

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

3/9/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Waverly Care Center</b>	
MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 504011
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
RESPIRATORY THERAPY	
<b>EXPIRES</b> 03/31/2017	 Courtney R. Williams, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Waverly Care Center

ADDRESS: 11041 NORTH 137TH ST, WAVERLY, NE 68462

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.

4-14-15

FEB 29 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:

Waverly Care Center  
11041 NORTH 137TH ST  
WAVERLY, NE 68462

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

c/o: WAVERLY CARE CENTER  
FIVE STAR QUALITY CARE, ATTN: LICENSING  
400 CENTRE STREET  
NEWTON MA 02458

REC'D MISS ACCOUNTING  
2016 MAR - 2 A 11:47

LICENSE NO: 504011

TELEPHONE NUMBER: (402) 786-2626

FAX NUMBER: (402) 786-2630

ADMINISTRATOR: DAVID BERGMANN

DIRECTOR OF NURSING: DEANNA QUALSET, R.N.

E-Mail Address, if available: waverlycarecenter@5sqc.com

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

4. NUMBER OF BEDS TO BE RELICENSED: 54

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: FIVE STAR QUALITY CARE-NE, LLC  
(Legal Name of individual or business organization)

MAILING ADDRESS: 400 CENTRE STREET  
NEWTON, MA 02458

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,
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Richard A. Doyle - Treasurer & CEO  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Bence J. Mackey Jr. - President & CEO  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature Area]  
SIGNATURE

2/22/14  
DATE  
2/22/14  
DATE

Five Star Quality Care, Inc.

Initial

Date

Legal and Compliance

**TABLE OF CORPORATE/OWNERSHIP STRUCTURE**  
**for the property known as "Waverly Care Center", licensed under**  
**"Five Star Quality Care-NE, LLC"**

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**Five Star Quality Care, Inc.**  
400 Centre Street, Newton, MA 02458  
Ph: 617-796-8387 Fax: 617-219-1435  
Federal ID#: [REDACTED]  
Maryland Corporation  
(100%)

**FSQ, Inc.**  
400 Centre Street, Newton, MA 02458  
Ph: 617-796-8387 Fax: 617-219-1435  
Federal ID#: [REDACTED]  
Delaware Corporation  
(100%)

**Five Star Quality Care-NE, Inc.**  
400 Centre Street, Newton, MA 02458  
Ph: 617-796-8387 Fax: 617-219-1435  
Federal ID#: [REDACTED]  
Delaware Corporation  
(100%)

Operator  
**Five Star Quality Care-NE, LLC**  
400 Centre Street, Newton, MA 02458  
Ph: 617-796-8387 Fax: 617-219-1435  
Federal ID#: [REDACTED]  
Delaware Limited Liability Company  
(100%)

**Ownership Control - Officers & Directors  
for  
Five Star Quality Care-NE, LLC  
400 Centre Street  
Newton, MA 02458  
Phone: 617-796-8387 FAX: 617-219-1435**

Title	Name	Ownership Percentage
<b>Officers</b>		
President & Chief Executive Officer	Bruce J. Mackey Jr.	0.00%
Senior Vice President & Chief Operating Officer	R. Scott Herzig	0.00%
Treasurer & Chief Financial Officer	Richard A. Doyle	0.00%
Vice President, General Counsel & Assistant Secretary	Katherine E. Potter	0.00%
Corporate Secretary	Jennifer B. Clark	0.00%
<b>Directors/Trustees</b>		
Director	Barry M. Portnoy	0.00%
Director	Gerard M. Martin	0.00%
<b>Five Star Quality Care-NE, Inc. [FID#: 04-3499676] is the 100% sole member of Five Star Quality Care-NE, LLC [FID#: 06-1566461]</b>		

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403025

Name of Facility: **Waverly Care Center**  
Type of Facility: **Nursing Home**  
Location: **11041 N 137th St., Waverly**  
Maximum Occupancy: **54 Beds**  
Date Issued: **4/14/2015**

Approved By:

Inspected By: **8725 Susen Lindner**  
**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.

