

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

3/30/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Falls City Nursing and Rehabilitation Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	Lic # 664002
<b>EXPIRES</b> 03/31/2017	  Courtney Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Falls City Nursing and Rehabilitation Center  
ADDRESS: 1720 BURTON DRIVE, FALLS CITY, NE 68355

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.



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

Make Payment to DHHS LU

Renewal Fees:  
1 - 50 beds: \$1550  
51 - 100 beds: \$1750  
101 or more: \$1950

Expiration Date

03/31/2015

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:

Falls City Nursing and Rehabilitation Center  
1720 BURTON DRIVE  
FALLS CITY, NE 68355

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

LICENSURE UNIT

MAR 21 2016

RECEIVED

LICENSE NO: 664002

TELEPHONE NUMBER: (402) 245-4466

FAX NUMBER: (402) 245-4418

ADMINISTRATOR: DAVID YOUNG Spencer Morris

DIRECTOR OF NURSING: TERRI ERNEST, R.N. Michelle Frederick

E-Mail Address, if available: FallsCity@onsignerservice.net Survey-FallsCity@onsignerservice.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 65

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.

Current Services

PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: STANTON LAKE HEALTHCARE, INC  
(Legal Name of individual or business organization)

MAILING ADDRESS: 1720 BURTON DRIVE  
FALLS CITY, NE 68355

8. BUSINESS ORGANIZATION: (Check one):

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

REC'D - DHSS ACCOUNTING  
MAR 23 A 8:08  
(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.

Soan Burnam  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Beverly Wittkind  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature] / SIGNATURE

3/9/16  
DATE  
3/9/16  
DATE

1-9-15



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

LICENSURE UNIT

MAR 11 2016

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date  
03/31/2018

Nursing Home Licensure Renewal Application

RECEIVED

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

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:  
Falls City Nursing and Rehabilitation Center  
1720 BURTON DRIVE  
FALLS CITY, NE 68355

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

LICENSE NO: 664002  
 TELEPHONE NUMBER: (402) 245-4466  
 FAX NUMBER: (402) 245-4418  
 ADMINISTRATOR: DAVID YOUNG *Spencer Morris* cc KD  
 DIRECTOR OF NURSING: ~~TERRI ERNESTI, R.N.~~ *Michelle Frederick* ✓  
 E-Mail Address, if available: ~~FallsCity@onsiangroup.net~~ *Survey-FallsCity@onsianservices.net* ✓

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
 4. NUMBER OF BEDS TO BE RELICENSED: 65

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: STANTON LAKE HEALTHCARE, INC  
 (Legal Name of individual or business organization)  
 MAILING ADDRESS: 1720 BURTON DRIVE  
 FALLS CITY, NE 68355

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.

*Swan Burnam*  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

*Beverly Wittkind*  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
 SIGNATURE

*3/9/16*  
 DATE

*3/9/16*  
 DATE

**FALLS CITY NURSING AND REHABILITATION CENTER**

**CORPORATE ORGANIZATION CHART**

**List of names and addresses of all persons in control of the facility.**

**STANTON LAKE HEALTHCARE, INC., DBA FALLS CITY NURSING AND REHABILITATION**

1720 Burton Drive  
Falls City, NE 68355  
Phone: (402) 245-4466

**Officers:**

Michael Clegg, President  
Beverly Wittekind, Secretary  
Soon Burnam, Treasurer  
Christopher Christensen, Director

**GATEWAY HEALTHCARE, INC. (100% SHAREHOLDER OF STANTON LAKE HEALTHCARE, INC.)**

27101 Puerta Real, Suite 450  
Mission Viejo, CA 92691  
Phone: 949-487-9500

**Officers:**

Michael Clegg, President  
Beverly Wittekind, Secretary  
Soon Burnam, Treasurer  
Christopher Christensen, Director

**THE ENSIGN GROUP, INC., (100% SHAREHOLDER OF GATEWAY HEALTHCARE, INC.)\***

27101 Puerta Real, Suite 450  
Mission Viejo, CA 92691  
Phone: 949-487-9500

**Officers:**

Christopher Christensen, President and CEO

\*The Ensign Group, In. (NASDAQ: ENSG) is a publicly-traded company and its shares may be acquired, held and disposed of by independent investors and institutions without concurrent notice to the Company. Although public investors may at times exceed the 5% threshold, the Company has no way of knowing the current amount of any public investor's holdings, and has only undertaken to disclose those 5% or more shareholders known to the Company and involved in its business.

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403254

Name of Facility: Falls City Nursing and Rehabilitation Center  
Type of Facility: Nursing Home  
Location: 1720 Burton Drive Falls City  
Maximum Occupancy: 65 Beds  
Date Issued: 11/9/2015

Approved By:

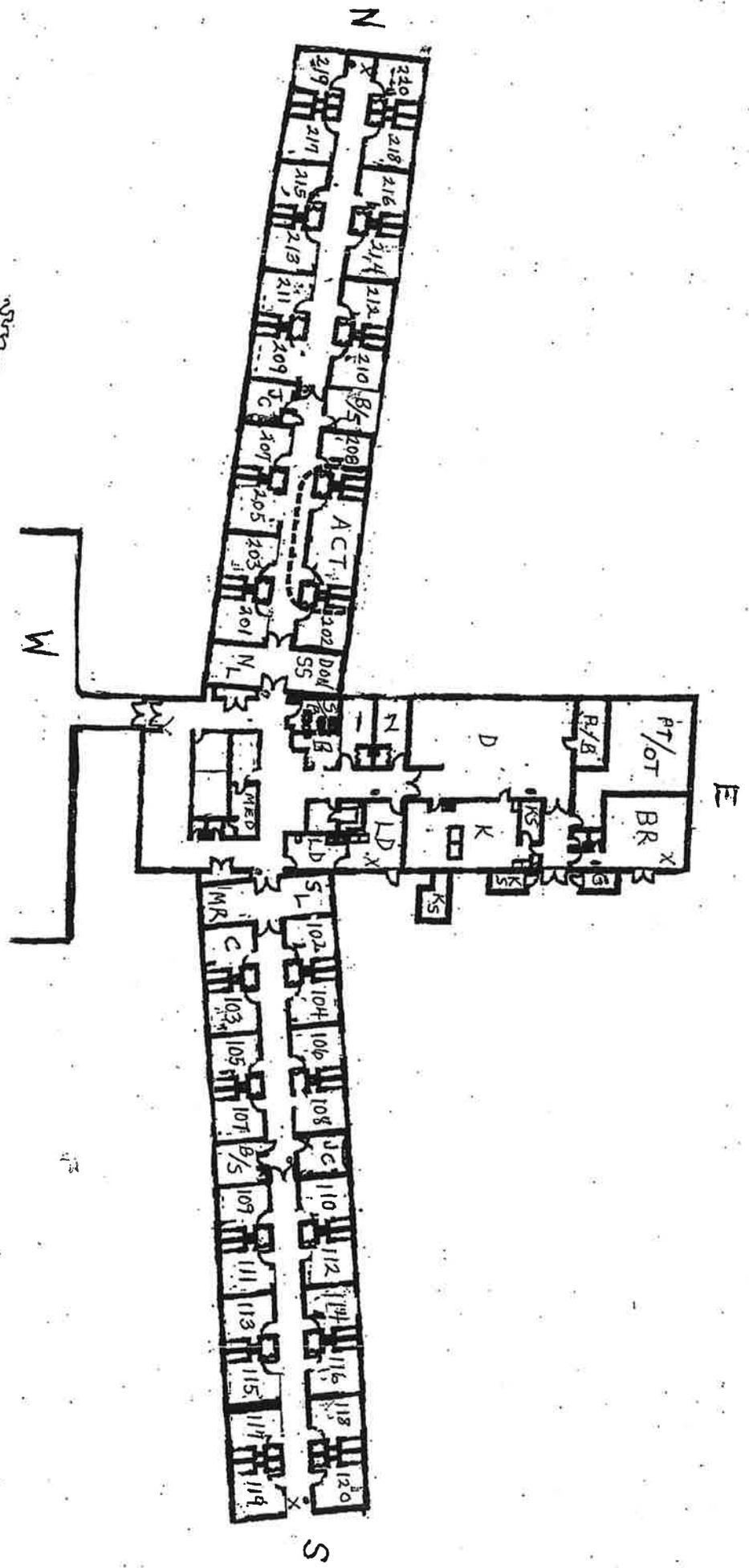
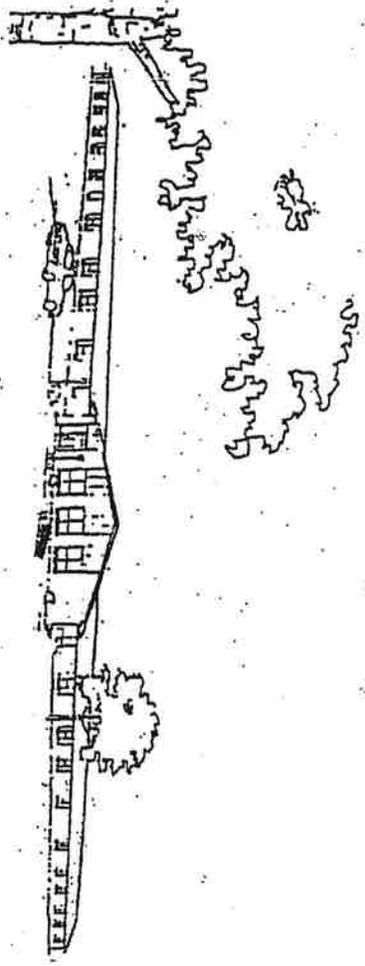
Inspected By: 8713 Alan Viox  
Deputy State Fire Marshal

State Fire Marshal



## POST IN PROMINENT PLACE

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



LONG TERM CARE BED COUNT RECORD

Facility: <i>Falls City Nursing &amp; Rehabilitation</i>	Location: <i>Falls City, NE</i>	Licensed Capacity: <i>63</i>	Date: <i>1-18-15</i>
Wing/Floor: <i>ALL</i>	<input checked="" type="checkbox"/> SNF/NF dual <input type="checkbox"/> SNF only	<input type="checkbox"/> NF only <input type="checkbox"/> ICF only	

Room Number/ Unit	Licensed Beds	Occupied Beds	SNF/NF Beds	SNF Beds	NF Beds	Remarks:
1	1	1	1			
2	1	1	1			
102	2	0	2			Bed Hold
103	1	0	1			
104	2	1	2			
105	2	1	2			
106	2	1	2			
107	2	1	2			
108	1	1	1			
109	2	1	2			
110	2	1	2			
111	2	1	2			
112	2	0	2			
113	2	0	2			
114	2	0	2			
115	2	0	2			
116	2	0	2			
117	1	1	1			
118	1	0	1			
119	1	0	1			
120	1	1	1			
201	2	0	2			
202	1	1	1			
203	2	2	2			
204	2	2	2			
205	1	0	1			
208	1	1	1			
209	2	2	2			
210	2	1	2			
211	2	2	2			
212	2	0	2			
213	2	0	2			
214	2	1	2			
215	2	1	2			
216	2	1	2			
217	1	1	1			
218	1	1	1			
219	1	1	1			
220	1	1	1			
TOTAL	63	30	63			

Place Totals in last row on last page

*David Young*  
Administrator

- Instructions:
1. Total all columns and put totals in last row on last page
  2. Staple all Bed Count pages together
  3. Signature and title of person preparing Bed Count on last page