

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

2/16/16 dj

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

The Ambassador Lincoln
MEETS STATUTORY REQUIREMENTS AS
SKILLED NSG/NSG FAC DISTINCT PART

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY

Lic # 504002

EXPIRES
03/31/2017

 
Courtney A. Pringle, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: The Ambassador Lincoln
ADDRESS: 4405 NORMAL BLVD, LINCOLN, NE 68506

This is to verify that your SKILLED NSG/NSG FAC DISTINCT PART 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 10 2016

5-6-15



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

1. NAME AND ADDRESS OF FACILITY:

The Ambassador Lincoln
4405 NORMAL BLVD
LINCOLN, NE 68506

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

LICENSE NO: 504002

TELEPHONE NUMBER: (402) 488-2355

FAX NUMBER: (402) 488-2779

ADMINISTRATOR: BENJAMIN EDDY

DIRECTOR OF NURSING: MARJORIE HAIDER, R.N.

E-Mail Address, if available: AmbassadorLincoln@ambhealthsys.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 122

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

REC'D HHS ACCOUNTING
2016 FEB 11 AM 11:01

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: THE AMBASSADOR LINCOLN, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: 1240 N 19TH STREET, PO BOX 640
NEBRASKA CITY, NE 68410

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.

Timothy J Juilfs
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Sally M Juilfs
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2-1-2016
DATE
2-1-2016
DATE

Disclosure of Ownership and Controlling Interest Statement

Name and Address of Facility : The Ambassador Lincoln, Inc. 4405 Normal Blvd. Lincoln, NE 68506	Type of License: SNF
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Type of Entity	Sole Proprietorship	Unincorporated Association	<input checked="" type="checkbox"/> Corporation
	Partnership	Other (Specify) _____	

List names, addresses for each individual owners, partners, member of board of directors owning or managing facility.

Name & Title	Address (street, city, state & zip code)
Timothy J. Juilfs, Board of Director/Owner	PO BOX 640, Nebraska City, 68410
Sally M. Juilfs, Board of Director/Owner	PO BOX 640, Nebraska City, 68410
The Ambassador Group Inc. /Management Co	PO BOX 640, Nebraska City, 68410
The Ambassador Holding Company Inc. / Parent	PO Box 640, Nebraska City, 68410

List any other person with financial interest or investments in facility

Name & Title	Address (street, city, state, & zip code)

Affidavit

State of Nebraska _____

County of Otoe

I, Timothy J. Juilfs _____ certify that the information contained herein is complete and true to the best of my knowledge.

Timothy J. Juilfs _____


 Signature _____

Authorized Representative

Owner/CEO _____

Date
2-5-2016

Title

Sworn to and I subscribed before me on the 5th of Feb, 2016



Connie S. Ehlers

Notary Public

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403040

Name of Facility: **The Ambassador - Lincoln**

Type of Facility: **Nursing Home**

Location: **4405 Normal Blvd, Lincoln**

Maximum
Occupancy: **122 Beds**

Date Issued: **5/6/2015**

Approved By:

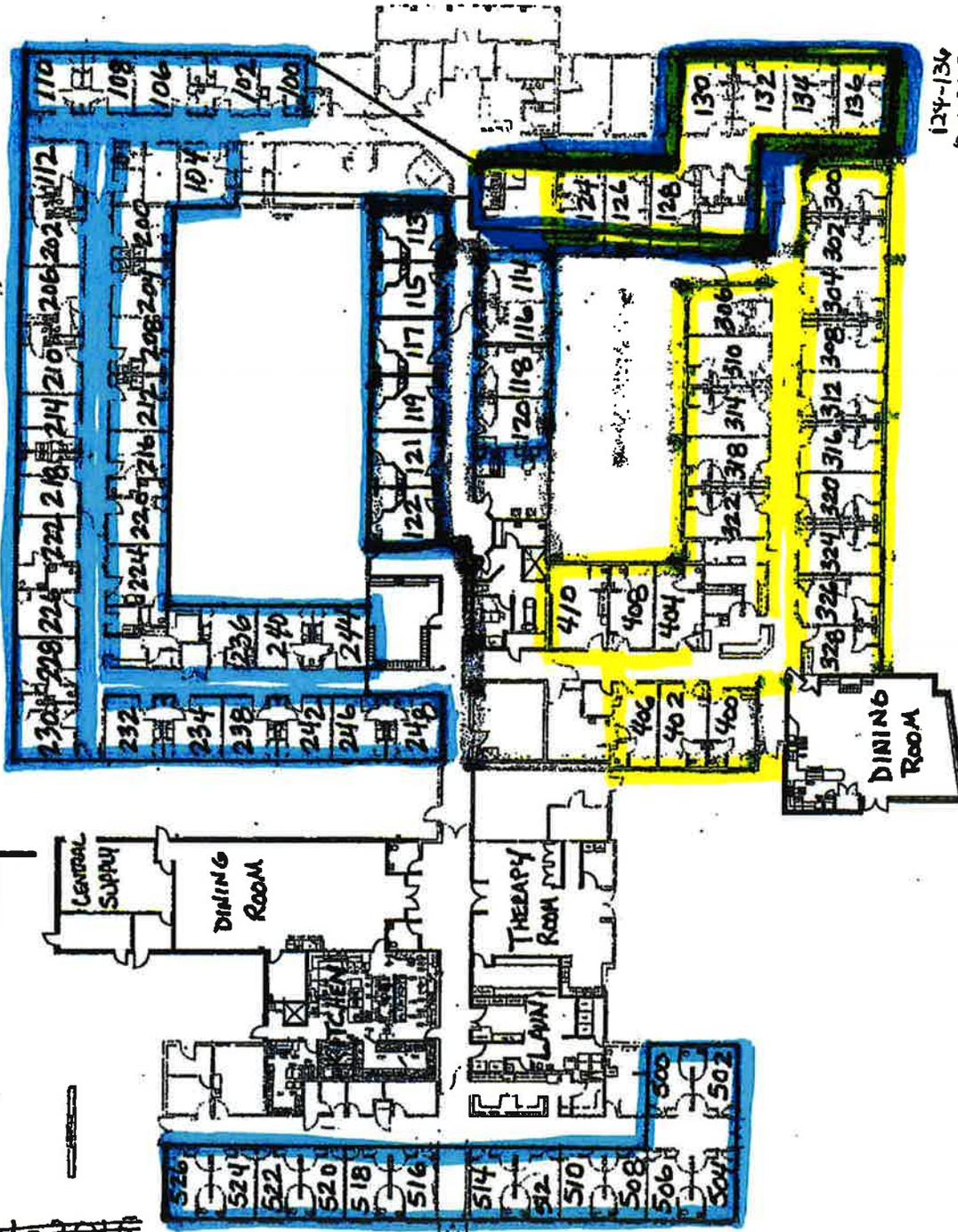
Inspected By: **8725 Susen Lindner**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

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



124-134
 10-1-2015
 DIC

~~1-2015~~

Dual Certified █
 MCR + MCD

Medicare Certified █

MCR Unit 21
 LTC A = 81 24 100 W + Middle + 100 E
 LTC B = 82 25

Palm
 70
 14
 84

The Ambassador
 Current Floor Plan



1 Floor Plan
 Scale 1" = 10'

11/17/11

DAVIS
 DESIGN
 Architecture • Engineering • Interior Design

400 South West Street
 Ocala, FL 32707
 Phone (352) 745-4007
 Fax (352) 745-4008

FACILITY LOCATION:

The Ambassador Lincoln

Effective Date: July 1, 2012

Room #	Lic. Beds	Medi- caid	Medi- care	Room #	Lic. Beds	Medi- Caid	Medi- care	Room #	Lic. Beds	Medi- Caid	Medi- Care
100	1	1	1	212	1	1	1	322	2		2
102	1	1	1	214	2	2	2	324	2		2
104	2	2	2	216	2	2	2	326	2		2
106	1	1	1	218	2	2	2	328	1		1
108	1	1	1	220	2	2	2	400	1		1
110	1	1	1	222	2	2	2	402	1		1
112	2	2	2	224	2	2	2	404	1		1
113	1		1	226	2	2	2	406	1		1
114	1		1	228	2	2	2	408	1		1
115	1		1	230	2	2	2	410	2		2
116	1		1	232	2	2	2	500	1	1	1
117	1		1	234	2	2	2	502	1	1	1
118	1		1	236	1	1	1	504	1	1	1
119	1		1	238	2	2	2	506	1	1	1
120	1		1	240	2	2	2	508	1	1	1
121	1		1	242	2	2	2	510	1	1	1
122	1		1	244	2	2	2	512	1	1	1
124	2	2	2	246	2	2	2	514	1	1	1
126	2	2	2	248	2	2	2	516	1	1	1
128	1	1	1	300	2		2	518	1	1	1
130	1	1	1	302	2		2	520	1	1	1
132	1	1	1	304	2		2	522	1	1	1
134	1	1	1	306	1		1	524	1	1	1
136	1	1	1	308	2		2	526	1	1	1
200	1	1	1	310	2		2				
202	2	2	2	312	2		2				
204	1	1	1	314	2		2				
206	2	2	2	316	2		2				
208	1	1	1	318	2		2				
210	2	2	2	320	2		2				