
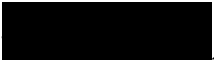


Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

A715
JD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Golden LivingCenter - Plattsmouth MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 114002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT	
EXPIRES 03/31/2016	  Joseph M. Aierno, 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 - Plattsmouth

ADDRESS: 602 SOUTH 18TH STREET, PLATTSMOUTH, NE 68048

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.

0510



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 - Plattsmouth
602 SOUTH 18TH STREET
PLATTSMOUTH, NE 68048

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: 114002

TELEPHONE NUMBER: (402) 296-2800

FAX NUMBER: (402) 296-5424

ADMINISTRATOR: CASSANDRA PUTNAM

DIRECTOR OF NURSING: JENNIFER NICHOLS, R.N.

E-Mail Address, if available: atl00510@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 111

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
ALZHEIMER UNIT

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GGNSC PLATTSMOUTH 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 Pasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-2-15
DATE

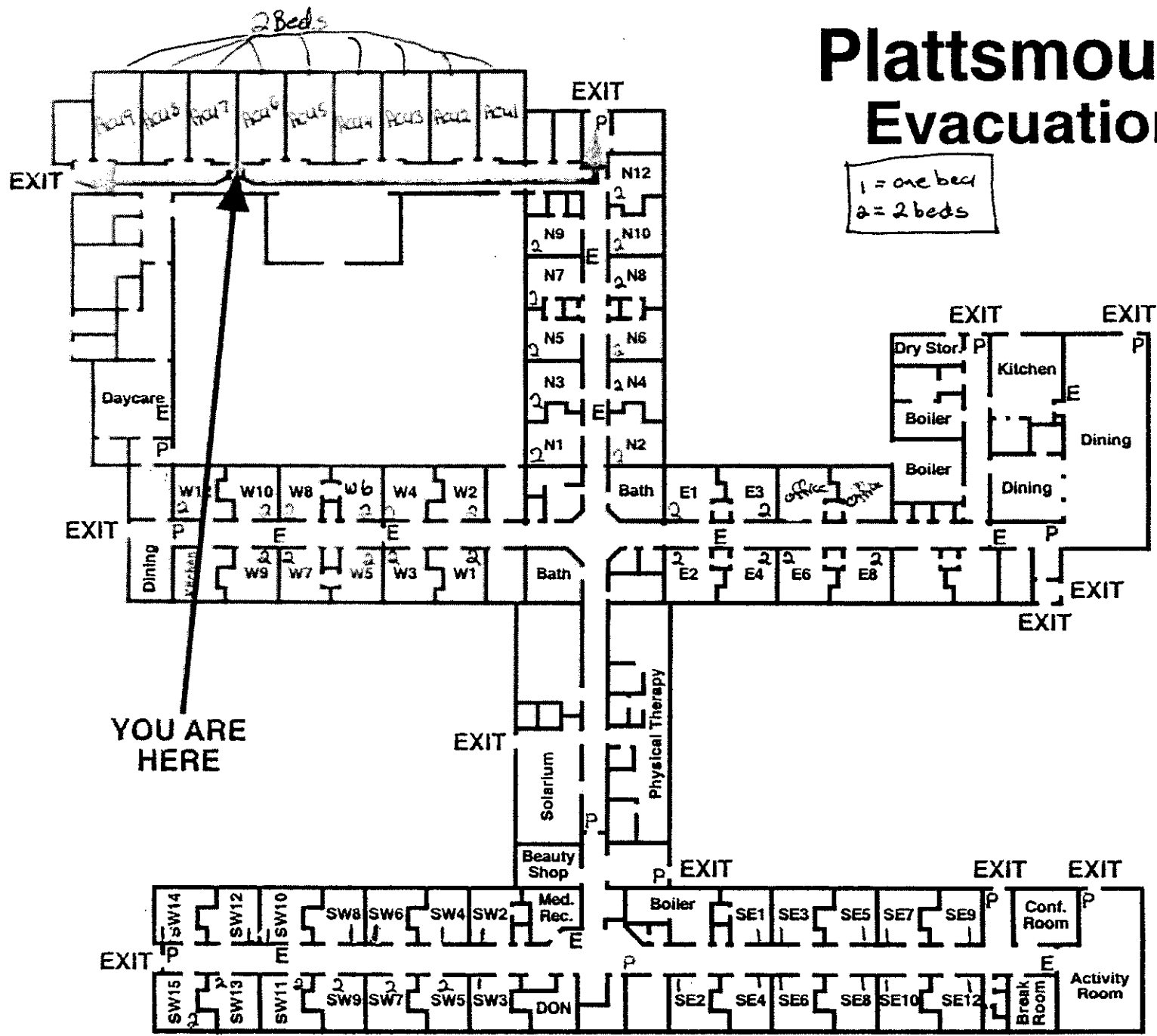
Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-3-15
DATE

[Redacted Signature]

SIGNATURE


Plattsmouth Manor Evacuation Routes



1 = one bed
2 = 2 beds

YOU ARE
HERE

LEGEND

-  Evacuation Route
- E** Fire Extinguisher
- P** Pull Alarm

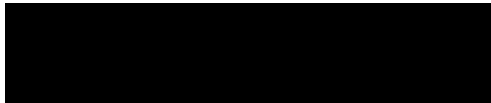
0510

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402252

Name of Facility: **Golden LivingCenter - Plattsmouth**
Type of Facility: **Nursing Home**
Location: **602 S 18th St., Plattsmouth**
Maximum Occupancy: **111 Beds**
Date Issued: **11/25/2013**

Approved By: 

Inspected By: **8725 Susen Lindner**
Deputy State Fire Marshal

State Fire Marshal

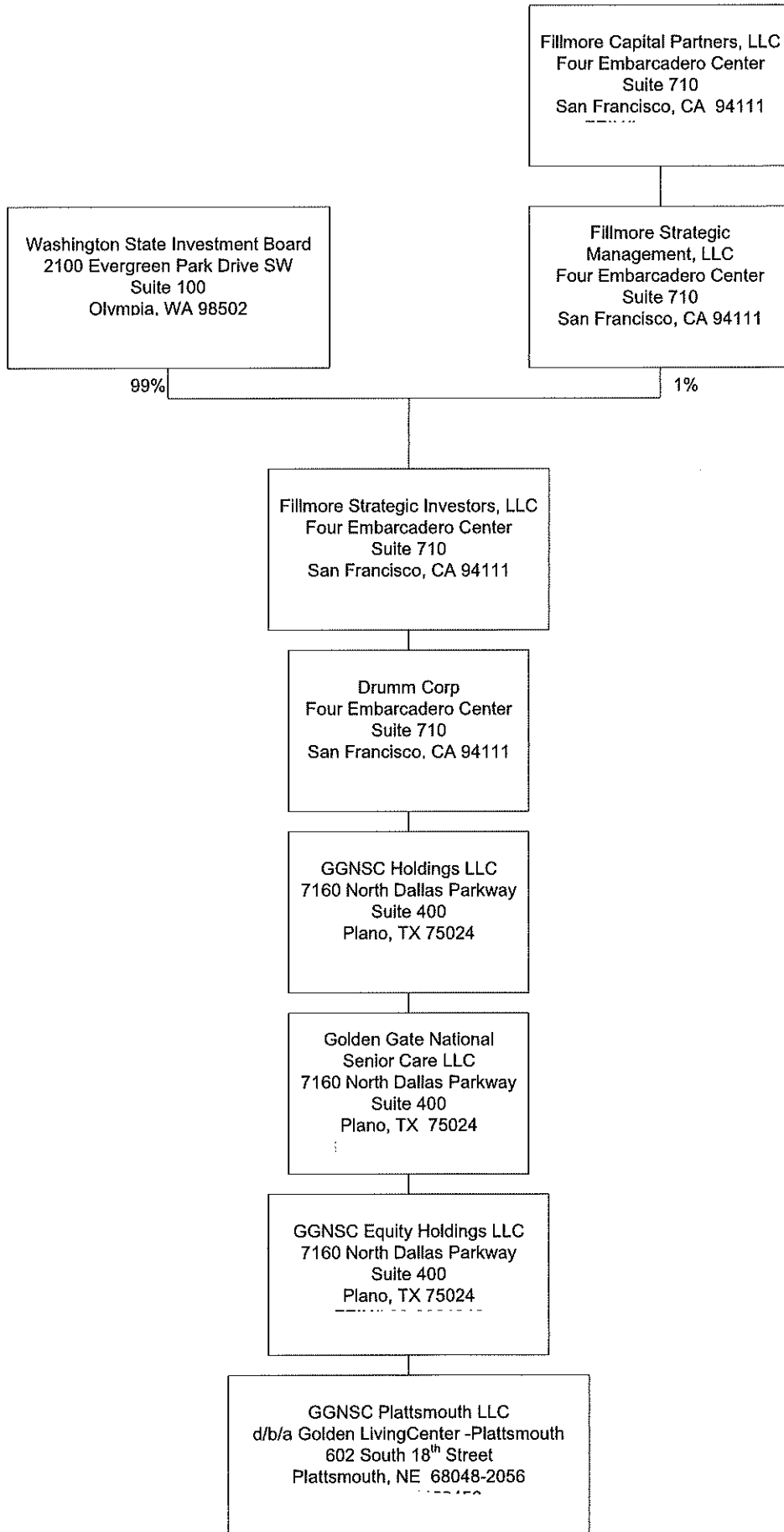


POST IN PROMINENT PLACE



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

Golden LivingCenter -Plattsmouth



Officers and Directors Report

As of 11/1/2014

GGNSC Plattsmouth 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 LIVING CENTER-Plattsmouth
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 not be self-injurious or harmful to other residents.

The degree of nursing care upon admission should not outweigh the opportunity of the resident to benefit from the daily structured programming.

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 within a 45-minute period, with or without assistance.

The resident must meet 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 ACU to the SNF may also be accomplished in segments to assure maximum comfort and minimum anxiety for the resident.

PROCESS FOR ACU ASSESSMENT AND PLACEMENT

The process for placement includes a person-to-person visit between the Alzheimer's Care Director and the potential resident at which time an evaluation is started which includes the Alzheimer's Care Unit Recreation and Activity Assessment, the Brief Cognitive Rating Scale (BCRS), Physical Self Maintenance Scale (PSMS), and Cornell Depression Scale.

A doctor's order for ACU placement is also required.

The BCRS, PSMS, and Cornell Depression Scale are repeated at quarterly intervals, as well as upon significant change in condition and prn.

An immediate plan of care is established within 24 hours of the ACU resident's admission. The care plan then evolves through observation of the resident, observations from all care staff, involvement of the resident (as able) and the resident's family or responsible party (as able), medical records, medical history, physical and cognitive assessments, and MD orders.

Changes of condition (observation from direct care staff, the resident, the family, the MD, any care staff charting, etc.) are reported to and monitored by the MDS Coordinator, the Alzheimer's Care Director, and the ACU nurse and may result in a significant change of condition if appropriate,

PHYSICAL ENVIRONMENT OF THE ACU

The prosthetic physical environment is the tool to allow associates the creativity needed to meet the special needs of individuals residing on the ACU by providing the prompts and cues to enhance independence and provide specific programs.

The four key goals of the prosthetic environment are:

Freedom of movement — allows independent movement and increased functioning of those on the unit. (Outdoor walking loop, rails along each side of the corridor, etc.). Cognitive enhancement — external memory cues to keep the individuals at their highest functioning ability and prevent excess ability. (Memory boxes outside each resident's room).

Safety — modified to remove safety dangers that are created by the individuals' cognitive impairment. (The ACU is secured; throw rugs are not allowed). Normalization — resembles the home decor, culturally familiar and has the feeling of the "home of the heart" (The ACU has it's own kitchen with a working stove and refrigerator, and a lounge area with comfortable furnishings.)

FREQUENCY AND TYPES OF RESIDENT ACTIVITIES

The Enabling Freedom ACU is a social model. Through the programming, residents are encouraged to live up to their highest possible functioning level in order to facilitate a meaningful life. As part of the programming, residents are encouraged to participate in various aspects of everyday activities to promote normalization (i.e. assisting with setting the table, assisting with preparing a part of the meal, clean up after meals, sweeping, folding clothes, etc.) Residents are encouraged to participate in social activities as well as meaningful small group or individual activities.

Lower cognitive functioning residents are allowed to pace as needed (with

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-alongs 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 \$6,482.58 per month.