

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

4115  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Golden LivingCenter - Tekamah**  
MEETS STATUTORY REQUIREMENTS AS  
SNF/NF DUAL CERT  
Lic # 084003

Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

**EXPIRES**  
03/31/2016

   
Joseph M. Aclero, 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 - Tekamah  
ADDRESS: 823 M STREET, TEKAMAH, NE 68061

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.

0512



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 - Tekamah  
823 M STREET  
TEKAMAH, NE 68061

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: 084003

TELEPHONE NUMBER: (402) 374-1414

FAX NUMBER: (402) 374-1601

ADMINISTRATOR: TAMMY DEEMER

DIRECTOR OF NURSING: CYNTHIA SENKBILE

E-Mail Address, if available: alic00512@goldenliving.com legaldept@goldenliving.com ✓

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 46

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.

Current Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GGNSC TEKAMAH 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
- 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.

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

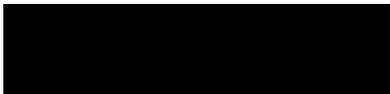
# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402597

Name of Facility: **Golden LivingCenter - Tekamah**  
Type of Facility: **Nursing Home**  
Location: **823 M Street, Tekamah**  
Maximum  
Occupancy: **46 Beds**  
Date Issued: **12/15/2013**

Approved By:

Inspected By: **8713 Alan Vlox**  
**Deputy State Fire Marshal**

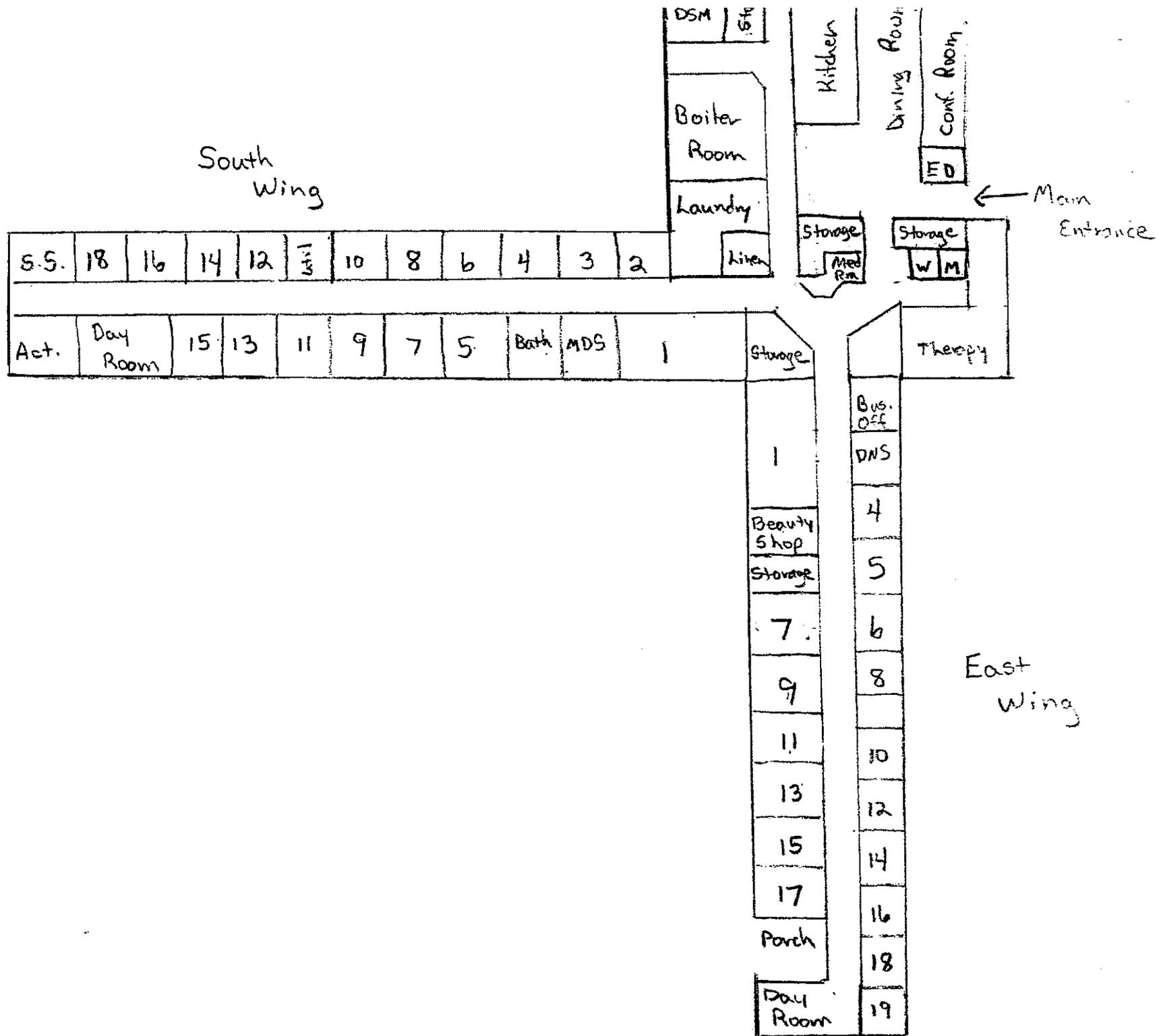
  
**State Fire Marshal**



**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

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As of 11/1/2014

### GGNSC Tekamah 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

	Name	Title
<b>General Officer</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 LivingCenter -Tekamah

