

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

3/2/16 dy

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

Life Care Center of Omaha
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 264019

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017

 
Courtney R. Yonkin, MBA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Life Care Center of Omaha
ADDRESS: 6032 VILLE DE SANTE DRIVE, OMAHA, NE 68104

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.

10-1-15

FEB 24 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
13/31/2016

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

Life Care Center of Omaha
6032 VILLE DE SANTE DRIVE
OMAHA, NE 68104

LICENSE NO: 264019
TELEPHONE NUMBER: (402) 571-6770
FAX NUMBER: (402) 571-6273
ADMINISTRATOR: Sara Delahoyde
DIRECTOR OF NURSING: Melody Prescott
E-Mail Address, if available: lcc_omaha@lcca.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 128

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: CONSOLIDATED RESOURCES HEALTH CARE FUND I, L.P.
(Legal Name of Individual or business organization)

MAILING ADDRESS: 3570 KEITH STREET NW
CLEVELAND, TN 37312

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.

Cindy S. Cross, Assistant Secretary
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Joan E. Thurmond, Assistant Secretary
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Co
B
C
Joan E. Thurmond, Assistant Secretary

2/17/2016
DATE
2/17/2016
DATE

REC'D IHSS ADMINISTRATION
2016 FEB 29 9:59

EXHIBIT "A"

CONSOLIDATED RESOURCES HEALTH CARE FUND I, L. P.

3570 Keith Street, N.W.
Cleveland, Tennessee 37312
EIN [REDACTED]
(423) 473-5867
Cindy_Cross@lcca.com

OWNERSHIP STRUCTURE

Forrest L. Preston 3570 Keith Street, N.W. Cleveland, Tennessee 37312 SSN# 414-46-5045 D/O/B 3/22/1933	4% General Partner
H.C.F., Inc. 3570 Keith Street, N.W. Cleveland, Tennessee 37312 EIN# 62-1402029	Special General Partner (no economic interest)
Fund I Investments Limited Partnership 3570 Keith Street, N.W. Cleveland, Tennessee 37312 EIN# 62-1614616	95.923% Limited Partner
H.C.F., Inc. 3570 Keith Street, N.W. Cleveland, Tennessee 37312 EIN# 62-1402029	.0385% Limited Partner
Developers Investment Company, Inc. 3570 Keith Street, N.W. Cleveland, Tennessee 37312 EIN# 62-1304932	.0385% Limited Partner

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403222

Name of Facility: Life Care Center of Omaha

Type of Facility: Nursing Home

Location: 6032 Villa De Sante Drive Omaha

Maximum Occupancy: 128 Beds

Date Issued: 10/1/2015

Approved By:



State Fire Marshal

Inspected By: 8713 Alan Viox
Deputy State Fire Marshal



POST IN PROMINENT PLACE



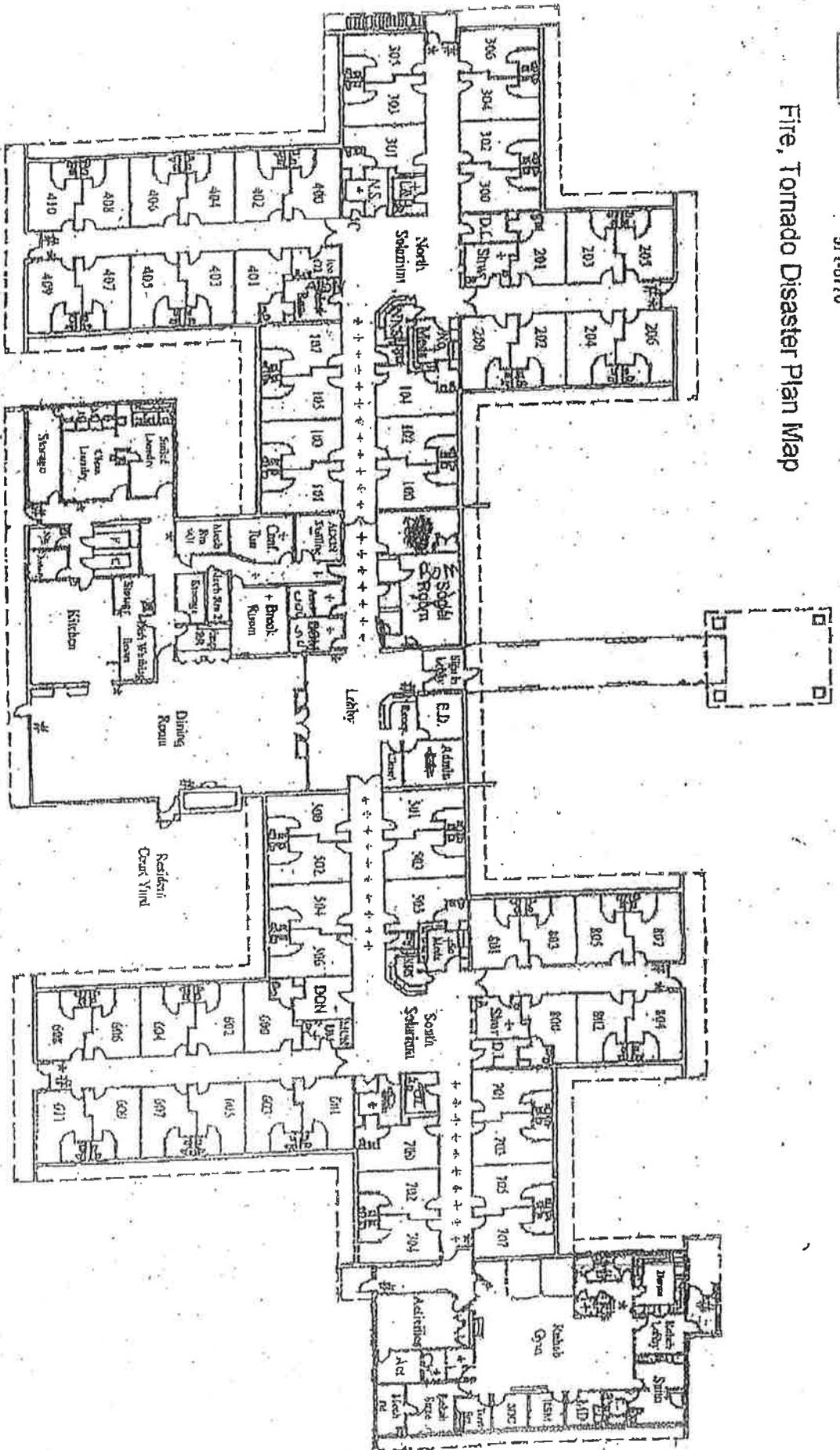
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



Life Care Center of Omaha

6932 Ville de Sainte Drive
Omaha, Nebraska 68104
574-6770

Fire, Tornado Disaster Plan Map



* = Fire Extinguisher # = Alarm Pull Station + = Tornado Shelter

64 Rooms
2 beds in each Room

fax: 505-852-1993



LICENSURE UNIT

FEB 24 2016

RECEIVED

3001 Keith Street, NW / P.O. Box 3480 / Cleveland, Tennessee 37320-3480
(423) 472-9585 / WWW.LCCA.COM

February 17, 2016

VIA FEDERAL EXPRESS

Eve Lewis, RNC, Administrator
Nebraska Health and Human Services System
Regulation and Licensure, Credentialing Division
301 Centennial Mall South, 3rd Floor Licensure Division
Lincoln, Nebraska 68509-4986

RE: Consolidated Resources Health Care Fund I, L.P.
d/b/a Life Care Center of Omaha
6032 Ville De Sante Dr.
Omaha, NE 68104

Dear Ms. Lewis:

Enclosed herewith please find the following documents in connection with the above-referenced facility:

1. Nursing Home Licensure Renewal Application with attached Exhibit "A";
2. Facility Floor Plan;
3. Nebraska State Fire Marshall Certificate of Occupancy; and
4. Check number 15310 in the amount of \$1,950.00 for the license renewal fees.

If you should have any questions or need additional information, please contact me at (423) 473-6172 or Leslie Ray at (423) 473-5869. Thank you in advance for your assistance with this matter.

Sincerely,


Teresa L. Thigpen
Assistant Licensure Coordinator

cc: Cindy S. Cross
Sara Delahoyde