### I. FACILITY DATA

**Administrator:** Ricky Griffin  
**Administrator License Number:** 2156  
**Total Licensed Beds:** 120  
**Life Safety Code Years:** 2000

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 120</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5408</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td><strong>State License:</strong> 994</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0872</td>
<td>Caid/Care: 120</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 195058311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Type of Entity:** Corporation  

<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
</table>
| **Leased from:** Benton Property Investments, LLC  
7201 Shallowford Road, Suite 200  
Chattanooga, TN 37421 |

**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

I. FACILITY DATA

Administrator: Debbie Perron
Administrator License Number: 1631
Total Licensed Beds: 70
Life Safety Code Years: 1985

Certificate: Title XIX/XVIII

Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5288</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>1128</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0847</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>221406311</td>
</tr>
</tbody>
</table>

Certified Beds: 70
Classification:

- Medicaid: 0
- Medicare: 0
- CaId/Care: 70
- Private Beds: 0
- Homestyle Beds: 0
- 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

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

Administrator: Debbie George-Fort
Administrator License Number: 645
Total Licensed Beds: 80
Life Safety Code Years: 1985

401 Heather Lane
Alma, AR 72921

PHYSICAL LOCATION

Certification: Title XIX/XVIII

401 Heather Lane
Alma, AR 72921

County: Crawford #17

Facility Identification Numbers

Certified Beds: 80
Classification

Federal Provider: 04-5370
Medicaid: 0
Medicare: 0

State License: 660
Caid/Care: 80

State Vendor: 0859
Private Beds: 0

MMIS Provider: 119670311
HomestyleBeds: 0

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

Management Agreement with
CornerStone Health Care, Inc.

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

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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds: 101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>101</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care</td>
<td>0</td>
</tr>
<tr>
<td>Private Beds</td>
<td>0</td>
</tr>
<tr>
<td>HomestyleBeds</td>
<td></td>
</tr>
</tbody>
</table>

### Federal Provider:
04-A329

### State License:
1131

### State Vendor:
0901

### MMIS Provider:
222326311

## 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

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
Classification
Medicaid: 114
Medicare: 0
Caid/Care: 0
Private Beds: 0
Homestyle Beds: 0

Type of Entity: Limited Liability Company

II. OWNERSHIP AND FINANCIAL INTEREST

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

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

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>Administrator:</strong> Chyra Worthington</th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Russellville Road</td>
<td>Administrator License Number: 1963</td>
</tr>
<tr>
<td>Malvern, AR 72104</td>
<td>Total Licensed Beds: 104</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1967</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

<table>
<thead>
<tr>
<th>105 Russellville Road</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malvern, AR 72104</td>
<td></td>
</tr>
<tr>
<td>County: Hot Spring #30</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 100</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5270</td>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td><strong>State License:</strong> 1077</td>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0709</td>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 209656311</td>
<td></td>
<td>ICF/MR:</td>
</tr>
<tr>
<td><strong>Homestyle Beds:</strong></td>
<td></td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Corporation  
**Building Ownership**

<table>
<thead>
<tr>
<th><strong>Landlord:</strong> OHI Asset (AR) Malvern, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>c/o Omega Healthcare Investors, Inc.</strong></td>
</tr>
<tr>
<td><strong>200 International Circle, Suite 3500</strong></td>
</tr>
<tr>
<td><strong>Hunt Valley, MD 21030</strong></td>
</tr>
</tbody>
</table>

**Ownership and Financial Interest**

- Malvern - Progressive Eldercare Services, Inc.
- Doing business as Arbor Oaks Healthcare and Rehabilitation Center

<table>
<thead>
<tr>
<th><strong>Chyra Worthington</strong></th>
<th><strong>MasterTen, LLC [Prime Tenant]</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>President/Secretary/Treasurer</td>
<td>P. 0. Box 12187</td>
</tr>
<tr>
<td>5978 E. Hwy 171</td>
<td>Alexandria, LA 71315</td>
</tr>
<tr>
<td>Malvern, AR 72104</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Page B. Kutait, Board Member</strong></th>
<th><strong>Progressive Eldercare Services, Inc., Member</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3849 Ridge Rd.</td>
<td>38 Warnock Springs Road</td>
</tr>
<tr>
<td>Malvern, AR 72104</td>
<td>Magnolia, AR 71753</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sandra K. Bailey, Board Member</strong></th>
<th><strong>Amy J. Kutka, Board Member</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2110 S. Main</td>
<td>135 Catherine Cove Loop</td>
</tr>
<tr>
<td>Malvern, AR 72104</td>
<td>Malvern, AR 72104</td>
</tr>
</tbody>
</table>

**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

### 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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5277</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>675</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0009</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>119683311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 103

### Classification

| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 103 |
| Private Beds: | 0 |
| Homestyle Beds: | |
| 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

**Doing business as:**  
Arkansas Convalescent Center

Kyle M. Deshotels  
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.
### I. FACILITY DATA

**MAILING ADDRESS**

6701 Hwy 67  
Benton, AR 72015-8909

**PHYSICAL LOCATION**

6701 Hwy 67  
Benton, AR 72015-8909

**Administrator:** Gary Gipson  
**Administrator License Number:** 802  
**Total Licensed Beds:** 290  
**Life Safety Code Years:** 1967 1981

**Certification:** Title XIX

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-A293</td>
<td>336</td>
<td>1057</td>
<td>181482311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 290  
**Classification**  
- Medicaid: 290
- Medicare: 0
- Caid/Care: 0
- Private Beds: 0

**County:** Saline #62

### 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 - Non-Profit Association

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

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

<table>
<thead>
<tr>
<th><strong>Administrator:</strong></th>
<th>Kyle Deshotels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrator License Number:</strong></td>
<td>1821</td>
</tr>
<tr>
<td><strong>Total Licensed Beds:</strong></td>
<td>173</td>
</tr>
<tr>
<td><strong>Life Safety Code Years:</strong></td>
<td>1985</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

2107 Dudley Street  
Texarkana, AR 71854

**PHYSICAL LOCATION**

2107 Dudley Street  
Texarkana, AR 71854

**County:** Miller #46

**Administrator:** Kyle Deshotels

## 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  
754 CR 281  
Gainesville, TX 76240  
(903) 278-5279

100%

Change of ownership effective 05/01/2002.

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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th><strong>Federal Provider:</strong></th>
<th>04-5211</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State License:</strong></td>
<td>676</td>
</tr>
<tr>
<td><strong>State Vendor:</strong></td>
<td>0008</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong></td>
<td>119684311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 173

<table>
<thead>
<tr>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 173</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
</tr>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### Certification:

Title XIX/XVIII
Arkansas State Veterans Home at North Little Rock

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Kathie Gately (Interim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2401 John Ashley Drive</td>
<td>Administrator License Number: 1306</td>
</tr>
<tr>
<td>North Little Rock, AR 72114</td>
<td>Total Licensed Beds: 96</td>
</tr>
<tr>
<td>2401 John Ashley Drive</td>
<td>Certification: Title XIX/XVII</td>
</tr>
<tr>
<td>North Little Rock, AR 72114</td>
<td></td>
</tr>
<tr>
<td>County: Pulaski #60-2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 96</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5462</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1127</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0899</td>
<td>Caid/Care: 96</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 219410311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds: 96</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Arkansas State Government</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State of Arkansas</td>
</tr>
</tbody>
</table>

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 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
## I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Lindsey Clyburn (Interim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1179 N College Ave</td>
<td>Administrator License Number: 1519</td>
</tr>
<tr>
<td>Fayetteville, AR 72703</td>
<td>Total Licensed Beds: 108</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>1179 North College Avenue</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Fayetteville, AR 72703</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>County: Washington #72-1</td>
<td>------------------------------------------</td>
</tr>
</tbody>
</table>

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider: 04-5417</th>
<th>Medicaid: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License: 803</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td>State Vendor: 0876</td>
<td>Caid/Care: 108</td>
</tr>
<tr>
<td>MMIS Provider: 160958311</td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds: 0</td>
</tr>
</tbody>
</table>

## II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Arkansas State Government</th>
</tr>
</thead>
</table>

### 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 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.
## 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

### 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
- **Homestyle Beds:**

### 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**

<table>
<thead>
<tr>
<th>Owner</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith Head</td>
<td>75%</td>
</tr>
<tr>
<td>Cathy Parsons</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Address:**  
Keith Head  
1505 Dogwood Trail  
Conway, AR 72033  
(501) 514-5818

**Address:**  
Cathy Parsons  
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

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Classification</th>
<th>CF Beds</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF</td>
<td>105</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>SNF</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NF/SNF</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>ICF/MR</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>ICF/MR10</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

## I. FACILITY DATA

**MAILING ADDRESS**

66 Ozbirn Lane  
Ash Flat, AR 72513

**PHYSICAL LOCATION**

66 Ozbirn Lane  
Ash Flat, AR 72513

**Administrator:** Misty French  
**Administrator License Number:** 2424  
**Total Licensed Beds:** 105  
**Life Safety Code Years:** 1981

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5155</td>
<td>1074</td>
<td>0007</td>
<td>209659311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 105

- Medicaid: 0
- Medicare: 0
- Caid/Care: 105
- Private Beds: 0
- Homestyle Beds: 0

**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

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

- **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%]
### I. FACILITY DATA

**Updated:** 10/24/2017

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Michael B. Harrison</th>
</tr>
</thead>
<tbody>
<tr>
<td>2600 N 22nd Street</td>
<td></td>
</tr>
<tr>
<td>Rogers, AR 72756</td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

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

| Administrator License Number: 2412 |
| Total Licensed Beds: 100 |

<table>
<thead>
<tr>
<th>Certification:</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5421</td>
</tr>
<tr>
<td>State License: 866</td>
</tr>
<tr>
<td>State Vendor: 0879</td>
</tr>
<tr>
<td>MMIS Provider: 170892311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 100</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HomestyleBeds:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### 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% 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.
### I. FACILITY DATA

**MAILING ADDRESS**

318 Strozier Lane  
Barling, AR 72923

**PHYSICAL LOCATION**

318 Strozier Lane  
Barling, AR 72923

Administrator: Mitzi L. George  
Administrator License Number: 2496

Total Licensed Beds: 122


**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5419</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>943</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0874</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>185765311</td>
</tr>
</tbody>
</table>

Certified Beds: 122  
Classification:  
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 122  
- Private Beds: 0  
- Homestyle Beds: 
- 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>60%</td>
</tr>
<tr>
<td>Jerry Sams</td>
<td>10%</td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>10%</td>
</tr>
<tr>
<td>David Norsworthy</td>
<td>20%</td>
</tr>
<tr>
<td>P. O. Box 180</td>
<td></td>
</tr>
<tr>
<td>Gateway, AR 72733</td>
<td></td>
</tr>
</tbody>
</table>

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]
### I. FACILITY DATA

**Administrator:** Cynthia Jayroe  
**Administrator License Number:** 1359  
**Total Licensed Beds:** 90  
**Life Safety Code Years:** 1985

### 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>100%</td>
</tr>
</tbody>
</table>
I. FACILITY DATA

**Mailing Address**

Administrator: Cynthia Reagan-Asbury

Administrator License Number: 2524

Total Licensed Beds: 114

Life Safety Code Years: 1985

**Physical Location**

500 Hammond Avenue

Berryville, AR 72616

**Certification:**

Title XIX/XVIII

**Facility Identification Numbers**

Certified Beds: 114

Certification: Title XIX/XVIII

**Facility Identification Numbers**

Federal Provider: 04-5295

State License: 905

State Vendor: 0434

MMIS Provider: 180138311

**Classification**

Medicaid: 0

Medicare: 0

Caid/Care: 114

Private Beds: 0

HomestyleBeds: 0

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 CCNRC, 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

I. FACILITY DATA
Updated: 02/13/2018

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Sheila Milam</th>
</tr>
</thead>
<tbody>
<tr>
<td>1621 East 42nd St</td>
<td></td>
</tr>
<tr>
<td>Texarkana, AR 71854-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1621 East 42nd St</td>
</tr>
<tr>
<td>Texarkana, AR 71854-</td>
</tr>
<tr>
<td>County: Miller #46</td>
</tr>
</tbody>
</table>

Administrator License Number: 2053
TotalLicensed Beds: 115
Life Safety Code Years: 1973

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5241</td>
</tr>
<tr>
<td>State License: 862</td>
</tr>
<tr>
<td>State Vendor: 0486</td>
</tr>
<tr>
<td>MMIS Provider: 168490311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 115</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>HomestyleBeds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title XIX/XVIII</td>
</tr>
</tbody>
</table>

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

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

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

Administrator: Richard West Jr.

Administrator License Number: 2369

Total Licensed Beds: 141


PHYSICAL LOCATION

1010 Barnes Street
Lonoke, AR 72086-2003

Certification: Title XIX/XVIII

County: Lonoke #43

Facility Identification Numbers

Federal Provider: 04-5314

State License: 1136

State Vendor: 0258

MMIS Provider: 22455311

Certified Beds: 141

Classification

Medicaid: 0

Medicare: 0

Caali/Care: 141

Private Beds: 0

HomestyleBeds:

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%

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]
### I. FACILITY DATA

**Updated:** 10/10/2017

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Mishana Jackson</th>
</tr>
</thead>
<tbody>
<tr>
<td>2600 Barrow Road</td>
<td>Administrator License Number: 1778</td>
</tr>
<tr>
<td>Little Rock, AR 72204</td>
<td>Total Licensed Beds: 139</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1985</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

| 2600 Barrow Road | Certification: |
| Little Rock, AR 72204 | Title XIX/XVIII |
| County: Pulaski-South #60-1 |

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider: 04-5432</th>
<th>Certified Beds: 139</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License: 1129</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>State Vendor: 0887</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td>MMIS Provider: 221407311</td>
<td>Caid/Care: 139</td>
</tr>
<tr>
<td></td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
</tr>
<tr>
<td></td>
<td>Classification</td>
</tr>
<tr>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td></td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**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

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]
I. FACILITY DATA

MAILING ADDRESS
1975 White Drive
Batesville, AR 72501

PHYSICAL LOCATION
1975 White Drive
Batesville, AR 72501

Administrator: Rushell A. Barker
Administrator License Number: 2377
Total Licensed Beds: 150
Life Safety Code Years: 1967

Facility Identification Numbers
Federal Provider: 04-5203
State License: 1092
State Vendor: 0366
MMIS Provider: 211180311

Certified Beds: 150
Classification
Medicaid: 0
Medicare: 0
Caid/Care: 150
Private Beds: 0
HomestyleBeds:

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

### Facility Identification Numbers

- **Federal Provider:** 04-5287
- **State License:** 1121
- **State Vendor:** 0632
- **MMIS Provider:** 217474311

### Certification:

- **Type:** Title XIX/XVIII

### Certified Beds:

- **131**

### Classification

- **NF:** 0
- **SNF:** 0
- **CFD/Care:** 131
- **ICF/MR:** 0
- **ICF/MR10:** 0

### Leased from Landlord:

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

## II. OWNERSHIP AND FINANCIAL INTEREST

### Building Ownership

**Type of Entity:** Limited Liability Company

**Ownership and Financial Interest**

**Doing Business as:** Bear Creek Healthcare LLC

Bear Creek Healthcare LLC  
Cathy Parsons 100%  
1270 Bruce Street  
Conway, AR 72034

**Management Agreement with:**  
Ridgepointe Healthcare LLC  
1230 Champions Drive  
Conway, AR 72034  
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.]
### I. FACILITY DATA

**MAILING ADDRESS**

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

**PHYSICAL LOCATION**

709 McAfee Lane  
Beebe, AR 72012

Administrator: Christie Ruhter  
Administrator License Number: 2373  
Total Licensed Beds: 105  
Life Safety Code Years: 1985

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 105</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5304</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 668</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0824</td>
<td>Caid/Care: 105</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 119676311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**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

I. FACILITY DATA

Updated: 08/15/2017

MAILING ADDRESS
1052 Old Warren Road
Monticello, AR 71655-

Administrator: Julie Trucks
Administrator License Number: 2056
Total Licensed Beds: 80

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

Certification: Title XIX/XVIII

Certified Beds: 80
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 80 NF/SNF: X
Private Beds: 0 ICF/MR:
Homestyle Beds: 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
John Ponthie - 318-443-8167
2723 Alvamar
Shreveport, LA 71106
1052 Old Warren Road
Monticello, AR 71655

Board Member Board Member Member
Tamara Russell Wade Smith Progressive Eldercare Services, Inc.
312 Tanglewood Dr. 2805 Ashley Rd. 7E 38 Warnock Springs Road
Monticello, AR 71655 Crossett, AR 71635 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.
### I. FACILITY DATA

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 110</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-A330</td>
<td>Medicaid: 110</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1132</td>
<td>Medicare: 0</td>
<td>SNF: X</td>
</tr>
<tr>
<td>State Vendor: 0902</td>
<td>Caid/Care: 0</td>
<td>NF/SNF:</td>
</tr>
<tr>
<td>MMIS Provider: 223062311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds: 0</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**Administrator:** Amanda Levato  
**Administrator License Number:** 1817  
**Total Licensed Beds:** 110  
**Life Safety Code Years:** 2012

### 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.

## I. FACILITY DATA

**Administrator:** Julie Munn  
**Administrator License Number:** 2536  
**Total Licensed Beds:** 111  
**Life Safety Code Years:** 1967, 1985

**Mailing Address:**  
1100 East 36th Street  
Texarkana, AR 71854

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

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 111</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5194</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1134</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0210</td>
<td>Caid/Care: 111</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 224525311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

## II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Limited Liability Company  
**Building Ownership:** Leased from:  
LinRock Investments, LLC  
1051 Lantrip Road  
Sherwood, AR 72120

**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**  
**Previous entity 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
### I. FACILITY DATA

**Administrator:** Mike Wright  
**Administrator License Number:** 2233  
**Total Licensed Beds:** 98  
**Life Safety Code Years:** 2000

#### MAILING ADDRESS
1202 S. E. 30th Street  
Bentonville, AR 72712

#### PHYSICAL LOCATION
1202 S. E. 30th Street  
Bentonville, AR 72712

**County:** Benton #04  
**Certification:** Title XIX/XVIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5373</td>
<td>942</td>
<td>0500</td>
<td>185474311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 98  
**Classification**

- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 98  
- Private Beds: 0  
- HomestyleBeds: 0

- 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**

<table>
<thead>
<tr>
<th>Bradford House Nursing and Rehab, LLC</th>
<th>Michael Morton</th>
<th>Jerry Sams</th>
<th>Paralea Hursh</th>
<th>David Norsworthy</th>
<th>P. O. Box 180</th>
<th>415 Rogers Avenue</th>
<th>Fort Smith, AR 72901</th>
<th>(479) 783-4672</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator:</th>
<th>Joan Robbins</th>
</tr>
</thead>
<tbody>
<tr>
<td>516 So Rodney Parham Rd.</td>
<td>Administrator License Number:</td>
<td>1888</td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td>Total Licensed Beds:</td>
<td>120</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

<table>
<thead>
<tr>
<th>Location</th>
<th>Certification:</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>516 So Rodney Parham Rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County: Pulaski-Southwest #60-3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>State License:</th>
<th>State Vendor:</th>
<th>MMIS Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5387</td>
<td>793</td>
<td>0867</td>
<td>159070311</td>
</tr>
</tbody>
</table>

| Certified Beds: | 120 |
| Classification |
| 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

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation</td>
<td>Leased from: Stites &amp; Morton, Inc.</td>
</tr>
<tr>
<td></td>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td></td>
<td>Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

**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


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  
**Updated:** 10/10/2017

## I. FACILITY DATA

**Administrator:** Craig Talley  
**Administrator License Number:** 2238  
**Total Licensed Beds:** 100  
**Life Safety Code Years:** 1973

### MAILING ADDRESS

235 Huntsville Road  
Eureka Springs, AR 72632

### PHYSICAL LOCATION

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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5242</td>
<td>835</td>
<td>0217</td>
<td>163457311</td>
</tr>
</tbody>
</table>

### Certified Beds: 100

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>HomestyleBeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

## 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.
## I. FACILITY DATA

### MAILING ADDRESS
800 West Broadway  
West Memphis, AR 72301

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

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5195</td>
<td></td>
</tr>
<tr>
<td>State License: 1096</td>
<td></td>
</tr>
<tr>
<td>State Vendor: 0451</td>
<td></td>
</tr>
<tr>
<td>MMIS Provider: 211200311</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 119</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>SNF:</td>
<td></td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>NF:</td>
<td></td>
</tr>
<tr>
<td>CaId/Care: 119</td>
<td>NF/SNF: X</td>
<td></td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
<td></td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
<td></td>
</tr>
</tbody>
</table>

### 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]
## I. FACILITY DATA

**Updated:** 03/22/2016

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Bobbi Helton</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Brookridge Lane, Morrilton, AR 72110</td>
<td>Administrator License Number: 2242</td>
</tr>
<tr>
<td></td>
<td>Total Licensed Beds: 118</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1985</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Brookridge Lane, Morrilton, AR 72110</td>
<td></td>
</tr>
<tr>
<td>County: Conway #15</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 118</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5147</td>
<td></td>
</tr>
<tr>
<td>State License: 935</td>
<td></td>
</tr>
<tr>
<td>State Vendor: 0523</td>
<td></td>
</tr>
<tr>
<td>MMIS Provider: 183357311</td>
<td></td>
</tr>
</tbody>
</table>

| Classification | Medicaid: 0 | Medicare: 0 | Caid/Care: 118 | Private Beds: 0 | Homestyle Beds:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
<td></td>
<td></td>
<td>NF/SNF: X</td>
<td>ICF/MR:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. OWNERSHIP AND FINANCIAL INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Entity:</strong> Corporation - Non Profit</td>
</tr>
<tr>
<td><strong>Building Ownership:</strong> Leased from: MLD Properties, LLC 610 Newport Center Drive, Ste 1150 Newport Beach, CA 92660-6429</td>
</tr>
<tr>
<td><strong>Ownership and Financial Interest</strong></td>
</tr>
<tr>
<td>Progressive Eldercare Services-Morrilton, Inc. doing business as Brookridge Cove Rehabilitation and Care Center</td>
</tr>
<tr>
<td><strong>Incorporator:</strong> John Ponthie 2723 Alvamar Shreveport, LA 71106 John Ponthie - 318-443-8167</td>
</tr>
<tr>
<td><strong>Board Member, President/Sec/Treasurer:</strong> Bobbi Helton 1000 Brookridge Lane Morrilton, AR 72110</td>
</tr>
<tr>
<td><strong>Board Member:</strong> James Mullins 902 E. Drilling Street Morrilton, AR 72110</td>
</tr>
<tr>
<td><strong>Board Member:</strong> Karen Cree #10 Hospital Drive Morrilton, AR 72110</td>
</tr>
<tr>
<td><strong>Member:</strong> Progressive Eldercare Services, Inc. 38 Warnock Springs Road Magnolia, AR 71753</td>
</tr>
</tbody>
</table>

**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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 87</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5125</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 365</td>
<td>Medicare: 87</td>
<td>SNF: X</td>
</tr>
<tr>
<td>State Vendor: 0038</td>
<td>Caid/Care: 0</td>
<td>NF/SNF:</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

Administrator: Jay M. Green
Administrator License Number: 2199
Total Licensed Beds: 87

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation - Non Profit</td>
<td>Same as ownership of license.</td>
</tr>
</tbody>
</table>

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.
## I. FACILITY DATA

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Trisha Ford, Interim</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Northport Drive</td>
<td>Administrator License Number: 2403</td>
</tr>
<tr>
<td>Cabot, AR 72023</td>
<td>Total Licensed Beds: 89</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1985</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHYSICAL LOCATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Northport Drive</td>
</tr>
<tr>
<td>Cabot, AR 72023</td>
</tr>
<tr>
<td>County: Lonoke #43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds: 89</strong></th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5208</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td><strong>State License:</strong> 1055</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0088</td>
<td>Caid/Care: 89</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 205785311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds: 0</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

| **Type of Entity:** Limited Liability Company |

<table>
<thead>
<tr>
<th><strong>Building Ownership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leased from: Cabot Manor, LLC</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ownership and Financial Interest</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabot Health and Rehab, LLC</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Michael Morton</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
</tr>
<tr>
<td>(479) 783-4672</td>
</tr>
<tr>
<td>76%</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>David Norsworthy</td>
</tr>
<tr>
<td>P. O. Box 180</td>
</tr>
<tr>
<td>Gateway, AR 72733</td>
</tr>
<tr>
<td>8%</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Jerry Sams</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72903</td>
</tr>
<tr>
<td>8%</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Paralea Hursh</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72903</td>
</tr>
<tr>
<td>8%</td>
</tr>
</tbody>
</table>

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

I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

1401 Park Avenue
Hot Springs, AR 71901

Administrator: Stacie A. Edie
Administrator License Number: 2408
Total Licensed Beds: 140

PHYSICAL LOCATION

1401 Park Avenue
Hot Springs, AR 71901
County: Garland #26
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5142
State License: 1101
State Vendor: 0346
MMIS Provider: 211324311
Certified Beds: 140
Classification
Medicaid: 0 NF: X
Medicare: 0 SNF:
Caid/Care: 140 NF/SNF:
Private Beds: 0 ICF/MR:
HomestyleBeds:

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

I. FACILITY DATA

Updated: 03/28/2018

MAILING ADDRESS
1516 Cumberland St
Little Rock, AR 72202

Administrator: Catherine Atlas
Administrator License Number: 2505
Total Licensed Beds: 120
Life Safety Code Years: 1985

PHYSICAL LOCATION
1516 Cumberland St
Little Rock, AR 72202

Certification: Title XIX/XVIII
County: Pulaski-South #60-1

Facility Identification Numbers

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

Certified Beds: 120
Classification:
- Medicaid: 0 NF:
- Medicare: 0 SNF:
- Caid/Care: 120 NF/SNF: X
- Private Beds: 0 ICF/MR:
- HomestyleBeds: ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

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]
## I. FACILITY DATA

Updated: 03/20/2018

### MAILING ADDRESS

Administrator: Deborah Cole

Administrator License Number: 2500

Total Licensed Beds: 104


### PHYSICAL LOCATION

804 Burnett Drive

Mountain Home, AR 72653

Certification: Title XIX/XVIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5351</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1048</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0841</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>202088311</td>
</tr>
</tbody>
</table>

### Certified Beds: 104

- Medicaid: 0
- Medicare: 0
- Critical Access (CA): 104
- Private Beds: 0
- Homestyle Beds: 0

### Classification

- NF: 0
- SNF: 0
- NF/SNF: X
- ICF/MR: 0
- ICF/MR10: 0

## II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Corporation

**Building Ownership**

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

**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]
I. FACILITY DATA

Updated: 03/20/2018

MAILING ADDRESS

Administrator: Cynthia Deyon McMillan
Administrator License Number: 2047
Total Licensed Beds: 70
Life Safety Code Years: 1985

400 Stuttgart Hwy
England, AR 72046

PHYSICAL LOCATION

400 Stuttgart Highway
England, AR 72046

Certification: Title XIX/XVIII

County: Lonoke #43

Facility Identification Numbers

Federal Provider: 04-5442
State License: 1053
State Vendor: 0208
MMIS Provider: 203051311

Certified Beds: 70
Classification

Medicaid: 0 NF:
Medicare: 0 SNF:
CaId/Care: 70 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: 0 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%* Bethel Investments, LLC 50%**
800 4th Street SW 3130 Endville Road
Magee, MS 39111 Belden, MS 38826
(601) 503-6310

*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]
**I. FACILITY DATA**

**MAILING ADDRESS**

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

**PHYSICAL LOCATION**

442 Taylor Circle  
Cave City, AR 72521

Administrator: David Jarvis  
Administrator License Number: 1425  
TotalLicensedBeds: 90  
LifeSafetyCodeYears: 1985

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Building Ownership**

Same as ownership of license.

**Ownership and Financial Interest**

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.
# I. FACILITY DATA

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 90</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5318</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 101</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0110</td>
<td>Caid/Care: 90</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 119524311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**Administrator:** Danny Yancey  
**Administrator License Number:** 570  
**Total Licensed Beds:** 90  
**Life Safety Code Years:** 1985

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Type of Entity:** Corporation

**Building Ownership**  
Same as ownership of license.

**Ownership and Financial Interest**

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bobby L. Glover</td>
</tr>
<tr>
<td>Helen Glover</td>
</tr>
<tr>
<td>P. O. Box 1</td>
</tr>
<tr>
<td>Carlisle, AR 72024</td>
</tr>
<tr>
<td>P. O. Box 887</td>
</tr>
<tr>
<td>Carlisle, AR 72024</td>
</tr>
<tr>
<td>Robert Lee Glover, Jr.</td>
</tr>
<tr>
<td>Judy Cordell</td>
</tr>
<tr>
<td>Robin L. Rountree</td>
</tr>
<tr>
<td>P. O. Box 31</td>
</tr>
<tr>
<td>984 Hwy 381</td>
</tr>
<tr>
<td>P. O. Box 641</td>
</tr>
<tr>
<td>Carlisle, AR 72024</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Administrator:</th>
<th>Kristi Terry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator License Number:</td>
<td>1523</td>
</tr>
<tr>
<td>Total Licensed Beds:</td>
<td>157</td>
</tr>
</tbody>
</table>

### PHYSICAL LOCATION

<table>
<thead>
<tr>
<th>Certification:</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>4623 Rogers Ave.</td>
<td>Fort Smith, AR 72903</td>
</tr>
<tr>
<td>County: Sebastian #65</td>
<td></td>
</tr>
</tbody>
</table>

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5364</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1120</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0497</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>216288311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds:</th>
<th>157</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid:</td>
<td>0</td>
</tr>
<tr>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care:</td>
<td>157</td>
</tr>
<tr>
<td>Private Beds:</td>
<td>0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

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

### Leased from:

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

## II. OWNERSHIP AND FINANCIAL INTEREST

### Type of Entity:

Limited Liability Company

### Building Ownership

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

I. FACILITY DATA

**MAILING ADDRESS**
1440 E Church St
Warren, AR 71671

**PHYSICAL LOCATION**
1440 East Church Street
Warren, AR 71671

Administrator: Alicia Atnip
Administrator License Number: 2465
Total Licensed Beds: 140

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5201</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1000</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0036</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>195146311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 140
**Classification**
- Medicaid: 0
- Medicare: 0
- Caid/Care: 140
- Private Beds: 0
- Homestyle Beds: 
- 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]
I. FACILITY DATA

Administrator: Billy Clay
Administrator License Number: 110
Total Licensed Beds: 116

II. OWNERSHIP AND FINANCIAL INTEREST

Certified Beds: 116

Federal Provider: 04-5430
State License: 035
State Vendor: 0125
MMIS Provider: 109377311

Classification

Medicaid: 27
Medicare: 0
Caid/Care: 89
Private Beds: 0
Homestyle Beds: 0

Classification

NF: 0
SNF: 0
NF/SNF: X
ICF/MR: 0
ICF/MR10: 0

Type of Entity: Corporation

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]
## I. FACILITY DATA

Updated: 03/15/2017

### MAILING ADDRESS

Administrator: Eric Tracy  
Administrator License Number: 2327  
Total Licensed Beds: 120  

13700 David O. Dodd Road  
Little Rock, AR 72210

### PHYSICAL LOCATION

13700 David O. Dodd Road  
Little Rock, AR 72210

County: Pulaski #60-3

<table>
<thead>
<tr>
<th>Certification</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
</table>

### Facility Identification Numbers

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider:</td>
<td>04-5460</td>
</tr>
<tr>
<td>State License:</td>
<td>1114</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0898</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>213519311</td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>70%</td>
</tr>
<tr>
<td>Jerry D. Sams</td>
<td>10%</td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>10%</td>
</tr>
<tr>
<td>David Norsworthy</td>
<td>10%</td>
</tr>
<tr>
<td>P. O. Box 180</td>
<td></td>
</tr>
<tr>
<td>Gateway, AR 72733</td>
<td></td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
<td></td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
<td></td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
<td></td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Lindy Dye</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Professional Drive</td>
<td>Administrator License Number: 2069</td>
</tr>
<tr>
<td>Bella Vista, AR 72715</td>
<td>Total Licensed Beds: 102</td>
</tr>
<tr>
<td>7 Professional Drive</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Bella Vista, AR 72715</td>
<td></td>
</tr>
<tr>
<td>County: Benton #04</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider: 04-5143</th>
<th>Certified Beds: 102</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
<td></td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
<td></td>
</tr>
<tr>
<td>Caid/Care: 102</td>
<td>NF/SNF: X</td>
<td></td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
<td></td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
<td></td>
</tr>
</tbody>
</table>

**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]
## Facility Data

**Administrator:** Kathern Fisher  
**Administrator License Number:** 2164  
**Total Licensed Beds:** 105  
**Life Safety Code Years:** 1981  

### Mailing Address
2603 Dave Ward Drive  
Conway, AR 72034

### Physical Location
2603 Dave Ward Drive  
Conway, AR 72034

**Certification:** Title XIX/XVIII  
**County:** Faulkner #23

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 105</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5245</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1075</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0221</td>
<td>Caid/Care: 105</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 209647311</td>
<td>Private Beds: 0</td>
<td>ICF/ICF/MR0</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td></td>
</tr>
</tbody>
</table>

## Ownership and Financial Interest

**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

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

**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

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Amy Daughety Burdin</th>
</tr>
</thead>
<tbody>
<tr>
<td>831 North Missouri</td>
<td>Administrator License Number: 2340</td>
</tr>
<tr>
<td>Corning, AR 72422</td>
<td>Total Licensed Beds: 84</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHYSICAL LOCATION</strong></th>
<th>Life Safety Code Years: 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>831 North Missouri</td>
<td></td>
</tr>
<tr>
<td>Corning, AR 72422</td>
<td></td>
</tr>
<tr>
<td>County: Clay #11-1</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 84</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5433</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td><strong>State License:</strong> 1025</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0888</td>
<td>Caide/Care: 84</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 199879311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th><strong>Type of Entity:</strong> Corporation</th>
</tr>
</thead>
</table>

**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

Facility Identification Numbers

Federal Provider: 04-5458
State License: 1059
State Vendor: 0897
MMIS Provider: 208289311

Administrator: Steve Lewellen
Administrator License Number: 2450
Total Licensed Beds: 143
Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Certified Beds: 143
Classification

Medicaid: 0
Medicare: 0
Caid/Care: 143
Private Beds: 0
HomestyleBeds: 0

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Limited Liability Company

Building Ownership

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

Ownership and Financial Interest

SRN Management, LLC
Doing business as Cottage Lane Health and Rehab

Robert A. Rye "Andy" 25%  Paul Stein 25%
James Stein 25%  5703 Gulf Tech Drive
Robert V. Rye 25%  Ocean Springs, MS 39564
8520 S. 36th Terrace
Fort Smith, AR 72908
(479) 410-1740

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]
### I. FACILITY DATA

**Updated:** 03/21/2016

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>Administrator:</strong> Kathy Barnhill</th>
</tr>
</thead>
<tbody>
<tr>
<td>2701 Twin Rivers Drive</td>
<td>Administrator License Number: 2209</td>
</tr>
<tr>
<td>Arkadelphia, AR 71923</td>
<td>Total Licensed Beds: 100</td>
</tr>
<tr>
<td><strong>PHYSICAL LOCATION</strong></td>
<td>Life Safety Code Years: 1985</td>
</tr>
<tr>
<td>2701 Twin Rivers Drive</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Arkadelphia, AR 71923</td>
<td></td>
</tr>
<tr>
<td>County: Clark #10</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

| **Federal Provider:** 04-5350 | **Certified Beds:** 100 |
| **State License:** 1100 | **Classification** |
| **State Vendor:** 0637 | Medicaid: 0 | NF: |
| **MMIS Provider:** 211203311 | Medicare: 0 | SNF: |
|                      | Caid/Care: 100 | NF/SNF: X |
|                      | Private Beds: 0 | ICF/MR: |
|                      | HomestyleBeds: | 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

| **MAILING ADDRESS** |  
| Administrator: | David Lewis  
| Administrator License Number: | 1748  
| Total Licensed Beds: | 101  
| Life Safety Code Years: | 1985  

| **PHYSICAL LOCATION** |  
| 2415 W. Hillsboro  
El Dorado, AR 71730  
| Certification: | Title XIX/XVIII  
|  

| **Facility Identification Numbers** |  
| Facility Identification Numbers |  
| Federal Provider: | 04-5182  
| State License: | 858  
| State Vendor: | 0445  
| MMIS Provider: | 167860311  
| **Certified Beds:** | **101**  
| Certification: | Title XIX/XVIII  
| Medicaid: | 0  
| Medicare: | 0  
| CaId/Care: | 101  
| Private Beds: | 0  
| Homestyle Beds: |  

| **Classification** |  
| NF: |  
| SNF: |  
| X: |  
| ICF/MR: |  

| **Leased from:** | Union Assets, LLC  
P. O. Box 12187  
Alexandria, LA 71315  
| **Building Ownership:** |  
| **Type of Entity:** | Limited Liability Company  
| **Building Ownership:** |  
| **Ownership and Financial Interest** |  
| Courtyard Rehabilitation and Health Center, LLC |  
*SA ElderCare, LLC | 40%  
10201 W Markham - Suite 213  
Little Rock, AR 72203  
| **JEJ Investments, LLC** | 25%  
449 Overbrook Court  
Shreveport, LA 71106  
| Ross M. Ponthie | 25%  
P. O. Box 12187  
Alexandria, LA 71315  
| Mark Thompson | 10%  
220 Kincaid Point  
Boyce, LA 71409  
| **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] |
I. FACILITY DATA

Administrator: Ronald S. Yarbrough
Administrator License Number: 2317
Total Licensed Beds: 140
Life Safety Code Years: 1985

II. OWNERSHIP AND FINANCIAL INTEREST

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% Claude E. Lee Vice President/Secretary for Northport Health Services of Arkansas, L.L.C.
David A. Estes as Trustee for James N. Estes, Jr. 4% 931 Fairfax Park
David A. Estes as Trustee for Jennifer Estes Agee 4% 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.
I. FACILITY DATA

Updated: 06/07/2016

MAILING ADDRESS
5101 Harrisburg Rd
Jonesboro, AR 72404-

Administrator: Penny McDaniel
Administrator License Number: 1118
Total Licensed Beds: 121

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

Facility Identification Numbers
Federal Provider: 04-A158
State License: 158
State Vendor: 0175
MMIS Provider: 109244311

Certified Beds: 121
Classification
Medicaid: 121 NF: X
Medicare: 0 SNF:
Caid/Care: 0 NF/SNF:
Private Beds: 0 ICF/MR:
Homestyle Beds: 0 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

I. FACILITY DATA

MAILING ADDRESS
2010 Main Street
Van Buren, AR 72956

Administrator: Branson White
Administrator License Number: 2535
Total Licensed Beds: 115

PHYSICAL LOCATION
2010 Main Street
Van Buren, AR 72956
Certification: Title XIX/XVIII
County: Crawford #17

Facility Identification Numbers
Federal Provider: 04-5326
State License: 728
State Vendor: 0315
MMIS Provider: 119736311

Certified Beds: 115
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 115 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: 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

### Administrator:

Susan Brown

**Administrator License Number:** 1840

**Total Licensed Beds:** 96

**Life Safety Code Years:** 1967, 1985

### PHYSICAL LOCATION

620 North Panther Avenue  
Yellville, AR 72687

### MAILING ADDRESS

620 North Panther Avenue  
Yellville, AR 72687

**County:** Marion #45

### Certification:

Title XIX/XVIII

### Facility Identification Numbers

**Federal Provider:** 04-5451  
**State License:** 1097  
**State Vendor:** 0476  
**MMIS Provider:** 211198311

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>HomestyleBeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
<td>96</td>
<td>0</td>
<td>0</td>
<td>96</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NF/SNF:</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR10:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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

I. FACILITY DATA

Updated: 10/04/2017

MAILING ADDRESS

Administrator: Wanda Lynn O'Briant
Administrator License Number: 2322
Total Licensed Beds: 70
Life Safety Code Years: 1967

P.O. Box 589
DeWitt, AR 72042

PHYSICAL LOCATION

1325 Liberty Drive
DeWitt, AR 72042

County: Arkansas #01-1

Certification: Title XIX/XVIII

Facility Identification Numbers

Certified Beds: 70
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 70 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: 0 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.
## I. FACILITY DATA

**Administrator:** Machelle Swiney  
**Administrator License Number:** 2489  
**Total Licensed Beds:** 100  
**Life Safety Code Years:** 1967

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5219</td>
</tr>
<tr>
<td>State License</td>
<td>897</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0173</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>178295311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 100  
**Classification:**
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 100  
- Private Beds: 0  
- HomestyleBeds: 0  
- NF:  
- SNF:  
- NF/SNF: X  
- ICF/MR:  
- ICF/MR10:  

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Limited Liability Company  
**Building Ownership:**
- **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**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belew, LLC</td>
<td>50%</td>
</tr>
<tr>
<td>Dilks, LLC</td>
<td>50%</td>
</tr>
<tr>
<td>P O Box 483</td>
<td></td>
</tr>
<tr>
<td>Marianna, AR 72360</td>
<td></td>
</tr>
</tbody>
</table>

**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)]**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Belew, Manager</td>
<td>50%</td>
</tr>
<tr>
<td>Melisha Dilks, Manager</td>
<td>50%</td>
</tr>
<tr>
<td>P. O. Box 483</td>
<td></td>
</tr>
<tr>
<td>Marianna, AR 72360</td>
<td></td>
</tr>
</tbody>
</table>

**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.
## I. FACILITY DATA

**Administrator:** April Wilson  
**Administrator License Number:** 2334  
**Total Licensed Beds:** 100  
**Life Safety Code Years:** 1967  
**Certification:** Title XIX/VIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Type of Entity</th>
<th>Building Ownership</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
</table>
| 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  
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

I. FACILITY DATA

MAILING ADDRESS
P.O. Box 386
Marianna, AR 72360

Administrator: Melisha Dilks
Administrator License Number: 968
Total Licensed Beds: 80

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

Certification: Title XIX/XVIII

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

Certified Beds: 80
Classification
- Medicaid: 0
- Medicare: 0
- Caid/Care: 80
- Private Beds: 0
- Medicaid: 0
- Medicare: 0
- Caid/Care: 80
- Private Beds: 0
- HomestyleBeds: 0
- 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% Barbara Belew, Manager - 50%
Dilks, LLC 50% Melisha Dilks, Manager - 50%
P O Box 483 P. O. Box 483, Marianna, AR 72360
Marianna, AR 72360 Contact Person: Barbara Belew 501.626.7986
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 09/01/09 - 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.
I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Misty Cox</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 790</td>
<td>Administrator License Number: 1724</td>
</tr>
<tr>
<td>Stuttgart, AR 72160</td>
<td>Total Licensed Beds: 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>707 West 20th Street</td>
</tr>
<tr>
<td>Stuttgart, AR 72160</td>
</tr>
<tr>
<td>County: Arkansas #01-2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5303</td>
</tr>
<tr>
<td>State License: 898</td>
</tr>
<tr>
<td>State Vendor: 0178</td>
</tr>
<tr>
<td>MMIS Provider: 178279311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 100</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Limited Liability Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Ownership</td>
<td></td>
</tr>
<tr>
<td>Sub Leased from:</td>
<td></td>
</tr>
<tr>
<td>EverGreene Properties of North Carolina L.L.C.</td>
<td></td>
</tr>
<tr>
<td>Daniel C. Greene</td>
<td></td>
</tr>
<tr>
<td>502 Hickory Ridge Drive, Greensboro, NC 27409</td>
<td></td>
</tr>
<tr>
<td>Landlord: CAP Care of Arkansas, Inc.</td>
<td></td>
</tr>
<tr>
<td>Ronnie Parker, President</td>
<td></td>
</tr>
<tr>
<td>502 Hickory Ridge Drive, Greensboro, NC 27409</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestpark Stuttgart, LLC</td>
</tr>
<tr>
<td>Belew, LLC 50%</td>
</tr>
<tr>
<td>Dilks, LLC 50%</td>
</tr>
<tr>
<td>P O Box 483</td>
</tr>
<tr>
<td>Marianna, AR 72360</td>
</tr>
<tr>
<td>Barbara Belew, Manager - 50%</td>
</tr>
<tr>
<td>Melisha Dilks, Manager - 50%</td>
</tr>
<tr>
<td>P. O. Box 483</td>
</tr>
<tr>
<td>Marianna, AR 72360</td>
</tr>
<tr>
<td>Contact Person: Melisha Dilks</td>
</tr>
<tr>
<td>P. O. Box 483</td>
</tr>
<tr>
<td>Marianna, AR 72360</td>
</tr>
<tr>
<td>870.821.0144</td>
</tr>
</tbody>
</table>

| 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. |
I. FACILITY DATA

Administrator: Sarah Higginbotham
Administrator License Number: 1995
Total Licensed Beds: 100

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

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

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

I. FACILITY DATA

Updated: 01/11/2016

MAILING ADDRESS
1101 Waterwell Road
Crossett, AR 71635-4152

Administrator: Debra R. Watkins
Administrator License Number: 2247
Total Licensed Beds: 83
Life Safety Code Years: 1967

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

Certification: Title XIX/XVIII

Facility Identification Numbers

Certified Beds: 83
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 83 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: ICF/MR10:

MMIS Provider: 211179311

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%]
### I. FACILITY DATA

**Administrator:** Vickie Fowler Kneeland  
**Administrator License Number:** 1022  
**Total Licensed Beds:** 110  
**Life Safety Code Years:** 2000

#### 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  
- **Homestyle Beds:**

### 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**

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]
### I. FACILITY DATA

**MAILING ADDRESS**

6811 South Hazel Street  
Pine Bluff, AR 71603  

**Administrator:** Luvenia Blair  
**Administrator License Number:** 2328  
**Total Licensed Beds:** 126  
**Life Safety Code Years:** 1985

**PHYSICAL LOCATION**

6811 South Hazel Street  
Pine Bluff, AR 71603  

**Certification:** Title XIX/XVIII

---

**Facility Identification Numbers**

- **Federal Provider:** 04-5311
- **State License:** 725
- **State Vendor:** 0834
- **MMIS Provider:** 11973311

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds</th>
<th>Certified Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>Caid/Care</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>Private Beds</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>Homestyle Beds</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NF/SNF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### 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.)**
### I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Kathryn Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>6810 South Hazel</td>
<td>Administrator License Number: 1950</td>
</tr>
<tr>
<td>Pine Bluff, AR 71603</td>
<td>Total Licensed Beds: 177</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>TYPE OF ENTITY: Corporation - Non Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>6810 South Hazel</td>
<td>Building Ownership Same as ownership of license</td>
</tr>
<tr>
<td>Pine Bluff, AR 71603</td>
<td>Ownership and Financial Interest</td>
</tr>
<tr>
<td>County: Jefferson #35</td>
<td>Davis Nursing Association</td>
</tr>
<tr>
<td></td>
<td>Doing business as: Davis Life Care Center</td>
</tr>
</tbody>
</table>

#### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 177</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5379</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 658</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0187</td>
<td>Caid/Care: 177</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 119666311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

#### II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Corporation - Non Profit</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same as ownership of license</td>
</tr>
</tbody>
</table>

Ownership and Financial Interest

Davis Nursing Association

Doing business as: Davis Life Care Center

Davis Nursing Association Non-Profit Association

Board of Directors Non-Profit Corporation 501(e)(3)

Kenny M. Bonds, Jr., Chairman

P. O. Box 500

Moscow, AR 71659

870.534.7777

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.
## I. FACILITY DATA

**Updated:** 02/13/2018

### MAILING ADDRESS

Administrator: Amanda Cook  
Administrator License Number: 0812  
Total Licensed Beds: 74  
Life Safety Code Years: 1967

### PHYSICAL LOCATION

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

### Facility Identification Numbers

**Federal Provider:** 04-5448  
**State License:** 1027  
**State Vendor:** 0812  
**MMIS Provider:** 199715311

### Certification

**Certified Beds:** 74  
**Classification**  
- Medicaid: 0  
- Medicare: 0  
- CaId/Care: 74  
- Private Beds: 0  
- HomestyleBeds: 0  
- 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith Head</td>
<td>75%</td>
</tr>
<tr>
<td>Cathy Parsons</td>
<td>25%</td>
</tr>
</tbody>
</table>

Management Agreement with:  
H.O.P.E. Healthcare, LLC  
P. O. Box 1369  
Conway, AR 72033  
(870) 530-3837

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.
I. FACILITY DATA

| Administrator | Rosie Jenkins |
| Administrator License Number | 2523 |
| Total Licensed Beds | 70 |
| Life Safety Code Years | 1985 |

| Building Ownership | Same as ownership of license. |

| Certification | Title XIX/XVIII |

| Facility Identification Numbers |
| Federal Provider: 04-5172 |
| State License: 476 |
| State Vendor: 0830 |
| MMIS Provider: 109467311 |

| Certified Beds | 70 |
| Certification | Title XIX/XVIII |
| Medicaid | 0 |
| Medicare | 0 |
| Caid/Care | 70 |
| Private Beds | 0 |
| Homestyle Beds | |

II. OWNERSHIP AND FINANCIAL INTEREST

| Type of Entity | City Government |
| Building Ownership | Same as ownership of license. |

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.
### I. FACILITY DATA

**Mailing Address**

2216 West Main Street  
Des Arc, AR 72040  

**Physical Location**

2216 West Main Street  
Des Arc, AR 72040  

**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

**Classification**

- Medicaid: 0 NF:
- Medicare: 0 SNF:
- Caid/Care: 98 NF/SNF: X
- Private Beds: 0 ICF/MR:
- Homestyle Beds: 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

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

  **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

Administrator: Charlotte Hackney
Administrator License Number: 2444
Total Licensed Beds: 60

P.O. Box 428
DeWitt, AR 72042

Physrical Location

1605 South Madison St
DeWitt, AR 72042


County: Arkansas #01-1

Certification: Title XIX/XVIII

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

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
I. FACILITY DATA

Updated: 03/12/2018

MAILING ADDRESS

Administrator: Gary Still
Administrator License Number: 2393
Total Licensed Beds: 78

1203 S. Bend Drive
Horseshoe Bend, AR 72512

PHYSICAL LOCATION

Certification: Title XIX/XVIII

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

Facility Identification Numbers

Certified Beds: 78
Classification

Federal Provider: 04-5144
Medicaid: 0
NF:

State License: 1133
Medicare: 0
SNF:

State Vendor: 0539
Caid/Care: 78
NF/SNF: X

MMIS Provider: 224526311
Private Beds: 0
ICF/MR:

HomestyleBeds:
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%
Management Company:
Ridgepointe Healthcare, LLC
P. O. Box 488
Greenbrier, AR 72058
and
1230 Champions Drive
Conway, AR 72304
Tel: 501-499-6651

Cathy Parsons - 100% Member
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]
### I. FACILITY DATA

**Administrator:** Kari Robbins  
**Administrator License Number:** 2428  
**Total Licensed Beds:** 70  
**Life Safety Code Years:** 1985  
**Certification:** Title XIX/XVIII

#### MAILING ADDRESS

402 S. Arkansas Avenue  
Dierks, AR 71833

#### PHYSICAL LOCATION

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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5346</td>
</tr>
<tr>
<td>State License</td>
<td>1125</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0853</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>218095311</td>
</tr>
</tbody>
</table>

### 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

| Management Company          | JS ARK Management Group, LLC  
|-----------------------------|------------------------------|
| JS Arkansas Five Healthcare LLC - 100% | JS Arkansas Five Healthcare LLC - 100%  
| 425 West Capital Ave, Suite 3800 | 425 West Capital Ave, Suite 3800  
| Little Rock, AR 72201      | Little Rock, AR 72201  
| Joseph Schwartz            | 505 Marlboro Rd,  
| 505 Marlboro Rd,           | Wood-Ridge NJ 07075  
| Wood-Ridge NJ 07075        | Joseph Schwartz 100% member and  
| 100% Member of JS Arkansas Five Healthcare, LLC | 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

<table>
<thead>
<tr>
<th>Address</th>
<th>916 Highway 62/412 Ash Flat, AR 72513</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>April Spurlock</td>
</tr>
<tr>
<td>License Number</td>
<td>1519</td>
</tr>
<tr>
<td>Beds</td>
<td>100</td>
</tr>
</tbody>
</table>

**Mailing Address**

**Physical Location**

**Administrator:** April Spurlock  
**Administrator License Number:** 1519  
**Total Licensed Beds:** 100  
**Life Safety Code Years:** 1985, 2000

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5352</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>1044</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0855</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>202090311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 100

**Classification**

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>Homestyle Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>NF:</th>
<th>SNF:</th>
<th>NF/SNF:</th>
<th>ICF/MR:</th>
<th>ICF/MR10:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Building Ownership**

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

**Ownership and Financial Interest**

- **Type of Entity:** Corporation

**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

I. FACILITY DATA

Updated: 12/05/2017

MAILING ADDRESS

Administrator: Randy Reed
Administrator License Number: 2366
Total Licensed Beds: 95

1820 West Moline St
Malvern, AR 72104


PHYSICAL LOCATION

1820 West Moline Street
Malvern, AR 72104

Certification: Title XIX/XVIII

County: Hot Spring #30

I. FACILITY DATA

II. OWNERSHIP AND FINANCIAL INTEREST

Certified Beds: 95
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 95 NF/SNF: X

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

Building Ownership

Arkansas Elder Outreach of Little Rock, Inc.
Doing business as Encore Healthcare and Rehabilitation

Type of Entity: Corporation - Non Profit

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.

Facility Identification Numbers

Federal Provider: 04-5393
State License: 734
State Vendor: 0524
MMIS Provider: 119743311

Certified Beds: 95
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 95 NF/SNF: X
Private Beds: 0 ICF/MR:
Homestyle Beds: ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

III. FACILITY IDENTIFICATION NUMBERS

Title XIX/XVIII Certification:

IV. MEDICAID/MEDICARE

Telephone: (501) 337-9581
FAX Number: (501) 337-9168
Evergreen Living Center at Stagecoach

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Joseph Petrucci</th>
</tr>
</thead>
<tbody>
<tr>
<td>6907 Hwy 5 North</td>
<td>Administrator License Number: 0895</td>
</tr>
<tr>
<td>Bryant, AR 72022</td>
<td>Total Licensed Beds: 116</td>
</tr>
<tr>
<td>6907 Highway 5 North</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Bryant, AR 72022</td>
<td></td>
</tr>
<tr>
<td>County: Saline #62</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 116</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5457</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1117</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0895</td>
<td>Caid/Care: 116</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 214133311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Corporation</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leased from: H &amp; S Bryant, LLC 5 Halsted Circle, Ste 1 Rogers, AR 72756</td>
</tr>
</tbody>
</table>

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]
### I. FACILITY DATA

**MAILING ADDRESS**

3100 Old Missouri Rd  
Fayetteville, AR 72703

**PHYSICAL LOCATION**

3100 Old Missouri Rd  
Fayetteville, AR 72703

**Administrator:** Rochelle Massengill  
**Administrator License Number:** 2014  
**Total Licensed Beds:** 140  
**Life Safety Code Years:** 1967

**Facility Identification Numbers**

- **Federal Provider:** 04-5220  
- **State License:** 592  
- **State Vendor:** 0006  
- **MMIS Provider:** 119590311

**Certified Beds:** 140  
**Classification**

- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 140  
- Private Beds: 0  
- HomestyleBeds: 0  
- 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%  
- Claude E. Lee, Vice President/Secretary for  
  Northport Health Services of Arkansas, L.L.C.
- David A. Estes as Trustee for James N. Estes, Jr. 4%  
  Northport Health Services of Arkansas, L.L.C.
- David A. Estes as Trustee for Jennifer Estes Agee 4%  
  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
## I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator:</th>
<th>Karen Mundy</th>
</tr>
</thead>
<tbody>
<tr>
<td>8411 South 28th Street</td>
<td>Administrator License Number:</td>
<td>2397</td>
</tr>
<tr>
<td>Fort Smith, AR 72908-8646</td>
<td>Total Licensed Beds:</td>
<td>102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8411 South 28th Street</td>
<td>Certification:</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>Fort Smith, AR 72908-8646</td>
<td>County:</td>
<td>Sebastian #65</td>
</tr>
</tbody>
</table>

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>Medicaid:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5354</td>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td>State License:</td>
<td>Caid/Care:</td>
<td>102</td>
</tr>
<tr>
<td>724</td>
<td>Private Beds:</td>
<td>0</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>Homestyle Beds:</td>
<td></td>
</tr>
<tr>
<td>0856</td>
<td>MMIS Provider:</td>
<td>119732311</td>
</tr>
</tbody>
</table>

### Certification

<table>
<thead>
<tr>
<th>Certified Beds:</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>NF:</td>
</tr>
<tr>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td></td>
<td>ICF/MR:</td>
</tr>
</tbody>
</table>

### Leased from

- H & S Fort Smith, LLC
  - 5 Halsted Circle, Ste 1
  - Rogers, AR 72756

### 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]

## II. OWNERSHIP AND FINANCIAL INTEREST

### 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**

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RHS Nursing, LLC</strong></td>
<td>100%*</td>
</tr>
<tr>
<td><strong>Don R. Schaap, Co-Manager</strong></td>
<td>25%</td>
</tr>
<tr>
<td><strong>Kimberly Rose Schaap, Co-Manager</strong></td>
<td>25%</td>
</tr>
<tr>
<td><strong>Mike Hathorn, Co-Manager</strong></td>
<td>50%</td>
</tr>
</tbody>
</table>

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.
### I. FACILITY DATA

**Mailing Address:** 5301 Wheeler Avenue, Fort Smith, AR 72901-8395

**Physical Location:** 5301 Wheeler Avenue, Fort Smith, AR 72901-8395

**Administrator:** Gina Pagan

**Administrator License Number:** 1932

**Total Licensed Beds:** 117

**Life Safety Code Years:** 1967

**Certification:** Title XIX/XVIII

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5345</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>1109</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0776</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>212715311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 117

| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 117 |
| Private Beds: | 0 |
| Homestyle Beds: | 117 |

**Classification**

| NF: | |
| SNF: | |
| NF/SNF: X |
| ICF/MR: | |

| 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 |

**Type of Entity:** Limited Liability Company

**Building Ownership**

### II. OWNERSHIP AND FINANCIAL INTEREST

**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
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]
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator:</th>
<th>Paul (Wes) Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>702 No Drew St</td>
<td>Administrator License Number:</td>
<td>2192</td>
</tr>
<tr>
<td>Star City, AR 71667</td>
<td>Total Licensed Beds:</td>
<td>95</td>
</tr>
<tr>
<td>702 No Drew St</td>
<td>Certification:</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>Star City, AR 71667</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County: Lincoln #40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5269</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1113</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0240</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>212876311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 95  
**Classification**

| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 95 |
| Private Beds: | 0 |
| Homestyle Beds: | |

**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.
### I. FACILITY DATA

**MAILING ADDRESS**
610 Carpenter Dam Rd  
Hot Springs, AR 71901

**PHYSICAL LOCATION**
610 Carpenter Dam Rd  
Hot Springs, AR 71901

**Administrator:** Vacant
**Administrator License Number:**
**Total Licensed Beds:** 105
**Life Safety Code Years:** 1973

---

**Facility Identification Numbers**

- **Federal Provider:** 04-5235
- **State License:** 1076
- **State Vendor:** 0236
- **MMIS Provider:** 209650311

**Certified Beds:** 105  
**Classification**
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 105  
- Private Beds: 0  
- Homestyle Beds: 0

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>Homestyle Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF</td>
<td>105</td>
<td>0</td>
<td>0</td>
<td>105</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NF/SNF</td>
<td></td>
<td>0</td>
<td>0</td>
<td>105</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IC/MR</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IC/MR10</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**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

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

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%]
# I. FACILITY DATA

<table>
<thead>
<tr>
<th>Administrator:</th>
<th>Tracey Tidwell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator License Number:</td>
<td>2225</td>
</tr>
<tr>
<td>Total Licensed Beds:</td>
<td>105</td>
</tr>
<tr>
<td>Life Safety Code Years:</td>
<td>1985</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

203 Cotter Road  
Gassville, AR 72635

**PHYSICAL LOCATION**

203 Cotter Road  
Gassville, AR 72635

**County:** Baxter #03

**Certification:** Title XIX/XVIII

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5218</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1046</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0821</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>202101311</td>
</tr>
</tbody>
</table>

| Certified Beds: | 105 |

<table>
<thead>
<tr>
<th>Certification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 105</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>HomestyleBeds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**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

### Administrator:

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Straw</td>
<td>2400</td>
</tr>
</tbody>
</table>

### Total Licensed Beds:

- 105

### Life Safety Code Years:

- 1967

### Mailing Address:

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

### Physical Location:

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

### County:

- Clay #11-1

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5178</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>983</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0361</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>191372311</td>
</tr>
</tbody>
</table>

### Certified Beds:

- 105

### Classification

- Medicaid: 0
- Medicare: 0
- Caid/Care: 105
- Private Beds: 0
- Homestyle Beds: 0
- NF: X
- NF/SNF: X
- ICF/MR: X

## II. OWNERSHIP AND FINANCIAL INTEREST

### Type of Entity:

- Corporation - Non Profit

### Building Ownership

<table>
<thead>
<tr>
<th>Scott R. Cole, CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Baptist Nursing Home Board</td>
</tr>
<tr>
<td>Carol Blanton, President</td>
</tr>
<tr>
<td>2062 Magnolia Drive</td>
</tr>
<tr>
<td>Piggott, AR 72454</td>
</tr>
<tr>
<td>(573) 217-8669</td>
</tr>
</tbody>
</table>

### Ownership and Financial Interest

**General Baptist Nursing Home of Piggott**

### Church Affiliation:

- General Association of General Baptist

### Non-Profit Corporation

- General Baptist Nursing Home Board
- Carol Blanton, President
- 401 Osage Drive
- 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

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>Administrator:</strong> Kimberly M. Hammonds</th>
</tr>
</thead>
<tbody>
<tr>
<td>615 Mountain View Road</td>
<td>Administrator License Number: 2458</td>
</tr>
<tr>
<td>Glenwood, AR 71943</td>
<td>Total Licensed Beds: 80</td>
</tr>
<tr>
<td><strong>PHYSICAL LOCATION</strong></td>
<td>Life Safety Code Years: 1967</td>
</tr>
<tr>
<td>615 Mountain View Road</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Glenwood, AR 71943</td>
<td>County: Pike #55</td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

| **Federal Provider:** 04-5403 | **Certified Beds:** 80 |
| **State License:** 964 | **Classification** |
| **State Vendor:** 0090 | Medicaid: 0 |
| **MMIS Provider:** 188825311 | Medicare: 0 |
|  | Caid/Care: 80 |
|  | Private Beds: 0 |
|  | HomestyleBeds: |

**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**

- **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

I. FACILITY DATA
Updated: 01/12/2018

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Phyllis Young</th>
</tr>
</thead>
<tbody>
<tr>
<td>121 Cortez Rd</td>
<td>Administrator License Number: 2003</td>
</tr>
<tr>
<td>Hot Springs Village, AR 71909</td>
<td>Total Licensed Beds: 50</td>
</tr>
<tr>
<td>121 Cortez Rd</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Hot Springs Village, AR 71909</td>
<td></td>
</tr>
<tr>
<td>County: Saline #62</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 50</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5191</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 382</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0243</td>
<td>Caid/Care: 50</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 109413311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

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

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

I. FACILITY DATA

MAILING ADDRESS
300 Good Samaritan Drive
Mountain Home, AR 72653

Administrator: Chad Huebner
Administrator License Number: 2134
Total Licensed Beds: 70

PHYSICAL LOCATION
300 Good Samaritan Drive
Mountain Home, AR 72653

County: Baxter #03

Certification: Title XIX/XVIII

Facility Identification Numbers

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5250</td>
</tr>
<tr>
<td>State License</td>
<td>007</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0261</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>109436311</td>
</tr>
</tbody>
</table>

Certified Beds: 70

Classification

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>0</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care</td>
<td>70</td>
</tr>
<tr>
<td>Private Beds</td>
<td>0</td>
</tr>
<tr>
<td>Homestyle Beds</td>
<td></td>
</tr>
<tr>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SNF</td>
<td></td>
</tr>
<tr>
<td>NF/SNF</td>
<td>X</td>
</tr>
<tr>
<td>ICF/MR</td>
<td></td>
</tr>
<tr>
<td>ICF/MR10</td>
<td></td>
</tr>
</tbody>
</table>

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

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]
I. FACILITY DATA

Updated: 12/03/2013

MAILING ADDRESS

700 Moody Street
Gosnell, AR 72315

Administrator: Andrea Neil
Administrator License Number: 2125
Total Licensed Beds: 70
Life Safety Code Years: 1985

PHYSICAL LOCATION

700 Moody Street
Gosnell, AR 72315

County: Mississippi #47-1

Facility Identification Numbers

Federal Provider: 04-5439
State License: 1023
State Vendor: 0873
MMIS Provider: 199882311

Certified Beds: 70
Classification

Medicaid: 0
Medicare: 0
Caid/Care: 70
Private Beds: 0
HomestyleBeds:

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.]
### I. FACILITY DATA

**Updated:** 02/13/2018

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Sandra Mancell</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 East Short Hillsboro</td>
<td>Administrator License Number: 0334</td>
</tr>
<tr>
<td>El Dorado, AR 71730</td>
<td>Total Licensed Beds: 122</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHYSICAL LOCATION</strong></th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700 East Short Hillsboro</td>
<td>County: Union #70</td>
</tr>
<tr>
<td>El Dorado, AR 71730</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 122</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5275</td>
<td>Medicaid: 104</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1030</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0334</td>
<td>Caid/Care: 18</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 200790311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### 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

| MAILING ADDRESS                  | Administrator: | Stacey Ussery  
|----------------------------------|----------------|----------------|
| P. O. Box 250                    | Administrator License Number: | 2167  
| Greenbrier, AR 72058             | Total Licensed Beds: | 87  
| **PHYSICAL LOCATION**            | Life Safety Code Years: | 1985  
| #16 Wilson Farm Road             |                | 2000  
| Greenbrier, AR 72058             | Certification: | Title XIX/XVIII  
| County: Faulkner #23             |                |          

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>State License:</th>
<th>State Vendor:</th>
<th>MMIS Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5381</td>
<td>828</td>
<td>0865</td>
<td>162503311</td>
</tr>
</tbody>
</table>

### Certified Beds: 87

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 87</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>NF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

### III. 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**

Doing business as Greenbrier Nursing and Rehabilitation Center

<table>
<thead>
<tr>
<th>Michael Morton</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>415 Rogers Avenue</td>
<td>Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th></th>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
</table>
| **2402 Country Club Road**  
**Paragould, AR 72450** | Administrator: Marlisa Thompson  
Administrator License Number: 1595  
Total Licensed Beds: 143  
Life Safety Code Years: 1985 | **2402 Country Club Road**  
**Paragould, AR 72450**  
County: Greene #28 |

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider: 04-5424</th>
<th><strong>Certified Beds:</strong> 143</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
<td></td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
<td></td>
</tr>
<tr>
<td>Caid/Care: 143</td>
<td>NF/SNF: X</td>
<td></td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/ICF/MR:</td>
<td></td>
</tr>
<tr>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
<td></td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th><strong>Type of Entity:</strong> Corporation - Non Profit</th>
<th><strong>Building Ownership</strong> Same as ownership of license</th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>PHYSICAL LOCATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator: Jonas C. Schaffer</td>
<td>226 Skyler Drive</td>
</tr>
<tr>
<td>Administrator License Number: 2146</td>
<td>Charleston, AR 72933</td>
</tr>
<tr>
<td>Total Licensed Beds: 97</td>
<td>County: Franklin #24</td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2000</td>
</tr>
</tbody>
</table>

#### Facility Identification Numbers

<table>
<thead>
<tr>
<th><strong>Federal Provider:</strong> 04-5447</th>
<th><strong>Certified Beds:</strong> 97</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State License:</strong> 022</td>
<td><strong>Classification</strong></td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0290</td>
<td>NF:</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 109059311</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td></td>
<td>Medicare: 0</td>
</tr>
<tr>
<td></td>
<td>CaId/Care: 97</td>
</tr>
<tr>
<td></td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

#### Certification:

**Title:** XIX/XVIII

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Corporation

**Building Ownership**

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

**Ownership and Financial Interest**

- **Doing Business as:** Greenhurst Nursing Center
- **Jonas C. Schaffer**
- **Address:** P.O. Box 147, Charleston, AR 72933
- **Percentage:** 100%

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.
I. FACILITY DATA
Updated: 10/27/2016

MAILING ADDRESS

121 Spring Valley Road
Cabot, AR 72023

Administrator: Austin Wright
Administrator License Number: 2466
Total Licensed Beds: 80

PHYSICAL LOCATION

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

Certification: Title XIX/XVIII

Facility Identification Numbers

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 80</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5453</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1002</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0894</td>
<td>Caid/Care: 80</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 196817311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

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
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 83</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5459</td>
<td></td>
</tr>
<tr>
<td><strong>State License:</strong> 1104</td>
<td></td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0436</td>
<td></td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 212302311</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Medicare: 0</th>
<th>Medicaid: 0</th>
<th>NF:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**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

**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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>Mail Address</th>
<th>Physical Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>115 Orendorff Avenue</td>
<td>115 Orendorff Avenue</td>
</tr>
<tr>
<td>Harrison, AR 72601</td>
<td>Harrison, AR 72601</td>
</tr>
<tr>
<td>Administrator: Cathy Abatangle, Interim</td>
<td>Administrator License Number: 2120</td>
</tr>
<tr>
<td></td>
<td>Total Licensed Beds: 90</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1967</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-landlord: SLC Operations Master Tenant, LLC</td>
</tr>
<tr>
<td>c/o Capital Funding Group</td>
</tr>
<tr>
<td>1422A Clarkview Road, Baltimore, MD 21209</td>
</tr>
<tr>
<td>Prime Landlord: 115 Orendorff Avenue, LLC</td>
</tr>
<tr>
<td>200 International Circle, Suite 3500</td>
</tr>
<tr>
<td>Hunt Valley, MD 21030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boone Operations, LLC</td>
</tr>
<tr>
<td>Doing business as Harrison Rehabilitation and Health Center</td>
</tr>
<tr>
<td>Ross M. Ponthie 40%</td>
</tr>
<tr>
<td>P. O. Box 12187  Alexandria, LA 71315 (318) 443-8167</td>
</tr>
<tr>
<td>JEJ Investments, LLC - 40%</td>
</tr>
<tr>
<td>John F. Ponthie, Sole Member 449 Overbook Court</td>
</tr>
<tr>
<td>Shreveport, LA 71106</td>
</tr>
<tr>
<td>Marybret, LLC - 20%</td>
</tr>
<tr>
<td>Mark Thompson, Sole Member 2230 S MacArthur DR, Suite 9A</td>
</tr>
<tr>
<td>Alexandria, LA 71301</td>
</tr>
</tbody>
</table>

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
Administrator: Michael Tindell
Administrator License Number: 2498
Total Licensed Beds: 119
Life Safety Code Years: 1985

19701 Interstate 30
Benton, AR 72015

PHYSICAL LOCATION

19701 Interstate 30
Benton, AR 72015

County: Saline #62

Facility Identification Numbers

Federal Provider: 04-5199

State License: 934
State Vendor: 0833

MMIS Provider: 183499311

Certified Beds: 119  Classification
Medicaid: 0  NF:
Medicare: 0  SNF:
Caid/Care: 119  NF/SNF: X
Private Beds: 0  ICF/MR:
HomestyleBeds: 0  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
Progressive Eldercare Services, Inc
38 Warnock Springs Road
Magnolia, AR 71753

Board Member  Pastor Dennis M. Gage
P. O. Box 2481
Benton, AR 72015
609 River Street
8750 M.I. Lane
Tull, AR 72015

Board Member  Jeff Westbrook

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

**MAILING ADDRESS**

Administrator: Stacey Clay  
Administrator License Number: 2365  
Total Licensed Beds: 128  
Life Safety Code Years: 1985

**P.O. Box 2002**  
Hope, AR 71801

**PHYSICAL LOCATION**

400 West 23rd Street  
Hope, AR 71801

County: Hempstead #29

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds: 128</th>
<th>Federal Provider: 04-5337</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Medicare:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Caid/Care:</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Private Beds:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Certification:** Title XIX/XVIII

**Building Ownership**

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

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Corporation

**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.]
I. FACILITY DATA

Updated: 03/15/2017

MAILING ADDRESS

Administrator: Leslie Lamb
Administrator License Number: 2360
Total Licensed Beds: 140
Life Safety Code Years: 1985
2000

1175 Morningside Drive
Conway, AR 72034

PHYSICAL LOCATION

Certification: Title XIX/XVIII

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

Facility Identification Numbers

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

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

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 change: 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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Vicki Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>552 Golf Links Road</td>
<td></td>
</tr>
<tr>
<td>Hot Springs, AR 71901-7917</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL LOCATION</td>
<td></td>
</tr>
<tr>
<td>552 Golf Links Road</td>
<td></td>
</tr>
<tr>
<td>Hot Springs, AR 71901</td>
<td></td>
</tr>
<tr>
<td>County: Garland #26</td>
<td></td>
</tr>
<tr>
<td>Administrator License Number: 1057</td>
<td></td>
</tr>
<tr>
<td>Total Licensed Beds: 152</td>
<td></td>
</tr>
<tr>
<td>Life Safety Code Years: 1973</td>
<td></td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 152</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5098</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1118</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0017</td>
<td>Caid/Care: 152</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 214139311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 86</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5366</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 672</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0590</td>
<td>CaId/Care: 86</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 119680311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**Mailing Address**

Administrator: Lesley Wilkerson
Administrator License Number: 2214
Total Licensed Beds: 86

**Physical Location**

710 No Ruddle Road
Blytheville, AR 72315

**County:** Mississippi #47-1

**Facility Identification Numbers**

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

**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, Inc.

Extendi-Care, Inc. owns .......... 100% 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.

**Telephone:** (870) 763-3654 **FAX Number:** (870) 762-1172
Hickory Heights Health and Rehab, LLC

I. FACILITY DATA

Updated: 05/21/2014

MAILING ADDRESS

#3 Chenal Heights Drive
Little Rock, AR 72223

Administrator: Tina Lynette Beard
Administrator License Number: 2201
Total Licensed Beds: 120

PHYSICAL LOCATION

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

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5455
State License: 1028
State Vendor: 0896
MMIS Provider: 200342311

Certified Beds: 120
Classification

Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 120 NF/SNF: X
Private Beds: 0 ICF/MR:
Homestyle Beds: 0 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%  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 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  
**Updated:** 02/03/2015

## I. FACILITY DATA

| MAILING ADDRESS | Administrator: Amanda Patterson  
|---------------------------------|----------------------------------|
| P.O. Box 541  
Marshall, AR 72650 | Administrator License Number: 2180  
Total Licensed Beds: 78  
|  
| PHYSICAL LOCATION | Certification: Title XIX/XVIII  
|---------------------------------|----------------------------------|
| 942 North Highway 65  
Marshall, AR 72650 |  
County: Searcy #64  
|  
| Facility Identification Numbers |  
|---------------------------------|----------------------------------|
| Federal Provider: 04-5353  
State License: 952  
State Vendor: 0484  
MMIS Provider: 187792311 | Certified Beds: 78  
Classification |  
| Medicaid: 0  
Medicare: 0  
Caid/Care: 78  
Private Beds: 0  
HomestyleBeds: | NF:  
SNF:  
NF/SNF: X  
ICF/MR:  
ICF/MR10: |  
|  
| 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: Amanda Patterson, Pres/Sec/Treas  
Marla Reece  
942 North Highway 65  
Marshall, AR 72650 | Member  
Progressive Eldercare Services, Inc.  
38 Warnock Springs Road  
Magnolia, AR 71753 |  
| Board Member | Board Member  
Lori Gray  
6858 South 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

## I. FACILITY DATA

**Administrator:** Carmen Melton  
**Administrator License Number:** 2436  
**Total Licensed Beds:** 90  
**Life Safety Code Years:** 2000

### MAILING ADDRESS

670 Rogers Road  
Bella Vista, AR 72715

### PHYSICAL LOCATION

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

**Certification:** Title XIX/XVIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5402</td>
<td>741</td>
<td>0869</td>
<td>119749311</td>
</tr>
</tbody>
</table>

**Certified Beds: 90**

<table>
<thead>
<tr>
<th>Medicaid: 0</th>
<th>Medicare: 0</th>
<th>Caid/Care: 90</th>
<th>Homestyle Beds: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid:</td>
<td>Medicare:</td>
<td>Caid/Care:</td>
<td>Homestyle Beds:</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>90</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

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

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Limited Liability Company

**Building Ownership**

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Ginger Turner</th>
</tr>
</thead>
</table>
| 1421 West Second St North  
Prescott, AR 71857 | Administrator License Number: 2296 |
| Total Licensed Beds: 90 |
| Life Safety Code Years: 1967 |

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
</table>
| 1421 West Second St North  
Prescott, AR 71857 | |
| County: Nevada #50 |

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider: 04-5306</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License: 692</td>
</tr>
<tr>
<td>State Vendor: 0326</td>
</tr>
<tr>
<td>MMIS Provider: 119698311</td>
</tr>
</tbody>
</table>

### Certified Beds: 90

| Medicaid: 0 |
| Medicare: 0 |
| Caid/Care: 90 |
| Private Beds: 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: 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  
P. O. Box 963  
Arkadelphia, AR 71923  
(870) 246-5979 | 23.44% |
|----------------------|--------|
| Glen Arnold  
4116 Tahoe Lane  
Benton, AR 72019 | 23.45% |
| Bryon Grimmett  
1011 North Olive  
Waldo, AR 71770 | 48.15% |
| Steve Crow  
P. O. Box 132  
Bismarck, AR 71929 | 4.96% |

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.
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Omar Lee Miller</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111 Maplewood Rd</td>
<td>Administrator License Number: 1052</td>
</tr>
<tr>
<td>Harrison, AR 72601-3099</td>
<td>Total Licensed Beds: 103</td>
</tr>
<tr>
<td>1111 Maplewood Rd</td>
<td>County: Boone #05</td>
</tr>
<tr>
<td>Harrison, AR 72601-3099</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 103</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5441</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 206</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0325</td>
<td>CaId/Care: 103</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 184820311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**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 - 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.
### I. FACILITY DATA

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>ADMINISTRATOR</strong></th>
<th><strong>Updated:</strong> 10/24/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>8701 Riley Drive</td>
<td>Brittney DeVazier</td>
<td></td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHYSICAL LOCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8701 Riley Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County: Pulaski-East #60-4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Administrator:</strong></th>
<th><strong>Administrator License Number:</strong></th>
<th><strong>Total Licensed Beds:</strong></th>
<th><strong>Life Safety Code Years:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brittney DeVazier</td>
<td>2416</td>
<td>140</td>
<td>1973</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 140</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5259</td>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td><strong>State License:</strong> 1107</td>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0844</td>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 212718311</td>
<td></td>
<td>ICF/MR:</td>
</tr>
<tr>
<td><strong>Landlord:</strong> Woodland Hills HC Property Holdings, LLC</td>
<td></td>
<td>ICF/MR10:</td>
</tr>
<tr>
<td><strong>Tenant:</strong> Highlands of Little Rock Riley Holdings, LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>County:</strong> Pulaski-East #60-4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Certification:</strong></th>
<th><strong>Title XIX/XVIII</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Certified Beds:</strong> 140</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>Caid/Care: 140</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th><strong>Type of Entity:</strong></th>
<th><strong>Building Ownership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Liability Company</td>
<td>Landlord: Woodland Hills HC Property Holdings, LLC</td>
</tr>
<tr>
<td></td>
<td>Tenant: Highlands of Little Rock Riley Holdings, LLC</td>
</tr>
<tr>
<td></td>
<td>8701 Riley Drive</td>
</tr>
<tr>
<td></td>
<td>Little Rock, AR 72205</td>
</tr>
</tbody>
</table>

**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]
## I. FACILITY DATA

**Mailing Address**

620 Hospital Drive  
Mountain Home, AR 72653

**Phyiscal 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

---

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5406</td>
</tr>
<tr>
<td>State License</td>
<td>1043</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0871</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>202096311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 81  
**Classification:**  
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 81  
- Private Beds: 0  
- HomestyleBeds:  
- 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]
# I. FACILITY DATA

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 94</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5232</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1112</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0338</td>
<td>Caid/Care: 94</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 212733311</td>
<td>HomestyleBeds: 0</td>
<td>ICF/MR:</td>
</tr>
</tbody>
</table>

- **Administrator:** Rosie L. Edwards
- **Administrator License Number:** 1845
- **Total Licensed Beds:** 94
- **Life Safety Code Years:** 1967
- **Facility Identification Numbers**
  - Federal Provider: 04-5232
  - State License: 1112
  - State Vendor: 0338
  - MMIS Provider: 212733311
- **Certification:** Title XIX/XVIII

# II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Limited Liability Company

**Building Ownership**

- **Landlord:** Homestead Property Holdings, LLC
  
- **Tenant:** Highlands of Stamps Holdings, LLC
  
- **Address:**
    - Landlord: 1145 Hembree Road, Roswell, GA 30076
    - Tenant: 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]
## I. FACILITY DATA

**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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th><strong>Federal Provider</strong></th>
<th><strong>State License</strong></th>
<th><strong>State Vendor</strong></th>
<th><strong>MMIS Provider</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5214</td>
<td>157</td>
<td>0355</td>
<td>109194311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 108  
**Classification:**  
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 108  
- Private Beds: 0  
- Homestyle Beds:  

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

**Updated:** 04/02/2014

## 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
## I. FACILITY DATA

**Updated:** 07/29/2016

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Misty Watts</th>
</tr>
</thead>
<tbody>
<tr>
<td>265 Dave Creek Parkway</td>
<td>Administrator License Number: 2477</td>
</tr>
<tr>
<td>Fairfield Bay, AR 72088</td>
<td>Total Licensed Beds: 55</td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>265 Dave Creek Parkway</td>
</tr>
<tr>
<td>Fairfield Bay, AR 72088</td>
</tr>
<tr>
<td>County: Van Buren #71</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5153</td>
</tr>
<tr>
<td>State License: 821</td>
</tr>
<tr>
<td>State Vendor: 0828</td>
</tr>
<tr>
<td>MMIS Provider: 160843311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 55</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>HomestyleBeds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

## II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Liability Company</td>
<td>Leased from: Fairfield Health Property, LLC 10 Shackleford Plaza, Suite 102  Little Rock, AR 72212</td>
</tr>
</tbody>
</table>

**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

Phone: (479) 636-5545  FAX: (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

Administrator: Beverly Jordan
Administrator License Number: 617
Total Licensed Beds: 80
Life Safety Code Years: 1985

Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5302</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>940</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0846</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>185473311</td>
</tr>
</tbody>
</table>

Certified Beds: 80

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

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Limited Liability Company

Innisfree Health and Rehab, LLC

Ownership and Financial Interest

<table>
<thead>
<tr>
<th>Michael Morton</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Sams</td>
<td>10%</td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>10%</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
<td></td>
</tr>
<tr>
<td>1800 Gateway, AR 72733</td>
<td></td>
</tr>
<tr>
<td>(479) 783-4672</td>
<td></td>
</tr>
</tbody>
</table>

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.
### I. FACILITY DATA

**MAILING ADDRESS**

2001 Hampton Place  
Rogers, AR 72758  

**PHYSICAL LOCATION**

2001 Hampton Place  
Rogers, AR 72758  

**Administrator:** Jessica Anderson  
**Administrator License Number:** 2316  
**Total Licensed Beds:** 140  
**Life Safety Code Years:** 2000  

**Administrator:** Jessica Anderson  
**Administrator License Number:** 2316  
**Total Licensed Beds:** 140  
**Life Safety Code Years:** 2000  

**Facility Identification Numbers**

- **Federal Provider:** 04-5435  
- **State License:** 941  
- **State Vendor:** 0886  
- **MMIS Provider:** 185475311  

**Certified Beds:** 140  
**Classification**

- Medicaid: 0  
- Medicare: 0  
- Ca$id/Care$: 140  
- Private Beds: 0  
- Homestyle Beds: 0  
- 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>70%</td>
<td>415 Rogers Avenue</td>
<td>(479) 783-4672</td>
</tr>
<tr>
<td>Jerry Sams</td>
<td>10%</td>
<td>P. O. Box 180</td>
<td></td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>10%</td>
<td>Gateway, AR 72733</td>
<td></td>
</tr>
<tr>
<td>David Norsworthy</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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


Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5168

State License: 1003

State Vendor: 0512

MMIS Provider: 196816311

II. OWNERSHIP AND FINANCIAL INTEREST

Building Ownership

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

Type of Entity: Limited Liability Company

Ownership and Financial Interest

Johnson County Health and Rehab, LLC

<table>
<thead>
<tr>
<th>Name</th>
<th>Ownership</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>
| Michael Morton       | 70%       | 415 Rogers Avenue
Ft. Smith, AR 72901
(479) 783-4672       |          |
| David Norsworthy     | 10%       | P. O. Box 180
Gateway, AR 72733       |         |
| Jerry D. Sams        | 10%       | 3316 Pecan Grove Lane
Alma, AR 72921       |         |
| Paralea Hursh        | 10%       | 30 Jeffrey Way
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.
### I. FACILITY DATA

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Administrator: Spencer Rogers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1705 LaTourette Dr</td>
<td></td>
</tr>
<tr>
<td>Jonesboro, AR 72404</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>1705 LaTourette Drive</td>
<td></td>
</tr>
<tr>
<td>Jonesboro, AR 72404</td>
<td></td>
</tr>
<tr>
<td>County: Craighead #16</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrator License Number: 2103</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Licensed Beds: 136</td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider: 04-5134</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License: 1094</td>
</tr>
<tr>
<td>State Vendor: 0248</td>
</tr>
<tr>
<td>MMIS Provider: 211201311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 136  
**Classification:**
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 136  
- Private Beds: 0  
- HomestyleBeds:  
- 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]
**I. FACILITY DATA**

Updated: 11/03/2017

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Kayla Loker</th>
</tr>
</thead>
<tbody>
<tr>
<td>4405 W Persimmon St.</td>
<td>Administrator License Number: 4405</td>
</tr>
<tr>
<td>Fayetteville, AR 72704</td>
<td>Total Licensed Beds: 119</td>
</tr>
<tr>
<td>4405 West Persimmon Street</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Fayetteville, AR 72704</td>
<td></td>
</tr>
<tr>
<td>County: Washington #72-1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 119</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5434</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 923</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0889</td>
<td>Caid/Care: 119</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 182798311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. OWNERSHIP AND FINANCIAL INTEREST</th>
</tr>
</thead>
</table>

**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.
I. FACILITY DATA

**Administrator:** Lance Stack  
**Administrator License Number:** 2515  
**Total Licensed Beds:** 84  
**Life Safety Code Years:** 2000

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 84</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5445</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 948</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0892</td>
<td>CaId/Care: 84</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 187641311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

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

I. FACILITY DATA

Updated: 03/22/2016

MAILING ADDRESS

Administrator: Loretta Alexander
Administrator License Number: 2460
Total Licensed Beds: 102
Life Safety Code Years: 1985

903 Borgognoni Drive
Lake Village, AR 71653

PHYSICAL LOCATION

903 Borgognoni Drive
Lake Village, AR 71653
County: Chicot #09
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5184
State License: 933
State Vendor: 0446
MMIS Provider: 183498311

Certified Beds: 102
Classification
Medicaid: 0
Medicare: 0
Caid/Care: 102
Private Beds: 0
HomestyleBeds: ICF/MR:

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 903 Borgognoni Drive
Member: Progressive Eldercare Services, Inc.
John Ponthie - 318-443-8167
2723 Alvamar Lake Village, AR 71653
Shreveport, LA 71106
John Ponthie - 318-443-8167

Board Member Loretta Alexander, Pres/Sec/Treas
Board Member Jan Nelson
Skylar King 408 N. Cherry St.
1831 S Hwy 82-65 Lake Village, AR 71653

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.
I. FACILITY DATA

Administrator: Rebecca Leavitt
Administrator License Number: 2483
Total Licensed Beds: 75
Life Safety Code Years: 1985

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. owns 100% 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

### Mailing Address

**2323 McCain Boulevard**  
North Little Rock, AR 72116

### Physical Location

**2323 McCain Boulevard**  
North Little Rock, AR 72116

### Administrator:

Brandon Price, Interim

### Administrator License Number:

2449

### Total Licensed Beds:

85

### Life Safety Code Years:

1985

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5202</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>1056</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0836</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>205783311</td>
</tr>
</tbody>
</table>

### Classification

| Medicaid | 0 |
| Medicare | 0 |
| Caid/Care | 85 |
| Private Beds | 0 |
| Homestyle Beds | 85 |
| Certified Beds | 85 |
| Classification | NF/SNF: X |

### 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>76%</td>
</tr>
<tr>
<td>David Norsworthy</td>
<td>8%</td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>8%</td>
</tr>
<tr>
<td>Jerry D. Sams</td>
<td>8%</td>
</tr>
</tbody>
</table>

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.]
I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Gale Woodell</th>
</tr>
</thead>
<tbody>
<tr>
<td>260 Lakepark Drive</td>
<td></td>
</tr>
<tr>
<td>Hot Springs, AR 71901</td>
<td></td>
</tr>
<tr>
<td>Administrator License Number: 1430</td>
<td></td>
</tr>
<tr>
<td>Total Licensed Beds: 80</td>
<td></td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>260 Lakepark Drive</td>
</tr>
<tr>
<td>Hot Springs, AR 71901</td>
</tr>
<tr>
<td>County: Garland #26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5404</td>
</tr>
<tr>
<td>State License: 024</td>
</tr>
<tr>
<td>State Vendor: 0420</td>
</tr>
<tr>
<td>MMIS Provider: 109481311</td>
</tr>
</tbody>
</table>

| Certified Beds: 80 |
| Classification |
| Medicaid: 0 |
| Medicare: 0 |
| Caid/Care: 80 |
| Private Beds: 0 |
| HomestyleBeds: |

<table>
<thead>
<tr>
<th>II. OWNERSHIP AND FINANCIAL INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Entity: Corporation - Non Profit</td>
</tr>
<tr>
<td>Building Ownership</td>
</tr>
<tr>
<td>Same as ownership of license</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakewood Healthcare, Inc.</td>
</tr>
<tr>
<td>Non-Profit Corporation</td>
</tr>
</tbody>
</table>

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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: April Bateman</th>
</tr>
</thead>
<tbody>
<tr>
<td>P O BOX 839</td>
<td>Administrator License Number: 1648</td>
</tr>
<tr>
<td>Walnut Ridge, AR 72476-0839</td>
<td>Total Licensed Beds: 179</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>LIFE SAFETY CODE YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1051 West Free Street</td>
<td></td>
</tr>
<tr>
<td>Walnut Ridge, AR 72476</td>
<td></td>
</tr>
<tr>
<td>County: Lawrence #38</td>
<td>1967 1985</td>
</tr>
</tbody>
</table>

Administrator:

Administrator License Number:

Total Licensed Beds:

Life Safety Code Years:

Facility Identification Numbers

<table>
<thead>
<tr>
<th>FEDERAL PROVIDER</th>
<th>STATE LICENSE</th>
<th>STATE VENDOR</th>
<th>MMIS PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5452</td>
<td>196</td>
<td>0425</td>
<td>119707311</td>
</tr>
</tbody>
</table>

Certified Beds: 179

<table>
<thead>
<tr>
<th>MEDICAID:</th>
<th>Medicare:</th>
<th>Caid/Care:</th>
<th>Private Beds:</th>
<th>Homestyle Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>179</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Classification

<table>
<thead>
<tr>
<th>Certification:</th>
<th>County: Lawrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title XIX/XVIII</td>
<td>#38</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>TYPE OF ENTITY:</th>
<th>BUILDING OWNERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Government</td>
<td>County of Lawrence</td>
</tr>
<tr>
<td></td>
<td>Lawrence County Courthouse</td>
</tr>
<tr>
<td></td>
<td>Walnut Ridge, AR 72476</td>
</tr>
</tbody>
</table>

Ownership and Financial Interest

<table>
<thead>
<tr>
<th>COUNTY GOVERNMENT</th>
<th>NON-PROFIT CORPORATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrence Hall Nursing Center</td>
<td>Non-Profit Corporation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BILL MAXWELL - CHAIRMAN</th>
<th>HOSPITAL BASED NURSING FACILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P O Box 125</td>
<td>Lawrence Memorial Hospital</td>
</tr>
<tr>
<td>Black Rock, AR 72415</td>
<td>1309 West Main Street [72476]</td>
</tr>
<tr>
<td>870.878.6485</td>
<td>P O Box 839</td>
</tr>
<tr>
<td></td>
<td>Walnut Ridge, AR 72476-0839</td>
</tr>
</tbody>
</table>

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

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.
## I. FACILITY DATA

**Administrator:** Cynthia McArthur  
**Administrator License Number:** 2517  
**Total Licensed Beds:** 115  
**Life Safety Code Years:** 1967 1985

### MAILING ADDRESS

3310 North 50th Street  
Fort Smith, AR 72904

### PHYSICAL LOCATION

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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5267</td>
</tr>
<tr>
<td>State License</td>
<td>593</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0540</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>119591311</td>
</tr>
</tbody>
</table>

## 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%

**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 | Administrator: Jamie L Robinson  
| 900 West 12th St  
Russellville, AR 72801 | Administrator License Number: 2318  
Total Licensed Beds: 122  
Life Safety Code Years: 1973  
| PHYSICAL LOCATION | Certification: Title XIX/XVIII  
900 West 12th St.  
Russellville, AR 72801 | County: Pope #58  
| **Facility Identification Numbers** | Certified Beds: 122  
Classified Beds: **X**  
Medicaid: 0  
Medicare: 0  
Caid/Care: 122  
Private Beds: 0  
HomestyleBeds: 0 | Federal Provider: 04-5410  
State License: 950  
State Vendor: 0426  
MMIS Provider: 187369311 | **Classification** | NF:  
SNF:  
NF/SNF: X  
ICF/MR:  
ICF/MR10:  
| Leased from:  
Legacy Heights Manor, LLC  
415 Rogers Avenue  
Fort Smith, AR 72801 | Type of Entity: Limited Liability Company | **Building Ownership**  
**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

**Mailing Address:**  
2911 Browns Lane  
Jonesboro, AR 72401-7204  
**Administrator:** Debbie Hicks  
**Administrator License Number:** 1975  
**Total Licensed Beds:** 117  
**Life Safety Code Years:** 1973

**Physical Location:**  
2911 Browns Lane  
Jonesboro, AR 72401-7204  
**Certification:** Title XIX/XVIII  
**County:** Craighead #16

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 117</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5321</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1034</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0698</td>
<td>Caid/Care: 117</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 201276311</td>
<td>Private Beds: 0</td>
<td>ICF/10</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/10</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th></th>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith Head</td>
<td>75%</td>
</tr>
<tr>
<td>1505 Dogwood Trail</td>
<td>1265 Champions Drive</td>
</tr>
<tr>
<td>Conway, AR 72033</td>
<td>Conway, AR 72034</td>
</tr>
<tr>
<td>(501) 514-5818</td>
<td>(870) 530-3837</td>
</tr>
</tbody>
</table>

|                | 25%                               |
| Cathy Parsons  |                                   |
| 1505 Dogwood Trail | 1265 Champions Drive          |
| Conway, AR 72033     | 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 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 Ridgecrest 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

Administrator: Vickie M. Donaldson
Administrator License Number: 2380
Total Licensed Beds: 87
Life Safety Code Years: 1967

Facility Identification Numbers
Federal Provider: 04-5165
State License: 785
State Vendor: 0704
MMIS Provider: 157584311

Certified Beds: 87
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 87 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds:

II. OWNERSHIP AND FINANCIAL INTEREST

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.
**I. FACILITY DATA**

**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

**Administrative License Number:**

**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

### 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  

### Facility Identification Numbers

- **Federal Provider:** 04-5244  
- **State License:** 050  
- **State Vendor:** 0438  
- **MMIS Provider:** 109427311

### Certification

- **Certified Beds:** 85  
- **Classification:**  
  - Medicaid: 0  
  - Medicare: 0  
  - Caid/Care: 85  
  - Private Beds: 0  
  - HomestyleBeds:

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** County Government

**Building Ownership**  
Same as ownership of license.

**Ownership and Financial Interest**  
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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Angala Tart</th>
</tr>
</thead>
<tbody>
<tr>
<td>5720 West Markham Street</td>
<td>Administrator License Number: 2158</td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td>Total Licensed Beds: 154</td>
</tr>
<tr>
<td>5720 West Markham Street</td>
<td>Certification: Title XIX/VIII</td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td>County: Pulaski-East #60-4</td>
</tr>
<tr>
<td>Facility Identification Numbers</td>
<td>Certified Beds: 154</td>
</tr>
<tr>
<td>Federal Provider: 04-5450</td>
<td>Classification</td>
</tr>
<tr>
<td>State License: 1105</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>State Vendor: 0893</td>
<td>Medicare: 72</td>
</tr>
<tr>
<td>MMIS Provider: 212642311</td>
<td>Caid/Care: 82</td>
</tr>
<tr>
<td></td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
</tr>
<tr>
<td></td>
<td>Landlord: Little Rock HC&amp;R Property Holdings, LLC</td>
</tr>
<tr>
<td></td>
<td>Tenant: Highlands of Little Rock West Markham Holdings, LLC</td>
</tr>
<tr>
<td></td>
<td>1145 Hembree Road, Roswell, GA 30076</td>
</tr>
<tr>
<td></td>
<td>5720 West Markham Street</td>
</tr>
<tr>
<td>II. OWNERSHIP AND FINANCIAL INTEREST</td>
<td>Little Rock, AR 72205</td>
</tr>
<tr>
<td>Type of Entity: Limited Liability Company</td>
<td>Ownership and Financial Interest</td>
</tr>
<tr>
<td>Building Ownership</td>
<td>Highlands of Little Rock West Markham Holdings, LLC doing business as Little Rock Post Acute and Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Skyline Highland Holdings, LLC 100% of Highlands of Little Rock West Markham Holdings, LLC</td>
</tr>
<tr>
<td></td>
<td>JS Highland Holdings, LLC 100% of Skyline Highland Holdings, LLC</td>
</tr>
<tr>
<td></td>
<td>425 West Capitol Avenue, Suite 3800</td>
</tr>
<tr>
<td></td>
<td>Little Rock, Arkansas 72201</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Management Agreement with Skyline Services Group LLC</td>
</tr>
<tr>
<td></td>
<td>505 Marlboro Road, Wood-Ridge, NJ 07075 Telephone - 201-635-1195</td>
</tr>
<tr>
<td></td>
<td>Joseph Schwartz 100% Member of Skyline Services Group LLC and CEO of Skyline Services Group LLC</td>
</tr>
<tr>
<td></td>
<td>Brandon Augustyniak - CFO of Skyline Services Group LLC</td>
</tr>
<tr>
<td></td>
<td>Effective April 1, 2016 - Change of Ownership</td>
</tr>
<tr>
<td></td>
<td>[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]</td>
</tr>
<tr>
<td></td>
<td>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]</td>
</tr>
</tbody>
</table>
I. FACILITY DATA

Administator: Jill Kilgore
Administrator License Number: 1465
Total Licensed Beds: 69
Life Safety Code Years: 1967

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: 0

Classification
NF: 69
SNF: 0
NF/SNF: X
ICF/MR: 0
ICF/MR10: 0

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.
### I. FACILITY DATA

**Administrator:** Ashley Thomley  
**Administrator License Number:** 2258  
**Total Licensed Beds:** 80  
**Life Safety Code Years:** 1985  

### PHYSICAL LOCATION

1501 Lincoln Street  
Lonoke, AR 72086  

**Certification:** Title XIX/XVIII

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 80</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5289</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>State License:</strong> 1057</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0848</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 205784311</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>76%</td>
</tr>
<tr>
<td>David Norsworth</td>
<td>8%</td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>8%</td>
</tr>
<tr>
<td>Jerry D. Sams</td>
<td>8%</td>
</tr>
</tbody>
</table>

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

Administrator: Michael M. McElroy
Administrator License Number: 2542
Total Licensed Beds: 140

PHYSICAL LOCATION

2821 W Dixon Rd
Little Rock, AR 72206

County: Pulaski-Southwest #60-3

Certification:
Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5446
State License: 1115
State Vendor: 0880
MMIS Provider: 214136311

Certified Beds: 140
Classification

Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 140 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: 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]
**I. FACILITY DATA**

**MAILING ADDRESS**

| 2642 N Dudney Road |
| Magnolia, AR 71753 |

**PHYSICAL LOCATION**

| 2642 North Dudney Road |
| Magnolia, AR 71753 |

**Administrator:** Steven Krepick  
**Administrator License Number:** 2539  
**Total Licensed Beds:** 140  
**Life Safety Code Years:** 2000

**Facility Identification Numbers**

| **Federal Provider:** | 04-5135 |
| **State License:** | 1093 |
| **State Vendor:** | 0428 |
| **MMIS Provider:** | 211183311 |

| **Certified Beds:** | 140 |
| **Classification** |
| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 140 |
| Private Beds: | 0 |
| HomestyleBeds: | |
| **Certification:** | Title XIX/XVIII |

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Type of Entity:** Limited Liability Company

**Building Ownership**

| **Landlord:** | CHP Magnolia Healthcare Owner, LLC |
| **Address:** | 450 S. Orange Ave |
| **City:** | 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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator:</th>
<th>Jerod Straver</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 430</td>
<td>Administrator License Number:</td>
<td>2288</td>
</tr>
<tr>
<td>Manila, AR 72442</td>
<td>Total Licensed Beds:</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years:</td>
<td>1985</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

<table>
<thead>
<tr>
<th>814 N. Davis St.</th>
<th>Certification:</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manila, AR 72442</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County: Mississippi #47-1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5297</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>671</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0465</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>119679311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 70  
**Classification**

| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 70 |
| Private Beds: | 0 |
| Homestyle Beds: |   |

**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. owns . . . . . . . . . . . . . . . .100% of Manila 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 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.
## I. FACILITY DATA

**MAILING ADDRESS**

700 Mark Drive  
McGehee, AR 71654

**PHYSICAL LOCATION**

700 Mark Drive  
McGehee, AR 71654

Administrator: Marlene Hensley  
Administrator License Number: 1457  
Total Licensed Beds: 140  
Life Safety Code Years: 1967

**Certification:** Title XIX/XVIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5139</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>1084</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0447</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>211178311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 119

**Classification:**
- Medicaid: 0 NF:  
- Medicare: 0 SNF:  
- Caid/Care: 119 NF/SNF: X  
- Private Beds: 21 ICF/MR:  
- Homestyle Beds: 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**

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%]
I. FACILITY DATA

Updated: 10/01/2010

MAILING ADDRESS

Administrator: Ruby Pyle
Administrator License Number: 680
Total Licensed Beds: 105
Life Safety Code Years: 1985

P. O. Box 1198
Huntsville, AR 72740

PHYSICAL LOCATION

825 North Gaskill
Huntsville, AR 72740
County: Madison #44
Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5341
State License: 098
State Vendor: 0496
MMIS Provider: 109488311

Certified Beds: 105
Classification
Medicaid: 0
Medicare: 0
Caid/Care: 105
Private Beds: 0
Homestyle Beds: 
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.
I. FACILITY DATA

Updated: 03/09/2016

MAILING ADDRESS

Administrator: Barbara Janette Bernard
Administrator License Number: 1954
Total Licensed Beds: 69
Life Safety Code Years: 1967

100 9th Street
Mena, AR 71953

PHYSICAL LOCATION

Certification: Title XIX/XVIII

100 9th Street
Mena, AR 71953
County: Polk #57

Facility Identification Numbers

Certified Beds: 69

Federal Provider: 04-5229
State License: 1033
State Vendor: 0435
MMIS Provider: 201135311

Classification

Medicaid: 0
Medicare: 0
Caid/Care: 69
Private Beds: 0
Homestyle Beds:

NF:
SNF:
NF/SNF: X
ICF/ICF/MR:
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]
I. FACILITY DATA

MAILING ADDRESS

6425 Euper Lane
Fort Smith, AR 72903-2899

Administrator: Deanna Fears
Administrator License Number: 2175
Total Licensed Beds: 145

PHYSICAL LOCATION

6425 Euper Lane
Fort Smith, AR 72903-2899

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5413
State License: 215
State Vendor: 0510
MMIS Provider: 109008311

Certified Beds: 145
Classification

Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 145 NF/SNF: X
Private Beds: 0 ICF/MR:
Homestyle Beds: 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

METHODOIST 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]
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Carrie Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>1407 North Main Street</td>
<td></td>
</tr>
<tr>
<td>Nashville, AR 71852</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL LOCATION</td>
<td>Administrator License Number: 2537</td>
</tr>
<tr>
<td>1407 North Main Street</td>
<td></td>
</tr>
<tr>
<td>Nashville, AR 71852</td>
<td></td>
</tr>
<tr>
<td>County: Howard #31</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrator</th>
<th>Administrator License Number</th>
<th>Total Licensed Beds</th>
<th>Life Safety Code Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>78</td>
<td>1967</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5180</td>
<td>78</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1098</td>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0452</td>
<td>78</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 211197311</td>
<td>0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 78 |
| Private Beds: | 0 |
| Homestyle Beds: | |

<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landlord: CHP Mine Creek Healthcare Owner, LLC</td>
</tr>
<tr>
<td>450 S. Orange Avenue</td>
</tr>
<tr>
<td>Orlando. FL 32801</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mine Creek Holdings, LLC</td>
</tr>
<tr>
<td>Doing business as Mine Creek Health and Rehab</td>
</tr>
<tr>
<td>Alternate Facility telephone number: (870) 845-2023</td>
</tr>
</tbody>
</table>

| Skyline CHP 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]
### I. FACILITY DATA

| Administrator: | Robert D Mitchell |
| Administrator License Number: | 2411 |
| Total Licensed Beds: | 105 |
| Life Safety Code Years: | 1985 |

**MAILING ADDRESS**

P.O. Box 10  
Danville, AR 72833  

**PHYSICAL LOCATION**

501 W 10th  
Danville, AR 72833  
County: Yell #75  

**Facility Identification Numbers**

| Federal Provider: | 04-5454 |
| State License: | 073 |
| State Vendor: | 0515 |
| MMIS Provider: | 109435311 |

| Certification: | Title XIX/XVIII |
| Certified Beds: | 105 |
| Classification |
| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 105 |
| Private Beds: | 0 |
| HomestyleBeds: | |
| 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 | 50% |
| Robert D. Mitchell Trust | 50% |
| P O Box 10 | P O Box 785 |
| Danville, AR 72833 | Danville, AR 72833 |
| 479.495.2914 | |

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Kevin Stewart</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 470</td>
<td>Administrator License Number: 2341</td>
</tr>
<tr>
<td>Monette, AR 72447</td>
<td>Total Licensed Beds: 86</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>Life Safety Code Years: 1973</th>
</tr>
</thead>
<tbody>
<tr>
<td>669 Hwy 139 North</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Monette, AR 72447</td>
<td>------------------------------</td>
</tr>
<tr>
<td>County: Craighead #16</td>
<td>------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 86</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5312</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 770</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0424</td>
<td>Caid/Care: 86</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 155098311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Limitation Liability Company</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leased from: Monette Properties, Inc.</td>
</tr>
<tr>
<td>P. O. box 310</td>
</tr>
<tr>
<td>Newport, AR 72112</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monette Manor, LLC</td>
</tr>
<tr>
<td>Doing business as</td>
</tr>
<tr>
<td>Monette Manor, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rick Sampson</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. O. Box 310</td>
<td>Newport, AR 72112</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>William C. Bulloch</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. O. Box 535</td>
<td>Monticello, AR 71657</td>
</tr>
</tbody>
</table>

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]
I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Tommy Johnston</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1208</td>
<td>Administrator License Number: 1764</td>
</tr>
<tr>
<td>Mount Ida, AR 71957</td>
<td>TotalLicensed Beds: 112</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1985</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>741 South Drive</td>
</tr>
<tr>
<td>Mount Ida, AR 71957</td>
</tr>
<tr>
<td>County: Montgomery #49</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5266</td>
</tr>
<tr>
<td>State License: 198</td>
</tr>
<tr>
<td>State Vendor: 0521</td>
</tr>
<tr>
<td>MMIS Provider: 109243311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 112</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caide/Care: 112</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title XIX/XVIII</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

| Type of Entity: |
|----------------|----------------|
| County Government |

<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as ownership of license.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery County Nursing Home</td>
</tr>
<tr>
<td>County of Montgomery 100%</td>
</tr>
<tr>
<td>105 Highway 270 East, #10</td>
</tr>
<tr>
<td>Mt. Ida, AR 71957 (870) 867-3114</td>
</tr>
<tr>
<td>Ray Connel, Board President</td>
</tr>
<tr>
<td>530 North Bumblebee Road</td>
</tr>
<tr>
<td>Glenwood, AR 71965 (870) 356-3595</td>
</tr>
</tbody>
</table>

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
### I. FACILITY DATA

<table>
<thead>
<tr>
<th><strong>Administrator:</strong></th>
<th>Amanda Kinyon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrator License Number:</strong></td>
<td>2479</td>
</tr>
<tr>
<td><strong>Total Licensed Beds:</strong></td>
<td>154</td>
</tr>
<tr>
<td><strong>Life Safety Code Years:</strong></td>
<td>1967</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

202 Tims Avenue  
Harrison, AR 72601

**PHYSICAL LOCATION**

202 Tims Avenue  
Harrison, AR 72601

| **County:** | Boone #05 |

**Facility Identification Numbers**

| **Federal Provider:** | 04-5192 |
| **State License:** | 1082 |
| **State Vendor:** | 0427 |
| **MMIS Provider:** | 211118311 |

**Certified Beds:** 154  
**Classification**

| **Medicaid:** | 0 |
| **Medicare:** | 0 |
| **Paid/Care:** | 154 |
| **Private Beds:** | 0 |
| **Homestyle Beds:** | |

**Medicaid:** 0  
**Medicare:** 0  
**Caid/Care:** 154  
**Private Beds:** 0  
**Homestyle Beds:** |

**Harrison, AR 72601**  
**County:** Boone #05

**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

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 XIXVIII

Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5369</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>996</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0849</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>195056311</td>
</tr>
</tbody>
</table>

Certified Beds: 110

Classification

| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 110 |
| Private Beds: | 0 |
| Homestyle Beds: | |
| 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.
## I. FACILITY DATA

**Updated:** 03/20/2018

**MAILING ADDRESS**

<table>
<thead>
<tr>
<th>Administrator:</th>
<th>Tammy Romero</th>
</tr>
</thead>
<tbody>
<tr>
<td>706 Oak Grove St</td>
<td></td>
</tr>
<tr>
<td>Mountain View, AR 72560</td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

| Administrator License Number: | 1957 |
| Total Licensed Beds: | 97 |
| Certification: | Title XIX/XVIII |

**Facility Identification Numbers**

| Certified Beds: | 97 |
| Classification: |
| Medicaid: | 0 |
| Medicare: | 0 |
| Caid/Care: | 97 |
| Private Beds: | 0 |
| HomestyleBeds: | |

**Certification:**

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

**County:** Stone #69

**Facility Identification Numbers**

| Federal Provider: | 04-5146 |
| State License: | 1111 |
| State Vendor: | 0542 |
| MMIS Provider: | 212739311 |

**Classification**

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

**Certification:**

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

**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.

**I. FACILITY DATA**

**Mailing Address**

P.O. Box 656  
Murfreesboro, AR 71958

**Physical Location**

110 W. 13th Street  
Murfreesboro, AR 71958

Certification: Title XIX/XVIII

Certified Beds: 66

<table>
<thead>
<tr>
<th>Classification</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>Homestyle Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
<td>0</td>
<td>0</td>
<td>66</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>SNF:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NF/SNF:</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR10:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Administrator:** Sandra Barnett

Administrator License Number: 1979

Total Licensed Beds: 66

Life Safety Code Years: 1967

**Facility Identification Numbers**

Federal Provider: 04-5415

State License: 924

State Vendor: 0358

MMIS Provider: 182413311

**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**

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.]
I. FACILITY DATA

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 70</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5342</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 753</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0532</td>
<td>Caide/Care: 70</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 154010311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Lisa L. Duncan</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 442</td>
<td>Administrator License Number: 1974</td>
</tr>
<tr>
<td>Jasper, AR 72641</td>
<td>Total Licensed Beds: 70</td>
</tr>
<tr>
<td></td>
<td>Life Safety Code Years: 1985</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>610 East Court Street</td>
</tr>
<tr>
<td>Jasper, AR 72641</td>
</tr>
<tr>
<td>County: Newton #51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-E090</td>
</tr>
<tr>
<td>State License: 645</td>
</tr>
<tr>
<td>State Vendor: 0534</td>
</tr>
<tr>
<td>MMIS Provider: 119655311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 70</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 0</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF: X</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF:</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation - Non Profit</td>
<td>Same as Ownership of License</td>
</tr>
</tbody>
</table>

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

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

Certified Beds: 92
Classification:
Medicaid: 0  NF:
Medicare: 0  SNF:
Caid/Care: 92  NF/SNF: X
Private Beds: 0  ICF/MR:
HomestyleBeds: 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.
### I. FACILITY DATA

**Mailing Address**
2501 John Ashley Drive  
North Little Rock, AR 72114

**Administrator:** Cindi Dughetti  
**Administrator License Number:** 1820  
**Total Licensed Beds:** 140  
**Life Safety Code Years:** 1967

**Physical Location**
2501 John Ashley Drive  
North Little Rock, AR 72114

**Certification:** Title XIX/XVIII  
**County:** Pulaski-North #60-2

**Facility Identification Numbers**
- **Federal Provider:** 04-5385  
- **State License:** 1106  
- **State Vendor:** 0864  
- **MMIS Provider:** 212707311

**Certified Beds:** 140  
**Classification**
- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 140  
- Private Beds: 0  
- Homestyle Beds: 0

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
</table>
| Limited Liability Company | 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  
- 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]
### I. FACILITY DATA

**Mailing Address**

3001 Aldersgate Road  
Little Rock, AR 72205

**Administrator:** Bobby Lamb  
**Administrator License Number:** 2490

**Physical Location**

3001 Aldersgate Road  
Little Rock, AR 72205

**Certification:** Title XIX/XVIII

**County:** Pulaski-South #60-1

#### Facility Identification Numbers

- **Federal Provider:** 04-5343
- **State License:** 661
- **State Vendor:** 0852
- **MMIS Provider:** 11966831

<table>
<thead>
<tr>
<th>Total Licensed Beds</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td></td>
<td>Medicare: 0</td>
</tr>
<tr>
<td></td>
<td>Caid/Care: 120</td>
</tr>
<tr>
<td></td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

### 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.

**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Sue Travis</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 170</td>
<td>Administrator License Number: 328</td>
</tr>
<tr>
<td>Booneville, AR 72927</td>
<td>Total Licensed Beds: 120</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

| 150 Morton Avenue | Life Safety Code Years: 1985 |
| Booneville, AR 72927 | |

**Administrator:** Sue Travis
**Administrator License Number:** 328
**Total Licensed Beds:** 120
**Life Safety Code Years:** 1985

**Certification:** Title XIX/XVIII

**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 120</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5301</td>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 817</td>
<td></td>
<td>NF/SNF:</td>
</tr>
<tr>
<td>State Vendor: 0544</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MMIS Provider: 160674311</td>
<td></td>
<td>ICF/MR:</td>
</tr>
</tbody>
</table>

**Classification**

- Medicaid: 0
- Medicare: 0
- Caidd/Care: 120
- Private Beds: 0
- Homestyle Beds: 0

**II. OWNERSHIP AND FINANCIAL INTEREST**

<table>
<thead>
<tr>
<th>Type of Entity: Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Ownership</td>
</tr>
<tr>
<td>Leased from: Oak Manor Nursing Center, Inc.</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

**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]
### I. FACILITY DATA

**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

**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.
# I. FACILITY DATA

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 154</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5418</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 071</td>
<td>Medicare: 20</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0877</td>
<td>Caid/Care: 134</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 161964311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrator: Cloie Ross</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator License Number:   1642</td>
</tr>
<tr>
<td>Total Licensed Beds: 154</td>
</tr>
<tr>
<td>Life Safety Code Years: 1967</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 670</td>
</tr>
<tr>
<td>Judsonia, AR 72081</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>PHYSICAL LOCATION</td>
</tr>
<tr>
<td>101 Cynthia</td>
</tr>
<tr>
<td>Judsonia, AR 72081</td>
</tr>
<tr>
<td>County: White #73</td>
</tr>
</tbody>
</table>

| County: White #73               |
|                                 |

| ICF/MR:                         |
|                                 |

| ICF/MR10:                       |
|                                 |

<table>
<thead>
<tr>
<th>II. OWNERSHIP AND FINANCIAL INTEREST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Entity: Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as ownership of license</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Senior Care, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doing business as Oakdale Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leonard Wiggins 100%</td>
</tr>
<tr>
<td>109 Summerview Dr. Searcy, AR 72143</td>
</tr>
</tbody>
</table>

| 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

I. FACILITY DATA

Updated: 03/23/2018

MAILING ADDRESS

1901 S. Laurel Street
Hope, AR 71801

Administrator: Melora Davis (Interim)
Administrator License Number: 2533
Total Licensed Beds: 100
Life Safety Code Years: 1967

PHYSICAL LOCATION

1901 S. Laurel Street
Hope, AR 71801

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5382
State License: 1135
State Vendor: 0601
MMIS Provider: 224524311

Certified Beds: 100
Classification
Medicaid: 0
Medicare: 0
Caid/Care: 100
Private Beds: 0
Homestyle Beds: 0

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

Management Company:
Ridgepointe Healthcare, LLC
P. O. Box 488
Greenbrier, AR 72058

and

Cathy Parsons - 100% Member
285 S. Broadway 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: Laurel Brook Healthcare & Rehabilitation Center, LLC doing business as Laurel Brook Healthcare & Rehabilitation Center, LLC]
### I. FACILITY DATA

**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

**Classification**

- Medicaid: 0
- Medicare: 0
- Caid/Care: 115
- Private Beds: 0
- HomestyleBeds: 0
- NF: 0
- SNF: 0
- NF/SNF: X
- ICF/MR: 0
- ICF/MR10: 0

### 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.]
I. FACILITY DATA

Updated: 06/09/2017

MAILING ADDRESS

1411 Country Club Road
Camden, AR 71701

Administrator: Julie Harper
Administrator License Number: 2481
Total Licensed Beds: 142

PHYSICAL LOCATION

1411 Country Club Road
Camden, AR 71701

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5207
State License: 1070
State Vendor: 0557
MMIS Provider: 209661311

Certified Beds: 142
Certification: Title XIX/XVIII

Classification

Medicaid: 0
Medicare: 0
Caid/Care: 142
Private Beds: 0
HomestyleBeds:

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%]
### I. FACILITY DATA

**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

**Classification**

- Medicaid: 0 (NF)
- Medicare: 0 (SNF)
- CaId/Care: 118 (NF/SNF: X)
- Private Beds: 0 (ICF/MR: X)
- Homestyle Beds: 0 (ICF/MR10: X)

### 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 60
- P. O. Box 206
- **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

**Telephone:** (501) 745-9508

**FAX Number:** (501) 745-7097

**County:** Van Buren #71

**Title XIX/XVIII Certification:**

- **Medicaid:** 0
- **Medicare:** 0
- **Caid/Care:** 118
- **Private Beds:** 0
- **Homestyle Beds:** 0

**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.**

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]
# 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

## II. OWNERSHIP AND FINANCIAL INTEREST

### Type of Entity:

Corporation

### Building Ownership

Same as ownership of license.

### Ownership and Financial Interest

<table>
<thead>
<tr>
<th>Owner</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Shaffer</td>
<td>33.3%</td>
</tr>
</tbody>
</table>
| 707 W. Main St  
Ozark, AR 72949 |

<table>
<thead>
<tr>
<th>Owner</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don Shaffer</td>
<td>33.4%</td>
</tr>
</tbody>
</table>
| 238 Riverview Dr  
Ozark, AR 72949 |

<table>
<thead>
<tr>
<th>Owner</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Shaffer</td>
<td>33.3%</td>
</tr>
</tbody>
</table>
| 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.


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

<table>
<thead>
<tr>
<th>Administrator:</th>
<th>Kimberly Weaver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator License Number:</td>
<td>2303</td>
</tr>
<tr>
<td>Total Licensed Beds:</td>
<td>110</td>
</tr>
<tr>
<td>Life Safety Code Years:</td>
<td>1967</td>
</tr>
</tbody>
</table>

### MAILING ADDRESS

1513 South Dixieland Rd  
Rogers, AR 72758

### PHYSICAL LOCATION

1513 South Dixieland Rd  
Rogers, AR 72758

### Certification:

- Title XIX/XVIII

### Facility Identification Numbers

- **Federal Provider:** 04-5212
- **State License:** 1110
- **State Vendor:** 0320
- **MMIS Provider:** 212737311
- **Certified Beds:** 110

### Certification:

- Medicaid: 0
- Medicare: 0
- Private Beds: 0
- Homestyle Beds: 0
- Caid/Care: 110
- **Classification:**
  - NF:  
  - SNF:  
  - NF/SNF: X
  - ICF/MR: 
  - ICF/MR10:

## II. OWNERSHIP AND FINANCIAL INTEREST

### 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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Jaclyn Hughes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1414 S. Elm St.</td>
<td>Administrator License Number: 2492</td>
</tr>
<tr>
<td>Paris, AR 72855</td>
<td>Total Licensed Beds: 140</td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1414 S. Elm St.</td>
</tr>
<tr>
<td>Paris, AR 72855</td>
</tr>
<tr>
<td>Certification: Title XIX/XVIII</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5300</td>
</tr>
<tr>
<td>State License: 609</td>
</tr>
<tr>
<td>State Vendor: 0815</td>
</tr>
<tr>
<td>MMIS Provider: 119609311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 140</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caid/Care: 140</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>J. Norman Estes</th>
<th>92%</th>
</tr>
</thead>
<tbody>
<tr>
<td>David A. Estes as Trustee for James N. Estes, Jr.</td>
<td>4%</td>
</tr>
<tr>
<td>David A. Estes as Trustee for Jennifer Estes Agee</td>
<td>4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds:</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid:</strong></td>
<td>0</td>
<td>NF: X</td>
</tr>
<tr>
<td><strong>Medicare:</strong></td>
<td>0</td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>Caid/Care:</strong></td>
<td>0</td>
<td>NF/SNF:</td>
</tr>
<tr>
<td><strong>Private Beds:</strong></td>
<td>105</td>
<td>ICF/ICF/MR:</td>
</tr>
<tr>
<td><strong>Homestyle Beds:</strong></td>
<td>0</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

#### MAILING ADDRESS

14324 Chenal Parkway  
Little Rock, AR 72211

**Administrator:** Steven Gates  
**Administrator License Number:** 488  
**Total Licensed Beds:** 105  
**Life Safety Code Years:** 1985

#### PHYSICAL LOCATION

14324 Chenal Parkway  
Little Rock, AR 72211

**County:** Pulaski-South #60-1

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds:</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>State License:</strong></td>
<td>432</td>
<td></td>
</tr>
<tr>
<td><strong>State Vendor:</strong></td>
<td>0851</td>
<td></td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### 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.
### I. FACILITY DATA

**Administrator:** Rhonda Stout  
**Administrator License Number:** 1980  
**Total Licensed Beds:** 95  
**Life Safety Code Years:** 1985

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 95</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5246</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 766</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0592</td>
<td>Caid/Care: 95</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 155079311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**Update:** 02/25/2013

### 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.]
I. FACILITY DATA
Updated: 01/14/2016

MAILING ADDRESS
900 Magnolia Rd
Camden, AR 71701

PHYSICAL LOCATION
900 Magnolia Rd
Camden, AR 71701

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 Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 106 NF/SNF: X
Private Beds: 0 ICF/MR:
Homestyle Beds: 0 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

Administrator: Roger M. Corbin
Administrator License Number: 121
Total Licensed Beds: 110

Facility Identification Numbers

Federal Provider: 04-5456
State License: 043
State Vendor: 0609
MMIS Provider: 109446311

Certified Beds: 110
Classification
Medicaid: 0
Medicare: 0
Caid/Care: 110
Private Beds: 0
Homestyle Beds:
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% Roger Corbin 17%
P. O. Box 895 935 Marymont Drive
Greenwood, AR 72936 Greenwood, AR 72936

Rhonda Oliver 17% Sheila Corbin 17%
1025 Marymont Drive 58 Stone Gate Court
Greenwood, AR 72936 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.
## I. FACILITY DATA

### MAILING ADDRESS

**Administrator:** Jody Kever  
**Administrator License Number:** 1610  
**Total Licensed Beds:** 86  
**Life Safety Code Years:** 1985

### PHYSICAL LOCATION

1506 East Main Street  
Melbourne, AR 72556

### Certification

- **Certification:** Title XIX/XVIII

### Facility Identification Numbers

- **Federal Provider:** 04-5322  
- **State License:** 1047  
- **State Vendor:** 0610  
- **MMIS Provider:** 202086311

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 86</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
<td></td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
<td></td>
</tr>
<tr>
<td>Caid/Care: 86</td>
<td>NF/SNF: X</td>
<td></td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
<td></td>
</tr>
<tr>
<td>Homestyle Beds: 0</td>
<td>ICF/MR10:</td>
<td></td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

#### Building Ownership

- **Building:** Leased from: Pioneer Holdings, LLC  
  P. O. Box 506  
  Melbourne, AR 72556

#### Ownership and Financial Interest

- **Doing business as:** Pioneer Therapy and Living

  Eagle Health Systems, Inc.  
  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: PNRC, Inc. doing business as Pioneer Therapy and Living Center]
### 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

**Facility Identification Numbers**

- **Federal Provider:** 04-5227  
- **State License:** 951  
- **State Vendor:** 0618  
- **MMIS Provider:** 187736311

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>HomestyleBeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
<td>78</td>
<td>0</td>
<td>0</td>
<td>78</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>SNF:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NF/SNF:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>ICF/MR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR10:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Marty Tolbert</th>
</tr>
</thead>
<tbody>
<tr>
<td>12111 Hinson Rd</td>
<td>Administrator License Number: 2044</td>
</tr>
<tr>
<td>Little Rock, AR 72212</td>
<td>Total Licensed Beds: 97</td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>12111 Hinson Rd</td>
<td></td>
</tr>
<tr>
<td>Little Rock, AR 72212</td>
<td></td>
</tr>
<tr>
<td>County: Pulaski-East #60-4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 97</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5390</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 695</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0854</td>
<td>Caid/Care: 97</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 119701311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Corporation - Non Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Ownership Leased from:</td>
</tr>
<tr>
<td>Arkansas Nursing Home Limited Partnership</td>
</tr>
<tr>
<td>10632 Hillary Ct.</td>
</tr>
<tr>
<td>Baton Rouge, LA 70810</td>
</tr>
</tbody>
</table>

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.
I. FACILITY DATA

Updated: 03/30/2016

MAILING ADDRESS

Administrator: Jeannie Fort
Administrator License Number: 2448
Total Licensed Beds: 97
Life Safety Code Years: 1985

105 Country Club Road
Pocahontas, AR 72455

PHYSICAL LOCATION

Certification: Title XIX/XVIII

105 Country Club Road
Pocahontas, AR 72455
County: Randolph #61

Facility Identification Numbers

Certified Beds: 97

| Federal Provider: 04-5284 | Medicaid: 0 |
| State License: 1079 | Medicare: 0 |
| State Vendor: 0620 | Caid/Care: 97 |
| MMIS Provider: 209652311 | Private Beds: 0 |
|                        | HomestyleBeds: |

Classification

NF: 0
SNF: 0
NF/SNF: X
ICF/MR: 0
ICF/MR10: 0

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

James K. DeClerk, Board Member
505 W. Everett
Pocahontas, AR 72455

Pasturing Johnson, Board Member
1613 West Marr Street
Pocahontas, AR 72455

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

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

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Jayme Creek</th>
</tr>
</thead>
</table>
| 621 South Mock Street  
Prairie Grove, AR 72753 |

**PHYSICAL LOCATION**

| 621 South Mock Street  
Prairie Grove, AR 72753 |

**Administrator:** Jayme Creek  
**Administrator License Number:** 2268  
**Total Licensed Beds:** 70  
**Life Safety Code Years:** 1981

**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: |

**Classification**

**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]
## I. FACILITY DATA

**MAILING ADDRESS**  
Administrator: Stephen Hudgens  
Administrator License Number: 2020  
Total Licensed Beds: 132  

**PHYSICAL LOCATION**  
Certification: Title XIX/XVIII  

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certification:</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5357</td>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1088</td>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0857</td>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 211120311</td>
<td></td>
<td>ICF/MR:</td>
</tr>
</tbody>
</table>

**Certified Beds:** 132  
Federal Provider: 04-5357  
Medicaid: 0  
Medicare: 12  
Caid/Care: 120  
Private Beds: 0  
Homestyle Beds: 0

**II. OWNERSHIP AND FINANCIAL INTEREST**

**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

**Type of Entity:** Limited Liability Company

**Ownership and Financial Interest**  
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]
I. FACILITY DATA

Updated: 04/01/2016

**MAILING ADDRESS**

Administrator: Brenda Bane
Administrator License Number: 804
Total Licensed Beds: 78
Life Safety Code Years: 1967

500 Brookside Drive
Little Rock, AR 72205

**PHYSICAL LOCATION**

500 Brookside Drive
Little Rock, AR 72205

Certification: Title XIX/XVIII

County: Pulaski-South #60-1

**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

<table>
<thead>
<tr>
<th>Classification</th>
<th>NF:</th>
<th>NF/SNF:</th>
<th>SNF:</th>
<th>ICF/MR:</th>
<th>ICF/MR10:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Entity</td>
<td>Corporation - Non Profit</td>
<td>Building Ownership</td>
<td>Same as ownership of license.</td>
<td>Ownership and Financial Interest</td>
<td>Presbyterian Village, Inc.</td>
</tr>
</tbody>
</table>
| 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]
## I. FACILITY DATA

### Mailing Address

**Administrator:** Peggy J. McLelland  
**Administrator License Number:** 1103  
**Total Licensed Beds:** 111  
**Life Safety Code Years:** 1967

### Physical Location

700 Manor Drive  
Prescott, AR 71857-2800

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds</th>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF</td>
<td>0</td>
<td>Federal Provider: 04-5181</td>
</tr>
<tr>
<td>SNF</td>
<td>0</td>
<td>State License: 665</td>
</tr>
<tr>
<td>NF/SNF</td>
<td>111</td>
<td>State Vendor: 0613</td>
</tr>
<tr>
<td>ICF/MR10</td>
<td></td>
<td>MMIS Provider: 119673311</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Certified Beds:</strong> 111</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Classification</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicare: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caid/Care: 111</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HomestyleBeds:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Building Ownership</strong></td>
</tr>
</tbody>
</table>
|                |               | Leased from: Prescott Arkansas, L.L.C.  
|                |               | 200 International Circle - Suite 3500  
|                |               | Hunt Valley, MD 21030           |

### II. OWNERSHIP AND FINANCIAL INTEREST

#### Type of Entity:

Limited Liability Company

#### Doing Business as

Prescott Manor Nursing Center

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KSJ LLC</strong></td>
</tr>
<tr>
<td><strong>Doing business as</strong> Prescott Manor Nursing Center</td>
</tr>
</tbody>
</table>

**Keith Head**  
1505 Dogwood Trail  
Conway, AR 72032  
(501) 514-5818  
75%  

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

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.
## I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator:</th>
<th>Lana Rogers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1101 South Promenade Boulevard</td>
<td>Administrator License Number:</td>
<td>1833</td>
</tr>
<tr>
<td>Rogers, AR 72758</td>
<td>Total Licensed Beds:</td>
<td>114</td>
</tr>
<tr>
<td>PHYSICAL LOCATION</td>
<td>Life Safety Code Years:</td>
<td>2012</td>
</tr>
<tr>
<td>1101 S. Promenade Boulevard</td>
<td>Certification:</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>Rogers, AR 72758</td>
<td>County:</td>
<td>Benton #04</td>
</tr>
</tbody>
</table>

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5361</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1069</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0059</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>208282311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds:</th>
<th>114</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid:</td>
<td>0</td>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td>Medicare:</td>
<td>0</td>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td>Caid/Care:</td>
<td>114</td>
<td>NF/SNF:</td>
<td>X</td>
</tr>
<tr>
<td>Private Beds:</td>
<td>0</td>
<td></td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td></td>
<td></td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

## II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Limited Liability Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Ownership</td>
<td>Same as ownership of license.</td>
</tr>
</tbody>
</table>

Ownership and Financial Interest

SRN Management 2, LLC
doing business as Promenade Health and Rehabilitation

Robert A. Rye "Andy" 25% Paul Stein 25%
James Stein 25% 5703 Gulf Tech Drive
Robert V. Rye 25% Ocean Springs, MS 39564
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

I. FACILITY DATA

Administrator: Cynthia Farmer
Administrator License Number: 0989
Total Licensed Beds: 126

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.
I. FACILITY DATA

**MAILING ADDRESS**
500 Camp Road
Pocahontas, AR 72455

**PHYSICAL LOCATION**
500 Camp Road
Pocahontas, AR 72455

**Administrator:** Paula Swift
**Administrator License Number:** 1801
**Total Licensed Beds:** 140
**Life Safety Code Years:** 2000

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5443</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>054</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0616</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>109033311</td>
</tr>
</tbody>
</table>

**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**

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.
### I. FACILITY DATA

**MAILING ADDRESS**

1023 Highway 119  
Rector, AR 72461  

**Administrator:** Kathy Speaks  
**Administrator License Number:** 2418  
**Total Licensed Beds:** 70  
**Life Safety Code Years:** 1985  

**PHYSICAL LOCATION**

1023 Highway 119  
Rector, AR 72461  

**Certification:** Title XIX/XVIII

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certification</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5394</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1022</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0858</td>
<td>Caid/Care: 70</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 199880311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**Certified Beds:** 70

### 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.]
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Vicki Hughes</th>
</tr>
</thead>
<tbody>
<tr>
<td>306 Hornbeck Avenue</td>
<td>Administrator License Number: 2082</td>
</tr>
<tr>
<td>Mena, AR 71953</td>
<td>Total Licensed Beds: 115</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHYSICAL LOCATION</strong></th>
<th>Certification: Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>306 Hornbeck Avenue</td>
<td></td>
</tr>
<tr>
<td>Mena, AR 71953</td>
<td></td>
</tr>
<tr>
<td>County: Polk #57</td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider: 04-5358</th>
<th>Medicaid: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License: 1073</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td>State Vendor: 0631</td>
<td>Caids/Care: 115</td>
</tr>
<tr>
<td>MMIS Provider: 209660311</td>
<td>Private Beds: 0</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Certified Beds: 115</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>Caids/Care: 115</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Type of Entity:** Corporation

**Building Ownership**

<table>
<thead>
<tr>
<th>Landlord: OHI Asset (AR) Mena, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>c/o Omega Healthcare Investors, Inc.</td>
</tr>
<tr>
<td>200 International Circle, Suite 3500</td>
</tr>
<tr>
<td>Hunt Valley, MD 21030</td>
</tr>
</tbody>
</table>

**Ownership and Financial Interest**

**Polk - Progressive Eldercare Services, Inc.**

Doing business as Rich Mountain Nursing and Rehabilitation Center

<table>
<thead>
<tr>
<th>Vicki Hughes</th>
<th>MasterTen, LLC [Prime Tenant]</th>
</tr>
</thead>
<tbody>
<tr>
<td>President/Secretary/Treasurer</td>
<td>P. 0. Box 12187</td>
</tr>
<tr>
<td>134 Polk 617</td>
<td>Alexandria, LA 71315</td>
</tr>
<tr>
<td>Mena, AR 71953</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sherri M. McCourtney, Board Member</th>
<th>Progressive Eldercare Services, Inc., Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>253 Emily Ln.</td>
<td>38 Warnock Springs Road</td>
</tr>
<tr>
<td>Mena, AR 71953</td>
<td>Magnolia, AR 71753</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>James E. Turner, Board Member</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2800 Jerry Lee Dr.</td>
<td></td>
</tr>
<tr>
<td>Mena, AR 71953</td>
<td></td>
</tr>
</tbody>
</table>

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%]
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>Facility Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>Donovan Cherry</td>
</tr>
<tr>
<td>Administrator License Number</td>
<td>2402</td>
</tr>
<tr>
<td>Total Licensed Beds</td>
<td>135</td>
</tr>
<tr>
<td>Life Safety Code Years</td>
<td>1967</td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

<table>
<thead>
<tr>
<th>Type of Entity</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation</td>
<td>Leased from: HNC, Inc. 824 Salem Road, Ste 210 Conway, AR 72034-4800</td>
</tr>
</tbody>
</table>

**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

Administrator: David Miller
Administrator License Number: 1692
Total Licensed Beds: 88
Life Safety Code Years: 1985

Certification: Title XIX/XVIII

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Corporation - Non Profit

Doing Business as
River Chase Rehabilitation and Care Center

Incorporator: John Ponthie
Board Member, Pres/Sec/Treas: David E. Miller
Member: Progressive Eldercare Services, Inc.
2723 Alvamar
#12 Hospital Drive
Shreveport, LA 71106
Morrilton, AR 72110
John Ponthie - 318-443-8167

Board Member
Dr. Thomas A. Flowers
177 Smokey Road
Center Ridge, AR 72027

Board Member
Father Jack Harris
506 E. Broadway
Morrilton, AR 72110

Ownership and Financial Interest
Progressive Eldercare Services-Conway, Inc.

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

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Robert David Brazile</th>
<th>Administrator License Number: 1912</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 East Martin Drive, Wynne, AR 72396</td>
<td>Total Licensed Beds: 100</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL LOCATION</td>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
<tr>
<td>1100 East Martin Drive, Wynne, AR 72396</td>
<td>Certification: Title XIX/XVIII</td>
<td></td>
</tr>
</tbody>
</table>

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider: 04-5157</th>
<th>Medicaid: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License: 931</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td>State Vendor: 0829</td>
<td>Caid/Care: 100</td>
</tr>
<tr>
<td>MMIS Provider: 183381311</td>
<td>Private Beds: 0</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Certified Beds: 100</th>
<th>Homestyle Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF: NF/SNF: X</td>
<td>ICF/MR:</td>
</tr>
</tbody>
</table>

## 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

- **Doing business as**
  - River Ridge Rehabilitation and Care Center

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

- **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.**
### I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Jim Towers</th>
</tr>
</thead>
<tbody>
<tr>
<td>519 Donovan Briley Blvd.</td>
<td></td>
</tr>
<tr>
<td>North Little Rock, AR 72118</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL LOCATION</td>
<td>Administrator License Number: 1658</td>
</tr>
<tr>
<td>519 Donovan Briley Blvd.</td>
<td></td>
</tr>
<tr>
<td>North Little Rock, AR 72118</td>
<td></td>
</tr>
<tr>
<td>Total Licensed Beds: 110</td>
<td></td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5374</td>
<td></td>
</tr>
<tr>
<td>State License: 662</td>
<td></td>
</tr>
<tr>
<td>State Vendor: 0843</td>
<td></td>
</tr>
<tr>
<td>MMIS Provider: 119669311</td>
<td></td>
</tr>
<tr>
<td>Classification</td>
<td></td>
</tr>
<tr>
<td>Medicaid: 0</td>
<td></td>
</tr>
<tr>
<td>Medicare: 0</td>
<td></td>
</tr>
<tr>
<td>Cad/Care: 110</td>
<td></td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td></td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td></td>
</tr>
<tr>
<td>Title XIX/XVIII</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. OWNERSHIP AND FINANCIAL INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Entity: Limited Liability Company</td>
</tr>
<tr>
<td>Building Ownership</td>
</tr>
<tr>
<td>Leased from: Trinity Court, Inc.</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robinson Nursing and Rehabilitation Center, LLC</td>
</tr>
<tr>
<td>Michael Morton 100%</td>
</tr>
<tr>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
</tr>
<tr>
<td>(479) 783-4672</td>
</tr>
</tbody>
</table>

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** | Administrator: Justin Lindsey  
| Administrator License Number: 2491  
| Total Licensed Beds: 140  
| Life Safety Code Years: 1973 |

| **PHYSICAL LOCATION** | Certification: Title XIX/XVIII |

| **Facility Identification Numbers** |  
| **Federal Provider:** 04-5070  
| **State License:** 1085  
| **State Vendor:** 0064  
| **MMIS Provider:** 211129311  
| **Certified Beds:** 140  
| **Classification** |  
| 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%]
**I. FACILITY DATA**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Administrator:</th>
<th>Amber R. Strom</th>
</tr>
</thead>
<tbody>
<tr>
<td>215 South Portland Avenue</td>
<td>Administrator License Number:</td>
<td>2429</td>
</tr>
<tr>
<td>Russellville, AR 72801</td>
<td>Total Licensed Beds:</td>
<td>100</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Certification:</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>215 South Portland Avenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russellville, AR 72801</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County: Pope #58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Identification Numbers</th>
<th>Certified Beds:</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider:</td>
<td>04-5340</td>
<td>NF:</td>
</tr>
<tr>
<td>State License:</td>
<td>819</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0652</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>160671311</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation</td>
<td>Leased from: Russellville Nursing Property, Inc. 415 Rogers Avenue Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

**Ownership and Financial Interest**

Russellville Care Center, Inc

Doing business as
Russellville Nursing and Rehabilitation Center

Michael Morton
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.**

**Address:**
- **Mailing Address:** P.O. Box 1408, Conway, AR 72033
- **Physical Location:** 2401 Christina Lane, Conway, AR 72034

**Administrator:** Vickey Kirkemier

**Administrator License Number:** 847

**Total Licensed Beds:** 121

**Life Safety Code Years:** 2000

### 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

### 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
- **Homestyle Beds:**

**Classification: X**

#### Building Ownership

- **Leased from:** Salem Place Nursing Center, Inc.  
  415 Rogers Avenue  
  Fort Smith, AR 72901

### 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]
I. FACILITY DATA

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

II. OWNERSHIP AND FINANCIAL INTEREST

Facility Identification Numbers
Federal Provider: 04-5140
State License: 1091
State Vendor: 0449
MMIS Provider: 211100311

Certified Beds: 245
Classifiction
Medicaid: 0
Medicare: 0
Caid/Care: 245
Private Beds: 0
HomestyleBeds: 0

Certificate: Title XIX/XVIII

Searcy, AR 72143

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]
### I. FACILITY DATA

**Updated:** 06/07/2016

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Sherry Duncan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1040 Wedding Ford Rd</td>
<td>Administrator License Number: 2084</td>
</tr>
<tr>
<td>Heber Springs, AR 72543</td>
<td>Total Licensed Beds: 140</td>
</tr>
</tbody>
</table>

**Physical Location**

| 1040 Wedding Ford Road | Life Safety Code Years: 1973 |
| Heber Springs, AR 72543 | Certification: Title XIX/XVIII |
| County: Cleburne #12 |

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 140</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5158</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 1083</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0242</td>
<td>Caid/Care: 140</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 211119311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Type of Entity:** Limited Liability Company

**Building Ownership**

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

I.  FACILITY DATA

Updated: 10/02/2015

MAILING ADDRESS
113 South Briarwood Drive
Sheridan, AR 72150

Administrator: Jodi C Davis Logan
Administrator License Number: 2422
Total Licensed Beds: 121

PHYSICAL LOCATION
113 South Briarwood Drive
Sheridan, AR 72150
County: Grant #27

Certification: Title XIX/XVIII

Facility Identification Numbers
Federal Provider: 04-5256
State License: 1071
State Vendor: 0266
MMIS Provider: 209653311

Certified Beds: 121
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 121 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: 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
Progressive Eldercare Services, Inc., Member
104 S. Rose
Sheridan, AR 72150
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%]
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

Administrator: Michael D. Nickols
Administrator License Number: 2514
Total Licensed Beds: 98
Life Safety Code Years: 1985

II. OWNERSHIP AND FINANCIAL INTEREST

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
I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Denny Ledford</th>
</tr>
</thead>
<tbody>
<tr>
<td>1092 W Stultz Rd</td>
<td>Administrator License Number: 2235</td>
</tr>
<tr>
<td>Springdale, AR 72764</td>
<td>Total Licensed Beds: 80</td>
</tr>
<tr>
<td>1092 West Stultz Road</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Springdale, AR 72764</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 80</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5427</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 939</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0881</td>
<td>CaId/Care: 80</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 185471311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity: Limited Liability Company</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lease effective 11/01/2015</td>
</tr>
<tr>
<td></td>
<td>Shiloh Estates, LLC</td>
</tr>
<tr>
<td></td>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td></td>
<td>Fort Smith, AR 72901</td>
</tr>
</tbody>
</table>

Ownership and Financial Interest

Shiloh Nursing and Rehab, LLC

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Morton</td>
<td>70%</td>
<td>415 Rogers Avenue</td>
</tr>
<tr>
<td>Jerry Sams</td>
<td>10%</td>
<td>P. O. Box 180</td>
</tr>
<tr>
<td>Paralea Hursh</td>
<td>10%</td>
<td>Gateway, AR 72733</td>
</tr>
</tbody>
</table>

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.
I. FACILITY DATA

Updated: 06/16/2014

MAILING ADDRESS

811 West Elgin Street
Siloam Springs, AR 72761

Administrator: Gary J. Crone
Administrator License Number: 1803
Total Licensed Beds: 125

PHYSICAL LOCATION

811 West Elgin Street
Siloam Springs, AR 72761

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5356
State License: 679
State Vendor: 0800
MMIS Provider: 119685311

Certified Beds: 125
Classification
Medicaid: 0
Medicare: 0
Caid/Care: 125
Private Beds: 0
HomestyleBeds: 0

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


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

I. FACILITY DATA

Updated: 05/27/2014

MAILING ADDRESS

Administrator: Kathy Langley
Administrator License Number: 2022
Total Licensed Beds: 104
Life Safety Code Years: 1985

1875 Old Wire Road
Camden, AR 71701

PHYSICAL LOCATION

Certification: Title XIX/XVIII

1875 Old Wire Road
Camden, AR 71701
County: Ouachita #52

Facility Identification Numbers

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds: 104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>0</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care</td>
<td>104</td>
</tr>
<tr>
<td>Private Beds</td>
<td>0</td>
</tr>
<tr>
<td>HomestyleBeds</td>
<td></td>
</tr>
</tbody>
</table>

Certified Beds: 104

Leased from: OC RE, LLC
824 Salem Rd, Ste 210
Conway, AR 72034

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Corporation

Building Ownership

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

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 116</th>
<th>Classification</th>
</tr>
</thead>
</table>
| Federal Provider: 04-5305       | Medicaid: 0        | NF:  
| State License: 930             | Medicare: 0        | SNF:  
| State Vendor: 0827             | Caid/Care: 116     | NF/SNF: X  
| MMIS Provider: 183385311       | Private Beds: 0    | ICF/MR:  
|                                 | HomestyleBeds:     | ICF/MR10: |

**Administrator:** Nancy Brown  
**Administrator License Number:** 1301  
**Total Licensed Beds:** 116  
**Life Safety Code Years:** 1985

**Updated:** 04/14/2015

### II. OWNERSHIP AND FINANCIAL INTEREST

**Building Ownership:** Leased from MLD Properties, LLC  
610 Newport Center Dr. Ste 1150  
Newport Beach, CA 92660-6429

**Type of Entity:** Corporation - Non Profit

**Ownership and Financial Interest**

Progressive Eldercare Services-Bryant, Inc.  
**Incorporator:** Nancy Brown  
**Incorporator:** John Ponthie  
2723 Alvamar  
Shreveport, LA 71106  
**President/Secretary/Treasurer:** 22515 Interstate 30  
Bryant, AR 72022  
**Board Member:** John Ponthie - 318-443-8167  
**Board Member:** Barbara A. Riggins  
5111 Hwy 5 N  
Bryant, AR 72022  
**Board Member:** Robbie D. Horne  
1013 Smithers  
Benton, AR 72015  
**Member:** 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

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

Certification: Title XIX/XVIII

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Corporation
Building Ownership
Leased from:
Fulton County Properties, LLC
P. O. Box 506
Melbourne, AR 72556

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]
## 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

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds: 122</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid:</td>
<td>0</td>
</tr>
<tr>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care:</td>
<td>122</td>
</tr>
<tr>
<td>Private Beds:</td>
<td>0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td></td>
</tr>
</tbody>
</table>

### Certification

Title XIX/XVIII

**Administrator:** Brenda Chapman  
**Administrator License Number:** 1303  
**TotalLicensed Beds:** 122  
**Life Safety Code Years:** 1985

### Building Ownership

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

### II. OWNERSHIP AND FINANCIAL INTEREST

**Type of Entity:** Corporation  

**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

**HBNC, Inc.**

Doing business as Southridge Village Nursing and Rehab

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]
**I. FACILITY DATA**

**MAILING ADDRESS**

Administrator: Michael Scott Edwards

Administrator License Number: 2250

Total Licensed Beds: 109

Life Safety Code Years: 1985

**PHYSICAL LOCATION**

804 N 2nd Street

Certification: Title XIX/XVIII

Cabot, AR 72023

**Facility Identification Numbers**

Federal Provider: 04-5392

State License: 907

State Vendor: 0831

MMIS Provider: 180700311

<table>
<thead>
<tr>
<th>Certified Beds: 109</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>Caid/Care: 109</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Type of Entity:** Corporation

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
I. FACILITY DATA

Updated: 01/12/2018

MAILING ADDRESS

200 S Maple Street
Hazen, AR 72064

Administrator: Connie Lester
Administrator License Number: 1441
Total Licensed Beds: 70
Life Safety Code Years: 1985

PHYSICAL LOCATION

200 S Maple Street
Hazen, AR 72064

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5228
State License: 1123
State Vendor: 0838
MMIS Provider: 217892311

Certified Beds: 70

Classification

Medicaid: 0
Medicare: 0
CaId/Care: 70
Private Beds: 0
Homestyle Beds:

NF: X
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

HNC, Inc
824 Salem Rd, Ste 210
Conway, AR 72034

Ownership and Financial Interest

Doing business as Spring Place 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 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 entity operator: Spring Brook Health & Rehab Center, L.L.C. doing business as SpringBrook Health and Rehab Center]
### I. FACILITY DATA

**Updated:** 03/20/2018

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator:</th>
<th>Jesse Jon White</th>
</tr>
</thead>
<tbody>
<tr>
<td>102 North Gutensohn</td>
<td>Administrator License Number:</td>
<td>2005</td>
</tr>
<tr>
<td>Springdale, AR 72762</td>
<td>Total Licensed Beds:</td>
<td>140</td>
</tr>
<tr>
<td><strong>PHYSICAL LOCATION</strong></td>
<td>Life Safety Code Years:</td>
<td>1973</td>
</tr>
<tr>
<td>102 North Gutensohn</td>
<td>Certification:</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>Springdale, AR 72762</td>
<td><strong>Facility Identification Numbers</strong></td>
<td><strong>Certified Beds:</strong> 140 <strong>Classification</strong></td>
</tr>
<tr>
<td>County: Washington #72-1</td>
<td>Medicaid:</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Caid/Care:</td>
<td>140</td>
</tr>
<tr>
<td></td>
<td>Private Beds:</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5167</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>594</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0619</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>119592311</td>
<td>Caid/Care: 140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>II. OWNERSHIP AND FINANCIAL INTEREST</strong></th>
<th><strong>Building Ownership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Entity:</strong> Limited Liability Company</td>
<td><strong>Lease company:</strong> Northport Health Services of Arkansas, L.L.C.</td>
</tr>
<tr>
<td><strong>Building Ownership</strong></td>
<td>931 Fairfax Park</td>
</tr>
<tr>
<td></td>
<td>Tuscaloosa, Alabama 35406</td>
</tr>
<tr>
<td></td>
<td>Leased from: SYPY, LLC</td>
</tr>
<tr>
<td></td>
<td>413 West Hopkins Avenue</td>
</tr>
<tr>
<td></td>
<td>Aspen, CO 81611</td>
</tr>
</tbody>
</table>

**Ownership and Financial Interest**

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%

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

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Administrator:</th>
<th>Tracey Emerson</th>
</tr>
</thead>
<tbody>
<tr>
<td>3501 College Avenue</td>
<td>Administrator License Number:</td>
<td>1762</td>
</tr>
<tr>
<td>Conway, AR 72034</td>
<td>Total Licensed Beds:</td>
<td>104</td>
</tr>
<tr>
<td><strong>PHYSICAL LOCATION</strong></td>
<td>Life Safety Code Years:</td>
<td>1985</td>
</tr>
<tr>
<td>3501 College Avenue</td>
<td>Certification:</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>Conway, AR 72034</td>
<td>County:</td>
<td>Faulkner #23</td>
</tr>
</tbody>
</table>

### Facility Identification Numbers

- **Federal Provider:** 04-5313
- **State License:** 911
- **State Vendor:** 0376
- **MMIS Provider:** 181708311

### Certificate

- **Certified Beds:** 104
- **Classification**
  - Medicaid: 0
  - Medicare: 0
  - Caid/Care: 104
  - Private Beds: 0
  - Homestyle Beds: 0
  - NF: 0
  - SNF: 0
  - NF/SNF: X
  - ICF/MR: 0
  - ICF/MR10: 0

## 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

- **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

I. FACILITY DATA

MAILING ADDRESS
3010 Middlefield Drive
Jonesboro, AR 72401

Administrators:

Kara Brandon-Davis

Administrator License Number: 2482

Total Licensed Beds: 110

Life Safety Code Years:
1985
2000

PHYSICAL LOCATION
3010 Middlefield Drive

Jonesboro, AR 72401

County: Craighead #16

Certification: Title XIX/XVIII

I. FACILITY DATA

Updated: 01/26/2018

Facility Identification Numbers

Federal Provider: 04-5380

State License: 701

State Vendor: 0866

MMIS Provider: 119708311

Certified Beds: 110

Classification

Medicaid: 0

Medicare: 0

Caid/Care: 110

Private Beds: 0

HomestyleBeds: 0

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

Caraway Nursing Center, Inc. owns . . . . . . . . . .100% of Jonesboro Care and Rehabilitation Center, Inc.

Extendi-Care, Inc. owns . . . . . . . . . . . . . . . . . . . . 100% of Caraway Nursing Center, Inc.

RHC Operations, Inc. owns . . . . . . . . . . . . . . . . . 100% 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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Deborah Thornton</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1025</td>
<td>Administrator License Number: 2153</td>
</tr>
<tr>
<td>Fordyce, AR 71742-1728</td>
<td>Total Licensed Beds: 126</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

1400 Hwy 79/167 Bypass  
Fordyce, AR 71742-1728

**County:** Dallas #20

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5396</td>
</tr>
<tr>
<td>State License: 832</td>
</tr>
<tr>
<td>State Vendor: 0701</td>
</tr>
<tr>
<td>MMIS Provider: 162887311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 126</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td></td>
</tr>
<tr>
<td>Medicare: 0</td>
<td></td>
</tr>
<tr>
<td>CaId/Care: 126</td>
<td></td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td></td>
</tr>
<tr>
<td>HomestyleBeds:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification:</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
</table>

### 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  
Hugh Albert Nutt, M.D.  
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***

**P&T Holdings, LLC**  
50%  
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**

**Payne Investments, LLC***  
16.66%  
200 N. Clifton St.  
Fordyce, AR 71742

**Ross M. Ponthie 40%; John Ponthie 40%; Mark Thompson 20%**

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.
## I. FACILITY DATA

**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

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caids/Care</th>
<th>Private Beds</th>
<th>Homestyle Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5323</td>
<td>0</td>
<td>130</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>State License</td>
<td>991</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0602</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>193551311</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Certified Beds:** 130

**Classification**
- NF: 0
- SNF: 0
- NF/SNF: X
- ICF/MR: 0
- ICF/MR10: 0

## 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**

Joshua Kilgore  
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.
## I. FACILITY DATA

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>Mark Lamb</td>
</tr>
<tr>
<td>Administrator License Number</td>
<td>2368</td>
</tr>
<tr>
<td>Total Licensed Beds</td>
<td>124</td>
</tr>
</tbody>
</table>

### MAILING ADDRESS

400 North Vancouver Avenue  
Russellville, AR 72801

### PHYSICAL LOCATION

400 North Vancouver Avenue  
Russellville, AR 72801

County: Pope #58

### Certification

Title XIX/XVIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5247</td>
</tr>
<tr>
<td>State License</td>
<td>792</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0705</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>158967311</td>
</tr>
</tbody>
</table>

### Certified Beds

<table>
<thead>
<tr>
<th>Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>0</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care</td>
<td>124</td>
</tr>
<tr>
<td>Private Beds</td>
<td>0</td>
</tr>
<tr>
<td>HomestyleBeds</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
<td></td>
</tr>
<tr>
<td>SNF:</td>
<td></td>
</tr>
<tr>
<td>NF/SNF:</td>
<td>X</td>
</tr>
<tr>
<td>ICF/MR:</td>
<td></td>
</tr>
<tr>
<td>ICF/MR10:</td>
<td></td>
</tr>
</tbody>
</table>

## 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.
### I. FACILITY DATA

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Amanda K. Wallace</th>
</tr>
</thead>
<tbody>
<tr>
<td>118 Jerry Selby Drive</td>
<td>Administrator License Number: 2087</td>
</tr>
<tr>
<td>Crossett, AR 71635</td>
<td>Total Licensed Beds: 76</td>
</tr>
<tr>
<td>118 Jerry Selby Drive</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Crossett, AR 71635</td>
<td>County: Ashley #02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 76</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5437</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 973</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0890</td>
<td>Caoid/Care: 76</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 188898311</td>
<td>Private Beds: 0</td>
<td>ICF/ICF/MR10:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td></td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

| Type of Entity: Limited Liability Company
<table>
<thead>
<tr>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLC Operations Master Tenant, LLC</td>
</tr>
<tr>
<td>1422 Clarkview Road</td>
</tr>
<tr>
<td>Baltimore, MD 21209</td>
</tr>
<tr>
<td>Landlord: Ashley County Manor, LLC</td>
</tr>
<tr>
<td>1902 South 8th Street</td>
</tr>
<tr>
<td>Rogers, AR 72758</td>
</tr>
</tbody>
</table>

**Owners and Financial Interest**

Stongate 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.
I. FACILITY DATA

Updated: 03/15/2016

MAILING ADDRESS
Administrator: Helen Jeanette Lane
Administrator License Number: 1417
Total Licensed Beds: 70

P. O. Box 247
Taylor, AR 71861

PHYSICAL LOCATION

506 North Long Avenue
Taylor, AR 71861

County: Columbia #14

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5411
State License: 782
State Vendor: 0725
MMIS Provider: 156456311

Certified Beds: 70
Classification

Medicaid: 0 NF:
Medicare: 14 SNF:
CaId/Care: 56 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds:

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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Misty Bartlett</th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 East Moore Ave</td>
<td>Administrator License Number: 1897</td>
</tr>
<tr>
<td>Searcy, AR 72143</td>
<td>Total Licensed Beds: 138</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2500 East Moore Avenue</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Searcy, AR 72143</td>
<td></td>
</tr>
<tr>
<td>County: White #73</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 138</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5209</td>
<td>Classification</td>
</tr>
<tr>
<td>State License: 993</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>State Vendor: 0084</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td>MMIS Provider: 195065311</td>
<td>Caid/Care: 138</td>
</tr>
<tr>
<td></td>
<td>NF:</td>
</tr>
<tr>
<td></td>
<td>SNF:</td>
</tr>
<tr>
<td></td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td></td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>ICF/MR10:</td>
</tr>
<tr>
<td></td>
<td>Certified Beds: 138</td>
</tr>
<tr>
<td></td>
<td>Classification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. OWNERSHIP AND FINANCIAL INTEREST</th>
</tr>
</thead>
</table>

**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.**
### I. FACILITY DATA

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>2200 Chateau Boulevard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paragould, AR 72450</td>
<td></td>
</tr>
</tbody>
</table>

#### Administrator:
Pam Diggs

**Administrator License Number:** 1699

**Total Licensed Beds:** 167

**Life Safety Code Years:** 2012

**County:** Greene #28

#### PHYSICAL LOCATION

2200 Chateau Boulevard
Paragould, AR 72450

**Certificate:** Title XIX/XVIII

#### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5170</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>954</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0579</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>188021311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 167

**Classification**

<table>
<thead>
<tr>
<th>Medicaid:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td>Caid/Care:</td>
<td>167</td>
</tr>
<tr>
<td>Private Beds:</td>
<td>0</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td>167</td>
</tr>
</tbody>
</table>

### 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:** Pamela Diggs

**Board Member, President/Sec/Trea:** Todd Stovall

**Corporate Contact:** P. O. Box 12187

**Address:** Alexandria, LA 71315

**Contact:** 318-443-8167

**Member:** Mitchel Smith

**Address:** 38 Warnock Springs Road

**Contact:** Magnolia, AR 71753

**Board Member**

- **P. O. Box 435**
  - Paragould, AR 72450

- **121 North 12th Street**
  - Paragould, AR 72450

- **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]
## I. FACILITY DATA

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th>Administrator: Leslie Michelle Phillips</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 365</td>
<td>Administrator License Number: 2527</td>
</tr>
<tr>
<td>Rison, AR 71665-0365</td>
<td>Total Licensed Beds: 75</td>
</tr>
<tr>
<td><strong>PHYSICAL LOCATION</strong></td>
<td>Life Safety Code Years: 2000</td>
</tr>
<tr>
<td>701 South Main Street</td>
<td>Certification: Title XIX/XVIII</td>
</tr>
<tr>
<td>Rison, AR 71665</td>
<td>County: Cleveland #13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds: 75</strong></th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5377</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 937</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0133</td>
<td>CaId/Care: 75</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 183993311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds: 75</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th>Incorporator: John Ponthie</th>
<th>Corporate Contact: P. O. Box 12187</th>
</tr>
</thead>
<tbody>
<tr>
<td>2723 Alvamar</td>
<td>Alexandria, LA 71315</td>
</tr>
<tr>
<td>Shreveport, LA 71106</td>
<td>The Green House Cottages:</td>
</tr>
<tr>
<td></td>
<td>The McKinney Cottage, The Wilson Cottage</td>
</tr>
<tr>
<td></td>
<td>The Sadler Cottage, The Curry Cottage</td>
</tr>
<tr>
<td></td>
<td>The Puterbaugh Cottage, The Sipes Cottage</td>
</tr>
</tbody>
</table>

| Pres/Sec/Treas Melinda Black           | Board Member Harold Rhodes         |
|                                      | Board Member Joyce Wilson          |
| Rison, AR 71665                      | Member Progressive Eldercare Services, Inc. |
|                                      | 701 S Main St 8740 Hwy 35 North    |
|                                      | 7700 Cross Road 38 Warnock Springs Road |
|                                      | Rison, AR 71665 Pine Bluff, AR 71603 |

**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

I. FACILITY DATA

Administrator:       T Marquel (Kelly) Park
Administrator License Number: 1612
Total Licensed Beds: 113

II. OWNERSHIP AND FINANCIAL INTEREST

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 RD
Magnolia, AR 71753

Corporate Contact:       P. O. Box 12187
Progressive Eldercare Services, Inc.
Alexandria, LA 71315
318-443-8167

Board Member       Board Member       Board Member       Member
Barbara Lewis       Carla Horne       Dr. Pam De Gravelles       Progressive Eldercare Services, Inc.
901 Parkway         721 N. Washington     421 Louise St.          38 Warnock Springs Road
Magnolia, AR 71753  Magnolia, AR 71753  Little Rock, AR 72205  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.
## I. FACILITY DATA

**Administrator:** Sheri Heslep  
**Administrator License Number:** 2130  
**Total Licensed Beds:** 70  
**Life Safety Code Years:** 2000

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5422</td>
<td>997</td>
<td>0878</td>
<td>195063311</td>
</tr>
</tbody>
</table>

**Classification**

- Medicaid: 0
- Medicare: 0
- Caoid/Care: 70
- Homestyle Beds: 0
- Certified Beds: 70
- NF: X
- SNF: 
- NF/SNF: X
- ICF/MR: 
- ICF/MR10: 

**Certification:** Title XIX/XVIII

**Telephone:** (501) 734-1400  
**FAX Number:** (501) 734-1411

**County:** Pulaski-North #60-2

**Address:**

103 Alexandria Drive  
Maumelle, AR 72113

**Administrator:** Sheri Heslep  
**Administrator License Number:** 2130

**II. OWNERSHIP AND FINANCIAL INTEREST**

**Building Ownership**

- Leased from: Maumelle Property Investment, LLC  
  7201 Shallowford Road, Suite 200  
  Chattanooga, TN 37421

**Ownership and Financial Interest**

- **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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: Sheri Helsep</th>
</tr>
</thead>
<tbody>
<tr>
<td>6456 Lynchs Prairie Cove</td>
<td></td>
</tr>
<tr>
<td>Springdale, AR 72762</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6456 Lynchs Prairie Cove</td>
</tr>
<tr>
<td>Springdale, AR 72762</td>
</tr>
<tr>
<td>Certification: Title XIX/XVIII</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds: 140</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5407</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>State License: 732</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>State Vendor: 0870</td>
<td>Caid/Care: 140</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>MMIS Provider: 156532311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Liability Company</td>
<td>Leased from: Washington Care, LLC</td>
</tr>
<tr>
<td></td>
<td>c/o Griffin Properties</td>
</tr>
<tr>
<td></td>
<td>P. O. Box 2207</td>
</tr>
<tr>
<td></td>
<td>Fort Smith, AR 72902</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>Administrator:</strong> Angela Marlar</th>
</tr>
</thead>
</table>
| 524 Carpenter Dam Road  
Hot Springs, AR 71901 | Administrator License Number: 2064 |
| **PHYSICAL LOCATION** | **Total Licensed Beds:** 70 |
| 524 Carpenter Dam Road  
| County: Garland #26 | Certification: Title XIX/XVIII |

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th><strong>Certified Beds:</strong> 70</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td>Caid/Care: 70</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th><strong>Federal Provider:</strong> 04-5243</th>
<th><strong>Certification:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State License:</strong> 1080</td>
<td>Medicaid: 0</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0237</td>
<td>Medicare: 0</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 209658311</td>
<td>Caid/Care: 70</td>
</tr>
</tbody>
</table>

**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 | **Present:** The Pines Nursing and Rehabilitation Center |

**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%]  
Los Angeles, CA 90067** |
The Village at Valley Ranch

I. FACILITY DATA

Administrator: Kathy Hyatt (Interim)

Administrator License Number: 2529

Total Licensed Beds: 90


II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Limited Liability Company

Building Ownership

Landlord: Frisco Health Investments, L.P.
Principal Address: P. O. Box 419
Morrilton, AR 72110
Foreign Address: 21726 Hardy Oak
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%
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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator: James W. Whittington</th>
</tr>
</thead>
<tbody>
<tr>
<td>1194 N. Chester St.</td>
<td>Administrator License Number: 2506</td>
</tr>
<tr>
<td>Monticello, AR 71655</td>
<td>Total Licensed Beds: 122</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

| 1194 N. Chester St. | Certification: Title XIX/XVIII |
| Monticello, AR 71655 | |
| County: Drew #22 | |

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5176</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>1089</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0448</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>211123311</td>
</tr>
</tbody>
</table>

### Certified Beds: 122

| Medicaid: | 0 |
| Medicare: | 0 |
| CaId/Care: | 122 |
| Private Beds: | 0 |
| Homestyle Beds: | |

### Classification

<table>
<thead>
<tr>
<th>NF:</th>
<th>SNF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF/SNF:</td>
<td>X</td>
</tr>
<tr>
<td>ICF/MR:</td>
<td></td>
</tr>
<tr>
<td>ICF/MR10:</td>
<td></td>
</tr>
</tbody>
</table>

## 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]
### I. FACILITY DATA

#### MAILING ADDRESS

**Administrator:** Tara Dunnick  
**Administrator License Number:** 2440  
**Total Licensed Beds:** 110  
**Life Safety Code Years:** 2000

33904 Hwy 63 E  
Marked Tree, AR 72365

**PHYSICAL LOCATION**

33904 Highway 63 E  
Marked Tree, AR 72365

**Certification:** Title XIX/XVIII

#### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5391</th>
<th>Medicaid:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>736</td>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0665</td>
<td>Caid/Care:</td>
<td>110</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>119745311</td>
<td>Private Beds:</td>
<td>0</td>
</tr>
</tbody>
</table>

**Certified Beds:** 110  
**Classification: X**

#### 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 Hillery 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 Hillery 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.
## I. FACILITY DATA

### MAILING ADDRESS

<table>
<thead>
<tr>
<th>Administrator</th>
<th>Toni Holderfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator License Number</td>
<td>1673</td>
</tr>
<tr>
<td>Total Licensed Beds</td>
<td>106</td>
</tr>
<tr>
<td>Life Safety Code Years</td>
<td>2000</td>
</tr>
</tbody>
</table>

### PHYSICAL LOCATION

<table>
<thead>
<tr>
<th>Address</th>
<th>2002 Timberwood Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>El Dorado</td>
</tr>
<tr>
<td>State</td>
<td>AR</td>
</tr>
<tr>
<td>Zip Code</td>
<td>71730</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification</th>
<th>Title XIX/XVIII</th>
</tr>
</thead>
</table>

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5416</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>802</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0875</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>160124311</td>
</tr>
</tbody>
</table>

### Certified Beds: **106**

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 0</td>
</tr>
<tr>
<td>Medicare: 10</td>
</tr>
<tr>
<td>Caid/Care: 96</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>HomestyleBeds:</td>
</tr>
</tbody>
</table>

### II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Limited Liability Company</th>
</tr>
</thead>
</table>

### Building Ownership

<table>
<thead>
<tr>
<th>Leased from:</th>
<th>Union County Care, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>c/o Griffin Properties</td>
<td></td>
</tr>
<tr>
<td>P O Box 2207</td>
<td></td>
</tr>
<tr>
<td>Fort Smith, AR 72902</td>
<td></td>
</tr>
</tbody>
</table>

### Ownership and Financial Interest

<table>
<thead>
<tr>
<th>Doing business as</th>
<th>Timberlane Health &amp; Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHC Operations, Inc.</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Provider Services Agreement with</th>
<th>Reliance Health Care, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services Provider</td>
<td>(501) 932-0050 - Contact Person:</td>
</tr>
<tr>
<td></td>
<td>Amy Rollins - same address as to the left</td>
</tr>
</tbody>
</table>

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

I. FACILITY DATA

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Administrator:</th>
<th>Zahid Abbasi</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1265</td>
<td>Administrator License Number:</td>
<td>1645</td>
</tr>
<tr>
<td>Pine Bluff, AR 71613</td>
<td>Total Licensed Beds:</td>
<td>90</td>
</tr>
<tr>
<td>Life Safety Code Years:</td>
<td>1985</td>
<td></td>
</tr>
</tbody>
</table>

II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
<th>Certified Beds:</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider:</td>
<td>Medicaid:</td>
<td>0</td>
</tr>
<tr>
<td>State License:</td>
<td>Medicare:</td>
<td>0</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>Caid/Care:</td>
<td>90</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>Private Beds:</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>HomestyleBeds:</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Administrator: Danny Weaver
Administrator License Number: 2232
Total Licensed Beds: 80
Certification: Title XIX/XVIII

Certified Beds: 80
Classification: NF:
Medicaid: 0
Medicare: 0
Caid/Care: 80
NF/SNF: X
Private Beds: 0
ICF/MR:
HomestyleBeds: ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity: Corporation

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

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
</table>
| **MAILING ADDRESS**                        | P. O. Box 986  
Arkadelphia, AR 71923                      |
| **PHYSICAL LOCATION**                      | 3021 Twin Rivers Drive  
Arkadelphia, AR 71923                      |
| **Administrator**                          | Troy Morris  
Administrator License Number: 1901  
Total Licensed Beds: 112  
Life Safety Code Years: 1985 |

**Certification:** Title XIX/XVIII

### II. OWNERSHIP AND FINANCIAL INTEREST

- **Building Ownership:** Leased from Pineview Homes, Inc.  
  204 N. 27th Street  
  Arkadelphia, AR 71923

**Ownership and Financial Interest**

- **Doing business as:** Twin Rivers Health and Rehabilitation

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider</td>
<td>04-5216</td>
</tr>
<tr>
<td>State License</td>
<td>693</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0603</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>119699311</td>
</tr>
</tbody>
</table>

**Certified Beds:** 112

- Medicaid: 0  
- Medicare: 0  
- Caid/Care: 112  
- Private Beds: 0

**Classification**

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

**Leased from:** Pineview Homes, Inc.

- Glen Arnold  
  4116 Tahoe Lane  
  Benton, AR 72015

- Byron Grimmett, M.D.  
  904 N. Olive St.  
  Waldo, AR 71770

- Eddie Arnold  
  1030 Village Drive  
  Arkadelphia, AR 71923

- Larry Thomerson  
  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 April 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

### MAILING ADDRESS
228 Pointer Trail West  
Van Buren, AR 72956

### PHYSICAL LOCATION
228 Pointer Trail West  
Van Buren, AR 72956

<table>
<thead>
<tr>
<th>Administrator:</th>
<th>Debbie Satterfield (Interim)</th>
<th>Administrator License Number:</th>
<th>1510</th>
</tr>
</thead>
<tbody>
<tr>
<td>TotalLicensed Beds:</td>
<td>105</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Safety Code Years:</td>
<td>1973</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Beds:</td>
<td>105</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Certification:
Title XIX/XVIII

### Facility Identification Numbers
- **Federal Provider:** 04-5138
- **State License:** 1086
- **State Vendor:** 0768
- **MMIS Provider:** 211177311

### Classification
- Medicaid: 0
- Medicare: 0
- Ca lid/Care: 105
- Private Beds: 0
- HomestyleBeds:

### Certified Beds: 105

### 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

## II. OWNERSHIP AND FINANCIAL INTEREST

### Ownership and Financial Interest
- **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

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>Administrator:</th>
<th>LeAnn Ogdon</th>
</tr>
</thead>
<tbody>
<tr>
<td>1404 North 28th Street</td>
<td>Administrator License Number:</td>
<td>2236</td>
</tr>
<tr>
<td>Van Buren, AR 72956</td>
<td>Total Licensed Beds:</td>
<td>109</td>
</tr>
<tr>
<td>1404 North 28th Street</td>
<td>Certification:</td>
<td>Title XIX/XVIII</td>
</tr>
<tr>
<td>Van Buren, AR 72956</td>
<td>County:</td>
<td>Crawford #17</td>
</tr>
</tbody>
</table>

**County:** Crawford #17

**Address:** 1404 North 28th Street, Van Buren, AR 72956

**Administrator:** LeAnn Ogdon  
**Administrator License Number:** 2236

**Total Licensed Beds:** 109  
**Life Safety Code Years:** 1973 1985

**Certification:** Title XIX/XVIII

---

### 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Stein</td>
<td>20%</td>
</tr>
<tr>
<td>Paul Stein</td>
<td>20%</td>
</tr>
<tr>
<td>8520 South 36th Terrace</td>
<td>5703 Gulf Tech Drive</td>
</tr>
<tr>
<td>Fort Smith, AR 72908</td>
<td>Ocean Springs, MS 39564</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert V. Rye</td>
<td>40%</td>
</tr>
<tr>
<td>Robert A. (Andy) Rye</td>
<td>20%</td>
</tr>
<tr>
<td>8520 South 36th Terrace</td>
<td>8520 South 36th Terrace</td>
</tr>
<tr>
<td>Fort Smith, AR 72908</td>
<td>Fort Smith, AR 72908</td>
</tr>
</tbody>
</table>

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

**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

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>04-5254</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License</td>
<td>995</td>
</tr>
<tr>
<td>State Vendor</td>
<td>0231</td>
</tr>
<tr>
<td>MMIS Provider</td>
<td>195060311</td>
</tr>
</tbody>
</table>

### Certified Beds: 120

| Medicaid | 0 |
| Medicare | 0 |
| Caid/Care | 120 |
| Private Beds | 0 |

**Classification**

<table>
<thead>
<tr>
<th>NF:</th>
<th>SNF:</th>
<th>NF/SNF:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ICF/MR: | ICF/MR10:**

**Leased from:** Fountain Properties, LLC  
2908 Hawkins Drive  
Searcy, AR 74143

**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.

I. FACILITY DATA

Updated: 03/05/2013

MAILING ADDRESS

Administrator: Fred Watts
Administrator License Number: 1759
Total Licensed Beds: 105

P.O. Box 2230
Waldron, AR 72958-2230

PHYSICAL LOCATION

1369 West 6th Street
Waldron, AR 72958-2230

Certification: Title XIX/XVIII

County: Scott #63

II. OWNERSHIP AND FINANCIAL INTEREST

Building Ownership

Leased from:
Waldron Manor, L.L.C.
Chris Hensley
25 Club View Circle
Sallisaw, Oklahoma 74955

Ownership and Financial Interest

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%]
### I. FACILITY DATA

**Mailing Address**
1393 E. Don Tyson Parkway  
Springdale, AR 72764

**Physical Location**
1393 E. Don Tyson Parkway  
Springdale, AR 72764

**Administrator:**  Ronald "Shane" Cluck  
**Administrator License Number:**  2068

**Total Licensed Beds:**  102

**Life Safety Code Years:**  2000

**Certification:**  Title XIX/XVIII

**Facility Identification Numbers**

<table>
<thead>
<tr>
<th>Federal Provider:</th>
<th>04-5428</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License:</td>
<td>859</td>
</tr>
<tr>
<td>State Vendor:</td>
<td>0883</td>
</tr>
<tr>
<td>MMIS Provider:</td>
<td>168051311</td>
</tr>
</tbody>
</table>

**Certified Beds:**  102

**Classification**

- Medicaid:  0  
- Medicare:  0  
- CaId/Care:  102  
- Private Beds:  0  
- Homestyle Beds:  
- 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

<table>
<thead>
<tr>
<th>David W. Rotolo</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>102 Cherry Laurel Court</td>
<td></td>
</tr>
<tr>
<td>Ridgeland, MS 39157</td>
<td>(601) 853-2667</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Robert S. Rotolo</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17441 W Muirfield</td>
<td></td>
</tr>
<tr>
<td>Baton Rouge, LA 70810</td>
<td></td>
</tr>
</tbody>
</table>

**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]
## I. FACILITY DATA

**Updated:** 03/16/2016

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>Administrator:</strong> Suzann Wilson</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 West Main Street</td>
<td>Administrator License Number: 1797</td>
</tr>
<tr>
<td>Walnut Ridge, AR 72476</td>
<td>Total Licensed Beds: 119</td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

1500 West Main Street
Walnut Ridge, AR 72476

**Certification:** Title XIX/XVIII

<table>
<thead>
<tr>
<th><strong>Facility Identification Numbers</strong></th>
<th><strong>Certified Beds:</strong> 119</th>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Provider:</strong> 04-5151</td>
<td>Medicaid: 0</td>
<td>NF:</td>
</tr>
<tr>
<td><strong>State License:</strong> 1072</td>
<td>Medicare: 0</td>
<td>SNF:</td>
</tr>
<tr>
<td><strong>State Vendor:</strong> 0758</td>
<td>Caid/Care: 119</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td><strong>MMIS Provider:</strong> 209649311</td>
<td>Private Beds: 0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td></td>
<td>Homestyle Beds:</td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**II. OWNERSHIP AND FINANCIAL INTEREST**

<table>
<thead>
<tr>
<th><strong>Type of Entity:</strong> Corporation</th>
<th><strong>Building Ownership</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Landlord:</strong> OHI Asset (AR) Walnut Ridge, LLC</td>
<td><strong>MasterTen, LLC [Prime Tenant]</strong></td>
</tr>
<tr>
<td>c/o Omega Healthcare Investors, Inc.</td>
<td>P. 0. Box 12187</td>
</tr>
<tr>
<td>200 International Circle, Suite 3500</td>
<td>Alexandria, LA 71315</td>
</tr>
<tr>
<td>Hunt Valley, MD 21030</td>
<td></td>
</tr>
</tbody>
</table>

**Ownership and Financial Interest**

Doing business as Walnut Ridge Nursing and Rehabilitation Center

<table>
<thead>
<tr>
<th><strong>Suzann Wilson</strong></th>
<th><strong>MasterTen, LLC [Prime Tenant]</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>President/Secretary/Treasurer</td>
<td>P. 0. Box 12187</td>
</tr>
<tr>
<td>1500 W. Main St.</td>
<td>Alexandria, LA 71315</td>
</tr>
<tr>
<td>Walnut Ridge, AR 72476</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Nancy L. Hall, Board Member</strong></th>
<th><strong>Progressive Eldercare Services, Inc., Member</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>300 W. Main</td>
<td>38 Warnock Springs Road</td>
</tr>
<tr>
<td>Walnut Ridge, AR 72476</td>
<td>Magnolia, AR 71753</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Robert Coombs, Board Member</strong></th>
<th><strong>Karen L. Gregory, Board Member</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>310 East Main</td>
<td>P. O. Box 355</td>
</tr>
<tr>
<td>Walnut Ridge, AR 72476</td>
<td>Hoxie, AR 72433</td>
</tr>
</tbody>
</table>

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

### MAILING ADDRESS

610 South Avalon St  
West Memphis, AR 72301  

### PHYSICAL LOCATION

610 South Avalon St.  
West Memphis, AR 72301  

### Administrator:

Johnnie Belinda Looney  

### Administrator License Number:

1915  

### Total Licensed Beds:

155  

### Life Safety Code Years:

1967

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Federal Provider</th>
<th>State License</th>
<th>State Vendor</th>
<th>MMIS Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-5217</td>
<td>1103</td>
<td>0249</td>
<td>211764311</td>
</tr>
</tbody>
</table>

### Certified Beds:

155

### Certification:

Title XIX/XVIII

### Classification:

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
<th>Caid/Care</th>
<th>Private Beds</th>
<th>HomestyleBeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>155</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Building Leased from:

WM Crittenden Holdings, LLC  
P. O. Box 8248  
Searcy, AR 72145

### Type of Entity:

Limited Liability Company

### Building Ownership:

WM Crittenden Operations, LLC  
Doing business as  
West Memphis Health and Rehab  
Leonard Wiggins  
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

Administrator: Brandon Brown
Administrator License Number: 2207
Total Licensed Beds: 85

802 S. West End Street
Springdale, AR 72764

PHYSICAL LOCATION

802 S. West End Street
Springdale, AR 72764
County: Washington #72-1

Facility Identification Numbers

Certified Beds: 85
Federal Provider: 04-5371
State License: 755
State Vendor: 0339
MMIS Provider: 154012311

Classification

Medicaid: 0  NF:
Medicare: 0  SNF:
Caid/Care: 85  NF/SNF: X
Private Beds: 0  ICF/MR:
HomestyleBeds: 0  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 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

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

Administrator: Donna Morton  
Administrator License Number: 1292  
Total Licensed Beds: 120  

### PHYSICAL LOCATION

9209 Dollarway Road  
White Hall, AR 71602

Certification: Title XIX/XVIII

### Facility Identification Numbers

<table>
<thead>
<tr>
<th>Classification</th>
<th>Certified Beds: 120</th>
<th>Medicaid: 0</th>
<th>Medicare: 0</th>
<th>Caid/Care: 120</th>
<th>Private Beds: 0</th>
<th>HomestyleBeds:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNF:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NF/SNF: X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/MR10:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Leased from:

Summit Properties-White Hall, LLC  
P. O. Box 891  
Bryant, AR 72089

### 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 | Administrator: Jeannie Simpson  
|------------------|-------------------------|-------------------------|
| P.O. Box 329     | Administrator License Number: 1592  
| Calico Rock, AR 72519- | Total Licensed Beds: 70  

<table>
<thead>
<tr>
<th>Physical Location</th>
</tr>
</thead>
</table>
| 1569 AR Highway 56  
| Calico Rock, AR 72519 |
| County: Izard #33 |

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
</table>
| Federal Provider: 04-5401  
| State License: 737  
| State Vendor: 0785  
| MMIS Provider: 119746311 |

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
</table>
| Medicaid: 0  
| Medicare: 0  
| Caid/Care: 70  
| Private Beds: 0  
| HomestyleBeds: |

<table>
<thead>
<tr>
<th>Certified Beds: 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

## II. OWNERSHIP AND FINANCIAL INTEREST

<table>
<thead>
<tr>
<th>Type of Entity:</th>
<th>Building Ownership</th>
</tr>
</thead>
</table>
| Limited Liability Company | Leased from: WE CARE CALICO ROCK, LLC  
|                  | P. O. Box 999  
|                  | Calico Rock, AR 72519 |

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>White River Healthcare, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>White River Healthcare</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ownership and Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility: White River Healthcare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Hudson, Sr.</td>
<td>24.5%</td>
</tr>
<tr>
<td>Peggy Hudson</td>
<td>24.5%</td>
</tr>
<tr>
<td>P O Box 687</td>
<td>Joyce Hudson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. O. Box 999</td>
<td>Calico Rock, AR 72519</td>
</tr>
</tbody>
</table>

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

I. FACILITY DATA

Updated: 01/14/2013

MAILING ADDRESS
101 Brougham Avenue
Marion, AR 72364

Administrator: Jennifer R. Taylor
Administrator License Number: 2203
Total Licensed Beds: 98
Life Safety Code Years: 1985

PHYSICAL LOCATION
101 Brougham Avenue
Marion, AR 72364
County: Crittenden #18

Certification: Title XIX/XVIII

Facility Identification Numbers
Federal Provider: 04-5412
State License: 786
State Vendor: 0826
MMIS Provider: 158268311

Certified Beds: 98
Classification
Medicaid: 0 NF:
Medicare: 0 SNF:
Caid/Care: 98 NF/SNF: X
Private Beds: 0 ICF/MR:
HomestyleBeds: 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.]
## I. FACILITY DATA

**Mailing Address**

2455 Lowell Road  
Springdale, AR 72764

**Physical Location**

2455 Lowell Road  
Springdale, AR 72764

**Administrator:**  
John R. McPherson

**Administrator License Number:**  
1887

**Total Licensed Beds:**  
70

**Life Safety Code Years:**  
1967, 1985

**Facility Identification Numbers**

- **Federal Provider:** 04-5367  
- **State License:** 756  
- **State Vendor:** 0337  
- **MMIS Provider:** 154013311

**Certified Beds:** 70

**Classification**

- **Medicaid:** 0  
- **Medicare:** 0  
- **Caid/Care:** 70  
- **Private Beds:** 0

**Homestyle Beds:**

- **NF:**
- **SNF:**
- **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  
- **Address:** 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  
Anthony Brandon Adams  

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**

**Mailing Address**

204 Catherine St  
Harrisburg, AR 72432

**Administrator:** Emily James Sampson  
**Administrator License Number:** 1401  
**Total Licensed Beds:** 80

**Physical Location**

204 Catherine St  
Harrisburg, AR 72432

**Certification:** Title XIX/XVIII

**Facility Identification Numbers**

- **Federal Provider:** 04-5384  
- **State License:** 620  
- **State Vendor:** 0823  
- **MMIS Provider:** 109336311

<table>
<thead>
<tr>
<th>Certification</th>
<th>Certified Beds</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>0</td>
<td>NF:</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
<td>SNF:</td>
</tr>
<tr>
<td>Caid/Care</td>
<td>80</td>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>Private Beds</td>
<td>0</td>
<td>ICF/MR:</td>
</tr>
<tr>
<td>HomestyleBeds</td>
<td></td>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

**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  
    Administrative Services Agreement:  
    Care Management, Inc.  
    Contact Person: Rick Sampson  
    1005 McLain Street  
    P. O. Box 310  
    Newport, AR 72112  
    (870) 523-4333

  - **William C. Bulloch**  
    50% of stock  
    Newport, AR 72112  
    P. O. Box 535  
    Monticello, Arkansas 71657

**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

<table>
<thead>
<tr>
<th><strong>MAILING ADDRESS</strong></th>
<th><strong>Updated:</strong> 03/10/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator: Angela Curran</td>
<td></td>
</tr>
<tr>
<td>Administrator License Number: 2455</td>
<td></td>
</tr>
<tr>
<td>Total Licensed Beds: 120</td>
<td></td>
</tr>
<tr>
<td>Life Safety Code Years: 1985</td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL LOCATION**

| 1320 West Braden Street             |                         |
| Jacksonville, AR 72076              | Certification: Title XIX/XVIII |
| County: Pulaski-Jacksonville #60-5  |                         |

**Facility Identification Numbers**

| Federal Provider: 04-5378           | Medicaid: 0 |
| State License: 700                  | Medicare: 0  |
| State Vendor: 0863                  | Caid/Care: 120 |
| MMIS Provider: 119706311            | Private Beds: 0 |
|                                      | HomestyleBeds: |

<table>
<thead>
<tr>
<th><strong>Classification</strong></th>
<th><strong>Certified Beds:</strong> 120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid:</td>
<td></td>
</tr>
<tr>
<td>Medicare:</td>
<td></td>
</tr>
<tr>
<td>Caid/Care:</td>
<td></td>
</tr>
<tr>
<td>Private Beds:</td>
<td></td>
</tr>
<tr>
<td>HomestyleBeds:</td>
<td></td>
</tr>
</tbody>
</table>

**New Lease effective May 1, 2006**

**Building Ownership**

Landlord: Woodland Hills Healthcare and Rehabilitation Center of Jacksonville, LLC
222 South First Street
Rogers, AR 72756

**Ownership and Financial Interest**

Doing business as Woodland Hills Healthcare and Rehabilitation of Jacksonville

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

Effective 01/01/11 - 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
Administrator: Judy Belcher
2800 Neeley St.
Batesville, AR 72501

PHYSICAL LOCATION
2800 Neeley Street
Batesville, AR 72501

Administrator License Number: 647
Total Licensed Beds: 140

Certification: Title XIX/XVIII

II. OWNERSHIP AND FINANCIAL INTEREST

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

I. FACILITY DATA

Updated: 05/27/2016

MAILING ADDRESS
139 West Highway 64
McCrory, AR 72101

PHYSICAL LOCATION
139 West Highway 64
McCrory, AR 72101
County: Woodruff #74

Administrator: Marilyn Files
Administrator License Number: 1841
Total Licensed Beds: 120

Certification: Title XIX/XVIII

<table>
<thead>
<tr>
<th>Facility Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Provider: 04-5222</td>
</tr>
<tr>
<td>State License: 057</td>
</tr>
<tr>
<td>State Vendor: 0797</td>
</tr>
<tr>
<td>MMIS Provider: 109034311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certified Beds: 120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid: 105</td>
</tr>
<tr>
<td>Medicare: 0</td>
</tr>
<tr>
<td>Caidd/Care: 15</td>
</tr>
<tr>
<td>Private Beds: 0</td>
</tr>
<tr>
<td>HomestyleBeds:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF:</td>
</tr>
<tr>
<td>SNF:</td>
</tr>
<tr>
<td>NF/SNF: X</td>
</tr>
<tr>
<td>ICF/MR:</td>
</tr>
<tr>
<td>ICF/MR10:</td>
</tr>
</tbody>
</table>

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, McCrory, 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.