

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

2/23/16 d1

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

Tiffany Square Care Center
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 374006

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017

 
Christina A. V. Smith, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Tiffany Square Care Center
ADDRESS: 3119 WEST FAIDLEY AVENUE, GRAND ISLAND, NE 68803

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.

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FEB 18 2016



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 [x] Nursing Facility [] Intermediate Care Facility

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY: Tiffany Square Care Center
3119 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: 374006
TELEPHONE NUMBER: (308) 384-2333
FAX NUMBER: (308) 384-3620
ADMINISTRATOR: DUSTIN FREY
DIRECTOR OF NURSING: KEVIN VOGT, R.N.
E-Mail Address, if available: 2567-qri@vhsmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. NUMBER OF BEDS TO BE RELICENSED: 103

5. ACCREDITATION/CERTIFICATION: [] JCAHO [x] Medicare [x] 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.

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

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

REC'D DHHS ACCOUNTING
2016 FEB 22 A 11:55

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GRAND ISLAND HEALTH CARE, INC.
(Mailing Address: 3119 WEST FAIDLEY AVENUE, GRAND ISLAND, NE 68803)

8. BUSINESS ORGANIZATION: (Check one)
[] Sole Proprietorship [] Partnership [x] Limited Partnership [] Corporation [] Limited Liability Company [] Governmental [] Other
[] 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.

Sack D. Vetter
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Todd D. Vetter
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

02.16.16
DATE
02.16.16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403235

Name of Facility: **Tiffany Square Care Center**
Type of Facility: **Nursing Home**
Location: **3119 W Faidley Ave Grand Island**
Maximum Occupancy: **103 Beds**
Date Issued: **11/16/2015**



Approved By:

State Fire Marshal

Inspected By: **8748 Mark Manchester**
Deputy State Fire Marshal



POST IN PROMINENT PLACE

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

**Vetter Related Corporations
Directors, Officers and Shareholders
as of January 1, 2016**

Directors and Officers for all the following companies can be notified in writing: C/O Vetter Health Services, Inc., 20220 Harney Street, Elkhorn, NE 68022 or by telephone at 1-402-895-3932.

Vetter Holding, Inc.

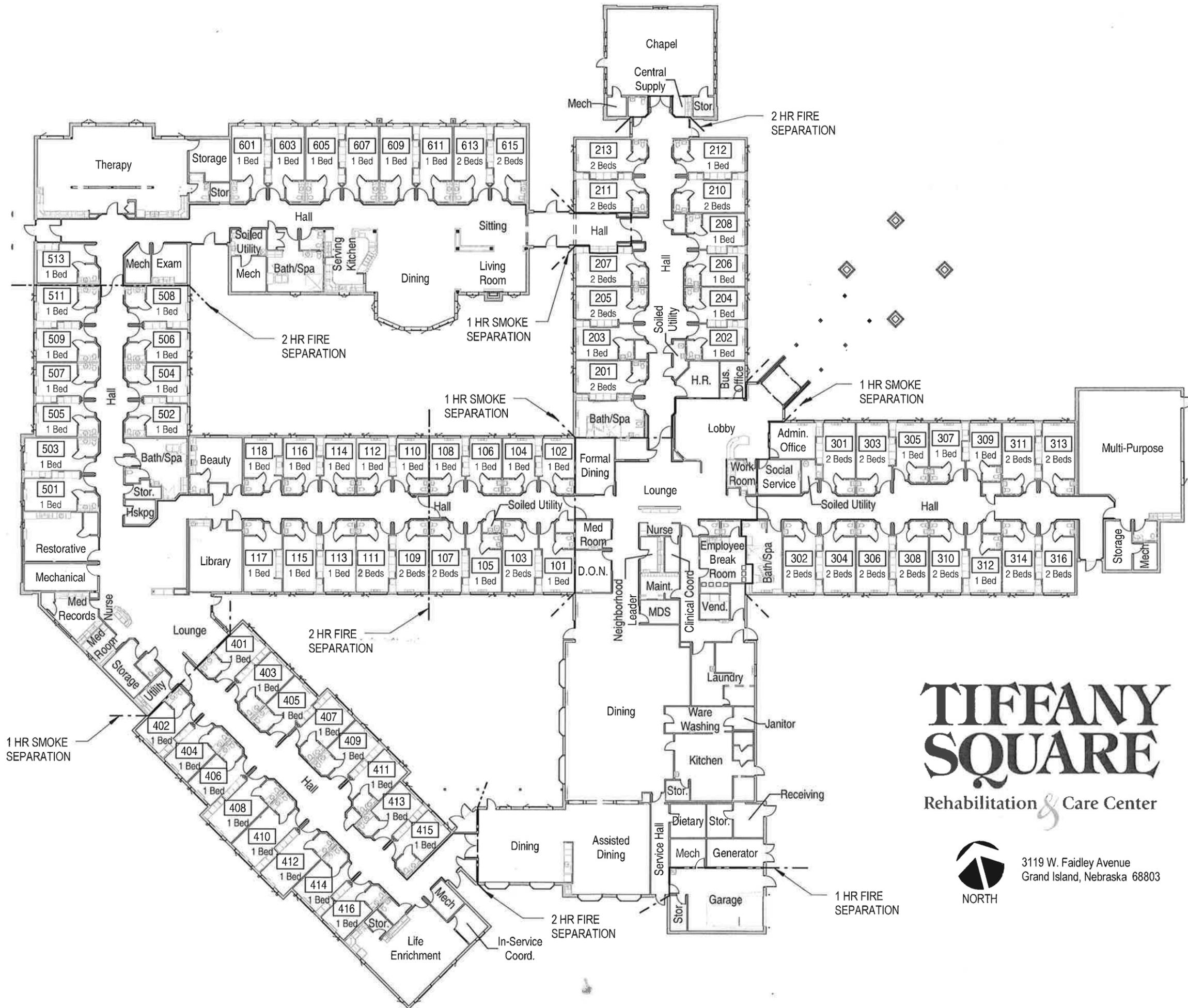
<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholders</u>
Jack D. Vetter	Jack D. Vetter.....President	Jack D. Vetter
Eldora D. Vetter	Eldora D. Vetter.....Vice President	Eldora D. Vetter
Denith D. Vetter	Eldora D. Vetter.....Treasurer	Denith D. Vetter
Vicki L. Vetter	Eldora D. Vetter.....Secretary	Tina Vetter
Todd D. Vetter	Todd D. Vetter.....Assistant Secretary	Vicki L. Vetter
	Joani Schelm.....Chief Financial Officer	Todd D. Vetter
		Lucille Vetter
		The Vetter Foundation

Wholly Owned Subsidiaries of Vetter Holding, Inc.: All corporations except Vetter Health Services.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....President	Vetter Holding, Inc.
Eldora D. Vetter	Eldora D. Vetter.....Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Secretary	
	Todd D. Vetter.....Assistant Secretary	
	Joani Schelm.....Chief Financial Officer	

Vetter Health Services, Inc.:

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....Chair of the Board & CEO	Vetter Holding, Inc.
Eldora D. Vetter	Glenn Van Ekeren.....President	
	Eldora D. Vetter.....Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Assistant Secretary	
	Todd D. Vetter.....Secretary	
	Mitchell S. Elliott.....Chief Development Officer	
	Patrick Fairbanks.....Chief Operations Officer	
	Joani Schelm.....Chief Financial Officer	
	Rhonda Flanigan.....Chief People Officer	
	Shari Terry.....Chief Quality Officer	



TIFFANY SQUARE

Rehabilitation & Care Center



3119 W. Faidley Avenue
Grand Island, Nebraska 68803

NORTH