

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Golden LivingCenter - Valhaven MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 264020	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2016	 [Redacted Signature] 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 - Valhaven
ADDRESS: 300 WEST MEIGS STREET, VALLEY, NE 68064

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.



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 Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Golden LivingCenter - Valhaven
300 WEST MEIGS STREET
VALLEY, NE 68064

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

LICENSURE UNIT

MAR 11 2015

RECEIVED

LICENSE NO: 264020

TELEPHONE NUMBER: (402) 359-2533

FAX NUMBER: (402) 359-5838

ADMINISTRATOR: MARTIN BROWN Loretta Paul-Allen, MHA ✓

DIRECTOR OF NURSING: DOTIE RICE, RN Lisa Church, RN ✓

E-Mail Address, if available: aqc00155@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: 9 [REDACTED]

4. NUMBER OF BEDS TO BE RELICENSED: 66

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: BEVERLY ENTERPRISES - NEBRASKA, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: 1000 FIANNA WAY
FORT SMITH, AR 72919

8. BUSINESS ORGANIZATION: (Check one):

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

2015 MAR 13 A 2
(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.

Holly A. Rasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[REDACTED SIGNATURE]

3-4-15
DATE

Ann Truijt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3-4-15
DATE

0155



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Table with 1 column: Renewal Fees. Rows: 1 - 50 beds: \$1550, 51 - 100 beds: \$1750, 101 or more: \$1950

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DIRECTOR OF NURSING: DOTTIE RICE, R.N.

E-Mail Address, If available: glc00155@goldenliving.com legaldept@goldenliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [REDACTED]

4. NUMBER OF BEDS TO BE RELICENSED: 66

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.

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[] Pediatric [] Respiratory [X] Occupational Therapy
[] Behavioral Needs

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

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(Legal Name of individual or business organization)

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FORT SMITH, AR 72919

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[] Partnership
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[X] Corporation
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[] Governmental (State, District, County, City or Municipal)
[] Other (Please Specify)

(check one)
[X] Profit [] Non Profit

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Holly A Rasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[REDACTED SIGNATURE]

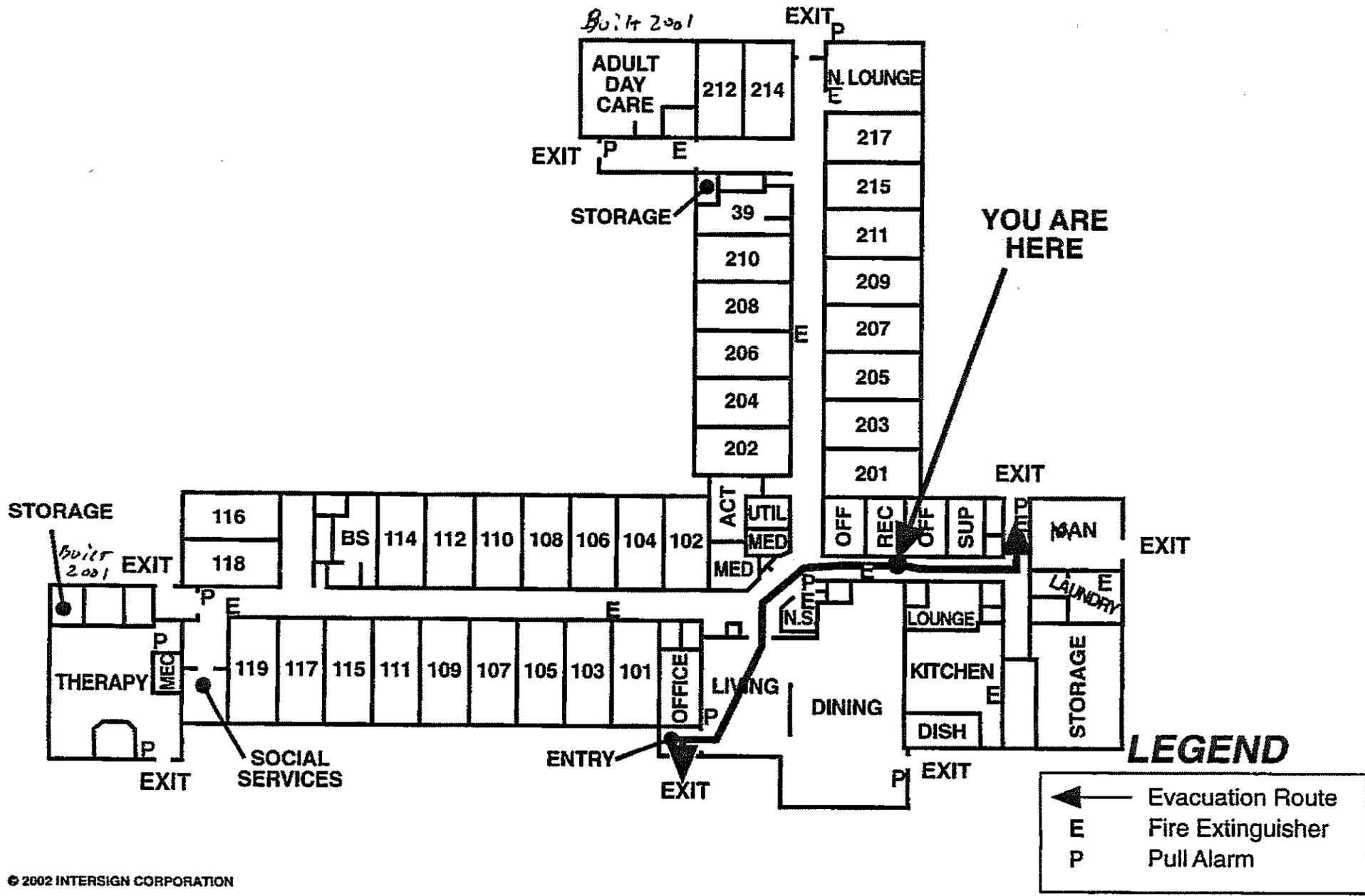
2-2-15
DATE

Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-3-15
DATE

Valhaven Nursing Center Evacuation Routes



NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402717

Name of Facility: **Golden LivingCenter - Valhaven**
Type of Facility: **Nursing Home**
Location: **300 W Meigs St., Valley**
Maximum
Occupancy: **66 Beds**
Date Issued: **11/7/2014**

Approved By:

Inspected By: **8720 Matt Ruhrer**
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.

Officers and Directors Report

As of 11/1/2014

Beverly Enterprises - Nebraska, Inc.

Directors

Name	Title
Maureen P Roberts	Director
Salvatore F Salamone	Director

Officers

	Name	Title
Executive Officer	Salvatore F Salamone	President
	Nicholas R Finn	Senior Vice President
	Michael Karicher	Senior Vice President, Human Resources
	Kathleen K Vardell	Senior Vice President
	Julianne Williams	Senior Vice President

	Name	Title
General Officer	Tina C Chavis	Vice President
	Paul M Helm	Vice President
	Larry N Joseph	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 -Valhaven

