
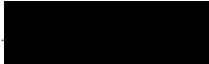


Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall So, P O Box 94986  
Lincoln, NE 68509-4986

4-15  
/6

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Golden LivingCenter - Grand Island Lakeview MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 374003	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH 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 - Grand Island Lakeview  
ADDRESS: 1405 WEST HWY 34, GRAND ISLAND, NE 68801

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.

2187



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
[ ] Skilled Nursing Facility
[X] Nursing Facility
[ ] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Grand Island Lakeview
1405 WEST HWY 34
GRAND ISLAND, NE 68801

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSURE UNIT

LICENSE NO: 374003

TELEPHONE NUMBER: (308) 382-6397

FAX NUMBER: (308) 382-0125

ADMINISTRATOR: SALLY BERNEY

DIRECTOR OF NURSING: LARA WOLFE RN Jacki Connery RN

E-Mail Address, if available: elc02187@goldenliving.com legaldept@goldenliving.com

FEB 17 2015

RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 95

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

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMERS/SPECIAL CAR

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GGNSC GRAND ISLAND LAKEVIEW 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
[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

\_\_\_\_\_  
SIGNATURE

2-10-15
DATE

2-10-15
DATE

REC'D
2015 FEB 20 A 4:00
ADMINISTRATIVE

# NEBRASKA STATE FIRE MARSHAL <sup>2187</sup>

## OCCUPANCY PERMIT

Certificate Number: 402316

Name of Facility: **Golden LivingCenter - Gr Island Lakeview**  
Type of Facility: **Nursing Home**  
Location: **1405 W Highway 34, Grand Island**  
Maximum Occupancy: **95 Beds**  
Date Issued: **10/30/2013**

Approved By:

Inspected By: **8748 Mark Manchester**  
**Deputy State Fire Marshal**

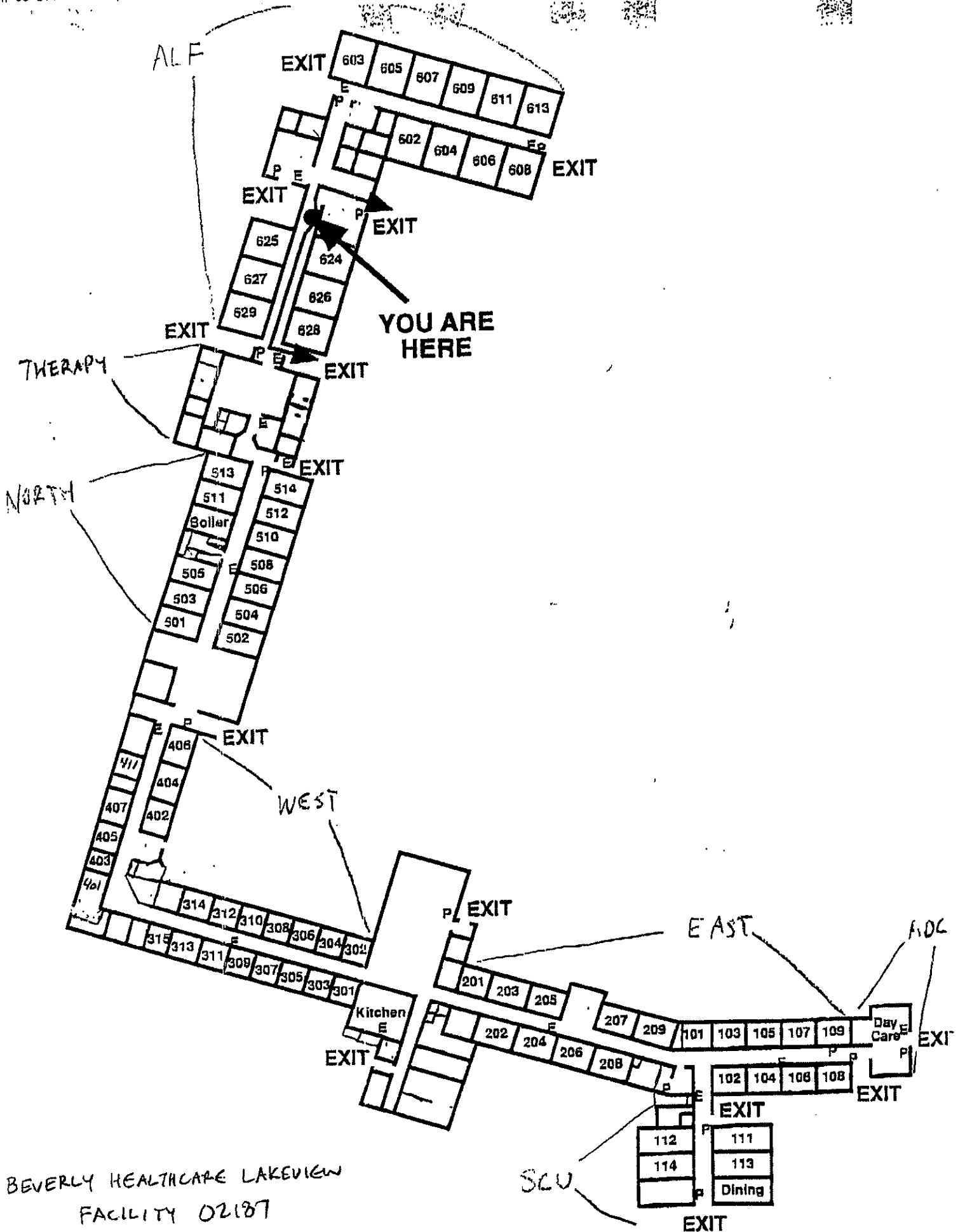
  
**State Fire Marshal**



### POST IN PROMINENT PLACE



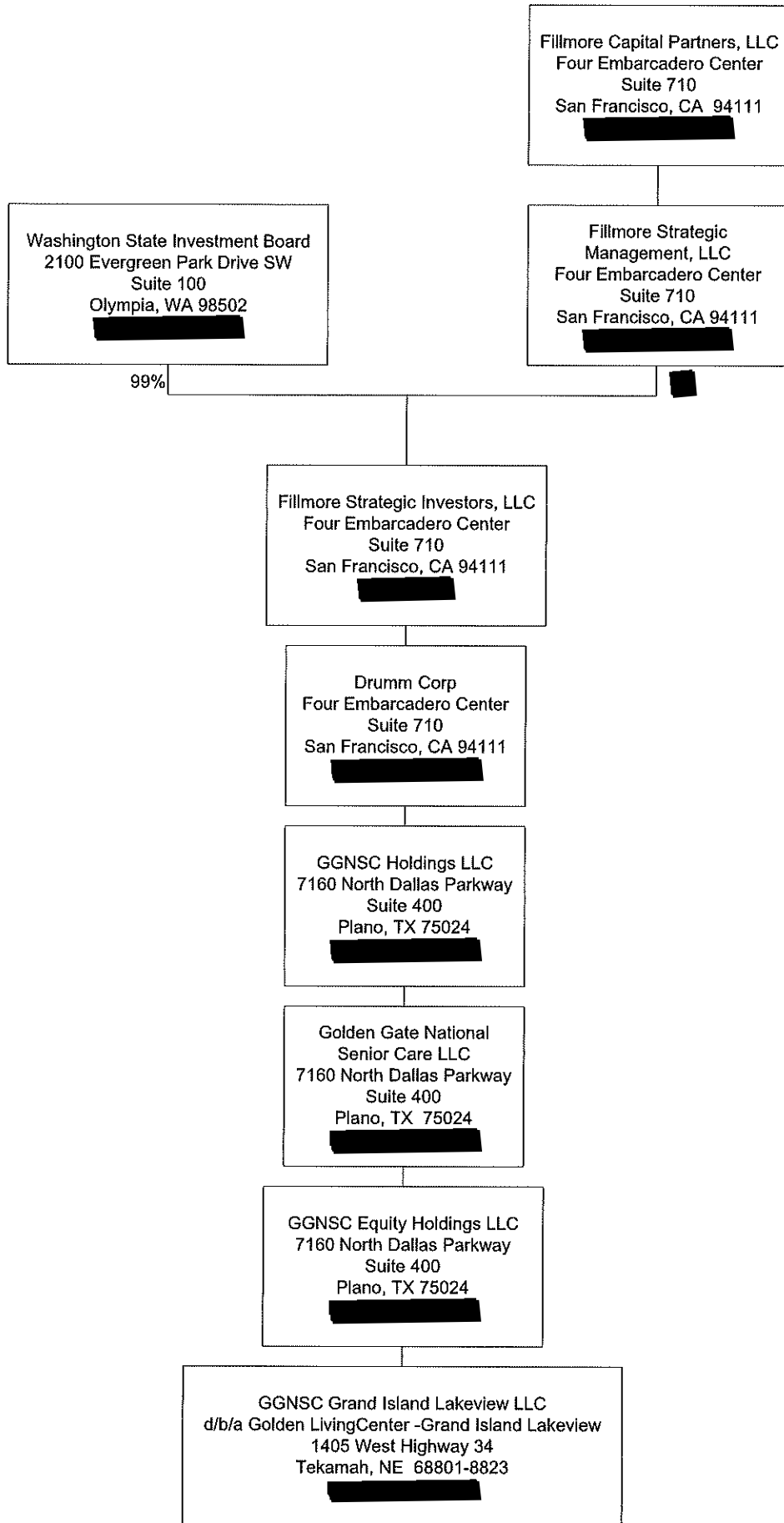
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



BEVERLY HEALTHCARE LAKEVIEW FACILITY 02187

SCU

Golden LivingCenter -Grand Island Lakeview



## Officers and Directors Report

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As of 11/1/2014

### GGNSC Grand Island Lakeview LLC

#### Directors

Name	Title
Julianne Williams	Director

#### Officers

	Name	Title
<b>Executive Officer</b>	Julianne Williams	President
	Nicholas R Finn	Senior Vice President
	Michael Karicher	Senior Vice President, Human Resources
	Kathleen K Vardell	Senior Vice President
<b>General Officer</b>	<b>Name</b>	<b>Title</b>
	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-LAKEVIEW ALZHEIMER'S CARE UNIT**

### **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 a 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," and foster an environment that nurtures the feelings of belonging, purpose, and relationships.**

**Enter into partnerships with family, residents, associates, professionals, and the community.**

**Eliminate factors that cause excess disability.**

**Enable of freedom of movement, expression and experiences, through an environment that is adapted to the special strengths and needs of the person with dementia.**

**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 himself or herself within a 45-minute period with or without assist.

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 may include a person-to-person visit between the Alzheimer's Care Director and the potential resident, if needed. An evaluation will which includes the Alzheimer's Care Unit Recreation and Activity Assessment, the Brief Cognitive Rating Scale (BCRS), and Cornell Depression Scale. A doctor's order for ACU placement is also required.

The BCRS, 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 plans then evolves thorough 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 décor, 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.**

Through the programming, residents are encouraged to live up to their highest possible functioning level in order to facilitate a meaningful life. As a part of the programming, residents are encouraged to take part in various aspects of everyday activities as an aspect of 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, to sing-alongs to 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 encouraged 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 programming is that the staff are an extension of the family, but not meant to replace the family.

#### **COST OF CARE ON THE ACU.**

At this time, the daily rate for the Alzheimer's Care Unit is \$203.77 per day, depending on level of care.

#### **STAFFING EDUCATION:**

Abuse and Neglect  
Elopement- Do you know where your resident is?  
Hand washing- CDC recommendation  
Resident Rights  
Emergencies & Disasters- What you need to know  
Fluid and Electrolyte imbalances: Prevention and Management  
Infection Control  
Bloodborne Pathogens-Fundamentals  
Hazard communications: Safety Data Sheets and your right to know  
Communicating with Older Adults with Dementia  
Preventing Workplace Violence

**Skills Include:**

**Hand washing**

**Lifts**

**Gait belts**

**transfers**

**Prevalon Boots**

**Peri-cares**

**Catheter cares**

**Infection control**

**Grievances and Elopement**

**Teamwork and open door**

**Medication test and comp**