

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

3/22/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Stanton Health Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 754001	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT	
EXPIRES 03/31/2017	 [Redacted Signature] Courtney R. Williams, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Stanton Health Center

ADDRESS: P O BOX 407, 301 17TH STREET, STANTON, NE 68779

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.

8-25-15

W



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 Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Stanton Health Center
P O BOX 407, 301 17TH STREET
STANTON, NE 68779

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

Po Box 407
Stanton, NE 68779

LICENSURE UNIT
MAR 16 2016
RECEIVED

LICENSE NO: 754001

TELEPHONE NUMBER: (402) 439-2111

FAX NUMBER: (402) 439-2132

ADMINISTRATOR: DAN STOCKDALE Vail Oleson

DIRECTOR OF NURSING: CHAYANN INDRA, R.N.

E-Mail Address, if available: adm@stantonhealthcenter.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 70

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare 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.

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

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMER UNIT

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF STANTON
(Legal Name of individual or business organization)

MAILING ADDRESS: BOX 747
STANTON, NE 68779

8. BUSINESS ORGANIZATION: (Check one):

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

(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.

Kyle Voelck
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

2016 APR 18 A 9:30
RECEIVED BUSINESS ACCOUNTING
3/14/16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403158

Name of Facility: **Stanton Health Center**

Type of Facility: **Nursing Home**

Location: **301 17th Street Stanton**

Maximum Occupancy: **70 Beds**

Date Issued: **8/25/2015**

Approved By:



Inspected By: **8713 Alan Viox**
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.

City Council Members

Kyle Voecks, Mayor
1101 Ash Street
Stanton, NE 68779

Ryan Kander
PO Box 181
Stanton, NE 68779

Nick Reese
PO Box 504
Stanton, NE 68779

William Schellen
1009 Douglas
Stanton, NE 68779

Melissa Vogel
PO Box 303
Stanton, NE 68779

Board Members

David Kment, Chairman
1710 Elm Street
Stanton, NE 68779

Arlyls Hansen
505 20th Street
PO Box 691
Stanton, NE 68779

Karen Maas
1108 11th Street
PO Box 271
Stanton, NE 68779

Kathy Moore
PO Box 168
Stanton, NE 68779

Amy Pohlman
PO Box 553
Stanton, NE 68779

City Of Stanton Nursing Home
dba Stanton Health Center

10

Room Number	Number of Licensed Beds	Type
201	1	Medicaid/Medicare
202	2	Medicaid/Medicare
203	1	Medicaid/Medicare
204	2	Medicaid/Medicare
205	1	Medicaid/Medicare
206	2	Medicaid/Medicare
208	2	Medicaid/Medicare
210	2	Medicaid/Medicare
211	1	Medicaid/Medicare
212	2	Medicaid/Medicare
213	1	Medicaid/Medicare
214	1	Medicaid/Medicare
215	1	Medicaid/Medicare
216	2	Medicaid/Medicare
217	1	Medicaid/Medicare
219	2	Medicaid/Medicare
220	2	Medicaid/Medicare
221	2	Medicaid/Medicare
222	1	Medicaid/Medicare
301	1	Medicaid/Medicare
302	1	Medicaid/Medicare
303	2	Medicaid/Medicare
304	1	Medicaid/Medicare
305	2	Medicaid/Medicare
306	1	Medicaid/Medicare
307	2	Medicaid/Medicare
308	1	Medicaid/Medicare
309	2	Medicaid/Medicare
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315	2	Medicaid/Medicare
316	1	Medicaid/Medicare
317	1	Medicaid/Medicare
318	1	Medicaid/Medicare
319	1	Medicaid/Medicare
320	1	Medicaid/Medicare
321	1	Medicaid/Medicare
401	2	Medicaid/Medicare
402	2	Medicaid/Medicare
403	2	Medicaid/Medicare
404	2	Medicaid/Medicare
405	2	Medicaid/Medicare
406	1	Medicaid/Medicare
408	2	Medicaid/Medicare

See attached floor plan

Total: 70

- AL Designated Evacuation Points
- Emergency Preparedness Room

FIRE / EVACUATION

Exit Line

Fire Extinguishers E

Pull Alarms P

Chemicals C

Oxygen O₂

Maintenance Boilers M

Zone 1 Assisted Living

Zone 2 Wing II

Zone 3 Wing III

Zone 4 Alzheimer's

Zone 5 Therapy

Zone 6 Service Wing

* Fire Door (these are double doors)

Main Electrical

(Shutoff for Whole Building)

Generators (Electrical)

Gas Shutoffs

Main Water (for Sprinkler System)

W
S + N
E

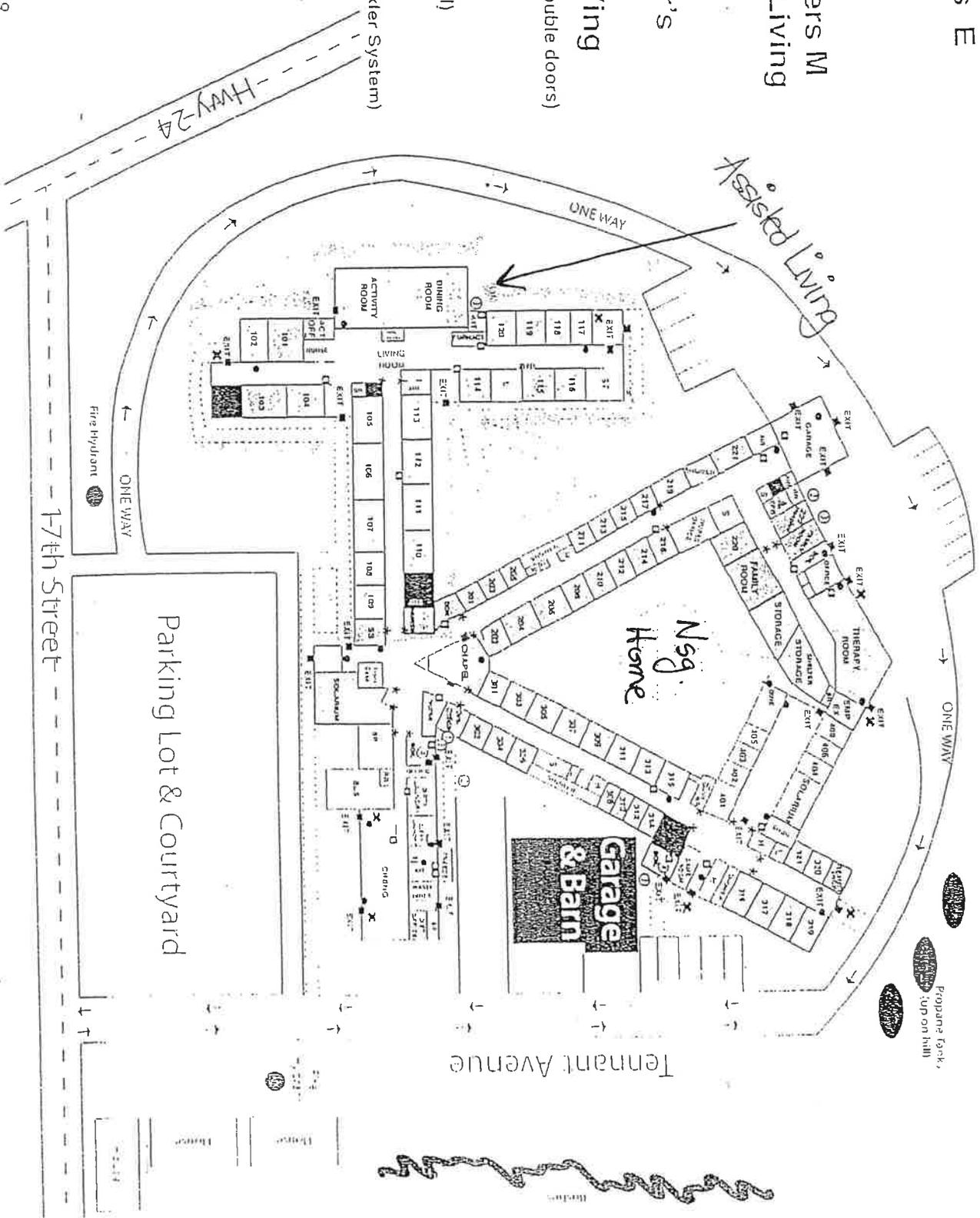
*Stanton Health
Center*

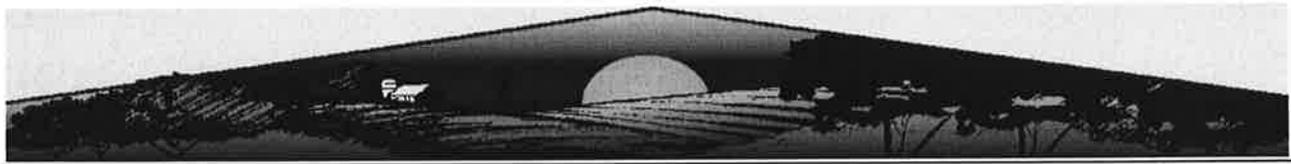
NURSING FACILITY

WESTSIDE
Regency
ASSISTED LIVING

A Division of Stanton Health Center

301 - 17th Street, Stanton, NE 68779
(402) 439-2111





Stanton Health Center Special Care Unit

Mission

The mission of the special care unit at Stanton Health Center is to recognize and nurture the ability of each resident, and to provide a safe environment that encourages the highest level of functioning, achieved through the guidance of a well trained and dedicated staff.

Process/Criteria for Admission

Consideration for admission to the special care unit is determined on an individual basis. Careful documentation regarding the reasons for admission is documented in the medical record. The Director of Nursing or Social Services Director is responsible for documenting such documentation.

The criterion for admission to the special care unit includes, but is not limited, to the following:

- Diagnosis of Alzheimer's disease or dementia;
- Impairments in daily activities;
- Significant level of confusion;
- Behavior problems;
- Wandering behaviors—elopement risks;
- Need for supervision;
- Resident's safety is at risk without a secured environment;
- Resident benefits from a smaller environment.

Criteria for Discharge

The criterion for discharge from the special care unit includes, but is not limited to the following:

- Clinical judgment that the resident can no longer benefit from residing in the unit;
- Resident's behavior becomes too disruptive;
- Resident is no longer ambulatory or is bed-bound;
- Resident requires nasogastric tube or gastrostomy tube feeding;
- Safety of resident or others is at risk;

Assessment / Care Plan

Within 14 days of admission, a MDS (Minimum Data Set) is completed by activities, dietary, social services, and nursing. This MDS along with an assessment completed by a RN is then used to develop an individual plan of care for each resident.

These care plans are reviewed, at a minimum, quarterly at which time a "care plan conference" is held. Residents and responsible parties are invited to attend these conferences.

Family Support Services

Families are referred to a meeting that is nearest to their residence. Local families are referred to the support group meets the 2nd Tuesday of each month at the Veteran's Home in Norfolk, Nebraska.

The Social Services department assists with further family assistance. Family members are encouraged to visit their loved ones as much as possible.

Physical Environment

The special care unit is licensed for 14 residents. It has 7 semi-private rooms. The unit is secured with keypad locks at all exits. An enclosed courtyard is provided for supervised outdoor activities. The unit provides a warm and inviting atmosphere that allows the resident opportunities for social contacts as well as personal time and space. The open design facilitates resident movement throughout the unit. The use of color and signage provide cues to help orient the resident to time and space. The furniture arrangements foster a sense of security, and encourage both independence and small group interaction. Recliners are available as a therapeutic tool for rest. The unit is designed with sound transmission controls such as carpeting and a separate dining room. The unit provides adequate lighting for resident activities while working to minimize lighting glare throughout the living environment.

Resident Activities

The activity program is designed to provide structured, non-threatening activities that preserve the resident's dignity and maximize their remaining activities and assets. This includes reinforcing the activities of daily living (ADL's) of which they continue to be capable. The comprehensive program of activities includes activities that: structure time, provide for participation in religious activities, accommodate personal interest areas such as music, sports and home-making, promote physical fitness, encourage participation in inter-generational activities, and provide enjoyable experiences.

Most activities are offered on a daily or weekly basis, with special events held monthly.

Staff Training

All staff receive training on the background of Alzheimer's disease, family and caregiver issues and the unit's activity program during orientation. The nursing staff who work in the unit receive additional training on the disease losses and managing and understanding behavior problems such as depression and aggression. Staff development is encouraged and provided via facility in-services and off-site training specific to the care of the resident with Alzheimer's disease or dementia.

Staffing

The units overall resident care is directed by an RN. A RN is available seven days per week to oversee resident care on an as-needed basis. The charge nurse from the nursing home is available 24 hours per day to do things that are beyond what a MA can handle. The day and evening shifts are staffed by a LPN or MA and a CNA. The night shift is staffed by one MA or CNA.

Environmental services are present 7 days per week to perform housekeeping duties. Activity staff are present at various times throughout the week. Some activities are conducted by the nursing staff present in the unit.

Cost of Care: Room Rates/Care Level

The basic room rate for the semi-private rooms in the unit is \$122.00 per day.

Care levels are determined by the MDS (Minimum Data Set) evaluation and are billed in addition to the basic room rate. The evaluation reflects the amount of care each resident requires. The MDS is completed on quarterly basis or if a change in condition occurs.

Level	Care Level as Determined by the MDS	Cost Per Day
1	35, 36, 48, 51	\$ 5.00
2	37, 44, 52, 53, 49	\$ 6.50
3	38, 54, 45	\$ 8.50
4	39, 50, 55	\$11.00
5	56,62, 60, 61	\$ 15.00
6	68, 69, 70	\$ 25.00

Cost of Care: Transportation

Medical appointment transportation to the following places is the set amount as listed below.

Stanton	\$10.00	Norfolk	\$40.00
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All other transportation for medical appointments will be billed at \$1.25 per mile (personnel time included).

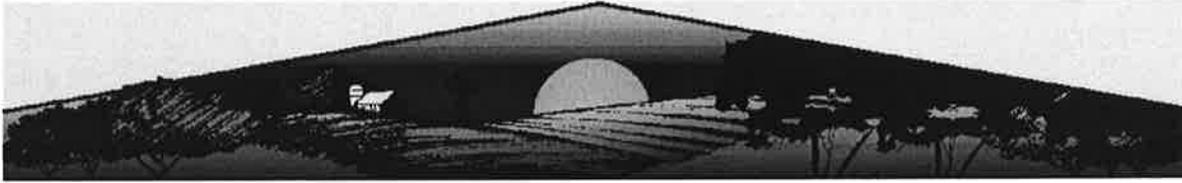
Transportation for personal trips will be billed at \$0.55 per mile + \$15.00 per hour for the personnel.

Cost of Care: Ancillaries

If a resident wishes to have a brand not currently provided by the facility, it will be his/her responsibility to pay for these items. The facility may arrange for the resident to receive this item but will then bill them for it. At times, HyVee may directly bill the resident for items purchased for a resident. Charges will vary for items that are specially purchased for residents at various locations—depending on the cost of the item.

The following are items that will be billed in addition to the basic room rate and care level.

Oxygen Tank	\$15.00 each
Oxygen Concentrator	\$5.50 per day
CPAP	\$100.00 per month
BIPAP	\$190.00 per month
BIPAP ST	\$250.00 per month
Supplements	Vary accordingly
Specialty Wheelchairs (Standard wheelchairs will be provided)	Vary accordingly
Special adaptations / equipment for wheelchairs	Vary accordingly
Wheelchair rental	Vary accordingly
Wound consultant	Vary accordingly



City of Stanton Nursing Home dba Stanton Health Center

301 17th Street PO Box 407 Stanton, NE 68779 Phone: (402) 439-2111 Fax: (402) 439-2132

Effective: July 1, 2015

Basic Room Rates

Room Type	Daily Rate
Semi-Private	147.00
Private	157.00
Deluxe Private	162.00
Semi-Private Special Care Unit	152.00
Private Special Care Unit	162.00

Each room is billed for the month in advance. The Basic Room Rate must be paid for the days the room is reserved. If a resident wishes to leave Stanton Health Center permanently, a 7-day notice must be given.

Medicare A or Medicaid Resident whose family wishes to supplement the Medicaid rate will need to pay an additional \$10.00 per day for a private room and an additional \$15 per day for deluxe private room.

Care Levels

Care levels are determined by the MDS (Minimum Data Set) evaluation. The evaluation reflects the amount of care each resident requires. The MDS is completed, at a minimum of quarterly, for each resident.

Care levels are billed in the month after the care is delivered.

Level	Care Level as Determined by the MDS	Cost Per Day
1	101, 102, 103, 104, 105, 120, 130, 180	8.50
2	121, 131	10.00
3	110, 111, 112, 122, 123, 132, 133	11.50
4	113, 114, 115, 140	15.00
5	141, 142, 160	18.50
6	143, 144, 150, 161	20.00
7	151, 162	21.50
8	145, 152	29.00
9	163, 170	35.00
10	171, 172	37.00

Miscellaneous

Beautician and barber rates are set by each provider.

The following items are billed directly by the supplier and are the resident's responsibility:

Telephone Service	Doctor's Visits	Hospital Stays	Prescriptions
Lab Work	Dentists Visits		

Transportation

Medical appointment transportation to the following places is the set amount as listed below.

Stanton	\$10.00	Norfolk	\$40.00
---------	---------	---------	---------

All other transportation for medical appointments will be billed at \$1.25 per mile (personnel time included).

Transportation for personal trips will be billed at \$0.55 per mile + \$15.00 per hour for the personnel.

Ancillary Charges

If a resident wishes to have a brand not currently provided by the facility, it will be his/her responsibility to pay for these items. The facility may arrange for the resident to receive this item but will then bill them for it. At times, HyVee may directly bill the resident for items purchased for a resident. Charges will vary for items that are specially purchased for residents at various locations—depending on the cost of the item.

The following are items that will be billed in addition to the basic room rate and care level.

Oxygen Tank	Billed by oxygen supplier
Oxygen Concentrator	Billed by oxygen supplier
CPAP	Billed by oxygen supplier
BIPAP	Billed by oxygen supplier
BIPAP ST	Billed by oxygen supplier
Supplements	Vary accordingly
Specialty Wheelchairs (Standard wheelchairs will be provided)	Vary accordingly
Special adaptations / equipment for wheelchairs	Vary accordingly
Wheelchair rental	Vary accordingly
Wound consultant	Vary accordingly