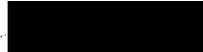


Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

4115
M

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Golden LivingCenter - Hartington MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 124002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMERS/SPECIAL CAR	
EXPIRES 03/31/2016	  Joseph M. Aclerno, M.D., J.D., Chief Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

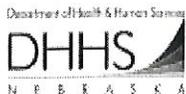
FACILITY NAME: Golden LivingCenter - Hartington

ADDRESS: P O BOX 107, 401 DARLENE STREET, HARTINGTON, NE 68739

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.

0465



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Table with 2 columns: Renewal Fees, Amount. Rows: 1-50 beds: \$1550, 51-100 beds: \$1750, 101 or more: \$1950

Expiration Date
03/31/2015

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Hartington
P O BOX 107, 401 DARLENE STREET
HARTINGTON, NE 68739

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

LICENSURE UNIT

FEB 17 2015

RECEIVED

LICENSE NO: 124002

TELEPHONE NUMBER: (402) 254-3905

FAX NUMBER: (402) 254-3963

ADMINISTRATOR: LEIGH BLOOMQUIST Stephanie Morten

DIRECTOR OF NURSING: STEPHANIE MORTEN, R.N. Amy Dickes

E-Mail Address, if available: qlc00465@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 47

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

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

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

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMERS/SPECIAL CAR

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GGNSC HARTINGTON LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 1000 FIANNA WAY, ATTN: LEGAL DEPT - MD 4840
FORT SMITH, AR 72919

8. BUSINESS ORGANIZATION: (Check one):

- [] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[checked] Limited Liability Company
[] Governmental (State, District, County, City or Municipal)
[] Other (Please Specify)

(check one)
[checked] 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.

Holly A Rasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

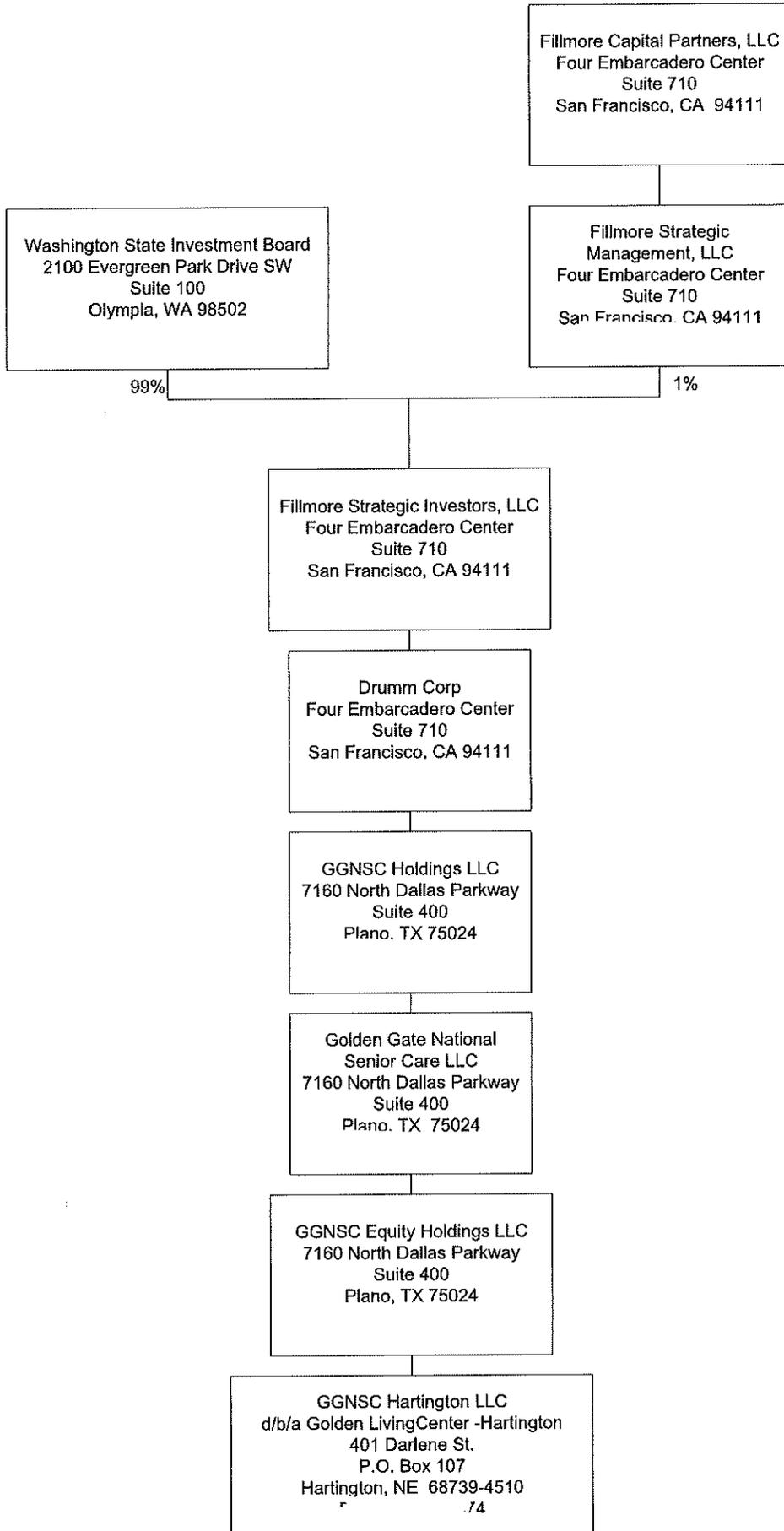
2-2-15
DATE

Dan Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-3-15
DATE

Golden LivingCenter -Hartington



Officers and Directors Report

As of 11/1/2014

GGNSC Hartington LLC

Directors

Name	Title
Julianne Williams	Director

Officers

	Name	Title
Executive Officer	Julianne Williams	President
	Nicholas R Finn	Senior Vice President
	Michael Karicher	Senior Vice President, Human Resources
	Kathleen K Vardell	Senior Vice President
General Officer	Name	Title
	Tina C Chavis	Vice President
	Paul M Helm	Vice President
	Larry N Joseph	Vice President
	Salvatore F Salamone	Vice President
	Holly Rasmussen-Jones	Secretary
	Ann Truitt	Treasurer & Assistant Secretary
	Greg D Swartz	Assistant Secretary
Roberta G Williams	Assistant Secretary	

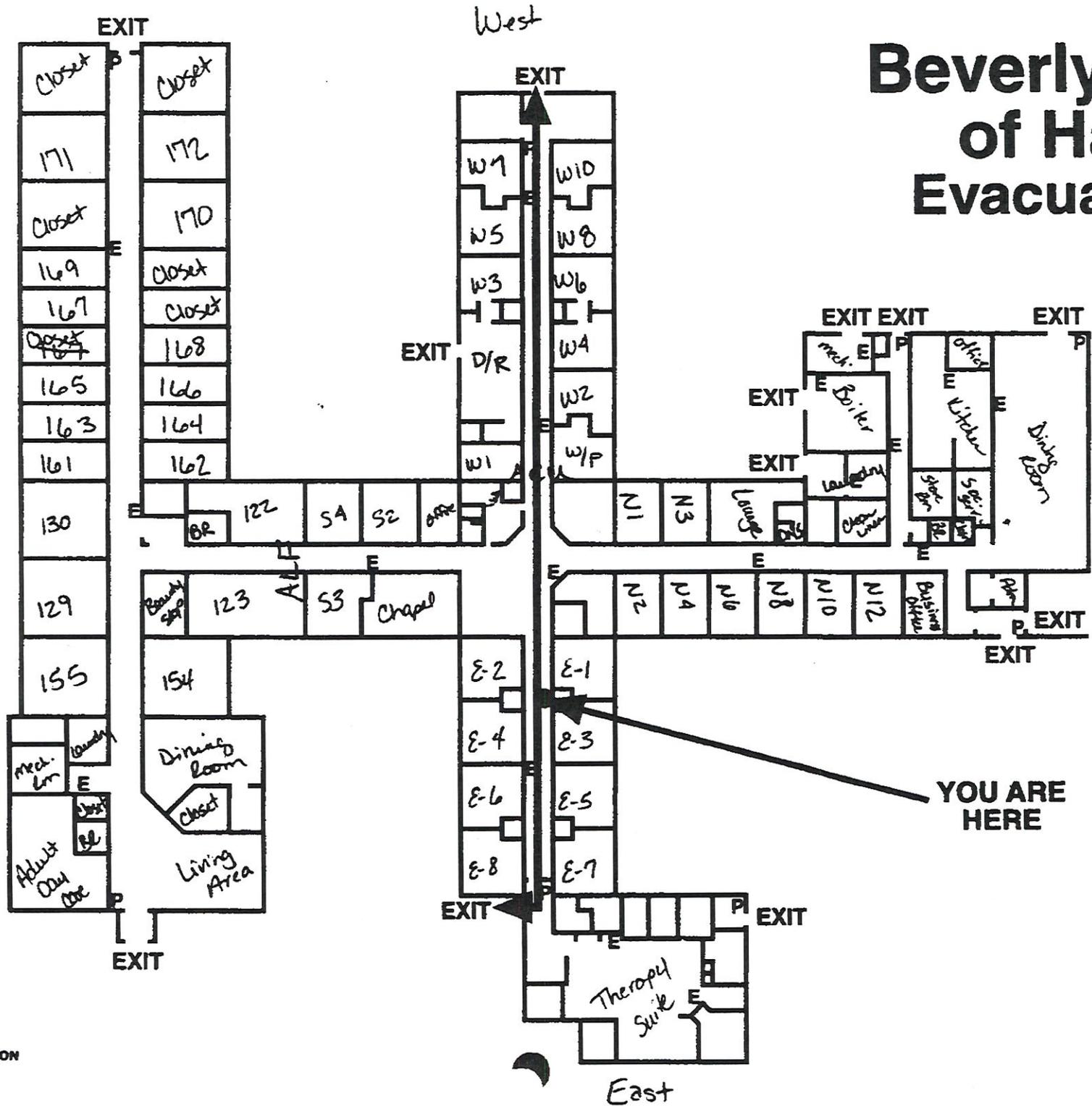
Address for Notification:
1000 Fianna Way
Fort Smith, AR 72919

Beverly Head of Hartington Evacuation

0465

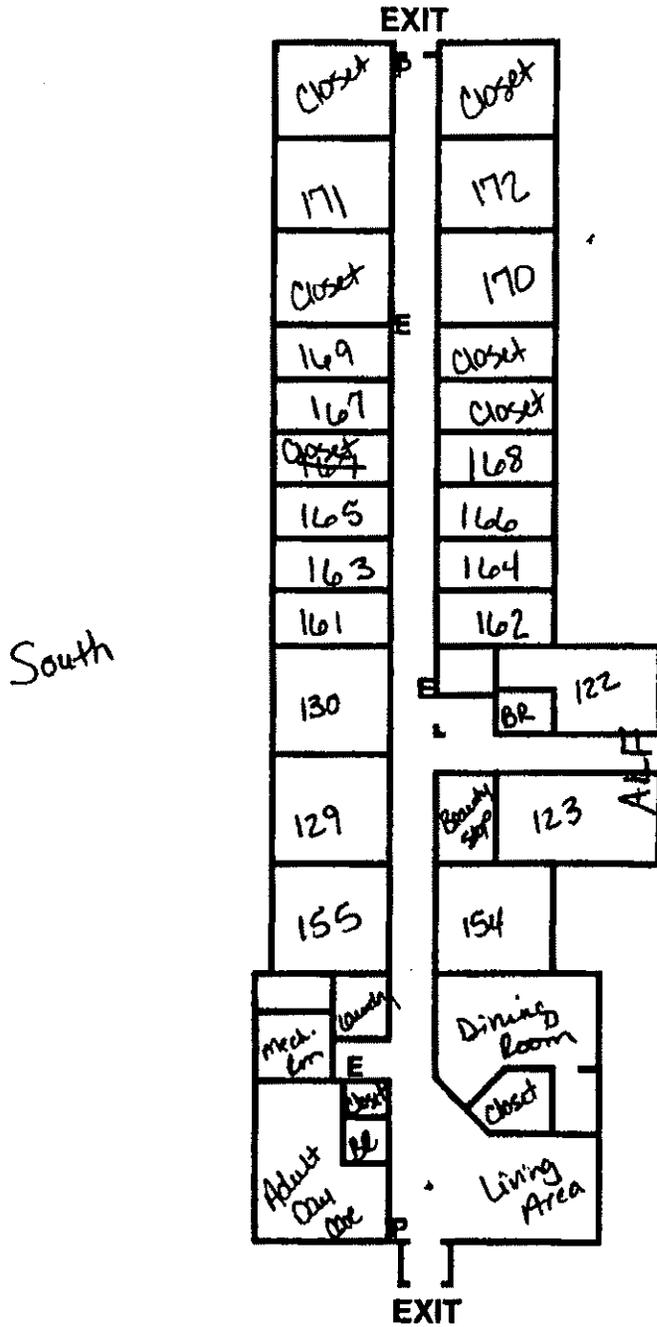
South

North



YOU ARE HERE

East

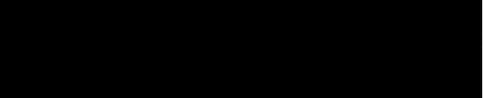


0465

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402740

Name of Facility: **Golden LivingCenter - Hartington**
Type of Facility: **Nursing Home**
Location: **401 Darline St., Hartington**
Maximum Occupancy: **47 Beds**
Date Issued: **6/24/2014**

Approved By: 
State Fire Marshal

Inspected By: **8718 Don Fast**
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.