

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

2/10/16 di

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Midwest Covenant Home	
MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 644002	
EXPIRES 03/31/2017	 [Redacted Signature] Joseph M. Acierno, M.D., J.D., Chief Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Midwest Covenant Home

ADDRESS: P O BOX 367, 615 EAST 9TH STREET, STROMSBURG, NE
68666

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.

9/2/15



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

LICENSURE UNIT

FEB 01 2016

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
[X] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Midwest Covenant Home
P O BOX 367, 615 EAST 9TH STREET
STROMSBURG, NE 68666

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

[Blank lines for mailing address]

LICENSE NO: 644002

TELEPHONE NUMBER: (402) 764-2711

FAX NUMBER: (402) 764-4352

ADMINISTRATOR: CINDY TAPPHORN

DIRECTOR OF NURSING: TRACI CLOUSE, R.N.

E-Mail Address, If available: info@midwestcovenanthome.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 58

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] JCAHO [X] Medicare [X] Medicaid [] Other

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

2016 FEB - 8 A 11: 11
REC'D HHS ACCOUNTING
Current Services

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MIDWEST COVENANT HOME, INC

(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 367, 615 EAST 9TH STREET
STROMSBURG, NE 68666

8. BUSINESS ORGANIZATION: (Check one):

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

(check one)
[] Profit [X] 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.

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Ben Bergeron, Board President

SIGNATURE [Redacted]

DATE 1-28-16

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Elliot Yungdahl, V. Pres.

SIGNATURE [Redacted]

DATE 1-28-16

**MIDWEST COVENANT HOME
BOARD OF DIRECTORS
May 2015**

(1) Ben Berggren, President
12174 P Road
Stromsburg, NE 68666
Home: 402-764-7291
Office: 402-764-4341
E-mail: bberggren@bankonheritage.com
2nd Term Ends 2016 - Chamber Appt.
23

(2) Elliot Yungdahl, Vice President
12663 Center Road
Stromsburg, NE 68666
Home: 402-764-8156
Work: 402-764-2827
Cell: 402-363-3301
E-mail: ecyungdahl@hotmail.com
1st Term Ends 2015 - City Appt.

(3) Eleanor Greenwall, Treasurer
615 Seminary St.
Stromsburg, NE 68666
Home: 402-764-5993
E-mail: bobandeleanorgreenwall@gmail.com
1st Term Ends 2016 - City Appt.

(4) Grace Gerrard, Secretary
814 E 7th St
Stromsburg, NE 68666
Home: 402-764-6811
Work: 402-764-4381
Cell: 402-366-2491
E-mail: ggerrard@pcrppd.com; ggerrard@windstream.net
1st Term Ends 2015 - Chamber Appt.

(5) Lyle Person
7820 S 162nd St.
Omaha, NE 68136
Home: 402-932-3418
Cell: 402-443-6584
E-mail: lyleperson@gmail.com
1st Term Ends 2016 - Covenant Appt.

(6) Cathy Johnson
P O Box 115, 12487 Center Rd
Stromsburg, NE 68666
Home: 402-764-2772
Cell: 402-604-0817
E-mail: cathernj55@yahoo.com
1st Term Ends 2017 - Covenant Appt.

(7) Renee Schnieder, Bethlehem Covenant, Waverly, NE
3550 Elm St, PO Box 201
Davey, NE 69336
Cell: 402-430-0123
Email: rschnieder@earthlink.net
1st Term Ends 2017 - Covenant Appt.

(8) Barbara Cotter
509 E 5th Street
Stromsburg, NE 68666
Home: 402-764-7301
Cell: 402-363-8327
Email: barbc61@gmail.com
1st Term Ends 2017 - City Appt.

(9) Connie Nuttelman
P O Box 448
Stromsburg, NE 68666
Home: 402-764-5379
Email: valkommen@windstream.net
1st Term ends 2018- Covenant Appt
DC

(10) Janice Randell
P O Box 386
Stromsburg, NE 68666
Home: 402-764-4691
Email: hogetldy@windstream.net
1st Term Ends 2018 - Covenant Appt.
S I

Rev. Tammy Swanson-Draheim
Legacy Row Building, Suite 101
17310 Wright St
Omaha NE 68130
Cell: 641-512-6003
Fax: 402-334-3060
E-mail: mwcken@qwestoffice.net
Supt. MW Conference of ECC
L

Cindy Tapphorn, Administrator - Non-voting Member
Midwest Covenant Home
615 E. 9th Street
Stromsburg, NE 68666
Office: 402-764-2711
Cell: 402-745-0352
Fax: 402-764-4299
E-mail: cindy@midwestcovenanthome.org

Total 11 voting members

*11 Board Members: 1 - Superintendent; 5 - Conference;
5 - Local (3 City/2 Chamber)

*Elected Members serve 2 - 3 year terms.

*Local Members are appointed by Stromsburg City
Council and Stromsburg Chamber of Commerce.

*Conference Members are elected at the Annual Meeting
of the MWC of the ECC.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403150

Name of Facility: **Midwest Covenant Home**
Type of Facility: **Nursing Home**
Location: **615 E 9th St., Stromsburg**
Maximum
Occupancy: **58 Beds**
Date Issued: **9/2/2015**

Approved By:



Inspected By: **8725 Susen Lindner**
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.



Midwest Covenant Home

615 E. 9th Street PO Box 367

Stromsburg, NE 68666

(402) 764-2711 Fax: (402) 764-4352

Info@midwestcovenanthome.org

Room #	# of Licensed Beds	Room #	# of Licensed Beds
W3	2	E2	1
W4	1	E3	1
W5	2	E4	2
W6	1	E5	1
W7	2	E6	2
W8	1	E7	1
W9	2	E8	2
W10	1	E9	1
W12	1	E10	2
N1	1	E11	1
N2	1	E12	2
N3	1	S1	1
N4	1	S2	1
N5	1	S3	1
N6	1	S4	1
N7	1	S5	1
N8	1	S6	1
N9	1	S7	1
N10	1	S8	1
N11	1	S9	1
N12	1	S10	1
N13	1	S11	1
N14	1	S12	1
N15	1	S14	1
N16	1		

Total Licensed Beds for Midwest Covenant Home = 58