

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

3/2/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Montclair Nursing and Rehabilitation Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 264011	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY RESPIRATORY THERAPY ALZHEIMERS/SPECIAL CAR BEHAVIORAL NEEDS	
EXPIRES 03/31/2017	  Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Montclair Nursing and Rehabilitation Center

ADDRESS: 2525 SOUTH 135TH AVENUE, OMAHA, NE 68144

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

FEB 16 2016

11-10-14



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1650
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Montclair Nursing and Rehabilitation Center
2525 SOUTH 135TH AVENUE
OMAHA, NE 68144

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

N/A

LICENSE NO: 264011

TELEPHONE NUMBER: (402) 393-2304

FAX NUMBER: (402) 390-1428

ADMINISTRATOR: ROSALYN BURKE

DIRECTOR OF NURSING: LINDA THIEDE, R.N.

E-Mail Address, if available: admin@montclairnursing.com Montclair.ExecutiveDir@consulatehc.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 175

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other
Are you requesting deemed status? yes no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS: If different from Current Services listed, please check changes.

Physical Therapy Alzheimers/Special Care Unit Speech Therapy
 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY
ALZHEIMERS/SPECIAL CARE
BEHAVIORAL NEEDS

REC'D MISS ACCOUNTING
2016 FEB 18 A 9:46

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MONTCLAIR HEALTHCARE, LLC
(Legal Name of Individual or business organization)

MAILING ADDRESS: 2525 SOUTH 135TH AVENUE
OMAHA, NE 68144

8. BUSINESS ORGANIZATION: (Check one):

Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Governmental (State, District, County, City or Municipal)
 Other (Please Specify)

(check one)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Rosalyn R. Burke, Manager of Montclair HealthCare, LLC

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/8/16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

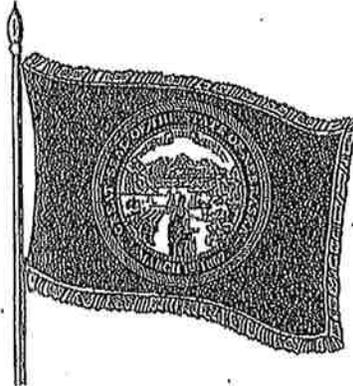
SIGNATURE

DATE

*Please note that Montclair HealthCare, LLC's sole member is NENC HealthCare Holding Company, LLC. Rosalyn R. Burke, the Manager of Montclair HealthCare, LLC is the authorized signer for this entity.

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of the Certificate of Authority
to transact business in the State of Nebraska for

MONTCLAIR HEALTHCARE, LLC

a DELAWARE limited liability company, as filed in this office on
April 6, 2004.

I further certify that said limited liability company is hereby
authorized to transact business in the State of Nebraska.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on April 6, 2004.



SECRETARY OF STATE

**MONTCLAIR NURSING AND REHABILITATION CENTER
2525 SO. 135TH AVENUE
OMAHA, NE 68144-2424**

Legal Operator (Licensee) of Montclair Nursing and Rehabilitation Center:

Montclair HealthCare, LLC
2525 So. 135th Avenue
Omaha, NE 68144-2424
a Delaware Limited Liability Company
Formed: March 18, 2004
EIN: [REDACTED]

Ownership / Management of Montclair HealthCare, LLC:

Member (Sole):

NENC HealthCare Holding Company, LLC
115 Perimeter Center Place NE, Suite 600
Atlanta, GA 30346-1277
EIN: [REDACTED]

Manager:

Rosalyn R. Burke, Administrator
2525 So. 135th Avenue
Omaha, NE 68144-2424

January 1, 2007 - present

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402723

Name of Facility: Montclair Nursing & Rehabilitation Center

Type of Facility: Nursing Home

Location: 2525 S 135th Ave., Omaha

Maximum

Occupancy: 175 Beds

Date Issued: 11/10/2014

Approved By:



State Fire Marshal

Inspected By: 8725 Susen Lindner

Deputy State Fire Marshal



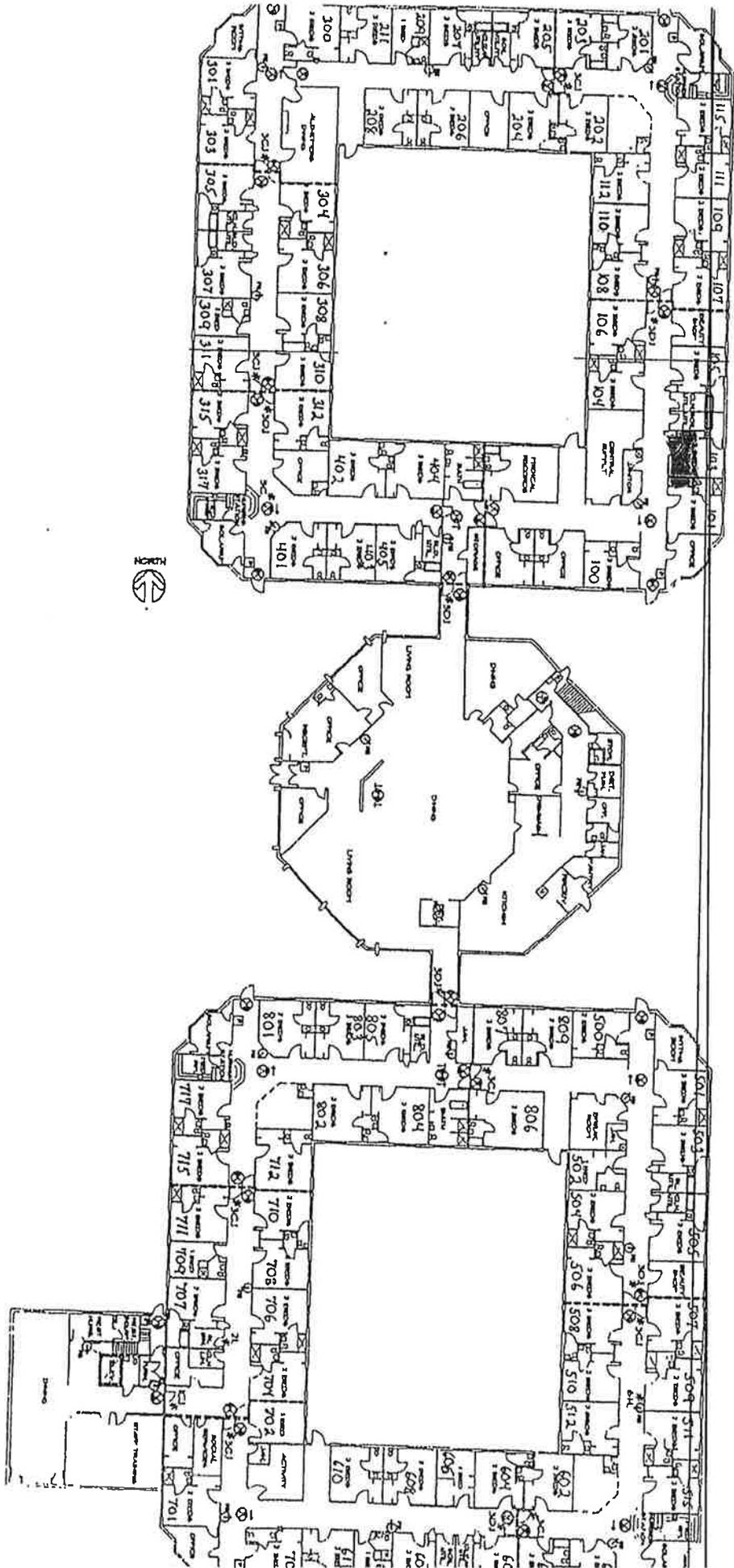
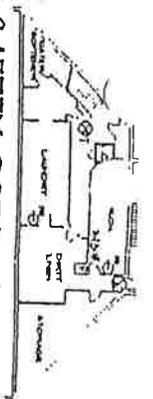
POST IN PROMINENT PLACE



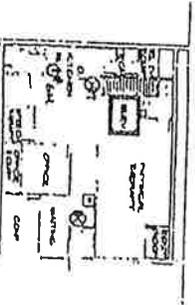
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

Montclair Nursing & Rehab Center

LIFE SAFETY CODE PLAN
GROUND LEVEL AT CENTRAL CORE



LIFE SAFETY CODE PLAN
GROUND LEVEL AT ADDITIC



Montclair Nursing and Rehabilitation Center

Medicare/Medicaid Beds

100	2	501	2
101	2	502	1
103	2	503	2
104	2	504	2
105	2	505	2
106	2	506	2
107	2	507	2
108	2	508	2
109	2	509	2
110	2	510	2
111	2	511	2
112	2	512	2
115	2	515	2
201	2	601	2
202	2	602	2
203	2	603	2
204	2	604	2
205	2	605	2
206	2	606	1
207	2	607	2
208	2	608	2
209	1	609	1
211	2	610	2
300	2	611	2
301	2	700	2
303	2	701	2
304	2	702	1
305	2	704	2
306	2	706	2
307	2	707	2
308	2	708	2
309	1	709	1
310	2	710	2
311	2	711	2
312	2	712	2
315	2	715	2
317	2	717	2
401	2	801	2
402	2	802	2
403	2	803	2
404	2	804	2
405	2	805	2
406	2	806	2
407	2	807	2
409	2	809	2
500	2	Total	175

MONTCLAIR NURSING AND REHABILITATION CENTER

ALZHEIMER'S SPECIAL CARE DISCLOSURE ACT

PHILOSOPHY

Provide a safe, protective, low stimulus environment where demented individuals can interact with others who have similar problems and to adapt the environment to meet the needs of these individuals with behavior problems, without the use of chemical or physical restraints, whenever possible.

MISSION

To respectfully, enable residents with dementia to thrive, developing their competencies and improving or compensating the effect of their dysfunction to produce a state of well-being in residents and families.

CRITERIA USED FOR PLACEMENT, TRANSFER, AND DISCHARGE FROM THE UNIT

PLACEMENT IN AND TRANSFER TO THE UNIT

Primary or secondary diagnosis of Alzheimer's Disease or related disorders.

Wanders and gets lost on more than one shift.

Is dangerous to self and/or others (manifests agitation of unpredictable type and lack of self-control).

Lacks insight and unable to judge needs appropriately.

Repetitive socially unacceptable behavior.

DISCHARGE FROM UNIT

Medical needs requiring transfer to acute level of care.

Level of cognition change.

All verbal and psychomotor ability lost.

No longer dangerous to self or others.

No longer at risk for wandering.

No longer able to participate in the activities of the unit.

PROCESS USED FOR ASSESSMENT OF THE CARE PLAN

All residents have admitting and quarterly assessments using the MDS which is a State and Federal required form. Based on the information gathered from this instrument, an individualized care plan is developed and implemented.

STAFF TRAINING AND CONTINUING EDUCATION PRACTICES

At least eight hours prior training and orientation beyond basic nursing or nursing assistant skills regarding communication techniques in Alzheimer's Disease care and approaches to difficult behaviors.

Continuing education includes activity development, team participation, additional communication skills and behavioral management as well as mandatory inservices.

PHYSICAL ENVIRONMENT AND DESIGN FEATURES OF THE UNIT

This is a segregated, homelike, secure unit with special design features to promote sheltered freedom and visual cues to accommodate perceptual problems and appeal to all the senses in a dignified, personalized, safe and maximally predictable manner. A dining and activity area is located within the unit and a secure courtyard is available with assisted access.

FREQUENCY AND TYPE OF RESIDENT ACTIVITIES

Daily and ongoing activities which are meaningful to the participant, enjoyable, satisfying, affirm dignity, fulfill basic needs and guide use of remaining skills to promote independence and maintain retained abilities and function for as long as possible and reduce the potential number of empty hours.

INVOLVEMENT OF FAMILIES AND THE AVAILABILITY OF A FAMILY SUPPORT PROGRAM

Families are encouraged to have as much involvement as possible, to be fully informed of the resident's status at all times, to be involved as much as they wish and to be assisted with visitation and participation in group activities to sustain the relationship with the resident for the resident's benefit as well as theirs. Family support groups are conducted with multi-disciplinary leadership. The Alzheimer's Association is also used as referral to families for support.

COST OF CARE AND ANY ADDITIONAL FEES THAT MAY BE CHARGED

Rates and charges are established for the unit in the same manner as the general population. Base room rates are charged for the specific commonalities such as room, meals, laundry, and routine services as listed in the rate sheet. Care costs are assessed by the use of a special tool applying points to care needs thus allowing a resident to pay for care that they receive and not a flat rate which helps to subsidize other residents' care.

Jobman, Donna

Subject: FW: Omaha, Montclair Nursing & Rehab Ctr Renewal

From: DURRANTBUCKLE, DENISE [<mailto:DENISE.DURRANTBUCKLE@consulatehc.com>]

Sent: Tuesday, March 01, 2016 2:33 PM

To: DHHS Health Care Facilities

Cc: Montclair - Executive Dir.

Subject: RE: Omaha, Montclair Nursing & Rehab Ctr Renewal

As requested, the cost of care is \$236/day. There are no additional charges or fees.

Thanks

Denise Durrant-Buckle

Licensing Manager

Consulate Health Care

115 Perimeter Center Place NE, Suite 600

Atlanta, GA 30346-1277

www.consulatehealthcare.com

d. 770.730.1263

f. 770.677.1646



CONSULATE HEALTH CARE

At the Heart of Caring

-----Original Message-----

From: DHHS Health Care Facilities [DHHS.HealthCareFacilities@nebraska.gov]

Sent: Friday, February 19, 2016 02:45 PM Eastern Standard Time

To: Montclair HC - Administrator

Subject: Omaha, Montclair Nursing & Rehab Ctr Renewal

The nursing home renewal application has been received and reviewed. The following is needed to complete the renewal process:

The disclosure information required by the Alzheimer's Special Care Disclosure Act that was submitted is missing the rate sheet for the cost of care and additional fees.

71-516.04. Facility; disclosures required; department; duties. Any facility which offers to provide or provides care for persons with Alzheimer's disease, dementia, or a related disorder by means of an Alzheimer's special care unit shall disclose the form of care or treatment provided that distinguishes such form as being especially applicable to or suitable for such persons. The disclosure shall be made to the Department of Health and Human Services Regulation and Licensure and to any person seeking placement within an Alzheimer's special care unit. The department shall examine all such disclosures in the records of the department as part of the facility's license renewal procedure at the time of licensure or relicensure. The information disclosed shall explain the additional care provided in each of the following areas:

- (1) The Alzheimer's special care unit's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with Alzheimer's disease, dementia, or a related disorder;

- (2) The process and criteria for placement in, transfer to, or discharge from the unit;
- (3) The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;
- (4) Staff training and continuing education practices;
- (5) The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
- (6) The frequency and types of resident activities;
- (7) The involvement of families and the availability of family support programs; and
- (8) **The costs of care and any additional fees.**

This information is necessary before the application is considered complete. If you have any questions or need additional information, please contact our office. Thank you!

Office of Long Term Care Facilities – Licensure Unit
Division of Public Health – DHHS
PO Box 94986, 301 Centennial Mall South
Lincoln NE 68509-4986
(402)471-3324 FAX: (402)471-0555



CONSULATE HEALTH CARE

At the Heart of Caring

February 15, 2016

Via: FEDERAL EXPRESS
(Overnight Delivery)

LICENSURE UNIT

FEB 16 2016

RECEIVED

Nebraska Department of Health and Human Services
Licensure Unit, Credentialing Division
Attn: Eve Lewis
301 Centennial Mall South, 3rd Floor
Lincoln, NE 68509

RE: Montclair HealthCare, LLC
d/b/a Montclair Nursing and Rehabilitation Center
2525 South 135th Avenue, Omaha, NE 68144
Licensure Period 4/1/2016 - 3/31/2017

Dear Ms. Lewis:

On behalf of the above referenced nursing facility, please find enclosures as listed below:

- Check No. 302017459 in the amount of \$1,950.00
- Nursing Home Licensure Renewal Application
- Certificate of Authority
- Ownership information
- Alzheimer's Special Care Disclosure
- Fire Marshal's Certificate of Occupancy
- Floor Plan

Please note that Medicare MACs and FIs require a provider's legal name and/or doing business name, to match exactly on the facility's license and in the Medicare enrollment records. In order to avoid potential issues during Medicare revalidation and to avoid the need for a corrected license, please issue the new license in the legal and/or business name as reflected in the attached license renewal application

Should you have any further questions or need additional information, please contact me at denise.durrantbuckle@consulatemgt.com or (770) 730-1263 or the administrator Rosalyn Burke, at (402) 333-2304.

Sincerely,


Denise Durrant-Buckle
Licensing Manager

Enclosures

cc: Rosalyn Burke

115 Perimeter Center Place NE, Suite 600 | Atlanta, GA 30346
p. (770) 689-9040 f. (770) 730-1268 | www.consulatehealthcare.com