

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

4-1-15
/s/

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

Golden LivingCenter - Omaha
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 264006

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

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 - Omaha
ADDRESS: 5505 GROVER STREET, OMAHA, NE 68106

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.

0489



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
03/31/2015

Nursing Home Licensure Renewal Application

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

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Omaha
5505 GROVER STREET
OMAHA, NE 68106

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: 264006

TELEPHONE NUMBER: (402) 558-0225

FAX NUMBER: (402) 558-2537

ADMINISTRATOR: REBECCA SMITH

DIRECTOR OF NURSING: KRISTAN MOSS, R.N. teresa.lawson RN

E-Mail Address, If available: atc00489@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 155

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] JCAHO [X] Medicare [X] Medicaid [] Other
yes [X] 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 [X] Speech Therapy
[] Pediatric [] Respiratory [X] Occupational Therapy
[] Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 1000 FIANNA WAY, MD 4840
FORT SMITH, AR 72919

8. BUSINESS ORGANIZATION: (Check one):

- [] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[X] 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.

Holly A Rasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

2-2-15
DATE
2-3-15
DATE

Officers and Directors Report

As of 11/1/2014

GGNSC Omaha Hallmark LLC

Directors

Name	Title
Julianne Williams	Director

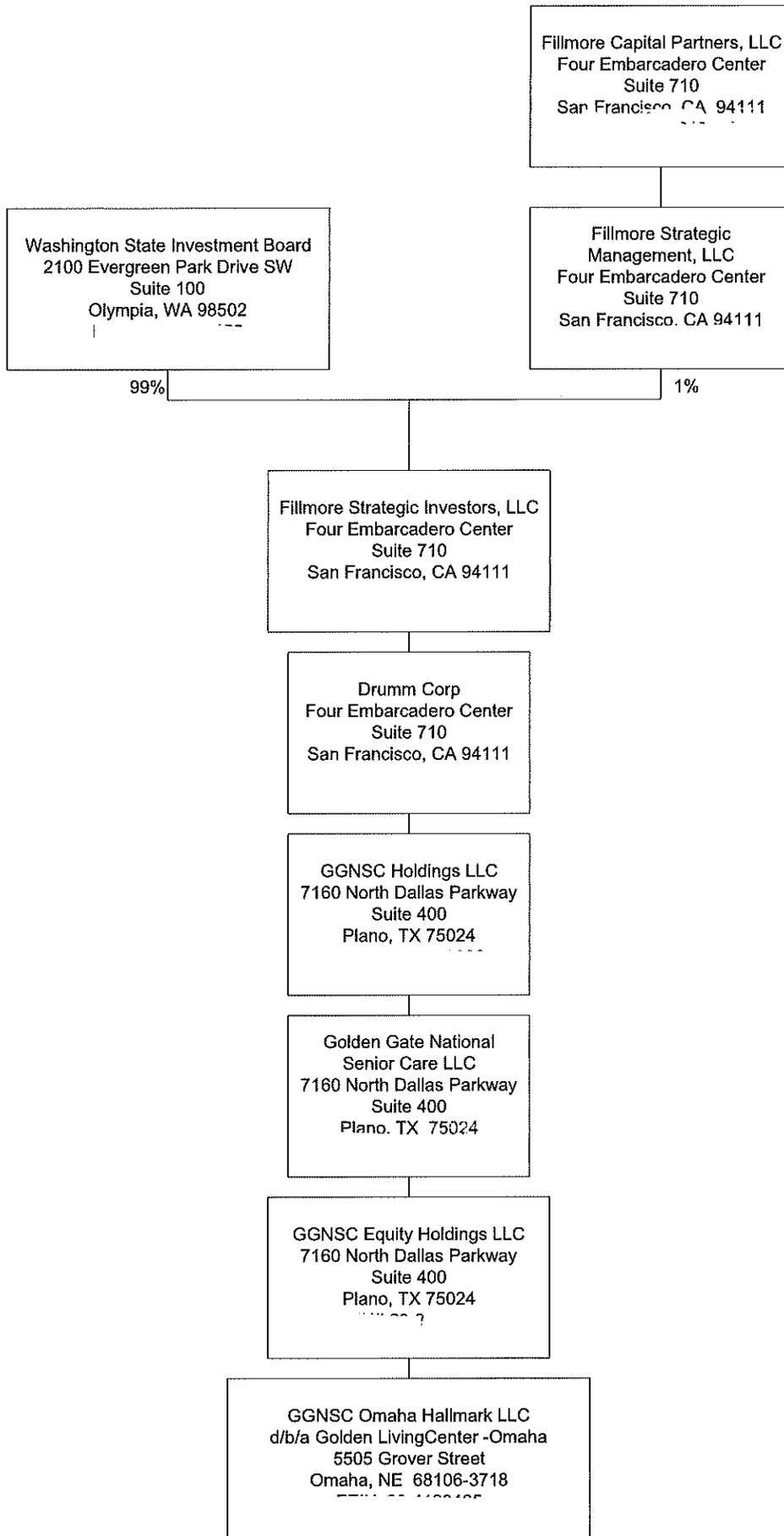
Officers

	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 -Omaha



NEBRASKA STATE FIRE MARSHAL
OCCUPANCY PERMIT

Certificate Number: 402417

Name of Facility: **Golden LivingCenter - Omaha**

Type of Facility: **Nursing Home**

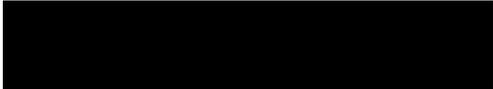
Location: **5505 Grover St., Omaha**

Maximum
Occupancy: **155 Beds**

Date Issued: **3/18/2014**

Approved By:

Inspected By: **8725 Susen Lindner**
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.

02-19-94 P1111 00-01-2014 07-1-2014

