

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

KD/LS
4-28-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Nebraska Skilled Nursing & Rehab
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 264002

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY

EXPIRES
03/31/2017



Courney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Nebraska Skilled Nursing & Rehab
ADDRESS: 7410 MERCY ROAD, OMAHA, NE 68124

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
03/31/2016

Nursing Home Licensure Renewal Application

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

IDENTIFYING INFORMATION

LICENSURE UNIT

APR 25 2016

RECEIVED

1. NAME AND ADDRESS OF FACILITY:

Nebraska Skilled Nursing & Rehab
7410 MERCY ROAD
OMAHA, NE 68124

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

LICENSE NO: 264002

TELEPHONE NUMBER: (402) 397-1220

FAX NUMBER: (402) 397-4102

ADMINISTRATOR: TAMMY WESTON

DIRECTOR OF NURSING: KIM NICHOLS, R.N.

E-Mail Address, if available: Nebraska027@covenantcare.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 174

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: COVENANT CARE MIDWEST, INC.

(Legal Name of individual or business organization)

MAILING ADDRESS: 27071 ALISO CREEK ROAD, SUITE 100
ALISO VIEJO, CA 92656

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

2016 APR 25 12:08
REC'D HHS ACCOUNTING

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.

Dava A. Ashley, COO

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Kevin Carney - CFO

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

4/18/16
DATE
4/18/16
DATE



Professional Corporation
One American Square, Suite 2000
Box 82064, Indianapolis, IN 46282
www.hallrender.com

Brian D. Jent
E-Mail: bjent@hallrender.com
Direct Dial: 317.977.1402
Fax: 317.633.4878

November 15, 2013

VIA UPS

Ms. Helen Meeks
Administrator
Nebraska Department of Health & Human Services
Licensure Unit
301 Centennial Mall South, Third Floor
P.O. Box 94986
Lincoln, Nebraska 68509-4986

Re: Covenant Care Midwest, Inc. Notification of Change of Officers

Dear Ms. Meeks,

Please allow this letter to serve as notice of the change of corporate officers for the following Covenant Care Midwest, Inc. facility:

- Nebraska Skilled Nursing and Rehabilitation, Facility No. 264002.

Effective November 1, 2013 the corporate officers are as follows:

- Robert A. Levin, Chief Executive Officer
- Robert F. Donovan, President
- Mary A. Evans, Executive Vice President
- Dava A. Ashley, Chief Operations Officer
- Christine M. Sims, Executive Vice President
- Kevin Carney, Chief Financial Officer
- Andrew F. Torok, Executive Vice President, Secretary and General Counsel.

If you have any questions or concerns regarding the foregoing, please contact me at your earliest convenience. Thank you for your attention to and assistance with this matter.

Very truly yours,

HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.



Brian D. Jent /

1492722v.1

ATTACHMENT A - DISCLOSURE OF OWNERSHIP – COVENANT CARE MIDWEST, INC.

NAME	ADDRESS	OWNERSHIP / RELATIONSHIP
Covenant Care California, LLC	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	100% stockholder of Covenant Care Midwest, Inc.
Covenant Care, LLC	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	100% member of Covenant Care California, LLC
Covenant Subco, LLC	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	100% member of Covenant Care, LLC
Covenant Holdco, LLC	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	100% member of Covenant Subco, LLC
Sims, Christine M.	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	Director; Member 11.3% of Covenant Holdco, LLC
Torok, Andrew F.	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	Member 11.3% of Covenant Holdco, LLC
Evans, Mary A.	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	Member 11.3% of Covenant Holdco, LLC
Levin, Robert A.	27071 Aliso Creek Road, Ste. 100 Aliso Viejo, CA 92656-5325	Director; Member 13.1% of Covenant Holdco, LLC
Centre Covenant Purchaser (Q), LLC	825 Third Avenue, 40th Floor New York, NY 10022-7592	Member 11.7% of Covenant Holdco, LLC
Centre Covenant Purchaser (S), LLC	825 Third Avenue, 40th Floor New York, NY 10022-7592	Member 11.7% of Covenant Holdco, LLC
Centre Covenant Purchaser (B), LLC	825 Third Avenue, 40th Floor New York, NY 10022-7592	Member 24.4% of Covenant Holdco, LLC
Centre Bregal Partners II, LP	825 Third Avenue, 40th Floor New York, NY 10022-7592	Indirect Member 24.4% of Covenant Holdco, LLC through Centre Covenant Purchaser (B), LLC
Centre Capital Investors, V, LP	825 Third Avenue, 40th Floor New York, NY 10022-7592	Indirect Member 11.7% of Covenant Holdco, LLC through Centre Covenant Purchaser (Q), LLC
Stockwell Fund, II, LP	222 West Adams Street, Suite 1000 Chicago, IL 60606-5312	Indirect Member 11.7% of Covenant Holdco, LLC through Centre Covenant Purchaser (S), LLC
State Treasurer of Michigan Cust. Of PS Retirement System	2501 Coolidge Road East Lansing, MI 48823-6352	Indirect Member 11.5% of Covenant Holdco, LLC through Stockwell Fund, II, LP
MidCap Funding IV, LLC	c/o MidCap Financial, LLC, MBR 7735 Old Georgetown Rd., Ste. 400 Bethesda, MD 20814-6207	Security Holder through Covenant Care California, LLC

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403161

Name of Facility: Nebraska Skilled Nursing and Rehab

Type of Facility: Nursing Home

Location: 7410 Mercy Road Omaha

Maximum Occupancy: 174 Beds

Date Issued: 8/19/2015

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.

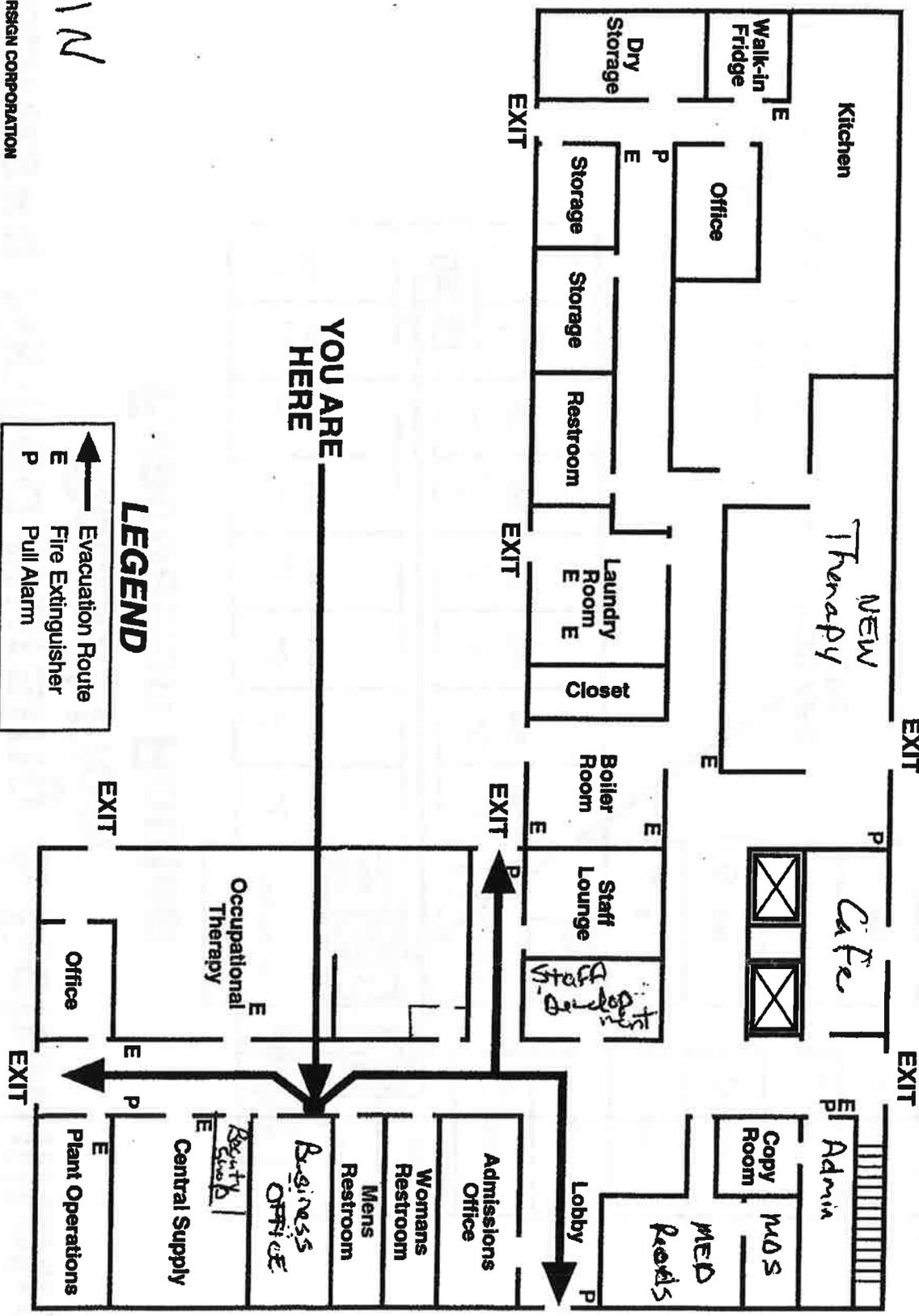
Nebraska Skilled Nursing & Rehabilitation

First Floor Evacuation Routes

Le/Cent

for 174

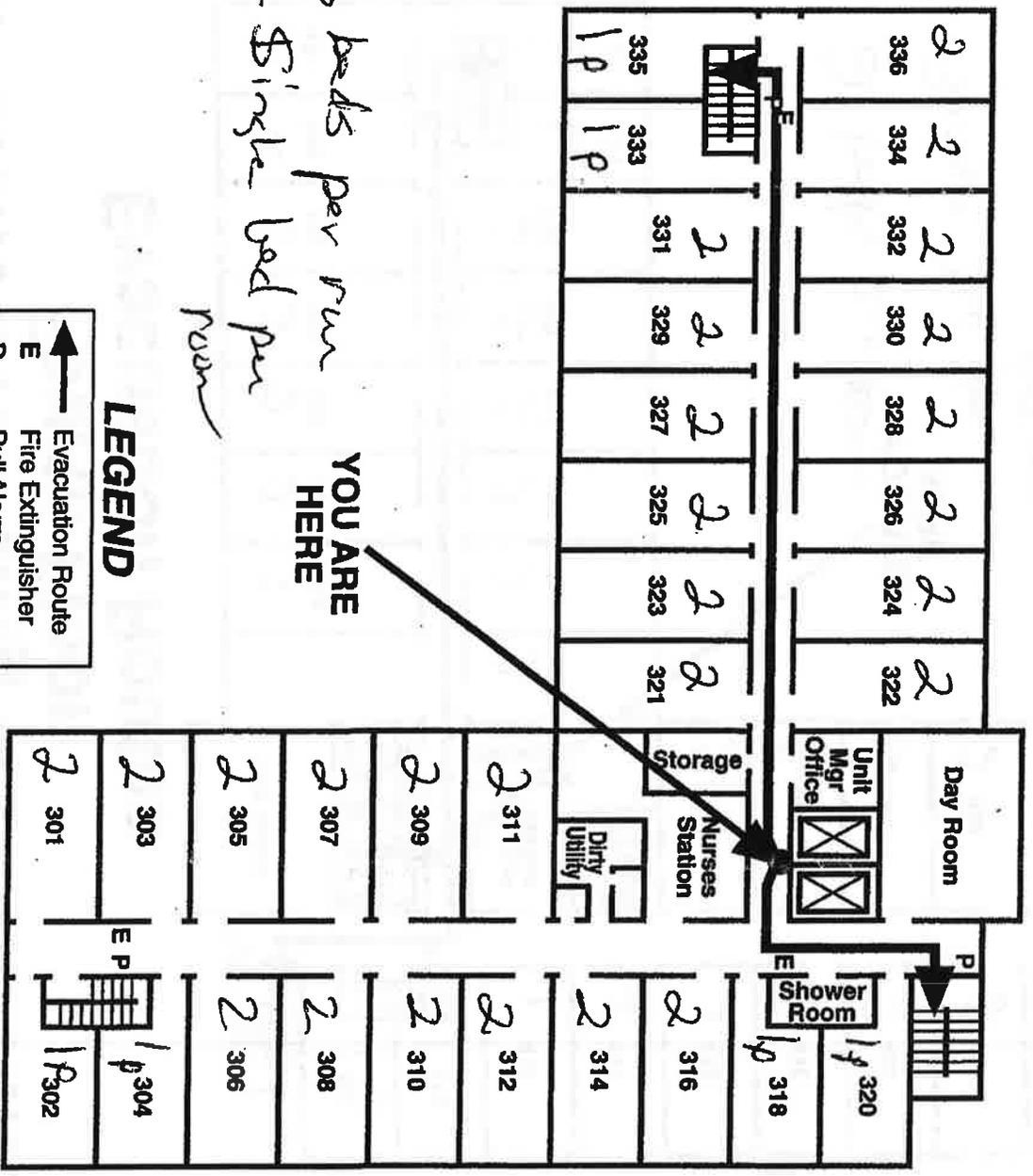
beds



MAIN

Nebraska Skilled Nursing & Rehabilitation

Third Floor Evacuation Routes



2 => beds per room
 1p - Single bed per room

YOU ARE
 HERE

LEGEND



3rd Floor