



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

2/16/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
The Ambassador Nebraska City, Inc MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 584001
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: The Ambassador Nebraska City, Inc

ADDRESS: 1800 14TH AVENUE, 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.

2-17-15

FEB 10 2016



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
03/31/2016

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:
The Ambassador Nebraska City, Inc
1800 14TH AVENUE
NEBRASKA CITY, NE 68410

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

LICENSE NO: 584001
TELEPHONE NUMBER: (402) 873-6650
FAX NUMBER: (402) 873-6621
ADMINISTRATOR: TYLER JUILFS
DIRECTOR OF NURSING: WENDY HAYS, R.N.
E-Mail Address, If available: ambassadornebraskacity@ambhealthsys.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. NUMBER OF BEDS TO BE RELICENSED: 55

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

REC'D DHSS ACCOUNTING
2016 FEB 11 A 11:05

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: THE AMBASSADOR HOLDING COMPANY
(Legal Name of individual or business organization)
MAILING ADDRESS: 1240 N 19TH STREET, P O BOX 640
NEBRASKA CITY, NE 68410

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.

Timothy J Juilfs
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Sally M Juilfs
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature] SIGNATURE

2-1-2016
DATE
2-1-2016
DATE

Disclosure of Ownership and Controlling Interest Statement

Name and Address of Facility : The Ambassador Nebraska City, Inc. 1800 14 th Avenue Nebraska City, NE 68410	Type of License: SNF
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Type of Entity	Sole Proprietorship	Unincorporated Association	<input checked="" type="checkbox"/> Corporation
	Partnership	Other (Specify) _____	

List names, addresses for each individual owners, partners, member of board of directors owning or managing facility.

Name & Title	Address (street, city, state & zip code)
Timothy J. Juilfs, Board of Director/Owner	PO BOX 640, Nebraska City, 68410
Sally M. Juilfs, Board of Director/Owner	PO BOX 640, Nebraska City, 68410
The Ambassador Group Inc. /Management Co	PO BOX 640, Nebraska City, 68410
The Ambassador Holding Company Inc. / Parent	PO Box 640, Nebraska City, 68410

List any other person with financial interest or investments in facility

Name & Title	Address (street, city, state, & zip code)

Affidavit

State of Nebraska _____

County of Otoe

I, Timothy J. Juilfs _____ certify that the information contained herein is complete and true to the best of my knowledge.

Timothy J. Juilfs _____

Authorized Representative

[Redacted Signature]

Signature

Owner/CEO _____

2-5-2016

Title

Date

Sworn to and I subscribed before me on the 5th of Feb, 2016



Connie S. Ehlers

Notary Public

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402853

Name of Facility: The Ambassador - Nebraska City, Inc.

Type of Facility: Nursing Home

Location: 1800 14th Ave., Nebraska City

Maximum
Occupancy: 55 Beds

Date Issued: 2/17/2015

Approved By:

Inspected By: 8725 Susen Lindner
Deputy State Fire Marshal

[Redacted Signature]
State Fire Marshal



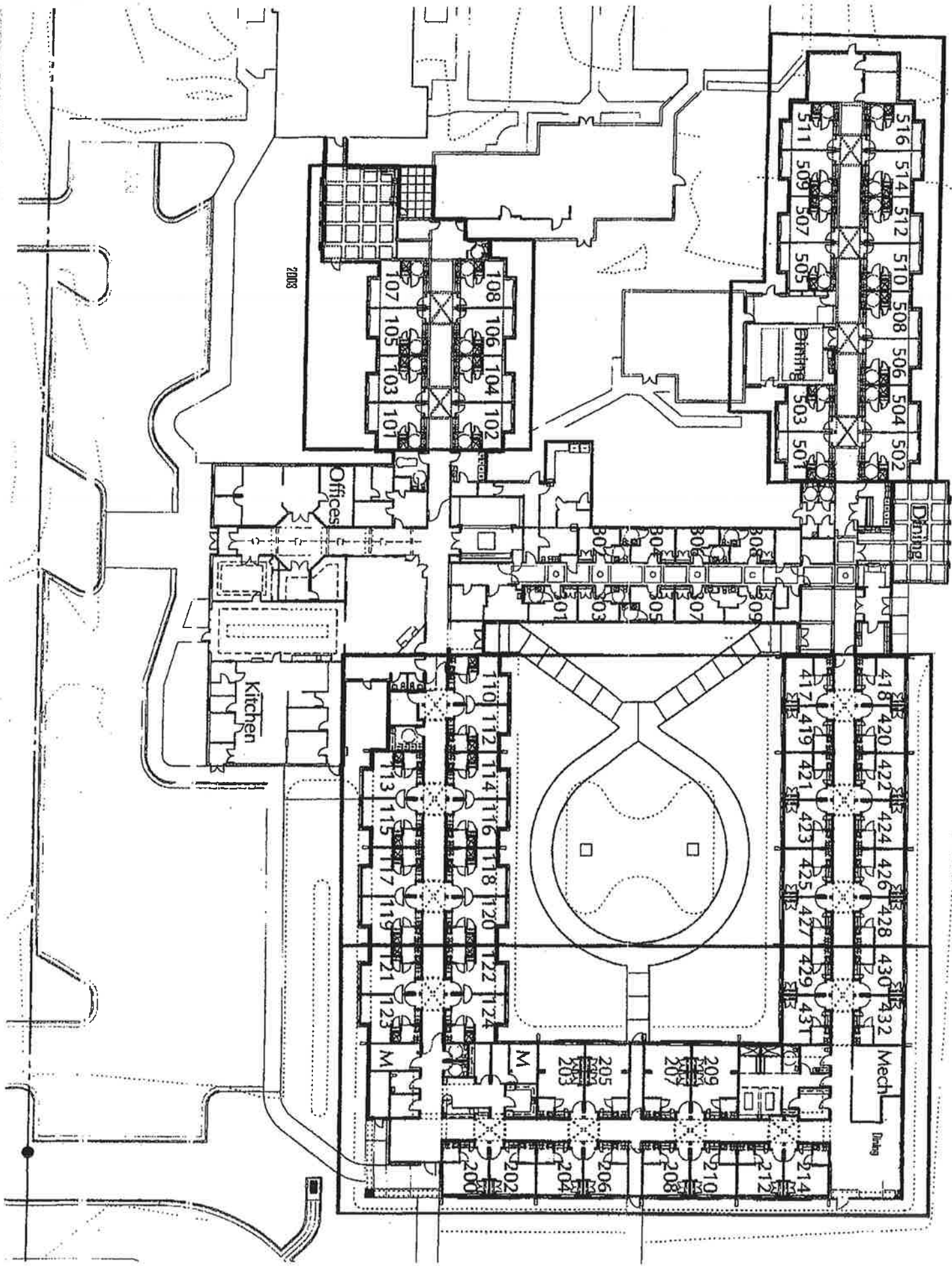
POST IN PROMINENT PLACE

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

June 2008-March 2009

May 2006

April 2004



2008

Offices

Kitchen

Dining

Mech

Dining

516 514 512 510 508 506 504 502
 511 509 507 505
 Dining 503 501

108 106 104 102
 107 105 103 101

308 307 306 305 304 303 302 301

418 420 422 424 426 428 430 432
 417 419 421 423 425 427 429 431

110 112 114 116 118 120 122 124
 113 115 117 119 121 123

209 208 207 206 205 204 203 202 201 200
 M M

<u>Room #'s</u>	<u># of beds in each room</u>	<u>Bed Configuration</u>
200	1	MCR/MCD Dually Certified
202	1	MCR/MCD Dually Certified
203	2	MCR/MCD Dually Certified
204	1	MCR/MCD Dually Certified
205	2	MCR/MCD Dually Certified
206	1	MCR/MCD Dually Certified
207	2	MCR/MCD Dually Certified
208	1	MCR/MCD Dually Certified
209	2	MCR/MCD Dually Certified
210	1	MCR/MCD Dually Certified
212	1	MCR/MCD Dually Certified
214	1	MCR/MCD Dually Certified
301	1	MCR/MCD Dually Certified
302	1	MCR/MCD Dually Certified
303	1	MCR/MCD Dually Certified
304	1	MCR/MCD Dually Certified
305	1	MCR/MCD Dually Certified
306	1	MCR/MCD Dually Certified
307	1	MCR/MCD Dually Certified
308	1	MCR/MCD Dually Certified
309	1	MCR/MCD Dually Certified
417	1	MCR/MCD Dually Certified
418	1	MCR/MCD Dually Certified
419	1	MCR/MCD Dually Certified
420	1	MCR/MCD Dually Certified
421	1	MCR/MCD Dually Certified
422	1	MCR/MCD Dually Certified
423	1	MCR/MCD Dually Certified
424	1	MCR/MCD Dually Certified
425	1	MCR/MCD Dually Certified
426	1	MCR/MCD Dually Certified
427	1	MCR/MCD Dually Certified
428	1	MCR/MCD Dually Certified
429	1	MCR/MCD Dually Certified
430	1	MCR/MCD Dually Certified
431	1	MCR/MCD Dually Certified
432	1	MCR/MCD Dually Certified
501	1	MCR/MCD Dually Certified
502	1	MCR/MCD Dually Certified
503	1	MCR/MCD Dually Certified
504	1	MCR/MCD Dually Certified
505	1	MCR/MCD Dually Certified
506	1	MCR/MCD Dually Certified

507	1	MCR/MCD Dually Certified
508	1	MCR/MCD Dually Certified
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510	1	MCR/MCD Dually Certified
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512	1	MCR/MCD Dually Certified
514	1	MCR/MCD Dually Certified
516	1	MCR/MCD Dually Certified