

Courtyard Gardens Health and Rehabilitation, LLC

Telephone: (870) 246-5566

FAX Number: (870) 245-3005

I. FACILITY DATA

Updated: 10/1/2014

MAILING ADDRESS

2701 Twin Rivers Drive
Arkadelphia, AR 71923

PHYSICAL LOCATION

2701 Twin Rivers Drive
Arkadelphia, AR 71923

County: Clark #10

Administrator: Kathy Barnhill

Administrator License Number: 2209

Total Licensed Beds: 100

Life Safety Code Years: 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5350

State License: 963

State Vendor: 0637

MMIS Provider: 188817311

Certified Beds: 100

Medicaid: 0

Medicare: 0

Caid/Care: 100

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company: SLC Operations Master Tenant, LLC

1422 Clarkview Road

Baltimore, MD 21209

Landlord: 2701 Twin Rivers Drive, LLC

2701 Twin Rivers Drive

Arkadelphia, AR 71923

Ownership and Financial Interest

Courtyard Gardens Health and Rehabilitation, LLC

Arkansas SNF Operations Acquisition, LLC * 100% of Courtyard Gardens 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, LLC

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

Alan Zuccari 100% of Arkansas Nursing Home Acquisition, LLC

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

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

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

Accounting Services Agreement with ADDIT, LLC

1200 Deltona Boulevard, Suite 20, Deltona, FL 32725

Professional Services Agreement with SLC Professionals of Arkansas, LLC

571 Golf Links Road

Hot Springs, AR 71901

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

Heritage Square Nursing And Rehabilitation Center, Inc.

Telephone: (870) 763-3654

FAX Number: (870) 762-1172

I. FACILITY DATA

Updated: 8/15/2013

MAILING ADDRESS

P.O. Box 687
Blytheville, AR 72316

PHYSICAL LOCATION

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

Administrator: April Bateman
Administrator License Number: 1648
Total Licensed Beds: 86
Life Safety Code Years: 1967 1985
Certification: Title XIX/XVIII

Facility Identification Numbers

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

Certified Beds: 86

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

Classification

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

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Same as ownership of license.

Ownership and Financial Interest

Heritage Square Nursing A Rehabilitation Center, I

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

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

RHC Operations, Inc.

Includes the following individuals:

Bryan M. Adams 50%
Anthony Brandon Adams 50%
824 Salem Road - Suite 210
Conway, AR 72034

Healthcare Provider Services Agreement with

Reliance Health Care, Inc., Administrative Services Provider

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

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

Highlands of Harrison at Orendorff Health and Rehabilitation

Telephone: (870) 741-3438

FAX Number: (870) 741-9117

I. FACILITY DATA

Updated: 4/3/2015

MAILING ADDRESS

115 Orendorff Avenue
Harrison, AR 72601

PHYSICAL LOCATION

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

Administrator: Christine Wilson

Administrator License Number: 2314

Total Licensed Beds: 90

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5197

State License: 1040

State Vendor: 0311

MMIS Provider: 201909311

Certified Beds: 90

Medicaid: 0

Medicare: 0

Caid/Care: 90

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company: SLC Operations Master Tenant, LLC
1422 Clarkview Road
Baltimore, MD 21209

Landlord: 115 Orendorff Avenue, LLC
200 International Circle, Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Highlands of Harrison Orendorf, LLC

Doing business as Highlands of Harrison at Orendorff Health and Rehabilitation

Highlands of Arkansas, LLC
2 Office Park Circle, Suite 110
Birmingham, AL 35223
(205) 410-8371

100%*

Management Agreement with:
Aria Health Group, LLC
2 Office Park Circle, Suite 110
Birmingham, AL 35223
(205) 410-8371 - Blaine Brint

*Charlotte Pierce - 10%
1630 Colonial Hills
Southaven, MS 38671

* Blaine Brint - 24%
3600 Westchester Circle
Birmingham, AL 35223

* R. Denny Barnett - 66%
2509 Marblehead Drive
Sarasota, FL 34231

Effective January 1, 2014 - change of ownership and facility name change.
[Formerly Apple Ridge Health and Rehabilitation, LLC]

Effective 04/01/2015 - total licensed and certified beds decreased from 102 to 90. Arkansas Health Services Permit Commission approval to transfer 12 beds to Premier Health and Rehabilitation, LLC.

Highlands of Van Buren Health and Rehabilitation

Telephone: (479) 474-5276

FAX Number: (479) 474-2640

I. FACILITY DATA

Updated: 4/24/2014

MAILING ADDRESS

228 Pointer Trail West
Van Buren, AR 72956

PHYSICAL LOCATION

228 Pointer Trail West
Van Buren, AR 72956
County: Crawford #17

Administrator: Carolyn Rose Rudisill

Administrator License Number: 2276

Total Licensed Beds: 105

Life Safety Code Years: 1973

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5138

State License: 1038

State Vendor: 0768

MMIS Provider: 201887311

Certified Beds: 105

Medicaid: 0

Medicare: 0

Caid/Care: 105

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company: SLC Operations Master Tenant, LLC
1422 Clarkview Road
Baltimore, MD 21209

Landlord: 228 Pointer Trail West, LLC
200 International Circle - Suite 3500
Hunt Valley, MD 21030

Ownership and Financial Interest

Highlands of Van Buren, LLC

Doing business as Highlands of Van Buren Health and Rehabilitation

Highlands of Arkansas, LLC
2 Office Park Circle, Suite 110
Birmingham, AL 35223
(205) 410-8371

100%*

Management Agreement with:
Aria Health Group, LLC
2 Office Park Circle, Suite 110
Birmingham, AL 35223
(205) 410-8371 - Blaine Brint

*Charlotte Pierce - 10%
1630 Colonial Hills
Southaven, MS 38671

* Blaine Brint - 24%
3600 Westchester Circle
Birmingham, AL 35223

* R. Denny Barnett - 66%
2509 Marblehead Drive
Sarasota, FL 34231

Effective January 1, 2014 - change of ownership and facility name change.
[Formerly Pointer Trail Health and Rehabilitation, LLC]

Pine Hills Health and Rehabilitation, LLC

Telephone: (870) 836-6833

FAX Number: (870) 836-7178

I. FACILITY DATA

Updated: 3/11/2015

MAILING ADDRESS

900 Magnolia Rd
Camden, AR 71701

PHYSICAL LOCATION

900 Magnolia Rd
Camden, AR 71701
County: Ouachita #52

Administrator: Kim Hamilton, Acting

Administrator License Number: 2185

Total Licensed Beds: 106

Life Safety Code Years: 1967

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5189

State License: 967

State Vendor: 0442

MMIS Provider: 188819311

Certified Beds: 106

Medicaid: 0

Medicare: 0

Caid/Care: 106

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

Lease Company: SLC Operations Master Tenant, LLC

1422 Clarkview Road

Baltimore, MD 21209

Landlord: 900 Magnolia Road SW, LLC

900 Magnolia Road

Camden, AR 71701

Ownership and Financial Interest

Pine Hills Health and Rehabilitation, LLC

Arkansas SNF Operations Acquisition, LLC * 100% of Pine Hills 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, LLC

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

Alan Zuccari 100% of Arkansas Nursing Home Acquisition, LLC

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

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

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

Accounting Services Agreement with ADDIT, LLC

1200 Deltona Boulevard, Suite 20, Deltona, FL 32725

Professional Services Agreement with SLC Professionals of Arkansas, LLC

571 Golf Links Road

Hot Springs, AR 71901

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

The Woods of Monticello Health and Rehabilitation, LLC

Telephone: (870) 367-6852

FAX Number: (870) 367-3910

I. FACILITY DATA

Updated: 6/2/2014

MAILING ADDRESS

P.O. Box 576
Monticello, AR 71655

PHYSICAL LOCATION

1194 N. Chester St.
Monticello, AR 71655
County: Drew #22

Administrator: Cara L. Harris, Interim

Administrator License Number: 2272

Total Licensed Beds: 122

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5176

State License: 974

State Vendor: 0448

MMIS Provider: 188894311

Certified Beds: 122

Medicaid: 0

Medicare: 0

Caid/Care: 122

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Limited Liability Company

Building Ownership

SLC Operations Master Tenant, LLC

1422 Clarkview Road

Baltimore, MD 21209

Landlord: 1194 North Chester Street, LLC

1194 North Chester Street

Monticello, AR 71655

Ownership and Financial Interest

The Woods of Monticello Health and Rehabilitation,

Arkansas SNF Operations Acquisition, LLC * 100% of The Woods of Monticello 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, LLC

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

Alan Zuccari 100% of Arkansas Nursing Home Acquisition, LLC

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

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

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

Accounting Services Agreement with ADDIT, LLC

1200 Deltona Boulevard, Suite 20, Deltona, FL 32725

Professional Services Agreement with SLC Professionals of Arkansas, LLC

571 Golf Links Road, Hot Springs, AR 71901

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

Windcrest Health and Rehab, Inc.

Telephone: (479) 756-9000

FAX Number: (479) 751-1111

I. FACILITY DATA

Updated: 5/31/2011

MAILING ADDRESS

2455 Lowell Road
Springdale, AR 72764

PHYSICAL LOCATION

2455 Lowell Road
Springdale, AR 72764
County: Washington #72-1

Administrator: John R. McPherson

Administrator License Number: 1887

Total Licensed Beds: 70

Life Safety Code Years: 1967 1985

Certification: Title XIX/XVIII

Facility Identification Numbers

Federal Provider: 04-5367

State License: 756

State Vendor: 0337

MMIS Provider: 154013311

Certified Beds: 70

Medicaid: 0

Medicare: 0

Caid/Care: 70

Private Beds: 0

HomestyleBeds:

Classification

NF:

SNF:

NF/SNF: X

ICF/MR:

ICF/MR10:

II. OWNERSHIP AND FINANCIAL INTEREST

Type of Entity:

Corporation

Building Ownership

Effective: 07/01/2009 Leased from:
SP NORTH RE, LLC
824 Salem Rd, Ste. 210
Conway, AR 72034

Ownership and Financial Interest

Windcrest Health and Rehab, Inc.

RHC Operations, Inc. 100%

which includes the following individuals:

Bryan M. Adams 50%

Anthony Brandon Adams 50%

824 Salem Road - Suite 210

Conway, AR 72034

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

Effective July 1, 2004 - change of ownership and facility name change. [Previous entity operator: Holland Nursing Center - North, Inc.] Effective 01/01/2005 - change in certified bed breakdown - All beds are Medicare/Medicaid. Filed with Arkansas Secretary of State on 01/07/08: Reliance Health Care Management, Inc. changing the name to RHC Operations, Inc.

Notice received March 1, 2010: Effective 01/01/2010 Boyd Wright is no longer an owner of RHC Operations, Inc.