

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
js

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

Golden LivingCenter - Nebraska City
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 584003

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMERS/SPECIAL CAR

EXPIRES
03/31/2016



Joseph M. Acerno, 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 - Nebraska City

ADDRESS: 1420 NORTH 10TH STREET, NEBRASKA CITY, NE 68410

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.

0464



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

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Nebraska City
1420 NORTH 10TH STREET
NEBRASKA CITY, NE 68410

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: 584003

TELEPHONE NUMBER: (402) 873-3304

FAX NUMBER: (402) 873-6307

ADMINISTRATOR: NICHOLE BURGER

DIRECTOR OF NURSING: HEATHER WHITE, R.N.

E-Mail Address, if available: #intellisoft-00466@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 64

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 [x] Respiratory [x] Occupational Therapy
[] Behavioral Needs

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GGNSC NEBRASKA CITY 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

2015 FEB 17 4:02 PM
REC'D LICENSING

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402210

Name of Facility: **Golden LivingCenter - Nebraska City**
Type of Facility: **Nursing Home**
Location: **1420 N 10th St, Nebraska City**
Maximum
Occupancy: **64 Beds**
Date Issued: **11/7/2013**

Approved By:

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


State Fire Marshal

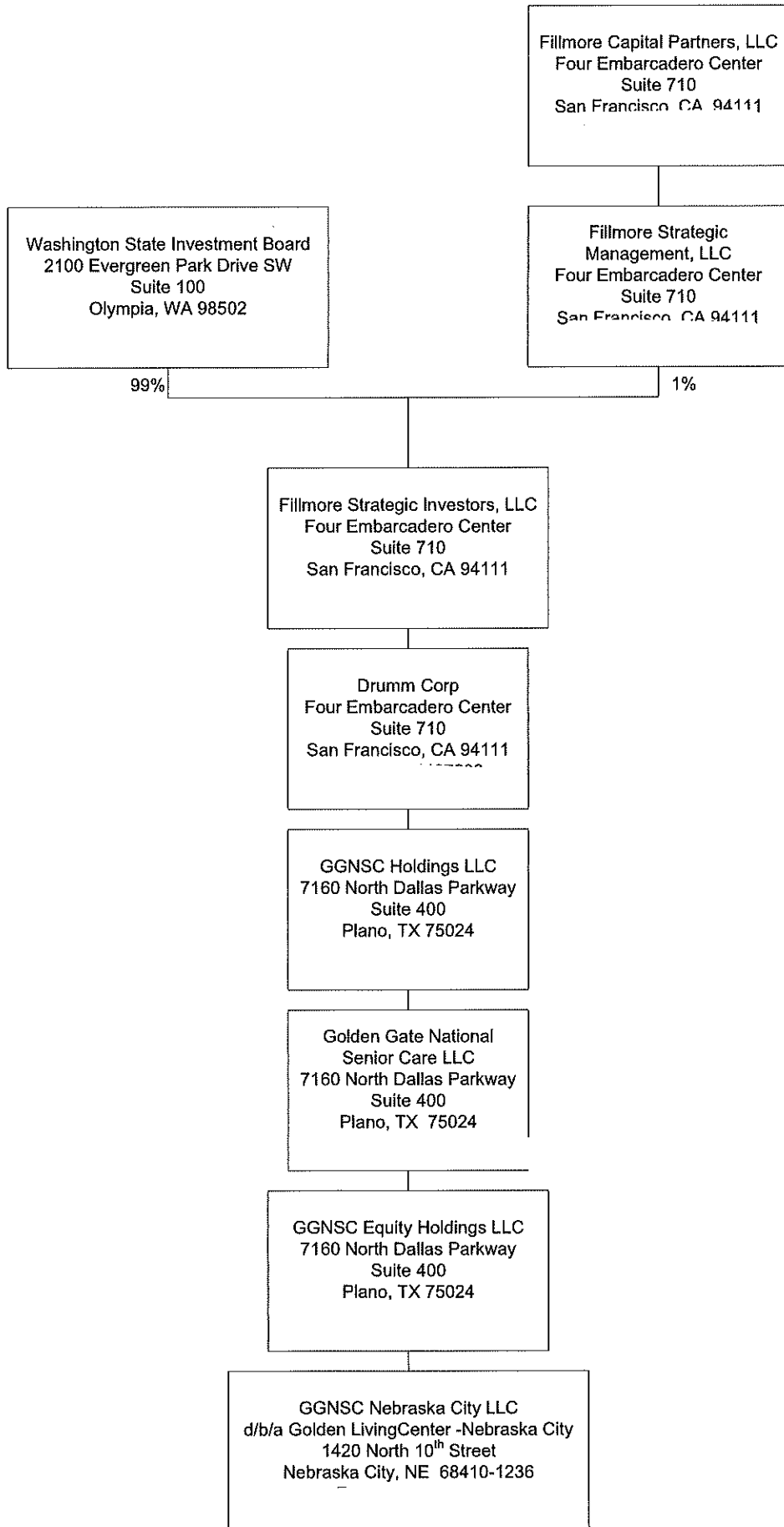


POST IN PROMINENT PLACE



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

Golden LivingCenter - Nebraska City



Officers and Directors Report

As of 11/1/2014

GGNSC Nebraska City 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 – NEBRASKA CITY
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 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 NA 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 plans then evolve 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 its 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.

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

encouraged rest periods), and manipulative items, 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-a-longs 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 semi private--\$5584.00 or Private--\$6142.00 per month.