

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

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

Careage Campus of Care
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 804001

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017

 
Courtney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Careage Campus of Care

ADDRESS: 811 EAST 14TH STREET, WAYNE, NE 68787

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.

3-17-15

FEB 09 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:

Careage Campus of Care
811 EAST 14TH STREET
WAYNE, NE 68787

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

RECD DHHS ACCOUNTING
2016 FEB 11 A 11:08

LICENSE NO: 804001

TELEPHONE NUMBER: (402) 375-1922

FAX NUMBER: (402) 375-1923

ADMINISTRATOR: AMMON WOLFLEY

DIRECTOR OF NURSING: CONNIE VOGT, R.N.

E-Mail Address, if available: CareageofWaynesurvey@ensiangroup.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 60

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: LINDAHL HEALTHCARE, INC
(Legal Name of individual or business organization)

MAILING ADDRESS: 811 EAST 14TH STREET
WAYNE, NE 68787

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.

Soon Burnam
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Beverly Whitekind
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2/4/16
DATE

2/4/16
DATE

CAREAGE CAMPUS OF CARE

CORPORATE ORGANIZATION CHART

List of names and addresses of all persons in control of the facility.

LINDAHL HEALTHCARE, INC., DBA CAREAGE CAMPUS OF CARE

811 East 14th Street
Wayne, NE 68787
Phone: 402.375.1922

Officers:

Michael Clegg, President
Beverly Wittekind, Secretary
Soon Burnam, Treasurer
Christopher Christensen, Director

GATEWAY HEALTHCARE, INC. (100% SHAREHOLDER OF LINDAHL HEALTHCARE, INC.)

27101 Puerta Real, Suite 450
Mission Viejo, CA 92691
Phone: 949-487-9500

Officers:

Michael Clegg, President
Beverly Wittekind, Secretary
Soon Burnam, Treasurer
Christopher Christensen, Director

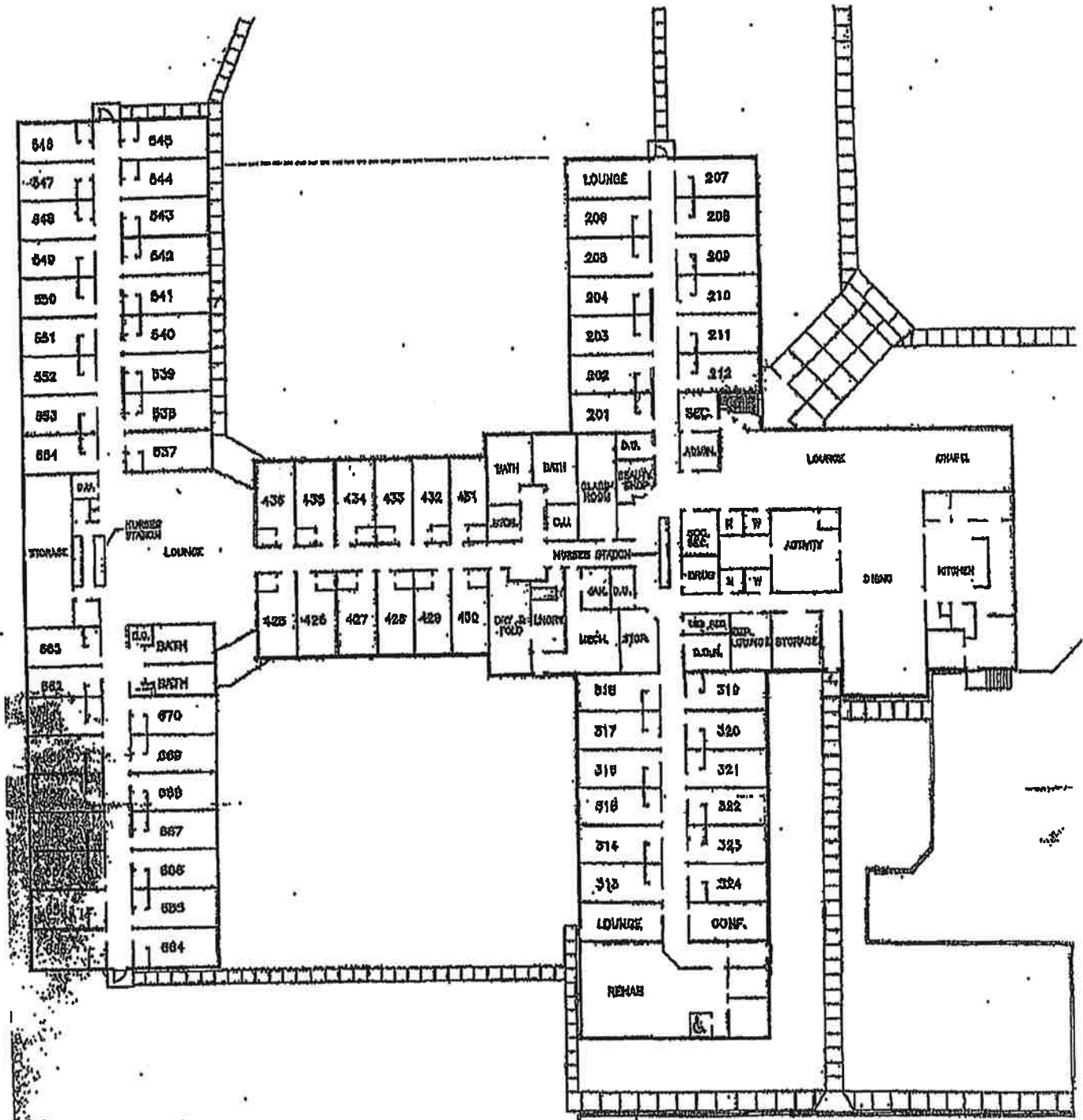
THE ENSIGN GROUP, INC., (100% SHAREHOLDER OF GATEWAY HEALTHCARE, INC.)*

27101 Puerta Real, Suite 450
Mission Viejo, CA 92691
Phone: 949-487-9500

Officers:

Christopher Christensen, President and CEO

*The Ensign Group, In. (NASDAQ: ENSG) is a publicity-traded company and its shares may be acquired, held and disposed of by independent investors and institutions without concurrent notice to the Company. Although public investors may at times exceed the 5% threshold, the Company has no way of knowing the current amount of any public investor's holdings, and has only undertaken to disclose those 5% or more shareholders known to the Company and involved in its business.



WAYNE CARE CENTRE



- LEGEND**
- ... FIRE EXIT
 - ... FIRE EXTINGUISHER
 - ... PHIL. COX

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403053

Name of Facility: **Careage Campus of Care**

Type of Facility: **Nursing Home**

Location: **811 E 14th Street, Wayne**

Maximum
Occupancy: **60 Beds**

Date Issued: **3/17/2015**

Approved By:

Inspected By: **8743 James Sloup**
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.