

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

2/29/16 dj

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

Matneys Colonial Manor

MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 204003



[Redacted Signature]
Chief Executive Officer
Department of Health and Human Services

**EXPIRES
03/31/2017**

Cut on heavy line and place on license.

FACILITY NAME: Matneys Colonial Manor

ADDRESS: 3200 G STREET, SOUTH SIOUX CITY, NE 68776

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.

1-5-16



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:

Matneys Colonial Manor
3200 G STREET
SOUTH SIOUX CITY, NE 68776

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: 204003

TELEPHONE NUMBER: (402) 494-3043

FAX NUMBER: (402) 494-8830

ADMINISTRATOR: LISA VERSCHOOR-MATNEY

DIRECTOR OF NURSING: TAMMY PALMERSHEIM

E-Mail Address, if available: MatneyAL@aol.com

LICENSURE UNIT

FEB 08 2016

RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 77

5. ACCREDITATION/CERTIFICATION:

Are you requesting deemed status? [] yes [] no

[] 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

Current Services

REC'D DHS ACCOUNTING
2016 FEB 11 A 11:3

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MATNEY'S COLONIAL MANOR, INC

(Legal Name of individual or business organization)

MAILING ADDRESS: 3200 G STREET

SOUTH SIOUX CITY, IA 68776

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)

[x] 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.

Edward H Matney
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Nick Matney
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/4/16
DATE

2/4/16
DATE

FEB 19 2016



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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RECEIVED

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ADMINISTRATOR: LISA VERSCHOOR-MATNEY

DIRECTOR OF NURSING: TAMMY PALMERSHEIM

E-Mail Address, if available: MatneyAL@aol.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 77

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other _____
Are you requesting deemed status? yes no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS: Current Services
If different from Current Services listed; please check changes.

- Physical Therapy Alzheimers/Special Care Unit Speech Therapy
- Pediatric Respiratory Occupational Therapy
- Behavioral Needs

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MATNEY'S COLONIAL MANOR, INC
(Legal Name of Individual or business organization)

MAILING ADDRESS: 3200 G STREET
SOUTH SIOUX CITY, IA 68776

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

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- (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.

Edward H Matney
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

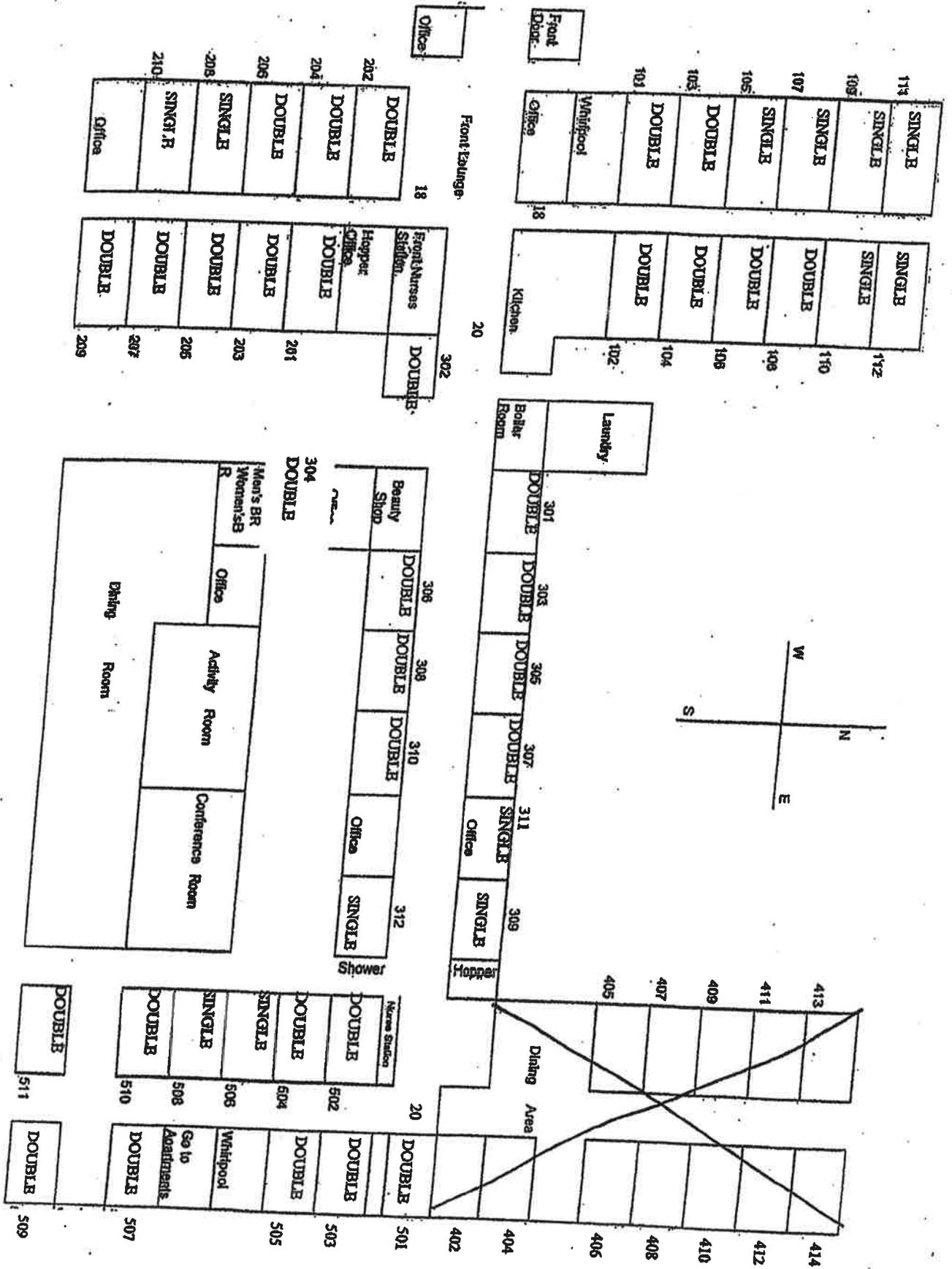
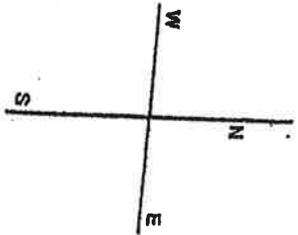
SIGNATURE

2-9-16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE



Disclosure of Ownership and Controlling Interest Statement

Name and Address of Facility:

Matney's Colonial Manor

Type of License
SNF/AL

Type of Entity: Sole Proprietorship
 Partnership

Unincorporated Associations
 Other (Specify)

Corporation

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

Name	Address (Street, City, State & Zip Code)
<u>Edward H. Matney</u>	<u>PO 3200 Q St., So Sioux City, NE 68</u>

List any other person with financial interest or investments in facility.

Name	Address (Street, City, State & Zip Code)

- ADD ADDITIONAL SHEETS AS NEEDED -

Affidavit

Iowa
State of Nebraska

County of Woodbury

Edward H. Matney certify that the information contained herein is complete and true to the best of my knowledge.

Lisa Verschoor
AUTHORIZED REPRESENTATIVE (Typed)
Administrator

Lisa M Verschoor
SIGNATURE
3/12/2001
DATE

Sworn to and subscribed before me on the 12th day of March 2001

(SEAL)



TRACI M. BJORNHOLTZ
MY COMMISSION EXPIRES
November 6, 2003

Traci M. Bjornholtz

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403265

Name of Facility: **Matney's Colonial Manor**

Type of Facility: **Nursing Home**

Location: **3200 G Street South Sioux City**

Maximum Occupancy: **77 Beds**

Date Issued: **1/5/2016**

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.