

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

4-13-15
Jo

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Golden LivingCenter - Cozad MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services	Lic # 224001
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
ALZHEIMERS/SPECIAL CAR	
EXPIRES 03/31/2016	  Joseph M. Acerno, 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 - Cozad
ADDRESS: 318 WEST 18TH STREET, COZAD, NE 69130

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**

0152

Make Payment to DHHS LU	
Renewal Fees:	
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 Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Cozad
318 WEST 18TH STREET
COZAD, NE 69130

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: 224001

TELEPHONE NUMBER: (308) 784-3715

FAX NUMBER: (308) 784-3746

ADMINISTRATOR: BARRY EMERSON

DIRECTOR OF NURSING: CAROLYN GRIESE, R.N.

E-Mail Address, if available: alc00462@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 67

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other VA Contract
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
ALZHEIMERS/SPECIAL CAR

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 1000 FIANNA WAY, LEGAL DEPT, MD4840
FORT SMITH, AR 72919

8. BUSINESS ORGANIZATION: (Check one):

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

2015 FEB 20
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
LICENSING
4:02

(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.

Holly A Rasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-2-15
DATE

Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-3-15
DATE

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402593

Name of Facility: **Golden LivingCenter - Cozad**
Type of Facility: **Nursing Home**
Location: **318 W 18th Street , Cozad**
Maximum
Occupancy: **67 Beds**
Date Issued: **9/11/2014**

Approved By:

Inspected By: **8733 Mike Hoeft**
Deputy State Fire Marshal

State Fire Marshal

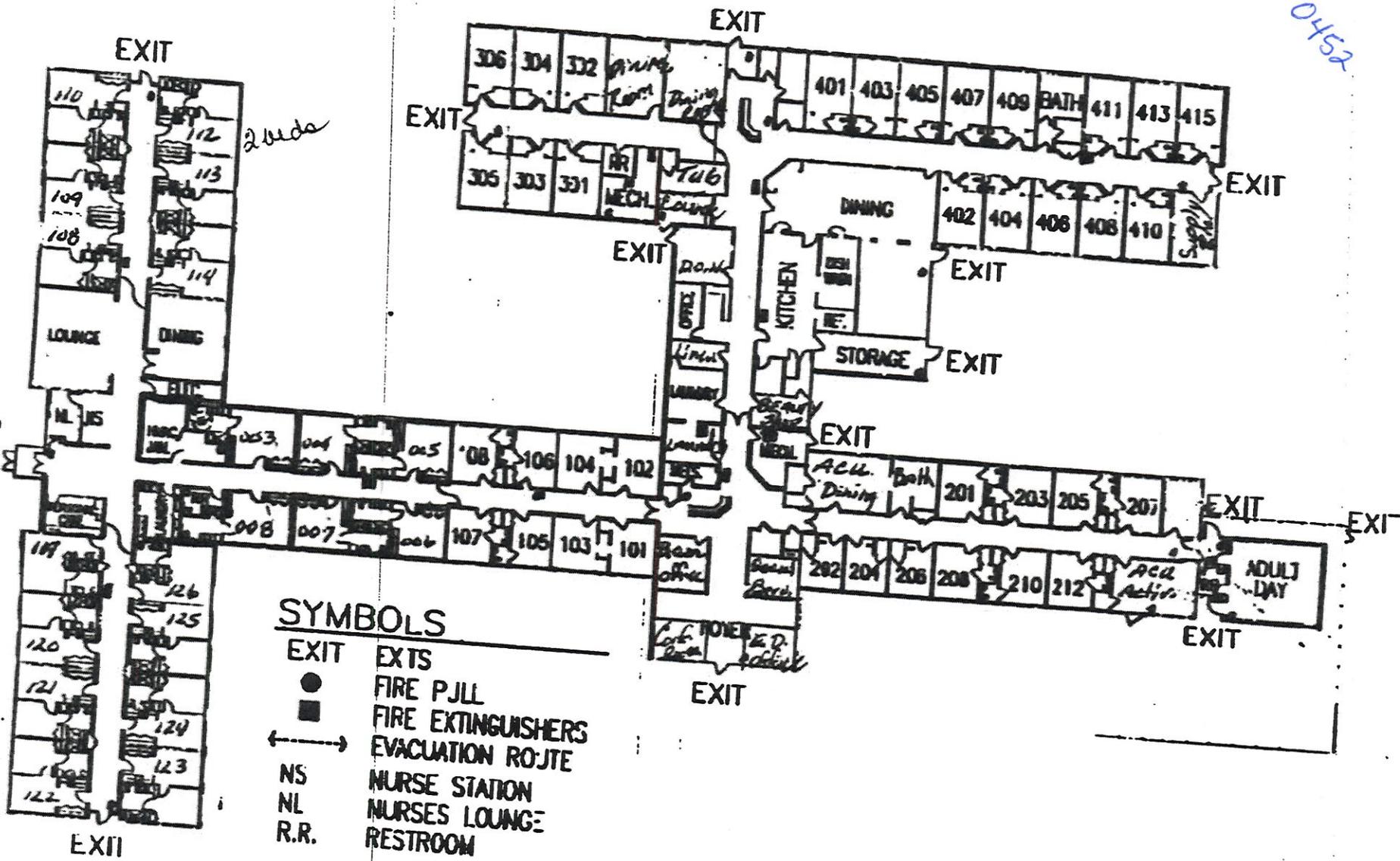


POST IN PROMINENT PLACE



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

0452



EVACUATION PLAN
 BOURNEMAN MANOR - CORAD

JEO Consulting Group, Inc.
 BEVERLY HILLS, NEBRASKA

Officers and Directors Report

As of 11/1/2014

GGNSC Cozad LLC

Directors

Name	Title
Julianne Williams	Director

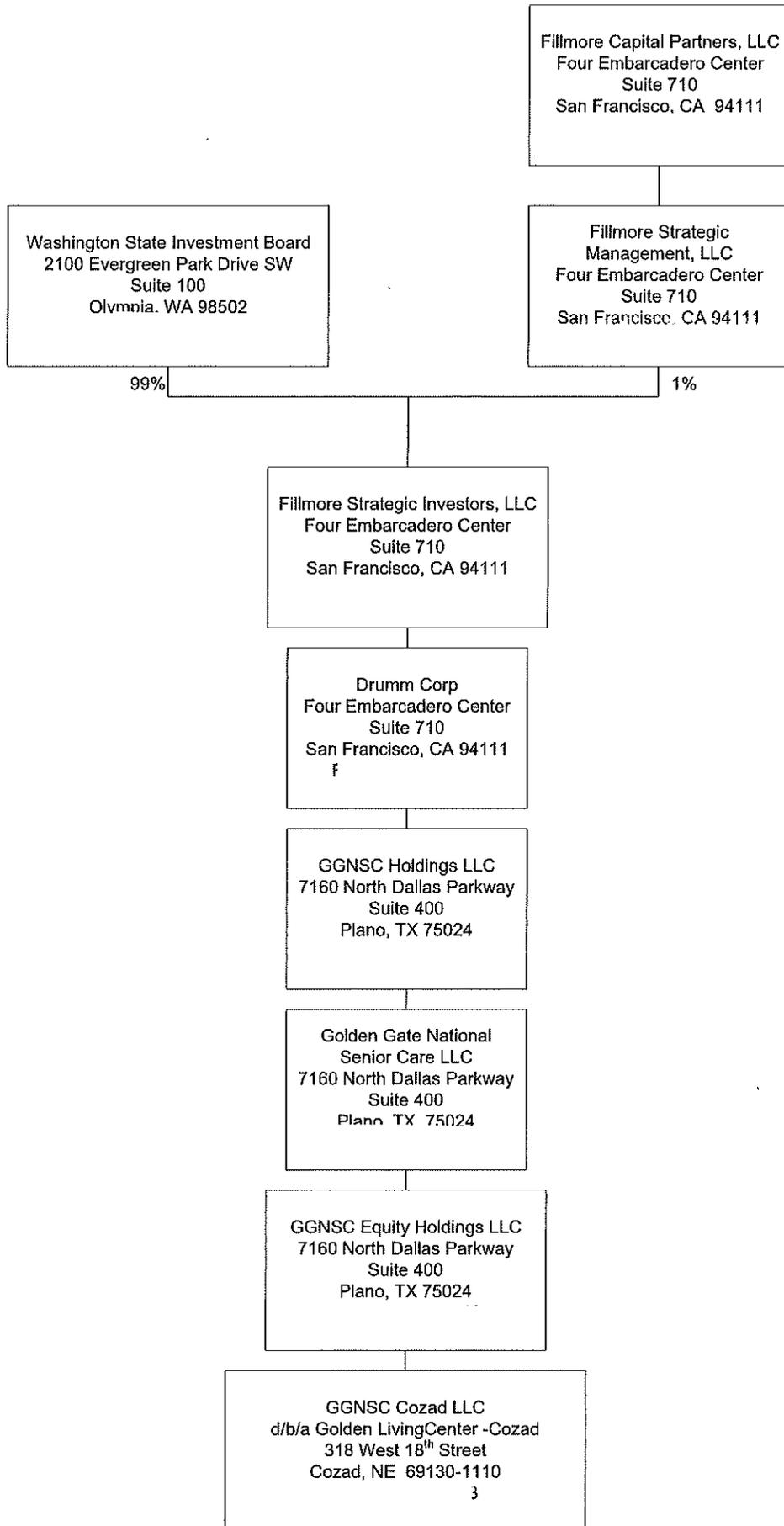
Officers

	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

	Name	Title
General Officer	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

Golden LivingCenter -Cozad



**GOLDEN LIVINGCENTER - COZAD
ALZHEIMER'S CARE UNIT
GOLDEN LIVING "ENABLING FREEDOM PROGRAM"**

MISSION STATEMENT

Golden Living is committed to promoting individual dignity and optimum health and well being for persons with dementia.

We will not be bound within the limits of traditional care.

Instead, we choose to seek out and adapt new knowledge in the art of caring.

Through our partnership of caring, we create an environment that nurtures, accommodates behavior, promotes safety, and embraces independence.

We believe those we care for are our greatest teachers. What we learn from them will result in our ability to enhance their quality of life through all stages of the disease.

PHILOSOPHY

We believe the life of a person with dementia can be enriched if we:

Honor the uniqueness and dignity of each human being.

Build on individual strengths.

Interpret the language of behavior.

Understand "life is an activity of being and doing."

Understand that what people with dementia are searching for is "the home of the heart,"

We create an environment that nurtures the feeling of belonging, purpose, and relationships. We strive to enter into partnerships with family, residents, associates, professionals, and the community.

Eliminate factors that cause excess disability, we Enable freedom of movement, expression and experiences, through an environment that is adapted to the special strengths and needs of the person with dementia.

Our goal is to provide continuity of care and supportive services throughout all stages of the disease.

CRITERIA FOR PLACEMENT, TRANSFER, AND DISCHARGE FROM THE ACU

A primary diagnosis of Alzheimer's or other related cognitive disorder is established. The cognitive loss is not a result of head injury or mental retardation.

The resident may be demonstrating behaviors such as memory dysfunction, poor judgment, disorientation to time, place, and/or person, decreased attention span, mood fluctuations, wandering and/or exit seeking.

The resident must be ambulatory upon admission, including self-propelling in a wheelchair or assistive devices such as walkers.

The resident should be able to pivot during transfers.

Upon admission, the resident must be able to feed him or herself NA within a 45-minute period, with or without assistance.

The resident must met all requirements of general nursing home placement. Residents transferred to the ACU from the SNF may do so in segments; i.e. stay for the afternoon or only for meals until the resident is comfortable with the surroundings. Transfer from the

encouraged rest periods), and manipulative, puzzles, etc. are available for those who feel the need to keep their hands busy. The unit offers daily, organized small and/or large group activities varying from baking to discussion groups, sing-a-longs and games. For those residents who desire and are able, individual activities are provided upon request, a space for a small group to get together for an impromptu game, large print books are provided upon request, etc.

FAMILY INVOLVEMENT

Families are encourage to visit and participate in unit activities with their loved one via word of mouth, family council/support group meetings, programming calendar posted on the unit, and monthly facility newsletters. A philosophy of the Enabling Freedom Program is that the staff is an extension of the family; not meant to be a replacement.

COST OF CARE ON THE ACU

At this time, the rate for the Alzheimer's Care Unit is semi private--\$6572.72 or Private--\$6789.07 per month.

DEPARTMENT: Dedicated Alzheimer's Care Unit

SUBJECT: Education and Training Policy

DATE WRITTEN:

PROCEDURE ATTACHED? YES NO

POLICY STATEMENT:

Adequate orientation and training will be provided for each associate working on the unit to fulfill the mission, policies and care plan of the dementia care service. This includes facility staff who provide support services, e.g., dietary, housekeeping, maintenance, etc.

Procedures:

1 Beverly Alzheimer's Care Specialist (BACS)

■ **Initial Training**

A minimum of 20 hours of training after BCS training is provided before any staff are assigned to the unit. The content of this training has been developed by the Quality of Life Department (Corporate) and the National Alzheimer's Association.

■ **Training**

A Beverly-certified Alzheimer's Care Specialist: has completed 20 hours of training including:

- **Normal aging process** — a review of non-disease-related physical, mental and psycho-social changes associated with later life.
- **Philosophy/Vision/Mission** — a review of Beverly Enterprises' philosophy, vision and mission statements.
- **Causes of dementia** — definition of Alzheimer's disease and related disorders; prevalence of disease; symptoms of reversible (delirium) and irreversible (dementia) cognitive disorders; differential diagnosis; and stages and characteristics of Alzheimer's disease (Reisburg, 1987).

- **Therapeutic environment** — a review of the interactive nature between the resident and the physical and social environment; the importance of the physical/social environment as a therapeutic component of care; impact of the physical/social structure in promoting safety, freedom and functioning; and review of the unit's specific physical and social environmental guidelines. Maintaining safe, homelike and clean environment.
- **Communication techniques** — training and practical tips to facilitate communication with persons with dementia; general considerations as outlined in these guidelines; adaptations for auditory and visual changes; techniques for presenting concrete information including one-to-two step directions; active listening and nonverbal communication to determine residents' needs.
- **Cognitive compensations** — training in applicable principles of memory development (cueing, motivation and practice). Treatment modalities — training in the application of specific therapeutic interventions: therapeutic and leisure activities; basic re-motivation and validation techniques; recognizing signs and symptoms of anxiety; and application of relaxation techniques such as guided imagery, music relaxation and progressive relaxation exercises.
- **Behavior management** — training in all of the components of behavior management including: description of behavioral symptoms; monitoring of type, frequency, intensity and duration of the behavior; analysis of the behavior to determine trends; assessment of the possible physical, social, cultural, human sexuality, perceptual and emotional causal factors (such as loss, grieving and depression) and development and implementation of an interdisciplinary plan that addresses the causal factors in an effort to reduce the occurrences of the behavior.
- **ADLs** — approaches to bathing, dressing, mobility, toileting.
- **Documentation** — a review of the unit's policies and procedures for the documentation of the residents' assessments, delivery of services and residents' responses. (This segment should include the documentation responsibilities of all unit associates as well as facility department heads.)
- **Admission/Discharge criteria** — a review of the unit's specific policies and procedures regarding admission and discharge and hospice care.

■ Ongoing Training

The Alzheimer's Care Director, with assistance from facility staff, prepares a schedule of ongoing training to occur no less than monthly. Documentation of training should meet state guidelines with the original kept by the facility director of staff development and a copy kept by the Alzheimer's Care Director.

Other Associates

Housekeeping

Initial training and orientation regarding dementia specific needs;

- Safety: supplies locked and attended
- Timing of chores to reduce distractions, disruptions on the unit (cords with vacuum, carpet clean)
- Patient contact: how to interact with and redirect a resident
- Communication techniques
- Basic knowledge of dementia and communication
- Team: housekeeper should be same part of treatment team
- Environment: moving furniture, noise (concept of excess disability)

Dietary

Nutritional needs, activity involvement; flexibility to adapt to nontraditional care

- Meal time flexibility
- Family style meals and services — allow patients to participate
- Ordering supplies needed for special occasions; finger foods; and sufficient food on hand to meet daily nutritional needs
- Communication with Alzheimer's Care Director, nursing, treatment team to schedule specific needs on daily, weekly basis
- Certified dietary services managers/department head full-time position
- Nutritional needs — as disease progresses how nutritional needs change
- Sanitation education to BACS
- Communication
- Outsource (community education) — educate community/family on changing nutritional needs.

Maintenance Department Head

- Safety (tools)
- Environment (adapt/accommodate resident)
- Characteristics (flexible, creative, patient)
- Resident contact (men's group, baseball, current events)
- Team approach (communication techniques).

Volunteers

- **Involvement (activities/entertainment; ADLs; supportive for staff)**
- **Understanding of dementia and techniques; safety**
- **Communication techniques**