

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

4-20-15
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|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT | |
| Golden LivingCenter - Scottsbluff MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 704005 | |
| Services PHYSICAL THERAPY ALZHEIMERS/SPECIAL CAR | |
| EXPIRES 03/31/2016 |   Joseph M. Acierno, 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.

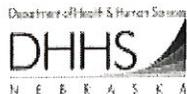
FACILITY NAME: Golden LivingCenter - Scottsbluff

ADDRESS: 111 WEST 36TH STREET, SCOTTSBLUFF, NE 69361

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.

2193



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

Table with 1 column: Renewal Fees. 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 - Scottsbluff
111 WEST 36TH STREET
SCOTTSBLUFF, NE 69361

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: 704005

TELEPHONE NUMBER: (308) 635-2019

FAX NUMBER: (308) 635-2438

ADMINISTRATOR: DAWN JACOBS

DIRECTOR OF NURSING: CONNIE LUCIUS

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

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 160

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 [] Speech Therapy
[] Pediatric [] Respiratory [] Occupational Therapy
[] Behavioral Needs

Current Services

PHYSICAL THERAPY
ALZHEIMERS/SPECIAL CARE

RECEIVED
FEB 17 2015

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 1000 FIANNA WAY, ATTN: LEGAL DEPT - MD4840
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

Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2-5-15
DATE

2-3-15
DATE

Officers and Directors Report

As of 11/1/2014

GGNSC Scottsbluff LLC

Directors

| Name | Title |
|-------------------|----------|
| Julianne Williams | Director |

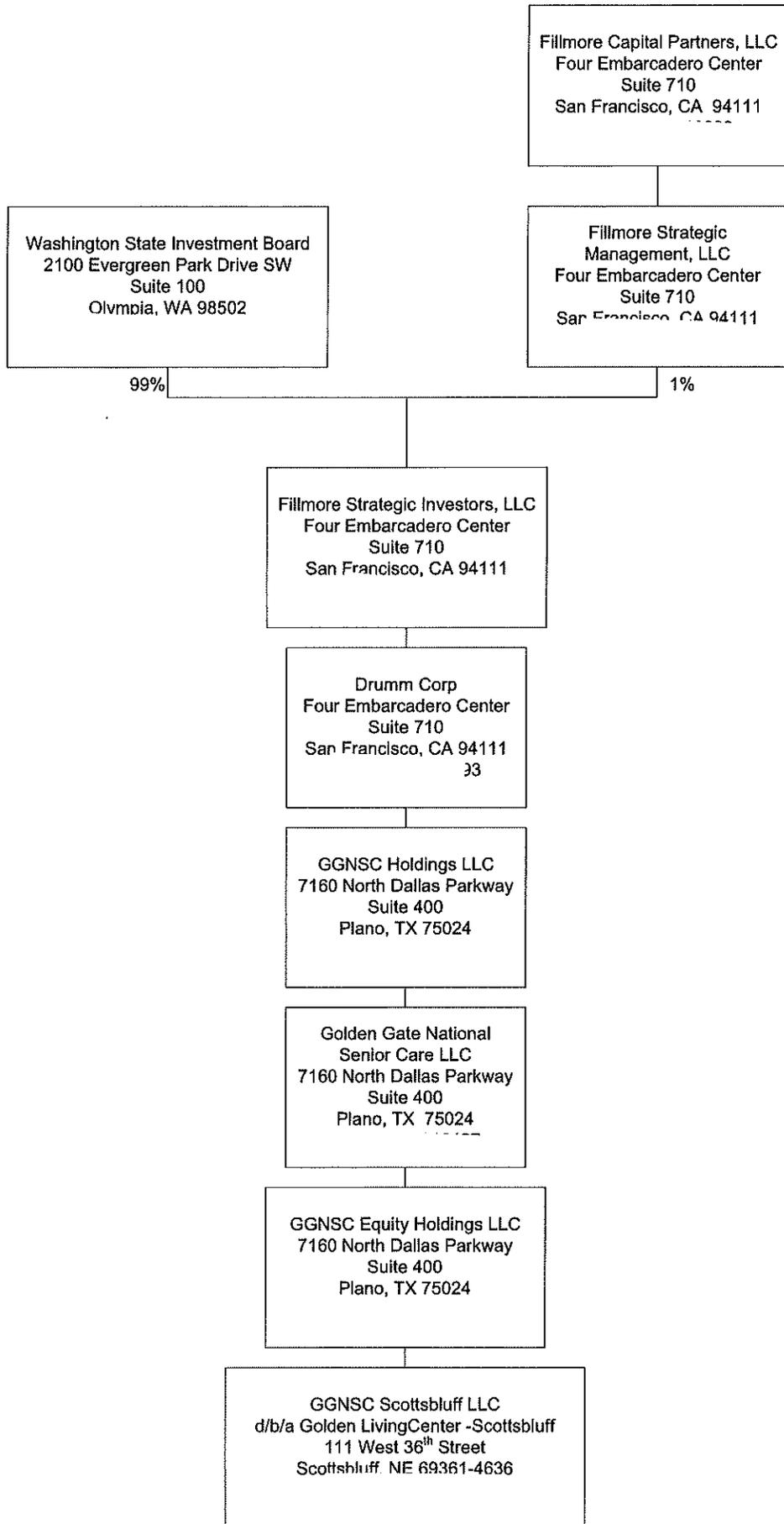
Officers

| | 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 - Scottsbluff



NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402556

Name of Facility: **Golden LivingCenter - Scottsbluff**
Type of Facility: **Nursing Home**
Location: **111 W 36th St., Scottsbluff**
Maximum
Occupancy: **160 Beds**
Date Issued: **7/31/2014**

Inspected By: **8721 Dana Reece**
Deputy State Fire Marshal

Approved By:


State Fire Marshal



POST IN PROMINENT PLACE



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

Alzheimer's Care Units
Golden LivingCenter Scottsbluff

Licensure Renewal

a. Mission and Values

Our mission at Golden Living is:

To share our passion for improving quality of life through innovative healthcare, one person, one family and one community at a time.

Our Golden Living Values:

Make integrity and accountability our pledge.

Share our passion for excellence.

Be uncompromising in delivering quality care.

This mission and value statement is posted in the unit.

b. Admission, Discharge criteria is reviewed and signed upon admission for each resident by both responsible party and Alz. Care Dir.. (see attached)

c. Each resident is assessed prior to admission by Alz. Care Dir., Clinical Coordinator or designee. They are assessed within 24, 48 and 72 hours upon discharge. Necessary IPOC (immediate plan of care) is established. Initial MDS is completed through assessment and interview within first 5-7 days. Dependant upon payer source, further assessments range from 14, 30, 60 days to quarterly. Plan of Cares are developed within first 21 days and changed accordingly. MDS schedule is determined by MDS nurse as well as several assessments.

d. Alzheimer's staff receive Alzheimer's training through the Copper Ridge Program upon hire and annual. Staff receive

ongoing training through huddle meetings, unit meetings, facility staff meetings and as needed.

e. Physical environment is designed for the secured, safety and continued sensory of the cognitively impaired residents. Secured doors with staff access to outside areas, no over head paging to reduce over-stimulation, adequate lighting for visual disturbances, clear walk ways for wandering residents.

f. Daily programming throughout the units consisting of Cognitive, Spiritual, Physical, Creative, Sensory, Social and Hygienic programs. Scheduled daily and several times per day by Alz. Care Dir. through monthly activity calendars. Posted on unit.

g. Family Care Plans scheduled quarterly and as needed. Alz. Care Director provides a variety of literature from Alzheimer's Association and Golden Living Corporation. Local Support group information provided as needed as well.

h. No additional fees and cost of care is consistent with all other skilled nursing units throughout Golden LivingCenter Scottsbluff.



Alzheimer Care Units (ACU)
Admission/Discharge Criteria

- A primary diagnosis of Alzheimer's or other related cognitive disorder was established.
- The cognitive loss is not a result of LewyBody, Pick's Disease, drug or alcohol dementia, Traumatic Brain Injury (TBI), mental illness or mental retardation (persons with traumatic brain injury, mental illness and mental retardation have different needs). Look for age appropriateness as well as former life style.
- The resident may be demonstrating behaviors associated with dementia such as memory dysfunction (immediate, recent and remote); poor judgement; disorientation to time, place and person, decreased attention span; mood fluctuations; wandering and exit-seeking; expression of anxiety centering on specific fantasy; catastrophic reactions.
- The resident must not be harmful to self (self-injurious) or other residents.
- The resident will be pre-screened by the ACD and must score between 4.5 and 6.5 on the Global Deterioration Scale. This score will be determined by administering the Brief Cognitive Rating Scale.
- The resident must not require such services as intravenous or enteral feeding. Strong consideration should be made before adding Medicare A residents to the unit. Can we protect "skilled" residents from wandering, curious residents?
- PRN oxygen may be considered.
- The degree of nursing care needed must not outweigh the opportunity of the resident to benefit from the daily structured program.
- The resident must be ambulatory, including self-propelling in a wheelchair, or use assistive devices such as walkers or canes. Geri-chairs are not appropriate on the unit. The resident must be able to pivot during transfer.
- The resident must be able to feed him or herself within a 45-minute period with minimal assistance.
- The resident must be continent of bowel and bladder or able to participate in a bowel and bladder toileting program
- The resident must meet all the requirements of general nursing home placement.
- The Resident's family/responsible party and attending physician must be in agreement for the resident to be seen for a psychiatric evaluation and medication therapy as deemed appropriate by the interdisciplinary team.
- The Resident's family/responsible party must be in agreement with the admission criteria of the Alzheimer's Care Unit. These individuals will receive and sign a copy on or prior to admission to the unit.

- There will be a 30-day evaluation period following admission to the ACU to ensure that the unit can address and successfully manage the new resident's needs and behaviors. The resident's family/responsible party, physician and the referring facility or unit will be advised of this policy and encouraged to keep a bed available for the resident during this evaluation period.

I have read and understand the above criteria. I understand that when my loved one _____, no longer meets this criteria he/she will be transferred to the AACU if appropriate or the Skilled Nursing Facility or a facility of my choice.

Family member/responsible party

Date

Alzheimer Care Director or designee

Date

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Printed in the United States of America - January 29, 2009

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Advanced Alzheimer Care Units (AACU)
Admission Criteria/Discharge Criteria

- Resident must have a primary diagnosis of Alzheimer's disease or a related dementia.
- The resident will be pre-screened by the ACD and must score between 6.5 and 7 on the Global Deterioration Scale. This score will be determined by administering the Brief Cognitive Rating Scale.
- Resident must have a physical exam to rule out any treatable medical cause for the cognitive loss.
- The cognitive loss is not a result of LewyBody, Pick's Disease, drug or alcohol dementia, Traumatic Brain Injury (TBI), mental illness or mental retardation (persons with traumatic brain injury, mental illness and mental retardation have different needs).
- The resident must not exhibit behaviors that may result in injury to self or others. Physical abuse, combativeness, continual yelling or screaming that disrupts programming and escalates others, or self-destructive behavior will result in discharge from the unit.
- The resident will be medically stable at the time of admission and free of any communicable disease or infection that would require isolation. At any time, should the resident's medical condition be so acute as to require skilled care for aggressive curative (rather than palliative) treatment, the resident may be transferred into the skilled unit for care.
- Residents should be mobile, either by independent or assisted ambulation. Use of walkers, gerichairs, canes or 1 person assist for ambulation is permissible. The facility should consider the safety and homelike nature of the environment to determine the maximum number of walkers and gerichairs that will be permitted on the unit at any given time.
- When a resident has care needs that exceed what can reasonably provided on the Unit, he/she must be transferred to the Skilled Unit. This will ensure the appropriate level of care for that resident and allow Unit staff to continue to provide care and programming for the other Advanced Care residents.
- The hospice benefit will be offered to every resident who meets the hospice criteria.
- If the responsible party declines the hospice benefit when it is recommended, or if the facility lacks a contract with a hospice program that is trained to provide services to Alzheimer patients, the resident should be transferred to the skilled section of the SNF to receive appropriate care.
- No resident with tube feeding or IV therapy will be admitted or retained on the AACU. This will ensure the safety of all the residents.
- Routine oxygen may be considered
- There will a responsible party for each resident

- The Resident's family/responsible party and attending physician must be in agreement for the resident to be seen for a psychiatric evaluation and medication therapy as deemed appropriate by the interdisciplinary team. This is due to the possible escalation of anxiety, depression, hallucinations, delusions, and harmful behavior that results during the later progression of the disease process.
- The Resident's family/responsible party must be in agreement with the admission criteria of the Advanced Alzheimer's Care Unit. These individuals will receive and sign a copy on or prior to admission to the unit.
- There will be a 30-day evaluation period following admission to the AACU to ensure that the unit can address and successfully manage the new resident's needs and behaviors. The resident's family/responsible party, physician and the referring facility or unit will be advised of this policy and encouraged to keep a bed available for the resident during this evaluation period.

I have read and understand the above criteria. I understand that when my loved one _____, no longer meets this criteria he/she will be transferred to the Skilled Nursing Facility or a facility of my choice.

Family member/responsible party

Date

Alzheimer Care Director or designee

Date

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Printed in the United States of America - September 6, 2006

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