 Brighton Terrace
Hot Springs, AR 71913-

PHYSICAL LOCATION

138 Brighton Terrace
Hot Springs, AR 71913-
County: Garland #26

Administrator: Cynthia Farmer

Administrator License Number: 0989

Total Licensed Beds: 126

Life Safety Code Years: 1985 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5338

State License: 667

State Vendor: 0842

MMIS Provider: 156177311

Certified Beds: 126

Medicaid: 0

Medicare: 0

Caid/Care: 126

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:

Quapaw Nursing Center, Inc.
415 Rogers Avenue
Ft. Smith, AR 72901

Ownership and Financial Interest

Quapaw Care and Rehabilitation Center, LLC

Michael Morton 100%
415 Rogers Avenue
Ft. Smith, AR 72901
(479) 783-4672

Effective February 1, 2002 Change of Ownership and Name Change (Formerly Quapaw Healthcare, Inc.)

Effective February 1, 2002 - all 110 beds participating in the Medicare and Medicaid Programs.

Effective July 1, 2004 - total licensed and certified beds increased from 110 to 126.

Health Services Permit Commission approval to move 16 beds from Fountain Lake Health and Rehab.

Effective 07/04/2005 - Quapaw Care and Rehabilitation Center, LLC, has been assigned a new MMIS number, 156177311, by Electronic Data Systems, Inc. [previous MMIS number was 119675311].

Buy-Out notice received - Effective February 1, 2008, Michael Morton has purchased Richard Griffins 33 1/3% interest and Richard Griffin, lis 33 1/3% interest in Quapaw Care and Rehabilitation Center, LLC and Quapaw Nursing Center, Inc.

Randolph County Nursing Home

Telephone: (870) 892-5214

FAX Number: (870) 892-7389

I. FACILITY DATA

Updated: 12/31/2015

MAILING ADDRESS

500 Camp Road
Pocahontas, AR 72455

PHYSICAL LOCATION

500 Camp Road
Pocahontas, AR 72455
County: Randolph #61

Administrator: Paula Swift

Administrator License Number: 1801

Total Licensed Beds: 140

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5443

State License: 054

State Vendor: 0616

MMIS Provider: 109033311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

County Government

Randolph County Nursing Home

County Government

Board of Directors

Don Brown, Chairman

5301 Hwy 62 West

Pocahontas, AR 72455

870.892.5292

Effective 12/30/2015 - Facility Replacement/Relocation and Bed Increase - Permit of Approval 877

Effective 12/30/2015 - Total licensed beds increase from 118 to 140: Medicare/Medicaid beds remain at 118.

[Previous location address was: 1405 Hospital Drive, Pocahontas, AR 72455]

Effective 01/01/2016 - total Medicare/Medicaid certified beds increase from 118 to 140.

Rector Nursing and Rehab

Telephone: (870) 595-1040

FAX Number: (870) 595-1109

I. FACILITY DATA

Updated: 07/20/2015

MAILING ADDRESS

1023 Highway 119
Rector, AR 72461

PHYSICAL LOCATION

1023 Highway 119
Rector, AR 72461
County: Clay #11-1

Administrator: Kathy Speaks

Administrator License Number: 2418

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5394

State License: 1022

State Vendor: 0858

MMIS Provider: 199880311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Clay County Holdings, L.L.C.
P O Box 506
Melbourne, AR 72556

Ownership and Financial Interest

RTNC, INC.

doing business as Rector Nursing and Rehab

Eagle Health Systems. Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Rd, Ste 210

Conway, AR 72034

(501) 932-0050

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 Contact Person: Amy Rollins
Same address as above

Effective November 1, 2013 - Change of Ownership and Facility Name Change
[Previous entity operator and facility name: Rector Nursing & Rehab Center, Inc.]

Rich Mountain Nursing and Rehabilitation Center

Telephone: (479) 394-3511

FAX Number: (479) 394-3123

I. FACILITY DATA

Updated: 10/02/2015

MAILING ADDRESS

306 Hornbeck Avenue
Mena, AR 71953

PHYSICAL LOCATION

306 Hornbeck Avenue
Mena, AR 71953
County: Polk #57

Administrator: Vicki Hughes

Administrator License Number: 2082

Total Licensed Beds: 115

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5358

State License: 1073

State Vendor: 0631

MMIS Provider: 209660311

Certified Beds: 115

Medicaid: 0

Medicare: 0

Caid/Care: 115

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Mena, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Polk - Progressive Eldercare Services, Inc.

Doing business as Rich Mountain Nursing and Rehabilitation Center

Vicki Huges
President/Secretary/Treasurer
134 Polk 617
Mena, AR 71953

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Sherri M. McCourtney, Board Member
253 Emily Ln.
Mena, AR 71953

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

James E. Turner, Board Member
2800 Jerry Lee Dr.
Mena, AR 71953

Change of Ownership effective 09/01/2015 [Previous entity operator: Polk Operations, LLC* doing business as Rich Mountain Nursing and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Ridgecrest Health and Rehabilitation

Telephone: (870) 932-3271

FAX Number: (870) 932-9410

I. FACILITY DATA

Updated: 01/26/2018

MAILING ADDRESS

5504 E Johnson Ave
Jonesboro, AR 72401

PHYSICAL LOCATION

5504 E Johnson Ave
Jonesboro, AR 72401
County: Craighead #16

Administrator: Donovan Cherry

Administrator License Number: 2402

Total Licensed Beds: 135

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5327

State License: 855

State Vendor: 0439

MMIS Provider: 166825311

Certified Beds: 135

Medicaid: 0

Medicare: 0

Caid/Care: 135

Private Beds: 0

HomestyleBeds: 0

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
HNC, Inc.
824 Salem Road, Ste 210
Conway, AR 72034-4800

Ownership and Financial Interest

JBNC, Inc.

Doing business as Ridgecrest Health and Rehabilitation
RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 14, 2008 - change of ownership and facility name change.

[Previous entity operator: Ridgecrest Health and Rehab, LLC d/b/a Ridgecrest Health and Rehab]

Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Effective 09/01/2016 - Facility Replacement/Relocation and Bed Increase - Permit of Approval 967

Effective 09/01/2016 - Total licensed beds increase from 83 to 100: Medicare/Medicaid beds remain at 83.

[Previous location address was: 3016 N. Church Street, Jonesboro, AR 72401]

Effective January 1, 2017 Bed increase from 100 to 135. Thirth Five (35) beds were transferred from Lexington Place Healthcare and Rehabilitation, HSPA Approval letter dated: 11/10/2016. Original approval letter dated 06/16/16 File # HSPA(1426) [Previous bed total 83 beds Medicaid/Medicare, 17 Private beds]

River Chase Rehabilitation and Care Center

Telephone: (501) 354-4647

FAX Number: (501) 354-8703

I. FACILITY DATA

Updated: 02/04/2015

MAILING ADDRESS

#12 Hospital Drive
Morrilton, AR 72110

PHYSICAL LOCATION

#12 Hospital Drive
Morrilton, AR 72110
County: Conway #15

Administrator: David Miller

Administrator License Number: 1692

Total Licensed Beds: 88

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5149

State License: 932

State Vendor: 0633

MMIS Provider: 183358311

Certified Beds: 88

Medicaid: 0

Medicare: 0

Caid/Care: 88

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
MLD Properties, LLC
610 Newport Center Drive, Suite 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Conway, Inc.

Doing Business as

River Chase Rehabilitation and Care Center

Incorporator:

John Ponthie

2723 Alvamar

Shreveport, LA 71106

John Ponthie - 318-443-8167

Board Member, Pres/Sec/Treas

David E. Miller

#12 Hospital Drive

Morrilton, AR 72110

Member

Progressive Eldercare Services, Inc.

38 Warnock Springs Road

Magnolia, AR 71753

Board Member

Dr. Thomas A. Flowers

177 Smokey Road

Center Ridge, AR 72027

Board Member

Father Jack Harris

506 E. Broadway

Morrilton, AR 72110

Effective September 1, 2010 - change of ownership. [Previous entity operator: Conway Operations, LLC doing business as River Chase Rehabilitation and Care Center]

Notice received 02/03/2015 - Department of the Treasury Letter 947 dated 03/23/2014 that Progressive Eldercare Services-Conway, Inc. is now under 501 (c) (3) of the Internal Revenue Code.

River Ridge Rehabilitation and Care Center

Telephone: (870) 238-4400

FAX Number: (870) 238-9425

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

1100 East Martin Drive
Wynne, AR 72396

PHYSICAL LOCATION

1100 East Martin Drive
Wynne, AR 72396
County: Cross #19

Administrator: Robert David Brazile

Administrator License Number: 1912

Total Licensed Beds: 100

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5157

State License: 931

State Vendor: 0829

MMIS Provider: 183381311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
MLD Properties, LLC
610 Newport Center Drive, Suite 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Cross, Inc.

Doing business as

River Ridge Rehabilitation and Care Center

Incorporator:

John Ponthie
2723 Alvamar
Shreveport, LA 71106
John Ponthie - 318-443-8167

Jennifer Lynch, Pres/Sec/Treasurer

1100 East Martin Drive
Wynne, AR 72396

Member

Progressive Eldercare Services, Inc.
38 Warnock Springs Road
Magnolia, AR 71753

Board Member

William G. Winkler
25 Morningside Drive
Wynne, AR 72396

Board Member

Pastor Roy C. Nelms
717 Oaklawn Drive
Marion, AR 71264

Board Member

Maxine White
1733 Oakdale Drive
Wynne, AR 72396

Effective September 1, 2010 - change of ownership

[Previous entity operator: Cross Operations, LLC doing business as River Ridge Rehabilitation and Care Center]

Notice received 02/26/2016 - Department of the Treasury Letter 947 dated 09/26/2014 that Progressive Eldercare Services-Cross, Inc. is now under 501 (c) (3) of the Internal Revenue Code.

Robinson Nursing and Rehabilitation Center, LLC

Telephone: (501) 753-9003

FAX Number: (501) 753-9146

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

519 Donovan Briley Blvd.
North Little Rock, AR 72118

PHYSICAL LOCATION

519 Donovan Briley Blvd.
North Little Rock, AR 72118
County: Pulaski-North #60-2

Administrator: Jim Towers

Administrator License Number: 1658

Total Licensed Beds: 110

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5374

State License: 662

State Vendor: 0843

MMIS Provider: 119669311

Certified Beds: 110

Medicaid: 0

Medicare: 0

Caid/Care: 110

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Trinity Court, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Robinson Nursing and Rehabilitation Center, LLC

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

New facility licensed effective 5-9-94. Medicaid certification effective 6-23-94. Total licensed and certified beds increased from 70 to 80 effective 4-29-96. Total licensed beds increased from 80 to 90 effective 12-8-97. Change of Ownership and Name Change effective 12-02-01. (Previous Name was Robinson Healthcare). Effective 01/01/02 - change in certified bed breakdown - all beds participating in Medicaid. Notice received from Centers for Medicare and Medicaid Services dated 09/14/02, that Robinson Nursing and Rehabilitation Center, LLC meets the requirements to participate in the Medicare Program effective 07/25/02. Medicare Federal Provider Number 04-5374 effective 07/25/02. Previous Medicaid Federal Provider Number 04-A232. Effective 07/18/03 total licensed beds increased from 90 to 100 - Permit of Approval 519. Effective 10/01/03 - change in certified bed breakdown - all beds dual participating in Medicare and Medicaid. Effective 01/01/07 - total licensed and certified beds increase from 100 to 110 [Permit of Approval 729]

Buy-Out notice received - Effective February 1, 2008, Michael Morton has purchased Richard B. Griffin, II s 50% interest in Robinson Nursing and Rehabilitation Center, LLC and Trinity Court, Inc.

Rogers Health and Rehabilitation Center

Telephone: (479) 636-6290

FAX Number: (479) 631-1505

I. FACILITY DATA

Updated: 05/10/2017

MAILING ADDRESS

1149 West New Hope Road
Rogers, AR 72758

PHYSICAL LOCATION

1149 West New Hope Road
Rogers, AR 72758
County: Benton #04

Administrator: Justin Lindsey

Administrator License Number: 2491

Total Licensed Beds: 140

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5070

State License: 1085

State Vendor: 0064

MMIS Provider: 211129311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group
1422A Clarkview Road, Baltimore, MD 21209
Prime Landlord: 1149 & 1151 West New Hope Road, LLC
200 International Circle - Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Benton Operations, LLC

Doing business as Rogers Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Highlands of Rogers, LLC doing business as Highlands of Rogers Health and Rehabilitation/Highlands of Arkansas 100%]

Russellville Nursing and Rehabilitation Center

Telephone: (479) 968-5256

FAX Number: (479) 968-5964

I. FACILITY DATA

Updated: 09/01/2015

MAILING ADDRESS

215 South Portland Avenue
Russellville, AR 72801

PHYSICAL LOCATION

215 South Portland Avenue
Russellville, AR 72801

County: Pope #58

Administrator: Amber R. Strom

Administrator License Number: 2429

Total Licensed Beds: 100

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5340

State License: 819

State Vendor: 0652

MMIS Provider: 160671311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Russellville Nursing Property, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Russellville Care Center, Inc

Doing business as

Russellville Nursing and Rehabilitation Center

Michael Morton 100%

415 Rogers Avenue
Ft. Smith, AR 72901
(479) 783-4672

Change of ownership effective 1-2-98. Name change effective 1-2-98 (Formerly Russellville Nursing Center).

Effective 10-01-2001 - change in certified bed breakdown - all beds are Medicare/Medicaid.

Effective July 1, 2006 - Change of Ownership [Previous entity operator: Russellville Nursing and Rehabilitation Center, Inc.] Effective February 6, 2007 - Facility Replacement/Relocation - Permit of Approval 690

[Previous location address was 1700 West "C" Street, Russellville, AR 72801

Effective April 1, 2007 - Total licensed and certified beds increased from 92 to 100 - Permit of Approval 690

Salem Place Nursing and Rehabilitation Center, Inc.

Telephone: (501) 327-4421

FAX Number: (501) 329-8997

I. FACILITY DATA

Updated: 02/15/2013

MAILING ADDRESS

P.O. Box 1408
Conway, AR 72033-

PHYSICAL LOCATION

2401 Christina Lane
Conway, AR 72034
County: Faulkner #23

Administrator: Vickey Kirkemier

Administrator License Number: 847

Total Licensed Beds: 121

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5183

State License: 794

State Vendor: 0158

MMIS Provider: 159069311

Certified Beds: 121

Medicaid: 0

Medicare: 0

Caid/Care: 121

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Salem Place Nursing Center, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Salem Place Nursing and Rehabilitation Center, Inc

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Name change effective 12-9-97 (Formerly Salem Place Nursing Center). Effective 04/01/03 - total licensed beds decreased from 140 to 98 - (Health Services Permit Agency Approval for this transfer of 42 beds to Greenbrier Nursing and Rehabilitation Center, Inc.) Effective 04/01/03 - total certified beds decreased from 140 to 98. Effective 04/01/05 - facility replacement/relocation - Permit of Approval 484. Previous location address: 824 Salem Road, Conway, AR 72034 Effective 01/01/06 - Change of Ownership [Previous entity operator: Salem Place Nursing Center, Inc.] Effective 01/01/07 - total licensed and certified beds increase from 98 to 118. [Permit of Approval 726]

Effective 04/01/10 - Total licensed and certified beds increase from 118 to 121 [Health Services Permit Commission Approval to transfer 3 beds from Greenbrier Nursing and Rehabilitation Center]

Searcy Health and Rehab

Telephone: (501) 268-6188

FAX Number: (501) 279-3842

I. FACILITY DATA

Updated: 03/23/2018

MAILING ADDRESS

1205 Skyline Drive
Searcy, AR 72143

PHYSICAL LOCATION

1205 Skyline Drive
Searcy, AR 72143
County: White #73

Administrator: Samuel T. Vallery

Administrator License Number: 2541

Total Licensed Beds: 245

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5140

State License: 1091

State Vendor: 0449

MMIS Provider: 211100311

Certified Beds: 245

Medicaid: 0

Medicare: 0

Caid/Care: 245

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:
CHP Searcy Healthcare Owner, LLC
450 S. Orange Avenue
Orlando, FL 32801

Ownership and Financial Interest

Searcy Holdings, LLC

Doing business as Searcy Health and Rehab

Skyline CHP Holdings, LLC 100% of Searcy Holdings, LLC
Skyline Arkansas Holdings, LLC 100% of Skyline CHP Holdings, LLC
425 West Capitol Avenue, Suite 3800
Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC
Joseph Schwartz, Manager of Skyline CHP Holdings, LLC and Manager of Searcy Holdings, LLC
505 Marlboro Road, Wood-Ridge, New Jersey 07075
Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195
Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC
Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change
[Previous entity operator: Searcy Health and Rehab, LLC/Arkansas SNF Operations Acquisition III, LLC]

Seven Springs Rehabilitation and Health Center

Telephone: (501) 362-8137

FAX Number: (501) 362-8960

I. FACILITY DATA

Updated: 06/07/2016

MAILING ADDRESS

1040 Wedding Ford Rd
Heber Springs, AR 72543

PHYSICAL LOCATION

1040 Wedding Ford Road
Heber Springs, AR 72543
County: Cleburne #12

Administrator: Sherry Duncan

Administrator License Number: 2084

Total Licensed Beds: 140

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5158

State License: 1083

State Vendor: 0242

MMIS Provider: 211119311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 1040 Wedding Ford Road, LLC

200 International Circle - Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Cleburne Operations, LLC

Doing business as Seven Springs Rehabilitation and Health Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Highlands of Heber Springs, LLC doing business as Highlands of Heber Springs Health and Rehabilitation/Highlands of Arkansas 100%]

Sheridan Healthcare and Rehabilitation Center

Telephone: (870) 942-2183

FAX Number: (870) 942-1333

I. FACILITY DATA

Updated: 10/02/2015

MAILING ADDRESS

113 South Briarwood Drive
Sheridan, AR 72150

PHYSICAL LOCATION

113 South Briarwood Drive
Sheridan, AR 72150
County: Grant #27

Administrator: Jodi C Davis Logan

Administrator License Number: 2422

Total Licensed Beds: 121

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5256

State License: 1071

State Vendor: 0266

MMIS Provider: 209653311

Certified Beds: 121

Medicaid: 0

Medicare: 0

Caid/Care: 121

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Sheridan, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Grant - Progressive Eldercare Services, Inc.

Doing business as Sheridan Healthcare and Rehabilitation Center

Jodi C. Logan
President/Secretary/Treasurer
1390 Hwy. 46 N.
Sheridan, AR 72150

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Leah H. Reynolds, Board Member
104 S. Rose
Sheridan, AR 72150

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Jeff A. Lisenbey, Board Member
3 Timber Ridge Circle
Sheridan, AR 72150

Change of Ownership effective 09/01/2015 [Previous entity operator: Grant Operations, LLC* doing business as Sheridan Healthcare and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

Sherwood Nursing & Rehabilitation Center, Inc.

Telephone: (501) 834-9960

FAX Number: (501) 834-5644

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

245 Indian Bay Drive
Sherwood, AR 72120

PHYSICAL LOCATION

245 Indian Bay Drive
Sherwood, AR 72120
County: Pulaski-North #60-2

Administrator: Michael D. Nickols

Administrator License Number: 2514

Total Licensed Beds: 98

Life Safety Code Years: 1985 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5376

State License: 683

State Vendor: 0835

MMIS Provider: 119688311

Certified Beds: 98

Medicaid: 0

Medicare: 0

Caid/Care: 98

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Sherwood Nursing Center, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Sherwood Nursing & Rehabilitation Center, Inc.

Michael Morton - 100%

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Effective May 1, 2002 - Change of Ownership and Name Change (Formerly Westlake Living Center)
Letter dated March 17, 2003 from Centers for Medicare and Medicaid Services that Sherwood Nursing and Rehabilitation Center, Inc., meets the requirements for participation in the Medicare Program effective 12/19/2002.

New Medicare Federal Provider Number 04-5376. (Previous Medicaid Federal Provider Number 04-A223)

Effective 01/01/2013 - Total licensed and certified beds increase from 88 to 98. Permit of Approval 889
Health Services Commission Approval to transfer 10 beds from Stella Manor Nursing and Rehabilitation Center

Shiloh Nursing and Rehab, LLC

Telephone: (479) 750-3800

FAX Number: (479) 750-3802

I. FACILITY DATA

Updated: 09/01/2016

MAILING ADDRESS

1092 W Stultz Rd
Springdale, AR 72764

PHYSICAL LOCATION

1092 West Stultz Road
Springdale, AR 72764
County: Washington #04

Administrator: Denny Ledford

Administrator License Number: 2235

Total Licensed Beds: 80

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5427

State License: 939

State Vendor: 0881

MMIS Provider: 185471311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease effective 11/01/2015
Shiloh Estates, LLC
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Shiloh Nursing and Rehab, LLC

Michael Morton 70%

Jerry Sams 10%

Paralea Hursh 10%

415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

David Norsworthy 10%

P. O. Box 180
Gateway, AR 72733

Effective 02/01/2011 - change of ownership and facility name change

[Previous entity operator: Shiloh Health and Rehab, LLC doing business as Shiloh Health and Rehab]

Effective 07/01/2015 - All 80 beds Medicaid/Medicare.

[Previously 68 beds Medicaid/Medicare and 12 beds Medicare.]

Effective 03/30/16 - Revised ownership percentages received from Pat Cherry on 08/30/16.

Siloam Springs Nursing and Rehabilitation Center

Telephone: (479) 524-3128

FAX Number: (479) 524-2296

I. FACILITY DATA

Updated: 06/16/2014

MAILING ADDRESS

811 West Elgin Street
Siloam Springs, AR 72761

PHYSICAL LOCATION

811 West Elgin Street
Siloam Springs, AR 72761
County: Benton #04

Administrator: Gary J. Crone

Administrator License Number: 1803

Total Licensed Beds: 125

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5356

State License: 679

State Vendor: 0800

MMIS Provider: 119685311

Certified Beds: 125

Medicaid: 0

Medicare: 0

Caid/Care: 125

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Crone Health Care, Inc.

doing business as
Siloam Springs Nursing and Rehabilitation Center

Gary J. Crone 100%
P. O. Box 753
Gentry, AR 72734

Change of Ownership effective 05/01/2002. Notice received during the 2003 renewal process that Gary J. Crone purchased the stock of Robert Crone effective May 1, 2003.

Effective 10/01/04 - total licensed and certified beds decreased from 140 to 125. Health Services Permit Commission approval to sell 15 beds to Permit of Approval 539.

Silver Oaks Health and Rehabilitation

Telephone: (870) 836-6831

FAX Number: (870) 836-8095

I. FACILITY DATA

Updated: 05/27/2014

MAILING ADDRESS

1875 Old Wire Road
Camden, AR 71701

PHYSICAL LOCATION

1875 Old Wire Road
Camden, AR 71701
County: Ouachita #52

Administrator: Kathy Langley

Administrator License Number: 2022

Total Licensed Beds: 104

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5173

State License: 901

State Vendor: 0443

MMIS Provider: 179363311

Certified Beds: 104

Medicaid: 0

Medicare: 0

Caid/Care: 104

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
OC RE, LLC
824 Salem Rd, Ste 210
Conway, AR 72034

Ownership and Financial Interest

OCNC, Inc.

Doing business as Silver Oaks Health and Rehabilitation

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective November 1, 2009 - change of ownership and facility name change. [Previous entity operator: Medical Center Senior Services doing business as Valley Oaks Rehabilitation and Senior Living]

Effective 01/01/ 2010 - change in certified bed breakdown - all 104 beds participating in Medicare and Medicaid.

Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Southern Trace Rehabilitation and Care Center

Telephone: (501) 847-0777

FAX Number: (501) 847-5276

I. FACILITY DATA

Updated: 04/14/2015

MAILING ADDRESS

22515 I 30
Bryant, AR 72022

PHYSICAL LOCATION

22515 I 30
Bryant, AR 72022
County: Saline #62

Administrator: Nancy Brown

Administrator License Number: 1301

Total Licensed Beds: 116

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5305

State License: 930

State Vendor: 0827

MMIS Provider: 183385311

Certified Beds: 116

Medicaid: 0

Medicare: 0

Caid/Care: 116

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from
MLD Properties, LLC
610 Newport Center Dr. Ste 1150
Newport Beach, CA 92660-6429

Ownership and Financial Interest

Progressive Eldercare Services-Bryant, Inc.

doing business as

Southern Trace Rehabilitation and Care Center

Incorporator:

John Ponthie
2723 Alvarado
Shreveport, LA 71106
John Ponthie - 318-443-8167

Nancy Brown

President/Secretary/Treasurer
22515 Interstate 30
Bryant, AR 72022

Board Member

Barbara A. Riggins
5111 Hwy 5 N
Bryant, AR 72022

Board Member

Robbie D. Horne
1013 Smithers
Benton, AR 72015

Member

Progressive Eldercare Services, Inc.
38 Warnock Springs Road
Magnolia, AR 71753

Effective September 1, 2010 - change of ownership. [Previous entity operator: Bryant Operations, LLC doing business as Southern Trace Rehabilitation and Care Center]

Notice received 02/10/2015 - Department of the Treasury Letter 947 dated 03/23/2014 that Progressive Eldercare Services-Bryant, Inc. is now under section 501 (c) (3) of the Internal Revenue Code.

Southfork River Therapy and Living

Telephone: (870) 895-3817

FAX Number: (870) 895-3009

I. FACILITY DATA

Updated: 09/30/2016

MAILING ADDRESS

624 Hwy 62/412 West
Salem, AR 72576

PHYSICAL LOCATION

624 Hwy 62/412 West
Salem, AR 72576
County: Fulton #25

Administrator: Brent Tyson
Administrator License Number: 2375
Total Licensed Beds: 84
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5248
State License: 1050
State Vendor: 0547
MMIS Provider: 202093311

Certified Beds: 84

Medicaid: 0
Medicare: 0
Caid/Care: 84
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Fulton County Properties, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

SLNC, Inc.

Doing business as Southfork River Therapy and Living

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%
Bryan Adams with 50%
824 Salem Road, Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: FCNRC, Inc. doing business as Southfork River Therapy and Living Center]

Southridge Village Nursing and Rehab

Telephone: (501) 362-3185

FAX Number: (501) 362-2519

I. FACILITY DATA

Updated: 05/09/2014

MAILING ADDRESS

400 Southridge Parkway
Heber Springs, AR 72543

PHYSICAL LOCATION

400 Southridge Parkway
Heber Springs, AR 72543
County: Cleburne #12

Administrator: Brenda Chapman

Administrator License Number: 1303

Total Licensed Beds: 122

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5196

State License: 1042

State Vendor: 0410

MMIS Provider: 202100311

Certified Beds: 122

Medicaid: 0

Medicare: 0

Caid/Care: 122

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Southwind Properties, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

HBNC, Inc.

Doing business as Southridge Village Nursing and Rehab

Eagle Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change

[Previous entity operator: SVNRC, Inc. doing business as Southridge Village Nursing and Rehab Center]

Spring Creek Health & Rehab

Telephone: (501) 843-3100

FAX Number: (501) 843-7399

I. FACILITY DATA

Updated: 11/15/2016

MAILING ADDRESS

804 N 2nd St
Cabot, AR 72023

PHYSICAL LOCATION

804 N 2nd Street
Cabot, AR 72023
County: Lonoke #43

Administrator: Michael Scott Edwards

Administrator License Number: 2250

Total Licensed Beds: 109

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5392

State License: 907

State Vendor: 0831

MMIS Provider: 180700311

Certified Beds: 109

Medicaid: 0

Medicare: 0

Caid/Care: 109

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from
Spring Creek Living Center Limited Partnership
824 Salem Rd, Ste. 210
Conway, AR 72034

Ownership and Financial Interest

SCNC, Inc.

Doing Business as Spring Creek Health and Rehab

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective March 1, 2010 - Change of Ownership and Facility Name Change
[Previous operator: Arkansas Elder Outreach of Little Rock, Inc. doing business as Spring Creek Living Center]

Delete P. O. Box 1326 as the facility mailing address. Mailing address is 804 N 2nd St, Cabot, AR 72023

Spring Place Healthcare & Rehabilitation Center, LLC

Telephone: (870) 255-4323

FAX Number: (870) 255-4910

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

200 S Maple Street
Hazen, AR 72064

PHYSICAL LOCATION

200 S Maple Street
Hazen, AR 72064
County: Prairie #59

Administrator: Connie Lester

Administrator License Number: 1441

Total Licensed Beds: 70

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5228

State License: 1123

State Vendor: 0838

MMIS Provider: 217892311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease From:

HNC, Inc
824 Salem Rd, Ste 210
Conway, AR 72034

Ownership and Financial Interest

Spring Place Healthcare & Rehabilitation Center, LLC

Doing business as Spring Place Healthcare & Rehabilitation Center, LLC

JS Arkansasas Five Healthcare LLC - 100%

425 West Capital Ave, Suite 3800

Little Rock, AR 72201

Joseph Schwartz

505 Marlboro Rd,

Wood-Ridge NJ 07075

100% Member of JS Arkansas Five Healthcare, LLC

Management Company:

JS ARK Management Group, LLC

505 Marlboro Rd,

Wood-Ridge NJ 07075

Joseph Schwartz 100% member and

CEO of JS ARK Management Group, LLC

Effective October 1, 2005, change of ownership and facility name change

[Previous operator: Hazen Health and Rehab, Inc. doing business as Hazen Nursing Center]

Notice received 06/15/2015 concerning the address change from 92 Maple Street to 200 S. Maple Street.

The City of Hazen 911 Numbering System assigned the new address to the facility. The facility has not moved.

Effective December 31, 2016 - change of ownership and facility name change

[Pervious enityty operator: Spring Brook Health & Rehab Center, L.L.C. doing business as SpringBrook Health and Rehab Center]

Springdale Health and Rehabilitation Center

Telephone: (479) 756-0330

FAX Number: (479) 872-1502

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

102 North Gutensohn
Springdale, AR 72762

PHYSICAL LOCATION

102 North Gutensohn
Springdale, AR 72762
County: Washington #72-1

Administrator: Jesse Jon White

Administrator License Number: 2005

Total Licensed Beds: 140

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5167

State License: 594

State Vendor: 0619

MMIS Provider: 119592311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease company:

Northport Health Services of Arkansas, L.L.C.

931 Fairfax Park

Tuscaloosa, Alabama 35406

Leased from: SYPY, LLC

413 West Hopkins Avenue

Aspen, CO 81611

Ownership and Financial Interest

Northport Health Services of Arkansas, L.L.C.

Doing business as

Springdale Health and Rehabilitation Center

J. Norman Estes 92%
David A. Estes as Trustee for James N. Estes, Jr. 4%
David A. Estes as Trustee for Jennifer Estes Agee 4%
931 Fairfax Park
Tuscaloosa, Alabama 35406
(205) 391-3600

Claude E. Lee, Vice President/Secretary for
Northport Health Services of Arkansas, L.L.C.
931 Fairfax Park
Tuscaloosa, AL 34506
(205) 391-3600

Financial and Administrative Services Agreement with NHS Management, L.L.C. - same address as above

Change of ownership effective 12-1-97.

Name change effective 12-1-97. (Formerly Springdale Nursing Center)

Effective 01/01/2001 change in certified bed breakdown: Medicaid 112 to 96; Medicaid/Medicare 28 to 44.

Effective 10-01-2001 change in certified bed breakdown - all beds are Medicare/Medicaid.

Assignment of Membership Interest from Northport Health Services, Inc. to J. Norman Estes effective 12/31/2006

St. Andrews Place

Telephone: (501) 329-9879

FAX Number: (501) 329-6673

I. FACILITY DATA

Updated: 09/19/2017

MAILING ADDRESS

3501 College Avenue
Conway, AR 72034

PHYSICAL LOCATION

3501 College Avenue
Conway, AR 72034
County: Faulkner #23

Administrator: Tracey Emerson

Administrator License Number: 1762

Total Licensed Beds: 104

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5313

State License: 911

State Vendor: 0376

MMIS Provider: 181708311

Certified Beds: 104

Medicaid: 0

Medicare: 0

Caid/Care: 104

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Lease Agreement effective 01/01/2015
Landlord:
Victoria Conway Properties, LLC
1150 South Waldron Road
Fort Smith, AR 72903

Ownership and Financial Interest

STAP, Inc.

Doing business as St. Andrews Place

Joshua A. Kilgore 100%

1150 S. Waldron Road

Fort Smith, AR 72903

479.434.5500 - Extension 1

Administrative Services Agreement effective 04/01/2015 with

Kilgore Consulting Group, Inc.

1150 S. Waldron Road

Fort Smith, AR 72903

Fax: 479.434.5526 - Joshua Kilgore

Effective May 1, 2010 - Change of Ownership

[Previous entity operator: St. Andrews Health Services, LLC - Faulkner Care Facilities LLC - 100%]

Notice received 06/24/2015 - Joshua Kilgore has purchased Ken W. Kilgore's 50% interest in STAP, Inc.

St. Elizabeths Place

Telephone: (870) 802-0090

FAX Number: (870) 802-0190

I. FACILITY DATA

Updated: 01/26/2018

MAILING ADDRESS

3010 Middlefield Drive
Jonesboro, AR 72401

PHYSICAL LOCATION

3010 Middlefield Drive
Jonesboro, AR 72401
County: Craighead #16

Administrator: Kara Brandon-Davis
Administrator License Number: 2482
Total Licensed Beds: 110
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5380
State License: 701
State Vendor: 0866
MMIS Provider: 119708311

Certified Beds: 110

Medicaid: 0
Medicare: 0
Caid/Care: 110
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Craighead Care, LLC
C/O Griffin Properties
P O Box 2207
Ft. Smith, AR 72902

Ownership and Financial Interest

Jonesboro Care and Rehabilitation Center, LLC

Doing business as St. Elizabeths Place

Caraway Nursing Center, Inc. owns100% of Jonesboro Care and Rehabilitation Center, Inc.

Extendi-Care, Inc. owns 100% of Caraway Nursing Center, Inc.

RHC Operations, Inc. owns100% of Extendi-Care, Inc.

RHC Operations, Inc. includes the individuals: Bryan M. Adams 50% and Anthony Brandon Adams 50%
824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 03/14/03 Replacement/Relocation/Bed Increase 40 to 70 Permit of Approval 429. Effective 03/14/03 - Change of Ownership Previous owner: Caraway Nursing Center, Inc. Effective 04/03/03 Medicaid Federal Provider 04-A290. Centers for Medicare and Medicaid Services approval facility meets the requirements for participation in the Medicare Program effective 04/05/03 Previous Federal Provider 04-A290 Effective 02/01/04 Brandon Adams, Bryan Adams, and Boyd Wright purchased the 33.3% membership interests of Michael Morton and Rick Griffin II. Facility Identification numbers and IRS number remain the same. Effective 07/01/05 total licensed and certified beds increased from 70 to 110 Permit of Approval 610. Notice received 03/01/10: Boyd Wright is no longer an owner of RHC Operations, Inc.

St. Johns Place of Arkansas, LLC

Telephone: (870) 352-2104

FAX Number: (870) 352-8969

I. FACILITY DATA

Updated: 04/02/2014

MAILING ADDRESS

P.O. Box 1025
Fordyce, AR 71742-1728

PHYSICAL LOCATION

1400 Hwy 79/167 Bypass
Fordyce, AR 71742-1728
County: Dallas #20

Administrator: Deborah Thornton
Administrator License Number: 2153
Total Licensed Beds: 126
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5396
State License: 832
State Vendor: 0701
MMIS Provider: 162887311

Certified Beds: 126

Medicaid: 0
Medicare: 0
Caid/Care: 126
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
RMJ Interests, LLC
P. O. Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

St. Johns Place of Arkansas, LLC

John Ponthie, Manager of St. Johns Place of Arkansas, LLC
P&T Holdings, LLC 50%
P. O. Box 12187
Alexandria, LA 71315
(318) 443-8167

Hugh Albert Nutt, M.D. 16.66%
P. O. Box 729
Fordyce, AR 71742
Payne Investments, LLC 16.66%
200 N. Clifton St.
Fordyce, AR 71742

JEJ Investments, LLC 16.66%

449 Overbrook Court
Shreveport, LA 71106

Ross M. Ponthie 80% and Mark Thompson 20% of P&T Holdings, LLC

John Ponthie, Sole Member, 100% of JEJ Investments, LLC

Dr. Michael D. Payne, Jr. 50% and Mrs. Terri K. Payne 50% of Payne Investments, LLC

Effective 01/22/07 - Change of Ownership and Facility Name Change [Previous entity operator and facility name: Pine Forest Health and Rehab Center, LLC Ross Ponthie 40%; John Ponthie 40%; Mark Thompson 20%]

Effective Sunday, 10/14/07 - Facility replacement relocation and licensed bed increase from 105 to 126 - Permit of Approval 739. [Previous physical location address: 815 Baxter Street, Fordyce, AR 71742] Effective 01/01/08 - change in certified bed breakdown - all beds Medicare/Medicaid

Documentation received that Steven B. Soileau transferred his 30% interest in St. Johns Place of Arkansas, LLC to P&T Holdings, LLC effective 10/01/2007.

St. Michael's Place, Inc.

Telephone: (870) 523-9514

FAX Number: (870) 523-9436

I. FACILITY DATA

Updated: 08/24/2017

MAILING ADDRESS

1311 N Pecan St
Newport, AR 72112

PHYSICAL LOCATION

1311 North Pecan St
Newport, AR 72112
County: Jackson #34

Administrator: Rita Hill
Administrator License Number: 1946
Total Licensed Beds: 130
Life Safety Code Years: 1967 1981
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5323
State License: 991
State Vendor: 0602
MMIS Provider: 193551311

Certified Beds: 130

Medicaid: 0
Medicare: 0
Caid/Care: 130
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
VE, LLC
1150 S. Waldron Rd.
Fort Smith, AR 72903

Ownership and Financial Interest

St. Michael's Place, Inc.

Joshua Kilgore 100%
1150 S. Waldron Road
Fort Smith, AR 72903
479-434-5500 - Extension 1

Administrative Services Agreement effective 04/01/2015 with:
Kilgore Consulting Group, Inc.
1150 South Waldron Road
Fort Smith, AR 72903
Fax: 479.434.5526 - Joshua Kilgore

Effective 09/01/2012 - Change of ownership and facility name change
[Formerly Diversicare Pinedale, LLC doing business as Newport Healthcare and Rehabilitation Center]
Notice received 06/24/2015 - Joshua Kilgore purchased Timothy English's 33 1/3% interest in St. Michael's Place, Inc.

Notice received 06/29/2015 - Joshua Kilgore purchased Ken W. Kilgore's 33 1/3% interest in St. Michael's Place, Inc.

Stella Manor Nursing and Rehabilitation Center

Telephone: (479) 968-4141

FAX Number: (479) 968-4146

I. FACILITY DATA

Updated: 05/01/2014

MAILING ADDRESS

400 North Vancouver Avenue
Russellville, AR 72801

PHYSICAL LOCATION

400 North Vancouver Avenue
Russellville, AR 72801
County: Pope #58

Administrator: Mark Lamb
Administrator License Number: 2368
Total Licensed Beds: 124
Life Safety Code Years: 1967 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5247
State License: 792
State Vendor: 0705
MMIS Provider: 158967311

Certified Beds: 124

Medicaid: 0
Medicare: 0
Caid/Care: 124
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from: Stella Manor Nursing Property, Inc.
415 Rogers Avenue
Fort Smith, AR 72901

Ownership and Financial Interest

Stella Manor Care Center, Inc.

Doing business as

Stella Manor Nursing and Rehabilitation Center

Michael Morton 100%
415 Rogers Avenue
Fort Smith, AR 72901
(479) 783-4672

Articles of Amendment filed with the Arkansas Secretary of State to change the name of Stella Manor Nursing and Rehabilitation Center, Inc., to Stella Manor Nursing Property, Inc. Effective 01/01/2006 - Change of Ownership

[Previous entity operator: Stella Manor Nursing and Rehabilitation Center, Inc.] Effective 01/01/2012 - total licensed and certified beds decrease from 144 to 134. [Health Services Permit Commission approval to transfer 10 beds to Permit of Approval 863 for Briarwood Nursing and Rehabilitation Center, Inc.]

Effective 01-01-2013 - total licensed and certified beds decrease from 134 to 124.

Health Services Commission Approval to transfer 10 beds to Sherwood Nursing & Rehabilitation Center, Inc.

Stonegate Villa Health and Rehabilitation, LLC

Telephone: (870) 364-1534

FAX Number: (870) 364-1533

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

118 Jerry Selby Drive
Crossett, AR 71635

PHYSICAL LOCATION

118 Jerry Selby Drive
Crossett, AR 71635
County: Ashley #02

Administrator: Amanda K. Wallace

Administrator License Number: 2087

Total Licensed Beds: 76

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5437

State License: 973

State Vendor: 0890

MMIS Provider: 188898311

Certified Beds: 76

Medicaid: 0

Medicare: 0

Caid/Care: 76

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

SLC Operations Master Tenant, LLC
1422 Clarkview Road
Baltimore, MD 21209
Landlord: Ashley County Manor, LLC
1902 South 8th Street
Rogers, AR 72758

Ownership and Financial Interest

Stonegate Villa Health and Rehabilitation, LLC

Arkansas SNF Operations Acquisition II, LLC * 100% of Stonegate Villa Health and Rehabilitation, LLC
1422 Clarkview Road * A Delaware, LLC

Baltimore, MD 21209 (410) 342-3155

Brian Reynolds, Manager - (410) 513-8738 Daniel Baird, Manager - (410) 342-3155

Arkansas Nursing Home Acquisition, LLC - 49% of Arkansas SNF Operations Acquisition II, LLC

CSCV Holdings II, LLC - 51% of Arkansas SNF Operations Acquisition II, LLC

Alan Zuccari 100% of Arkansas Nursing Home Acquisition, LLC

Capital Funding Group, Inc. - 90% of CSCV Holdings II, LLC

Brian Reynolds, Member/Manager - 10% of CSCV Holdings II, LLC

John W. Dwyer 100% of Capital Funding Group, Inc.

Effective 12/01/2015 Consulting Agreement with Skyline Management Group, LLC c/o Skyline Health Care LLC
505 Marlborough Road, Wood-Ridge, NJ 07075 - Contact: Joseph Schwartz

Skyline Central Billing Office, LLC

400 Colonial Center Parkway - Suite 140, Lake Mary, FL 32746

Stock Purchase Change of Ownership effective 09/01/2011 [Former 100% owner: Ashley Manor Holdings, LLC]

Effective 01/01/2014 - Total beds increase from 70 to 76. Arkansas Health Services Permit Commission approval to move 6 beds to Pinewood Health and Rehabilitation, LLC.

Summit Health & Rehab Center

Telephone: (870) 694-3781

FAX Number: (870) 694-2084

I. FACILITY DATA

Updated: 03/15/2016

MAILING ADDRESS

P. O. Box 247
Taylor, AR 71861

PHYSICAL LOCATION

506 North Long Avenue
Taylor, AR 71861
County: Columbia #14

Administrator: Helen Jeanette Lane

Administrator License Number: 1417

Total Licensed Beds: 70

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5411

State License: 782

State Vendor: 0725

MMIS Provider: 156456311

Certified Beds: 70

Medicaid: 0

Medicare: 14

Caid/Care: 56

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Taylor Investments of Arkansas, LLC
P. O. Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

Summit Health & Rehabilitation, LLC

Doing business as Summit Health & Rehab Center

****RMJ Interests, LLC 68.34%****

P. O. Box 12187, Alexandria, LA 71315 - Contact number (318) 443-8167

Leamon G. Torrence, Jr. 13.33%
404 Meadow Creek Dr
Springhill, LA 71075

David W. Law 13.33%
3500 Columbia Road 21
Taylor, AR 71861

Bruce Melder 5%
P. O. Box 12187
Alexandria, LA 71315

****Ross M. Ponthie - 45.4% - P. O. Box 12187, Alexandria, LA 71315**

****ERP Holdings, LLC - 36.3% - John Ponthie, 449 Overbrook Court, Shreveport, LA 71106**

****Mark Thompson - 18.3% - 2230 S. MacArthur Dr. - Suite 9A, Alexandria, LA 71301**

Change of Ownership and facility name change effective 06/15/05. [Previous entity operator: Columbia Healthcare, Inc.] Effective 03/13/06 - facility replacement/relocation/licensed bed increase from 41 to 70 - Permit of Approval 658 for Summit Health & Rehabilitation, LLC. Effective 04/01/06 all 70 beds participating in the Medicaid Program. Letter received 04/05/06, to change the "doing business as" name as referenced above. Letter dated 05/03/06 from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 02/11/06. Federal Provider number 04-5411 [Previous Federal Provider number 04-E116] Effective October 1, 2006 - change in certified beds as referenced above.

The Crossing at Riverside Health and Rehabilitation

Telephone: (501) 268-2324

FAX Number: (501) 268-0428

I. FACILITY DATA

Updated: 09/19/2017

MAILING ADDRESS

2500 East Moore Ave
Searcy, AR 72143

PHYSICAL LOCATION

2500 East Moore Avenue
Searcy, AR 72143
County: White #73

Administrator: Misty Bartlett

Administrator License Number: 1897

Total Licensed Beds: 138

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5209

State License: 993

State Vendor: 0084

MMIS Provider: 195065311

Certified Beds: 138

Medicaid: 0

Medicare: 0

Caid/Care: 138

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:

Searcy Aviv, L.L.C.
C/O Aviv REIT, Inc. - Craig Bernfield
303 West Madison Street, Suite 2400
Chicago, IL 60606

Ownership and Financial Interest

SRCNC, Inc.

Doing Business as: The Crossing at Riverside Health and Rehabilitation

Ovation Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 1, 2013 - Change of Ownership and Facility Name Change

[Previous entity operator: ConvaCare, Inc. doing business as Byrd Haven Nursing Home]

Effective 10/01/2013 - Change in certified Medicaid/Medicare bed breakdown from 110 beds to 138 beds.

The Green House Cottages of Belle Meade

Telephone: (870) 236-7104

FAX Number: (870) 236-2914

I. FACILITY DATA

Updated: 09/07/2017

MAILING ADDRESS

2200 Chateau Boulevard
Paragould, AR 72450

PHYSICAL LOCATION

2200 Chateau Boulevard
Paragould, AR 72450
County: Greene #28

Administrator: Pam Diggs

Administrator License Number: 1699

Total Licensed Beds: 167

Life Safety Code Years: 2012

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5170

State License: 954

State Vendor: 0579

MMIS Provider: 188021311

Certified Beds: 167

Medicaid: 0

Medicare: 0

Caid/Care: 167

Private Beds: 0

HomestyleBeds: 167

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Landlord:
Greene Assets, LLC
P. O. Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

Progressive Eldercare Services-Greene, Inc.

doing business as The Green House Cottages of Belle Meade

Incorporator:

Board Member, President/Sec/Trea
Pamela Diggs
1800 Linwood Drive
Paragould, AR 72450

Corporate Contact:

P. O. Box 12187
Alexandria, LA 71315
318-443-8167

Member

Progressive Eldercare Services, Inc
38 Warnock Springs Road
Magnolia, AR 71753

Board Member

Todd Stovall
P. O. Box 435
Paragould, AR

Board Member

Carol Virginia Fleszar
121 North 12th Street
Paragould, AR 72450

Member

Mitchel Smith
2314 Campground Road
Paragould, AR 72450

Notice received 02/12/2014 - Department of the Treasury Letter 947 dated 01/31/2014 that Progressive Eldercare Services-Greene, Inc. is now under section 501 (c) (3) of the Internal Revenue Code..

Effective 06/20/2017 - Facility Replacement Relocation and Facility Name Change - Permit of Approval 964 HSPA (1423)14 issued 07/14/2014 [Previous facility name and location address: Belle Meade, A Rehabilitation and Guest Care Facility, 1800 Linwood Drive, Paragould, AR 72450]

The Green House Cottages of Southern Hills

Telephone: (870) 325-6202

FAX Number: (870) 325-6316

I. FACILITY DATA

Updated: 12/05/2017

MAILING ADDRESS

P.O. Box 365
Rison, AR 71665-0365

PHYSICAL LOCATION

701 South Main Street
Rison, AR 71665
County: Cleveland #13

Administrator: Leslie Michelle Phillips

Administrator License Number: 2527

Total Licensed Beds: 75

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5377

State License: 937

State Vendor: 0133

MMIS Provider: 183993311

Certified Beds: 75

Medicaid: 0

Medicare: 0

Caid/Care: 75

Private Beds: 0

HomestyleBeds: 75

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
Cleveland Assets, LLC
P. O. Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

Progressive Eldercare Services-Cleveland, Inc.

Doing business as The Green House Cottages of Southern Hills

Incorporator:
John Ponthie
2723 Alvarar
Shreveport, LA 71106

Corporate Contact:
P. O. Box 12187
Alexandria, LA 71315
318-443-8167

The Green House Cottages:
The McKinney Cottage, The Wilson Cottage
The Sadler Cottage, The Curry Cottage
The Puterbaugh Cottage, The Sipes Cottage

Pres/Sec/Treas
Melinda Black
701 S Main St
Rison, AR 71665

Board Member
Harold Rhodes
8740 Hwy 35 North
Rison, AR 71665

Board Member
Joyce Wilson
7700 Cross Road
Pine Bluff, AR 71603

Member
Progressive Eldercare Services, Inc.
38 Warnock Springs Road
Magnolia, AR 71753

Effective 01/01/08 -change of ownership [Previous entity operator: Cleveland County Nursing Home, Inc. dba Cleveland County Nursing and Rehabilitation Center] Effective 02 /10/10 -Facility Replacement-Relocation-Permit of Approval 793. [Previous physical location address: 501 East Magnolia, Rison, AR 71665] Effective 02/10/10- Facility Name Change [Previous d/b/a name: Cleveland County Nursing and Rehabilitation Center] Effective 11 /01/10 - change of ownership. [Previous entity operator: Cleveland Operations, LLC dba The Green House Cottages of Southern Hills.]

Notice received 02/25/15- Department of the Treasury Letter 947 dated 07/16/14 that Progressive Eldercare Services-Cleveland, Inc. is under section 501 (c) (3) of the Internal Revenue Code.

The Green House Cottages of Wentworth Place

Telephone: (870) 234-1361

FAX Number: (870) 234-4267

I. FACILITY DATA

Updated: 03/22/2016

MAILING ADDRESS

26 Warnock Springs Road
Magnolia, AR 71753

PHYSICAL LOCATION

26 Warnock Springs Road
Magnolia, AR 71753
County: Columbia #14

Administrator: T Marquel (Kelly) Park

Administrator License Number: 1612

Total Licensed Beds: 113

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5187

State License: 953

State Vendor: 0454

MMIS Provider: 187982311

Certified Beds: 113

Medicaid: 0

Medicare: 0

Caid/Care: 113

Private Beds: 0

HomestyleBeds: 73

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Landlord:
Taylor Holdings, LLC
P O Box 12187
Alexandria, LA 71315

Ownership and Financial Interest

Progressive Eldercare Services-Columbia, Inc.

Doing business as The Green House Cottages of Wentworth Place

Incorporator: Kelly Park, Pres/Sec/Treas
Wes Brown 26 Warnock Springs Road
26 Warnock Springs RD Magnolia, AR 71753
Magnolia, AR 71753

Corporate Contact:
P. O. Box 12187
Alexandria, LA 71315
318-443-8167

Board Member Barbara Lewis 901 Parkway Magnolia, AR 71753	Board Member Carla Horne 721 N. Washington Magnolia, AR 71753	Board Member Dr. Pam De Gravelles 421 Louise St. Little Rock, AR 72205	Member Progressive Eldercare Services, Inc. 38 Warnock Springs Road Magnolia, AR 71753
--	--	---	---

The Green House Cottages: Main Pavilion and the following Cottages:
Monroe Cottage, Hughes Cottage, Brown Cottage, Kelly Cottage, Hedden Cottage

Effective August 1, 2011 - change of ownership [Previous entity operator: Columbia Operations, LLC doing business as The Green House Cottages of Wentworth Place]

Notice received 02/25/2014: Department of the Treasury letter 947 dated 11/22/2013 that Progressive Eldercare Services-Columbia, Inc. is now under section 501 (c) (3) of the Internal Revenue Code.

The Lakes at Maumelle Health and Rehabilitation

Telephone: (501) 734-1400

FAX Number: (501) 734-1411

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

103 Alexandria Drive
Maumelle, AR 72113

PHYSICAL LOCATION

103 Alexandria Drive
Maumelle, AR 72113
County: Pulaski-North #60-2

Administrator: Sheri Heslep
Administrator License Number: 2130
Total Licensed Beds: 70
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5422
State License: 997
State Vendor: 0878
MMIS Provider: 195063311

Certified Beds: 70

Medicaid: 0
Medicare: 0
Caid/Care: 70
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Maumelle Property Investment, LLC
c/o Grace Healthcare, LLC - John P. O'Brien, Jr.
7201 Shallowford Road, Suite 200
Chattanooga, TN 37421

Ownership and Financial Interest

MMNC, Inc.

Doing Business as: The Lakes at Maumelle Health and Rehabilitation

Ovation Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 1, 2013 - Change of Ownership and Facility Name Change
[Previous entity operator: Maumelle Health Services, LLC doing business as Maumelle Health and Rehab]

The Maples at Har-Ber Meadows

Telephone: (479) 361-4669

FAX Number: (479) 361-5785

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

6456 Lynchs Prairie Cove
Springdale, AR 72762

PHYSICAL LOCATION

6456 Lynchs Prairie Cove
Springdale, AR 72762
County: Washington #72-1

Administrator: Sheri Helsep
Administrator License Number: 2130
Total Licensed Beds: 140
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5407
State License: 732
State Vendor: 0870
MMIS Provider: 156532311

Certified Beds: 140

Medicaid: 0
Medicare: 0
Caid/Care: 140
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Washington Care, LLC
c/o Griffin Properties
P. O. Box 2207
Fort Smith, AR 72902

Ownership and Financial Interest

NWA Nursing Center, LLC

Doing business as The Maples at Har-Ber Meadows

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective 07/08/05 facility replacement/relocation-Permit of Approval 570 and facility name change. Replacement facility for Rochier Heights. Effective 07/26/05- Medicaid certification for all 140 beds. Notice received from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 07/28/05. Previous Federal Provider number was 04-A296. Notice received 03/01/10: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

The Pines Nursing and Rehabilitation Center

Telephone: (501) 262-4124

FAX Number: (501) 262-5722

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

524 Carpenter Dam Road
Hot Springs, AR 71901

PHYSICAL LOCATION

524 Carpenter Dam Road
Hot Springs, AR 71901
County: Garland #26

Administrator: Angela Marlar

Administrator License Number: 2064

Total Licensed Beds: 70

Life Safety Code Years: 1981

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5243

State License: 1080

State Vendor: 0237

MMIS Provider: 209658311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Hot Springs, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Pines - Progressive Eldercare Services, Inc.

Doing business as The Pines Nursing and Rehabilitation Center

Stacie A. Edie
President/Secretary/Treasurer
112 Smith Loop
Malvern, AR 72104

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Donna K. Smith, Board Member
106 Jennison Sq.
Hot Springs, AR 71913

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Cari Lee Cordell, Board Member
803 Buena Vista Rd.
Hot Springs, AR 71913

Change of Ownership effective 09/01/2015 [Previous entity operator: Pines Operations, LLC* doing business as The Pines Nursing and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

The Village at Valley Ranch

Telephone: (501) 868-8857

FAX Number: (501) 868-8245

I. FACILITY DATA

Updated: 03/23/2018

MAILING ADDRESS

6411 Valley Ranch Dr.
Little Rock, AR 72223

PHYSICAL LOCATION

6411 Valley Ranch Dr.
Little Rock, AR 72223
County: Pulaski-East #60-4

Administrator: Kathy Hyatt (Interim)

Administrator License Number: 2529

Total Licensed Beds: 90

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5431

State License: 1137

State Vendor: 0884

MMIS Provider: 225025311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Landlord:

Frisco Health Investments, L. P.

Principal Address: Foreign Address:

P. O. Box 419

21726 Hardy Oak

Morrilton, AR 72110

San Antonio, TX 78528

Ownership and Financial Interest

VVR Healthcare Operations, LLC

Doing business as: The Village at Valley Ranch

VRPC Health Systems, LLC - 100%

P. O. Box 8248

Searcy, AR 72145

Tel: 501-254-0007

Joey Wiggins, President - 100%

P. O. Box 8248

Searcy, AR 72145

Tel: 501-254-0007

Billing Services and Business Associate Agreement with: Briar Hill Management, L.L.C.

Sandy Lindsey, CPO

P. O. Box 3376

Ridgeland, MS 39158

(601) 853-2667

Effective 01-08-2010 - New Nursing Facility licensure. Permit of Approval 688 for 70 beds and Permit of Approval 702 for 20 beds [Total 90 beds] Effective 03/23/2010 - Initial Medicaid certification - CMS CCN 04-A310. Notice received from Centers for Medicare and Medicaid Services [CMS] that this facility meets the requirements to participate in the Medicare Program effective 03/23/2010. Medicare Provider number assigned by CMS is 04-5431. Previous Medicaid Provider number was 04-A310.

Effective: 02/01/2018 Change of Ownership and Facility Name Change [Previous Entity Operator: MALCBNDR581, LLC Doing Business as Valley Ranch Nursing & Rehab Center]

The Woods of Monticello Health and Rehabilitation Center

Telephone: (870) 367-6852

FAX Number: (870) 367-3910

I. FACILITY DATA

Updated: 08/15/2017

MAILING ADDRESS

1194 N. Chester St.
Monticello, AR 71655

PHYSICAL LOCATION

1194 N. Chester St.
Monticello, AR 71655
County: Drew #22

Administrator: James W. Whittington

Administrator License Number: 2506

Total Licensed Beds: 122

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5176

State License: 1089

State Vendor: 0448

MMIS Provider: 211123311

Certified Beds: 122

Medicaid: 0

Medicare: 0

Caid/Care: 122

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 1194 North Chester Street, LLC

200 International Circle, Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Monticello Operations, LLC

Doing business as The Woods of Monticello Health and Rehabilitation Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously The Woods of Monticello Health and Rehabilitation, LLC/Arkansas SNF Operations Acquisition, LLC]

Three Rivers Healthcare and Rehabilitation

Telephone: (870) 358-2432

FAX Number: (870) 358-4582

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

33904 Hwy 63 E
Marked Tree, AR 72365

PHYSICAL LOCATION

33904 Highway 63 E
Marked Tree, AR 72365
County: Poinsett #56

Administrator: Tara Dunnick
Administrator License Number: 2440
Total Licensed Beds: 110
Life Safety Code Years: 2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5391
State License: 736
State Vendor: 0665
MMIS Provider: 119745311

Certified Beds: 110

Medicaid: 0
Medicare: 0
Caid/Care: 110
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
Savannah Nursing Home Partnership, Limited,
An Arkansas Limited Partnership
10632 Hillary Ct.
Baton Rouge, LA 70810

Ownership and Financial Interest

Arkansas Elder Outreach of Little Rock, Inc.

Doing business as Three Rivers Healthcare and Rehabilitation

Arkansas Elder Outreach of Little Rock, Inc.

Corporation - Non-Profit

Douglas M. Walsh, Board Member
10632 Hillary Court
Baton Rouge, LA 70810
(225) 769-7960

Effective February 1, 2003 - Change of Ownership Previous Entity Owner: Savannah Nursing Home Partnership, LTD - Partnership Effective November 1, 2003 - Change of Ownership/Operational Control. Previous entity operator: Senior Council of Poinsett County, Inc. Letter dated March 10, 2004 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 11/29/2003. Medicare Federal Provider number 04-5391. (Previous Federal Provider Number 04-A138.) Effective May 9, 2006 - Facility replacement/relocation - Permit of Approval 582 [Previous physical location address: 105 Hinson Road, Marked Tree, AR 72365] Effective 10/25/2010 - facility name change - formerly Three Rivers Nursing Center Registration of Fictitious Name filed with Arkansas Secretary of State on July 1, 2010.

Notice received 03/03/2011 from Three Rivers Healthcare and Rehabilitation that the facility no longer has a Post Office Box address. Delete P. O. Drawer 519 as the facility mailing address.

Timberlane Health & Rehabilitation

Telephone: (870) 863-8090

FAX Number: (870) 863-8379

I. FACILITY DATA

Updated: 01/23/2018

MAILING ADDRESS

2002 Timberwood Road
El Dorado, AR 71730

PHYSICAL LOCATION

2002 Timberwood Road
El Dorado, AR 71730
County: Union #70

Administrator: Toni Holderfield

Administrator License Number: 1673

Total Licensed Beds: 106

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5416

State License: 802

State Vendor: 0875

MMIS Provider: 160124311

Certified Beds: 106

Medicaid: 0

Medicare: 10

Caid/Care: 96

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from: Union County Care, LLC
c/o Griffin Properties
P O Box 2207
Fort Smith, AR 72902

Ownership and Financial Interest

Timberlane Care and Rehabilitation Center, LLC

Doing business as Timberlane Health & Rehabilitation

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc.,

Administrative Services Provider

(501) 932-0050 - Contact Person:

Amy Rollins - same address as to the left

Effective 04/10/06 New Nursing Facility - Permit of Approval 608 [replacement for the closed Smackover Nursing Home] Medicaid certification effective 05/04/06 for Federal Provider number 04-A300. Letter dated 09/27/06 from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 05/05/06. Federal Provider number 04-5416 [Previous Federal Provider 04-A300] Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Effective 01-01-2014 - Total licensed beds increase from 96 to 106 - Permit of Approval 917 - 10 beds from the closed Crystal Falls Healthcare. Medicare beds 10 previously 0. Medicaid/Medicare beds remain the same at 96.

Per email from Business Office Manager Tracy Lewis, dated 09/20/2016, facility mailing address was changed from P O Box 11120, El Dorado, AR 71730 to 2002 Timberwood Road, Eldorado, AR 71730. Mailing address and Physical Location are now the same.

Trinity Village Medical Center

Telephone: (870) 879-3117

FAX Number: (870) 879-6422

I. FACILITY DATA

Updated: 12/01/2017

MAILING ADDRESS

P.O. Box 1265
Pine Bluff, AR 71613

PHYSICAL LOCATION

6400 Trinity Drive
Pine Bluff, AR 71603
County: Jefferson #35

Administrator: Zahid Abbasi

Administrator License Number: 1645

Total Licensed Beds: 90

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5438

State License: 314

State Vendor: 9006

MMIS Provider: 179904311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Trinity Village, Inc.

Doing business as
Trinity Village Medical Center

6400 Trinity Drive
Pine Bluff, Ar 71603

Executive Director

Donna S. Stone

P. O. Box 1625

Pine Bluff, AR 71603

870.879.3113

Effective December 22, 2009 initial Medicaid certification for Trinity Village Medical Center.

Notice received from Centers for Medicare and Medicaid Services that this facility meets the requirements to participate in the Medicare Program effective 12/17/10. Medicare Provider number assigned by CMS is 04-5438. Previous Medicaid Provider number was 04-A309.

Effective 09/01/2017 - Total licensed beds increase from 80 to 90. Medicare/Medicaid beds remain at 80.
Permit of Approval 1024 HSPA(1495)17

Effective 12/01/2017 - Medicare/Medicaid beds increase from 80 to 90.

Twin Lakes Therapy and Living

Telephone: (870) 453-4603

FAX Number: (870) 453-1900

I. FACILITY DATA

Updated: 02/09/2017

MAILING ADDRESS

6152 Highway 202 East
Flippin, AR 72634-

PHYSICAL LOCATION

6152 Highway 202 East
Flippin, AR 72634-
County: Marion #45

Administrator: Danny Weaver
Administrator License Number: 2232
Total Licensed Beds: 80
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5280
State License: 1045
State Vendor: 0845
MMIS Provider: 202099311

Certified Beds: 80

Medicaid: 0
Medicare: 0
Caid/Care: 80
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Baxter County Healthcare Solutions, LLC
P. O. Box 506
Melbourne, AR 72556

Ownership and Financial Interest

FPNC, Inc.

Doing business as Twin Lakes Therapy and Living

Eagle Health Systems. Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%
Bryan Adams with 50%
824 Salem Road, Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective April 1, 2014 - Change of Ownership and Facility Name Change
[Previous entity operator: Twin Lakes Therapy & Living Center, Inc.]

Twin Rivers Health and Rehabilitation

Telephone: (870) 246-6337

FAX Number: (870) 246-6348

I. FACILITY DATA

Updated: 05/23/2017

MAILING ADDRESS

P. O. Box 986
Arkadelphia, AR 71923

PHYSICAL LOCATION

3021 Twin Rivers Drive
Arkadelphia, AR 71923
County: Clark #10

Administrator: Troy Morris

Administrator License Number: 1901

Total Licensed Beds: 112

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5216

State License: 693

State Vendor: 0603

MMIS Provider: 119699311

Certified Beds: 112

Medicaid: 0

Medicare: 0

Caid/Care: 112

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Pineview Homes, Inc.
204 N. 27th Street
Arkadelphia, AR 71923

Ownership and Financial Interest

Twin Rivers Health & Rehab, LLC

Doing business as: Twin Rivers Health and Rehabilitation

Glen Arnold 22.5%

4116 Tahoe Lane
Benton, AR 72015

Byron Grimmitt, M.D. 27.5%

904 N. Olive St.
Waldo, AR 71770

Eddie Arnold 22.5%

1030 Village Drive
Arkadelphia, AR 71923

Larry Thomerson 27.5%

P. O. Box 190
Gurdon, AR 71743

Effective 8-20-98 - Total beds increased from 60 to 72, facility replacement/relocation and Name Change (Formerly Pineview Care Center) Effective 2-7-2000 total facility beds increased from 72 to 82 - Permit of Approval 436. Effective 12/26/2001 - total licensed beds increased from 82 to 92. Permit of Approval 480. Effective July 1, 2002 - change in bed breakdown - all beds dual participating in Medicare and Medicaid. Effective July 1, 2002 - Change of Ownership/Operational Control Previous Entity: Pineview Homes, Inc. doing business as Twin Rivers Health and Rehabilitation Effective 09/04/2003 - total licensed beds increased from 92 to 97 - Permit of Approval 543 Effective 01/01/2004 - Change in certified bed breakdown - all beds are Medicare/Medicaid. Effective 04/23/2004 total licensed beds increase from 97 to 102 - Permit of Approval 543 (remaining 5 beds).

Effective January 1, 2006 -total certified beds increased from 97 to 112; total licensed beds increased from 102 to 112 - Permit of Approval 682 - 10 beds from Bensons Nursing Home, Inc.

Valley Springs Rehabilitation and Health Center

Telephone: (479) 474-5276

FAX Number: (479) 474-2640

I. FACILITY DATA

Updated: 09/16/2016

MAILING ADDRESS

228 Pointer Trail West
Van Buren, AR 72956

PHYSICAL LOCATION

228 Pointer Trail West
Van Buren, AR 72956
County: Crawford #17

Administrator: Debbie Satterfield (Interim)

Administrator License Number: 1510

Total Licensed Beds: 105

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5138

State License: 1086

State Vendor: 0768

MMIS Provider: 211177311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Sub-landlord: SLC Operations Master Tenant, LLC
c/o Capital Funding Group

1422A Clarkview Road, Baltimore, MD 21209

Prime Landlord: 228 Pointer Trail West, LLC

200 International Circle - Suite 3500

Hunt Valley, MD 21030

Ownership and Financial Interest

Crawford Operations, LLC

Doing business as Valley Springs Rehabilitation and Health Center

Ross M. Ponthie 40%

P. O. Box 12187

Alexandria, LA 71315

(318) 443-8167

JEJ Investments, LLC - 40%

John F. Ponthie, Sole Member

449 Overbrook Court

Shreveport, LA 71106

Marybret, LLC - 20%

Mark Thompson, Sole Member

2230 S MacArthur DR, Suite 9A

Alexandria, LA 71301

Effective 12/01/2015 Change of Ownership and Facility Name Change

[Previously Highlands of Van Buren, LLC doing business as Highlands of Van Buren Health and Rehabilitation/Highlands of Arkansas 100%]

Van Buren Healthcare and Rehabilitation Center

Telephone: (479) 474-8021

FAX Number: (479) 471-8570

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

1404 North 28th Street
Van Buren, AR 72956

PHYSICAL LOCATION

1404 North 28th Street
Van Buren, AR 72956
County: Crawford #17

Administrator: LeAnn Ogdon

Administrator License Number: 2236

Total Licensed Beds: 109

Life Safety Code Years: 1973 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5268

State License: 845

State Vendor: 0081

MMIS Provider: 165666311

Certified Beds: 109

Medicaid: 0

Medicare: 0

Caid/Care: 109

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Wonder Boys Properties of Arkansas, LLC

Doing business as

Van Buren Healthcare and Rehabilitation Center

James Stein 20%
8520 South 36th Terrace
Fort Smith, AR 72908

Paul Stein 20%
5703 Gulf Tech Drive
Ocean Springs, MS 39564

Robert V. Rye 40%
8520 South 36th Terrace
Fort Smith, AR 72908

Robert A. (Andy) Rye 20%
8520 South 36th Terrace
Fort Smith, AR 72908
Contact: (479) 410-1740

Effective October 13, 2007 - change of ownership and facility name change.
[Previous entity operator and facility name: Brownwood Manor, Inc.]

Village Springs Health and Rehabilitation

Telephone: (501) 624-5238

FAX Number: (501) 624-2519

I. FACILITY DATA

Updated: 05/23/2017

MAILING ADDRESS

1208 N Hwy 7
Hot Springs, AR 71909

PHYSICAL LOCATION

1208 North Highway 7
Hot Springs, AR 71909
County: Garland #26

Administrator: Barbara Gillmore

Administrator License Number: 975

Total Licensed Beds: 120

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5254

State License: 995

State Vendor: 0231

MMIS Provider: 195060311

Certified Beds: 120

Medicaid: 0

Medicare: 0

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Fountain Properties, LLC
2908 Hawkins Drive
Searcy, AR 74143

Ownership and Financial Interest

HSNC, Inc.

Doing Business as: Village Springs Health and Rehabilitation

Ovation Health Systems, Inc. 100%

Which includes the following individuals:

Brandon Adams with 50%

Bryan Adams with 50%

824 Salem Road, Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective January 1, 2013 - Change of Ownership and Facility Name Change

[Previous entity operator: Fountain Lake Health and Rehab, Inc. doing business as Fountain Lake Health and Rehab]

Waldron Nursing Center, Inc.

Telephone: (479) 637-3171

FAX Number: (479) 637-1046

I. FACILITY DATA

Updated: 03/05/2013

MAILING ADDRESS

P.O. Box 2230
Waldron, AR 72958-2230

PHYSICAL LOCATION

1369 West 6th Street
Waldron, AR 72958-2230
County: Scott #63

Administrator: Fred Watts
Administrator License Number: 1759
Total Licensed Beds: 105
Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5383
State License: 992
State Vendor: 0606
MMIS Provider: 194159311

Certified Beds: 105

Medicaid: 0
Medicare: 0
Caid/Care: 105
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Leased from:
Waldron Manor, L.L.C.
Chris Hensley
25 Club View Circle
Sallisaw, Oklahoma 74955

Ownership and Financial Interest

Waldron Nursing Center, Inc.

Fred Watts 100%
P. O. Box 2230
Waldron, AR 72958

Letter dated 07/17/03 from Centers for Medicare and Medicaid Services that Waldron Nursing Center, Inc., meets the requirements for participation in the Medicare Program effective 04/30/2003. New Medicare Federal Provider number 04-5383. (Previous Medicaid Federal Provider 04-A054)

Effective 10/01/2012 - change of ownership stock purchase
Entity Operator Waldron Nursing Center, Inc. and Tax ID number remain the same.

[Previous stockholders: Chris L. Hensley and Elaine Hensley - 100%]

Walnut Grove Nursing and Rehabilitation Center

Telephone: (479) 751-2390

FAX Number: (479) 751-3034

I. FACILITY DATA

Updated: 10/24/2017

MAILING ADDRESS

1393 E. Don Tyson Parkway
Springdale, AR 72764

PHYSICAL LOCATION

1393 E. Don Tyson Parkway
Springdale, AR 72764
County: Washington #72-1

Administrator: Ronald "Shane" Cluck

Administrator License Number: 2068

Total Licensed Beds: 102

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5428

State License: 859

State Vendor: 0883

MMIS Provider: 168051311

Certified Beds: 102

Medicaid: 0

Medicare: 0

Caid/Care: 102

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company: WGNC Holdings, LLC

P O Box 3376

Ridgeland, MS 39158

Landlord: Briar Hill Management, L.L.C.

P O Box 3376

Ridgeland, MS 39158

Ownership and Financial Interest

OLOTOR, L.L.C.

Doing business as Walnut Grove Nursing and Rehabilitation Center

David W. Rotolo 50%

102 Cherry Laurel Court
Ridgeland, MS 39157
(601) 853-2667

Robert S. Rotolo 50%

17441 W Muirfield
Baton Rouge, LA 70810

Administrative Services Agreement with: Briar Hill Management, L.L.C.

Contact: David W. Rotolo

Sandy Lindsey, CFO

P. O. Box 3376

Ridgeland, MS 39158

(601) 853-2667

New Nursing Facility licensed effective May 15, 2008 - Permit of Approval 649

[Replacement for the closed Junction City Nursing Home as referenced on the Permit of Approval]

Initial Medicaid Certification effective June 18, 2008. Notice letter dated 10/14/2008 from Centers for Medicare and Medicaid Services states that this facility meets the requirements for participation in the Medicare Program effective June 19, 2008 - 04-5248. [Previous Federal Provider CCN - 04-A308]

Walnut Ridge Nursing and Rehabilitation Center

Telephone: (870) 886-9022

FAX Number: (870) 886-2307

I. FACILITY DATA

Updated: 03/16/2016

MAILING ADDRESS

1500 West Main Street
Walnut Ridge, AR 72476

PHYSICAL LOCATION

1500 West Main Street
Walnut Ridge, AR 72476
County: Lawrence #38

Administrator: Suzann Wilson

Administrator License Number: 1797

Total Licensed Beds: 119

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5151

State License: 1072

State Vendor: 0758

MMIS Provider: 209649311

Certified Beds: 119

Medicaid: 0

Medicare: 0

Caid/Care: 119

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Landlord:
OHI Asset (AR) Walnut Ridge, LLC
c/o Omega Healthcare Investors, Inc.
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Lawrence - Progressive Eldercare Services, Inc.

Doing business as Walnut Ridge Nursing and Rehabilitation Center

Suzann Wilson
President/Secretary/Treasurer
1500 W. Main St.
Walnut Ridge, AR 72476

MasterTen, LLC [Prime Tenant]
P. O. Box 12187
Alexandria, LA 71315

Nancy L. Hall, Board Member
300 W. Main
Walnut Ridge, AR 72476

Progressive Eldercare Services, Inc., Member
38 Warnock Springs Road
Magnolia, AR 71753

Robert Coombs, Board Member
310 East Main
Walnut Ridge, AR 72476

Karen L. Gregory, Board Member
P. O. Box 355
Hoxie, AR 72433

Change of Ownership effective 09/01/2015 [Previous entity operator: Lawrence Operations, LLC* doing business as Walnut Ridge Nursing and Rehabilitation Center *Sub-Ten Holdings, LLC 100%]

West Memphis Health and Rehab

Telephone: (870) 735-4543

FAX Number: (870) 732-4490

I. FACILITY DATA

Updated: 06/06/2016

MAILING ADDRESS

610 South Avalon St
West Memphis, AR 72301

PHYSICAL LOCATION

610 South Avalon St.
West Memphis, AR 72301
County: Crittenden #18

Administrator: Johnnie Belinda Looney

Administrator License Number: 1915

Total Licensed Beds: 155

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5217

State License: 1103

State Vendor: 0249

MMIS Provider: 211764311

Certified Beds: 155

Medicaid: 0

Medicare: 0

Caid/Care: 155

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Building Leased from:
WM Crittenden Holdings, LLC
P. O. Box 8248
Searcy, AR 72145

Ownership and Financial Interest

WM Crittenden Operations, LLC

Doing business as

West Memphis Health and Rehab

Leonard Wiggins 100%

109 Summerview Dr
Searcy, AR 72143
(501) 593-1946

Effective February 1, 2016 - Change of Ownership and Facility Name Change
[Former entity operator: Waverley-Arkansas, Inc. doing business as
Health Care and Rehabilitation Center of West Memphis]

Westwood Health and Rehab, Inc.

Telephone: (479) 756-1600

FAX Number: (479) 750-9999

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

802 S. West End Street
Springdale, AR 72764

PHYSICAL LOCATION

802 S. West End Street
Springdale, AR 72764
County: Washington #72-1

Administrator: Brandon Brown

Administrator License Number: 2207

Total Licensed Beds: 85

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5371

State License: 755

State Vendor: 0339

MMIS Provider: 154012311

Certified Beds: 85

Medicaid: 0

Medicare: 0

Caid/Care: 85

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Effective July 1, 2009 Leased from:
SP WEST RE, LLC
824 Salem Rd., Ste 210
Conway, AR 72034

Ownership and Financial Interest

Westwood Health and Rehab, Inc.

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective July 1, 2004 - change of ownership and facility name change. [Previous entity operator: Holland Nursing Center - West, Inc.] Effective 01/01/2005 - total licensed and certified beds decreased from 80 to 75.

Health Services Permit Commission approval to move 5 beds to North Hills Life Care and Rehab. Effective 01/01/2005 - change in certified bed breakdown - All beds are Medicaid/Medicare. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc.

Notice received March 1, 2010: Effective 1/1/2010 Boyd Wright is no longer an owner of RHC Operations, Inc

Bed increase - Effective 10/01/2017 - Facility letter dated 08/15/2017 requesting a bed increase from 75 Medicaid/Medicare beds to 85 Medicaid/Medicare beds. Permit of Approval number 1041, HSPA File (1522) 17, dated July 25, 2017.

White Hall Health and Rehab

Telephone: (870) 247-0800

FAX Number: (870) 247-0802

I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

9209 Dollarway Road
White Hall, AR 71602

PHYSICAL LOCATION

9209 Dollarway Road
White Hall, AR 71602
County: Jefferson #35

Administrator: Donna Morton
Administrator License Number: 1292
Total Licensed Beds: 120
Life Safety Code Years: 1985
2000
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5372
State License: 1095
State Vendor: 0860
MMIS Provider: 211199311

Certified Beds: 120

Medicaid: 0
Medicare: 0
Caid/Care: 120
Private Beds: 0
HomestyleBeds:

Classification

NF:
SNF:
NF/SNF: X
ICF/MR:
ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
Summit Properties-White Hall, LLC
P. O. Box 891
Bryant, AR 72089

Ownership and Financial Interest

White Hall Holdings, LLC

Doing business as White Hall Health and Rehab

Skyline Arkansas Healthcare, LLC 100% of White Hall Holdings, LLC
Skyline Arkansas Holdings, LLC 100% of Skyline Arkansas Healthcare, LLC
425 West Capitol Avenue, Suite 3800
Little Rock, AR 72201 - telephone: 501.801.3810

Joseph Schwartz, 100% Member of Skyline Arkansas Holdings, LLC
Joseph Schwartz, Manager of Skyline Arkansas Healthcare, LLC and Manager of White Hall Holdings, LLC
505 Marlboro Road, Wood-Ridge, New Jersey 07075
Telephone: 201.635.1195

Management Company: Skyline Management Group, LLC
505 Marlboro Road, Wood-Ridge, NJ 07075 - telephone: 201.635.1195
Joseph Schwartz - 100% Member and CEO of Skyline Management Group, LLC
Brandon Augustyniak - CFO of Skyline Management Group, LLC - telephone: 201.635.1195

Effective 12/01/2015 - Change of Ownership - Stock Purchase - Facility Name Change
[Previous entity operator: White Hall Health & Rehab, LLC/Arkansas SNF Operations Acquisition II, LLC]

White River Healthcare

Telephone: (870) 297-3719

FAX Number: (870) 297-3732

I. FACILITY DATA

Updated: 11/15/2016

MAILING ADDRESS

P.O. Box 329
Calico Rock, AR 72519-

PHYSICAL LOCATION

1569 AR Highway 56
Calico Rock, AR 72519
County: Izard #33

Administrator: Jeannie Simpson

Administrator License Number: 1592

Total Licensed Beds: 70

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5401

State License: 737

State Vendor: 0785

MMIS Provider: 119746311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Leased from:
WE CARE CALICO ROCK, LLC
P. O. Box 999
Calico Rock, AR 72519

Ownership and Financial Interest

White River Healthcare, LLC

Name of Facility: White River Healthcare

Dean Hudson, Sr. 24.5% Dean Hudson, Jr. 25.5%

Peggy Hudson 24.5% Joyce Hudson 25.5%

P O Box 687

P. O. Box 999

Calico Rock, AR 72519

Calico Rock, AR 72519

Effective 02/01/2004 - Change of ownership/operational control and name change.

Formerly: Calico Healthcare, Inc.

Letter dated 10/28/04 from Centers for Medicare and Medicaid Services that this facility meets the requirements for participation in the Medicare Program effective 07/20/04. New Federal Provider number is 04-5401. Previous federal provider number was 04-A260. Notice received 04/14/14 that the physical location address changed from 601 Calico Street to 549 Chesmond Ferry Road, Calico Rock, Arkansas in August of 2012 due to 911 Service.

Notice received 04/14/14 that the Administrative Services Agreement between White River Healthcare, LLC and Care Management, Inc. was terminated in August of 2013. Effective 10/10/2014 facility replacement relocation and bed decrease from 91 to 70 - Permit of Approval 931. New physical location address is 1569 AR Highway 56, Calico Rock, AR 72519

Previous physical location address was 549 Chesmond Ferry Rd, Calico Rock, AR 72519

Notice letter received 06/03/2015 - "...reflects the percentage change among family members."

Willowbend at Marion

Telephone: (870) 739-3268

FAX Number: (870) 739-4669

I. FACILITY DATA

Updated: 01/14/2013

MAILING ADDRESS

101 Brougham Avenue
Marion, AR 72364

PHYSICAL LOCATION

101 Brougham Avenue
Marion, AR 72364
County: Crittenden #18

Administrator: Jennifer R. Taylor

Administrator License Number: 2203

Total Licensed Beds: 98

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5412

State License: 786

State Vendor: 0826

MMIS Provider: 158268311

Certified Beds: 98

Medicaid: 0

Medicare: 0

Caid/Care: 98

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Leased from:
Marion Healthcare Arkansas, L.L.C.
10632 Hillary Ct.
Baton Rouge, LA 70810

Ownership and Financial Interest

Arkansas Elder Outreach of Little Rock, Inc.

Doing business as Willowbend at Marion

Arkansas Elder Outreach of Little Rock, Inc.

Corporation - Non-Profit

Douglas M. Walsh, Board Member

10632 Hillary Court
Baton Rouge, LA 70810
(225) 769-7960

Change of Ownership effective December 1, 2005

[Previous operator: J.H.C.H., LLC doing business as Johnson Hobson Care Home]

Effective January 1, 2006 - facility name change [Previous facility name change was Johnson Hobson Care Home]

Letter dated 07/17/2006 from Centers for Medicare and Medicaid Services that Arkansas Elder Outreach of Little Rock, Inc, doing business as Willowbend at Marion meets the requirements to participate in the Medicare program effective April 30, 2006. Fiscal Intermediary 00020 - Pinnacle Business Solutions, Inc. New Federal Provider number 04-5412 [Previous Medicaid Federal Provider number 04-A202.]

Windcrest Health and Rehab, Inc.

Telephone: (479) 756-9000

FAX Number: (479) 751-1111

I. FACILITY DATA

Updated: 05/31/2011

MAILING ADDRESS

2455 Lowell Road
Springdale, AR 72764

PHYSICAL LOCATION

2455 Lowell Road
Springdale, AR 72764
County: Washington #72-1

Administrator: John R. McPherson

Administrator License Number: 1887

Total Licensed Beds: 70

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5367

State License: 756

State Vendor: 0337

MMIS Provider: 154013311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Effective: 07/01/2009 Leased from:
SP NORTH RE, LLC
824 Salem Rd, Ste. 210
Conway, AR 72034

Ownership and Financial Interest

Windcrest Health and Rehab, Inc.

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

Healthcare Provider Services Agreement with
Reliance Health Care, Inc., Administrative Services Provider
(501) 932-0050 - Contact Person: Amy Rollins - same address as above

Effective July 1, 2004 - change of ownership and facility name change. [Previous entity operator: Holland Nursing Center - North, Inc.] Effective 01/01/2005 - change in certified bed breakdown - All beds are Medicare/Medicaid. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc.

Notice received March 1, 2010: Effective 01/01/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.

Woodbriar Nursing Home

Telephone: (870) 578-2483

FAX Number: (870) 578-2485

I. FACILITY DATA

Updated: 06/19/2015

MAILING ADDRESS

204 Catherine St
Harrisburg, AR 72432

PHYSICAL LOCATION

204 Catherine St
Harrisburg, AR 72432
County: Poinsett #56

Administrator: Emily James Sampson

Administrator License Number: 1401

Total Licensed Beds: 80

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5384

State License: 620

State Vendor: 0823

MMIS Provider: 109336311

Certified Beds: 80

Medicaid: 0

Medicare: 0

Caid/Care: 80

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

T-Lynn, Inc.

Doing business as
Woodbriar Nursing Home

Rick Sampson 50% of stock
P. O. Box 310
Newport, Arkansas 72112

William C. Bulloch 50% of stock
P. O. Box 535
Monticello, Arkansas 71657

Administrative Services Agreement:
Care Management, Inc.
Contact Person: Rick Sampson
1005 McLain Street
P. O. Box 310
Newport, AR 72112
(870) 523-4333

Effective 3-14-97 total licensed and certified beds increased from 72 to 80.

Effective 9-1-98 Rick Sampson and William C. Bulloch purchased the stock of the T-Lynn, Inc., corporation. New Facility license number assigned; however, the IRS Number and the MMIS Provider number remain the same.

Letter dated 08/08/2003 from Centers for Medicare and Medicaid Services that Woodbriar Nursing Home meets the requirements for participation in the Medicare Program effective 06/19/2003.
New Federal Provider number 04-5384 (Previous Federal Provider number 04-A195)

Woodland Hills Healthcare and Rehabilitation of Jacksonville

Telephone: (501) 241-2191

FAX Number: (501) 241-2197

I. FACILITY DATA

Updated: 03/10/2016

MAILING ADDRESS

1320 West Braden Street
Jacksonville, AR 72076

PHYSICAL LOCATION

1320 West Braden Street
Jacksonville, AR 72076

County: Pulaski-Jacksonville #60-5

Administrator: Angela Curran

Administrator License Number: 2455

Total Licensed Beds: 120

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5378

State License: 700

State Vendor: 0863

MMIS Provider: 119706311

Certified Beds: 120

Medicaid: 0

Medicare: 0

Caid/Care: 120

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

New Lease effective May 1, 2006
Landlord: Woodland Hills Healthcare and Rehabilitation Center
of Jacksonville, LLC
222 South First Street
Rogers, AR 72756

Ownership and Financial Interest

Regional Care of Jacksonville, LLC

Doing business as Woodland Hills Healthcare and Rehabilitation of Jacksonville

The Alington D. Kilgore Trust U/A Dated 10/18/195 - 100%

222 South First Street

Rogers, AR 72756

(479) 464-0200

Management Agreement:

Cornerstone Health Care, Inc.

Contact Person: P. Cody Long

222 South First Street

Rogers, AR 72756 (479) 464-0200

Effective 07/10/02-Replacement of nursing facility-Permit of Approval 424 (Formerly Beverly Healthcare-Jacksonville) Medicaid certification effective 07/26/02: 04-A287. Effective 11/01/02-Change of Ownership (Previous entity owner: Beverly Enterprises-Arkansas, Inc. d/b/a Woodland Hills Healthcare and Rehabilitation of Jacksonville) Notice received 04/24/03 from Centers for Medicare and Medicaid Services that Woodland Hills Healthcare and Rehabilitation of Jacksonville meets the requirements for participation in the Medicare Program effective 02/26/03. Medicare Federal Provider Number 04-5378 effective 02/26/03. (Previous Medicaid Provider Number 04-A287) Effective 01/01/05 - change in certified bed breakdown. Notice received 08/22/06 that effective 01/01/05, Regional Care of Arkansas, LLC, which had 100% of Regional Care of Jacksonville, LLC, assigned this 100% to Christian Health Care Hospice, Inc. Effective 04/01/10-Change in certified bed breakdown: [61 Medicaid - previously 90] [19 Medicare-previously 0] [40 Caid/Care - previously 30]

Effective 01/01/2011 - Change in certified bed breakdown: All 120 beds are Medicare/Medicaid

Wood-Lawn Heights

Telephone: (870) 793-7195

FAX Number: (870) 698-1857

I. FACILITY DATA

Updated: 05/10/2016

MAILING ADDRESS

2800 Neeley St.
Batesville, AR 72501

PHYSICAL LOCATION

2800 Neeley Street
Batesville, AR 72501
County: Independence #32

Administrator: Judy Belcher

Administrator License Number: 647

Total Licensed Beds: 140

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5317

State License: 105

State Vendor: 0799

MMIS Provider: 109112311

Certified Beds: 140

Medicaid: 0

Medicare: 0

Caid/Care: 140

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation - Non Profit

Building Ownership

Same as ownership of license

Ownership and Financial Interest

Wood-Lawn, Inc.

Doing business as Wood-Lawn Heights

Non-Profit Corporation

Max McElmurray, Member
265 Bluff View
Batesville, AR 72501
870.793.7372

Robin Brock, Member
25 Aberdeen Drive
Batesville, AR 72501

Terrell Tebbetts, Member
561 E. Main Street
Batesville, AR 72501

Fred Wann, Member
605 Josephine
Batesville, AR 72501

Judge Bill Walmsley, Member
1725 Highland Road
Batesville, AR 72501

Medicare participation effective 10-1-96. Effective April 1, 2004 - change in certified bed breakdown - all beds participating in Medicare and Medicaid. Effective 08/14/2013 - Facility Replacement/Relocation - licensed beds increase from 121 to 140 - Permit of Approval 869 [Previous physical location address: 2901 Neeley St., Batesville, AR 72501 Effective 08/14/2013 - New facility doing business as name is Wood-Lawn Heights [previous was Wood-Lawn, Inc.] Effective 10/01/2013 - change in certified Medicaid/Medicare bed breakdown from 121 beds to 140 beds.

Woodruff County Health Center

Telephone: (870) 731-2543

FAX Number: (870) 731-5027

I. FACILITY DATA

Updated: 05/27/2016

MAILING ADDRESS

139 West Highway 64
McCrary, AR 72101

PHYSICAL LOCATION

139 West Highway 64
McCrary, AR 72101
County: Woodruff #74

Administrator: Marilyn Files

Administrator License Number: 1841

Total Licensed Beds: 120

Life Safety Code Years: 2000

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5222

State License: 057

State Vendor: 0797

MMIS Provider: 109034311

Certified Beds: 120

Medicaid: 105

Medicare: 0

Caid/Care: 15

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

County Government

Building Ownership

Same as ownership of license

Ownership and Financial Interest

County Government

Doing business as

Woodruff County Health Center

Non-Profit Corporation

Board of Directors

Martha Ray, Chairperson

1912 North 11th

Augusta, AR 72006

870.731.5415

Effective June 27, 2007 - facility replacement relocation - Permit of Approval 670

[Previous location address was 900 West Poplar, McCrary, AR 72101]

Effective August 24, 2007- Facility Name Change [formerly Woodruff County Nursing Home].

Effective October 1, 2007 - total certified beds decreased from 132 to 120.