


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

3/16/17  
js

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Park View Haven Nursing Home</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 124001	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2018	 Thomas L. Williams, MD - Chief Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Park View Haven Nursing Home

ADDRESS: 309 NORTH MADISON STREET, COLERIDGE, NE 68727

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  
3/31/2017

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:

Park View Haven Nursing Home  
309 NORTH MADISON STREET  
COLERIDGE, NE 68727

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSURE UNIT  
MAR - 6 2017  
RECEIVED

LICENSE NO: 124001

TELEPHONE NUMBER: (402) 283-4224

FAX NUMBER: (402) 283-4221

ADMINISTRATOR: SHERYL KALIN

DIRECTOR OF NURSING: KRISTINE KARNES-SNYDER, R.N.

E-Mail Address, if available: pvnhh@nntc.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 34

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: VILLAGE TRUSTEES OF COLERIDGE  
(Legal Name of individual or business organization)

MAILING ADDRESS: CORNER OF FULTON & MAIN  
COLERIDGE, NE 68727

8. BUSINESS ORGANIZATION: (Check one):

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

(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.

George R. Hefner  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Sheryl Kalin  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

2017 MAR 9 A 11:18  
HEALTH SERVICES

3-1-17  
DATE

3-1-17  
DATE

**PARK VIEW HAVEN  
NURSING HOME**

309 N. Madison  
Coleridge, NE 68727  
Ph: (402) 283-4224 • Fax (402) 283-4221  
www.parkviewhaven.org



*"Care with a Loving Touch"*

**THE EMBERS  
ASSISTED LIVING**

509 W. Cedar  
Coleridge, NE 68727  
Ph: (402) 283-5020 • Fax: (402) 283-5022  
www.theembers.org

March 2, 2017

Village of Coleridge, d/b/a  
Park View Haven  
309 North Madison  
Coleridge, NE 68727-2602

Listed below is the Village Board of Trustees:

George R. Hefner, 511 W. Broadway, Coleridge, NE 68727  
Greg Meier, 291 S. Madison, Coleridge, NE 68727  
Rod Hall, 413 S. Main, Coleridge, NE 68727  
Jessie Jackson, 213 N. Elm, Coleridge, NE 68727  
Gary Jansen, 220 E. Canfield, Coleridge, NE 68727

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 403716

Name of Facility: **Park View Haven Nursing Home**  
Type of Facility: **Nursing Home**  
Location: **309 N Madison St Coleridge**  
Maximum  
Occupancy: **35 Beds**  
Date Issued: **7/11/2016**

Approved By:

Inspected By: **8718 Don Fast**  
**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.

