

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

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

CHI Health St. Francis

MEETS STATUTORY REQUIREMENTS AS
LONG TERM CARE HOSP/DUAL
Lic # LTCH014



Courtnay R. [Redacted]
Chief Executive Officer
Department of Health and Human Services

EXPIRES
12/31/2016

Cut on heavy line and place on license.

FACILITY NAME: CHI Health St. Francis

ADDRESS: 2116 WEST FAIDLEY AVENUE, GRAND ISLAND, NE 68803

This is to verify that your LONG TERM CARE HOSP/DUAL 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.

*Sub
12-15-15
ADD*



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

Expiration Date

12/31/2015

Make payable to: DHHS

See license renewal letter for fees

Hospital Licensure Renewal Application

Hospital Type: Please Check
 Critical Access Hospital Psychiatric or Mental Hospital
 General Acute Hospital Long-Term Care Hospital Rehabilitation Hospital

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

CHI Health St. Francis
 2116 WEST FAIDLEY AVENUE
 GRAND ISLAND, NE 68803

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

LICENSE NO: LTCH014
 TELEPHONE NUMBER: (308) 384-4600
 FAX NUMBER: (308) 398-5589
 ADMINISTRATOR: DAN MC ELLIGOTT

LICENSURE UNIT
 DEC 11 2015
 RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. BED CLASSIFICATION: (Specify Number)

Acute _____ Other (Specify Type and Number) long-term care 36 Total Beds to be Licensed: **36**

5. DEEMED STATUS FOR LICENSURE: (Check if applicable) JCAHO ___ AOA ___ CARF ___ Medicare or Medicaid ___

OFFSITE LOCATIONS CURRENTLY LISTED IN OUR FILES (if any)

OWNERSHIP INFORMATION

6. OWNERSHIP OF FACILITY: ~~CATHOLIC HEALTH INITIATIVES~~ Saint Francis Medical Center
 (Legal Name of individual or business organization)

MAILING ADDRESS: ~~P O BOX 63660, 198 INVERNESS DR WEST STE 800 ENGLEWOOD, CO 80112~~ 21020 W Faidley Ave Grand Island, NE 68803

7. 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.

Richard L. Heriack
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Chill Robertson MD
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

MICHAEL T DEFRECE

RECEIVED
 2015 DEC 15 AM 9:28
 DIVISION OF LICENSING
 DHHS

11/19/2015
 DATE
10/23/2015
 DATE
11/19/15



PUBLIC LIST

BOARD OF DIRECTORS – FY16
16 Directors (2 Ex-Officio)

12809 West Dodge Road, Suite 300
 Omaha, NE 68154-2101
 402.343.4300
 402.343.4333 (fax)

Cliff A. Robertson, MD, Chief Executive Officer
 Michelle E. Anderson, Board Liaison
 michelle.anderson@alegent.org
 402.343.4340 (office)

Board Directors	Term/Expiration
Nathaniel S. Brackett, MD Medical Director – Emergency Medicine CHI Health Bergan Mercy 7500 Mercy Road, Omaha, NE 68124	First 2018
Larry E. Butler Attorney Butler, Volgt & Stewart, PC 2202 Central Avenue, Suite 200, Kearney, NE 68848	First 2016
Fr. James F. Clifton, SJ Associate Vice President – Health Sciences, Mission & Identity Creighton University 2500 California Plaza, Omaha, NE 68178	First 2015
Michael T. DeFreece – Board Secretary/Treasurer Treasurer H-Card, LLC 17330 Wright Street, Suite 105, Omaha, NE 68130	Second 2017
Gregory W. Heidrick, MD Obstetrics & Gynecology Lincoln OB-GYN, PC 301 South 70 th Street, Suite 200, Lincoln, NE 68510	First 2016
Sr. Nadine A. Heimann, OSF Provincial/President Sisters of Saint Francis 7665 Assisi Heights, Colorado Springs, CO 80919	First 2015
Richard L. Herink – Board Chair Market President First National Bank, Lincoln 134 South 13th Street, Suite 100, Lincoln, NE 68508	First 2015
Suzanne L. Hruza, MD Radiology Radiology Consultants of the Midwest, P.C. 14441 Dupont Court, Suite 304, Omaha, NE 68144	First 2017
Robert J. Lanik 6520 Ponderosa Circle, Lincoln, NE 68510	First 2018
Amy L. McGaha, MD Associate Professor & Residency Program Director Creighton University School of Medicine Department of Family Medicine 601 North 30th Street, Suite 6720, Omaha, NE 68131	First 2017
Edward R. O'Connor, PhD Provost Creighton University 2500 California Plaza, Omaha, Nebraska 68178	First 2018
Cliff A. Robertson, MD Chief Executive Officer – CHI Health Senior Vice President, Divisional Operations – Catholic Health Initiatives 12809 West Dodge Road, Suite 368, Omaha, NE 68154	Ex-Officio
Michael T. Rowan President, Health System Delivery & Chief Operating Officer Catholic Health Initiatives 198 Inverness Drive West, Englewood, CO 80112	Ex-Officio

Board Directors	Term/Expiration
Barry G. Sandstrom 1605 Stagecoach Road, Grand Island, NE 68801-7388	First 2016
Sr. Maryanne Stevens, RSM, PhD – Board Vice Chair President College of Saint Mary 7000 Mercy Road, Omaha, NE 68106	First 2016
Bill T. Yates Managing Director, Operations & Technology Finance TD Ameritrade 200 South 108th Avenue, Omaha, NE 68154	First 2018

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403093

Name of Facility: CHI Health St. Francis LTC

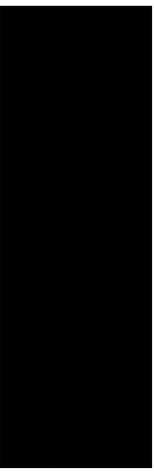
Type of Facility: Nursing Home

Location: 2116 W. Faidley Ave., Grand Island

Maximum Occupancy: 36 Beds

Date Issued: 6/25/2015

Approved By:



Inspected By: 8748 Mark Manchester
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.

Building: Memorial Health Center

Skilled

MHC-S320	Patient Room-S320	Patient Room	Skilled Nursing Unit
MHC-S321A	Patient Room-S321A	Patient Room	Skilled Nursing Unit
MHC-S321B	Patient Room-S321B	Patient Room	Skilled Nursing Unit
MHC-S322	Patient Room-S322	Patient Room	Skilled Nursing Unit
MHC-S323A	Patient Room-S323A	Patient Room	Skilled Nursing Unit
MHC-S323B	Patient Room-S323B	Patient Room	Skilled Nursing Unit
MHC-S324	Patient Room-S324	Patient Room	Skilled Nursing Unit
MHC-S325A	Patient Room-S325A	Patient Room	Skilled Nursing Unit
MHC-S325B	Patient Room-S325B	Patient Room	Skilled Nursing Unit
MHC-S326	Patient Room-S326	Patient Room	Skilled Nursing Unit
MHC-S327A	Patient Room-S327A	Patient Room	Skilled Nursing Unit
MHC-S327B	Patient Room-S327B	Patient Room	Skilled Nursing Unit
MHC-S328	Patient Room-S328	Patient Room	Skilled Nursing Unit
MHC-S330	Patient Room-S330	Patient Room	Skilled Nursing Unit
MHC-S332	Patient Room-S332	Patient Room	Skilled Nursing Unit
MHC-S334	Patient Room-S334	Patient Room	Skilled Nursing Unit
MHC-S335A	Patient Room-S335A	Patient Room	Skilled Nursing Unit
MHC-S335B	Patient Room-S335B	Patient Room	Skilled Nursing Unit
MHC-S336	Patient Room-S336	Patient Room	Skilled Nursing Unit
MHC-S337A	Patient Room-S337A	Patient Room	Skilled Nursing Unit
MHC-S337B	Patient Room-S337B	Patient Room	Skilled Nursing Unit
MHC-S338	Patient Room-S338	Patient Room	Skilled Nursing Unit
MHC-S339A	Patient Room-S339A	Patient Room	Skilled Nursing Unit
MHC-S339B	Patient Room-S339B	Patient Room	Skilled Nursing Unit
MHC-S341A	Patient Room-S341A	Patient Room	Skilled Nursing Unit
MHC-S341B	Patient Room-S341B	Patient Room	Skilled Nursing Unit
MHC-S343A	Patient Room-S343A	Patient Room	Skilled Nursing Unit
MHC-S343B	Patient Room-S343B	Patient Room	Skilled Nursing Unit
MHC-S345A	Patient Room-S345A	Patient Room	Skilled Nursing Unit
MHC-S345B	Patient Room-S345B	Patient Room	Skilled Nursing Unit
MHC-S347A	Patient Room-S347A	Patient Room	Skilled Nursing Unit
MHC-S347B	Patient Room-S347B	Patient Room	Skilled Nursing Unit
MHC-S348A	Patient Room-S348A	Patient Room	Skilled Nursing Unit
MHC-S348B	Patient Room-S348B	Patient Room	Skilled Nursing Unit
MHC-S350A	Patient Room-S350A	Patient Room	Skilled Nursing Unit
MHC-S350B	Patient Room-S350B	Patient Room	Skilled Nursing Unit

Total SNF rooms Licensed

38

less room 348A,B

(2)

Total SNF Beds - Available

34

March 31, 2016

Dan Mc Elligott, Administrator
CHI Health St Francis
2116 West Faidley Avenue
Grand Island, NE 68803

Dear Mr. Mc Elligott,

This correspondence is to provide you notification that your request to be deemed in compliance with state licensure regulations at 175 NAC 12 based on Medicare/Medicaid certification is approved. This approval is in accordance with 175 NAC 9-006.11.

For this approval to continue, Medicare/Medicaid certification must be maintained. If any sanctions, modifications, termination or withdrawal of the certification occurs, the long term care hospital may continue to operate unless the Department determines that licensure requirements are no longer met.

Should you have any questions, please feel free to contact me.

Sincerely,



Diana Meyer, RN, BSN, Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
P O Box 94986, Lincoln, NE 68509-4986
(402) 471-3484 FAX (402) 742-8319
Email: Diana.Meyer@nebraska.gov

DM/lc

CERTIFICATE OF REVIVAL OR RENEWAL
DOMESTIC NON-PROFIT CORPORATIONS

SEP 17

Scott Moore, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509

792
STATE OF NEBRASKA
SECRETARY'S OFFICE
Received filed and record
filed no. 973
at cost 449
Scott Moore
Secretary of State

Submit in Duplicate

Name of Corporation Catholic Health Initiatives

The corporation was dissolved by the Secretary of State on 6/2 1997

for (check one) A. Nonpayment of biennial fee

B. Failure to maintain a registered agent

C. Expiration of corporate existence

The above named grounds for dissolution either did not exist or have been eliminated and the corporate name complies with the requirements of Neb. Rev. Stat. 821-1931

DATED 9-11-97



Geraldine M. Boyle, CSC
Printed Name/Title
Secretary/Treasurer

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

FILING FEE: \$10.00

CERTIFICATE OF REINSTATEMENT

I, SCOTT MOORE, Secretary of State, do hereby cancel the certificate of dissolution and reinstate the above named corporation as a corporation in good standing to do business in the State of Nebraska, and further state that the grounds for dissolution of the corporation did not exist or have been eliminated.

IN TESTIMONY WHEREOF, I do hereby affix my signature or a facsimile thereof and seal.

(State Seal)

SEP 25 1997