

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

3/8/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Blue Hill Care Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	Lic # 814001
EXPIRES 03/31/2017	  <small>Courtesy A. V. York, MPA Chief Executive Officer Department of Health and Human Services</small>

Cut on heavy line and place on license.

FACILITY NAME: Blue Hill Care Center

ADDRESS: 414 NORTH WILLSON, BLUE HILL, NE 68930

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.

FEB 29 2016

8-10-15



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

RECEIVED

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:

Blue Hill Care Center
414 NORTH WILSON ^{Wilson ✓}
BLUE HILL, NE 68930 - 3507

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

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

REC'D DHHS ACCOUNTING
2016 MAR - 2 A 11:49

LICENSE NO: 814001

TELEPHONE NUMBER: (402) 756-2080

FAX NUMBER: (402) 756-2104

ADMINISTRATOR: SHERRILL ACTON

DIRECTOR OF NURSING: KELLY BOOM, R.N.

E-Mail Address, if available: bluehillcarecenter@5sac.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 62

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, or
- (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 : CFO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Bence J. Mackey, Jr. - Resident : CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2/22/14
DATE

2/22/14
DATE

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

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%)

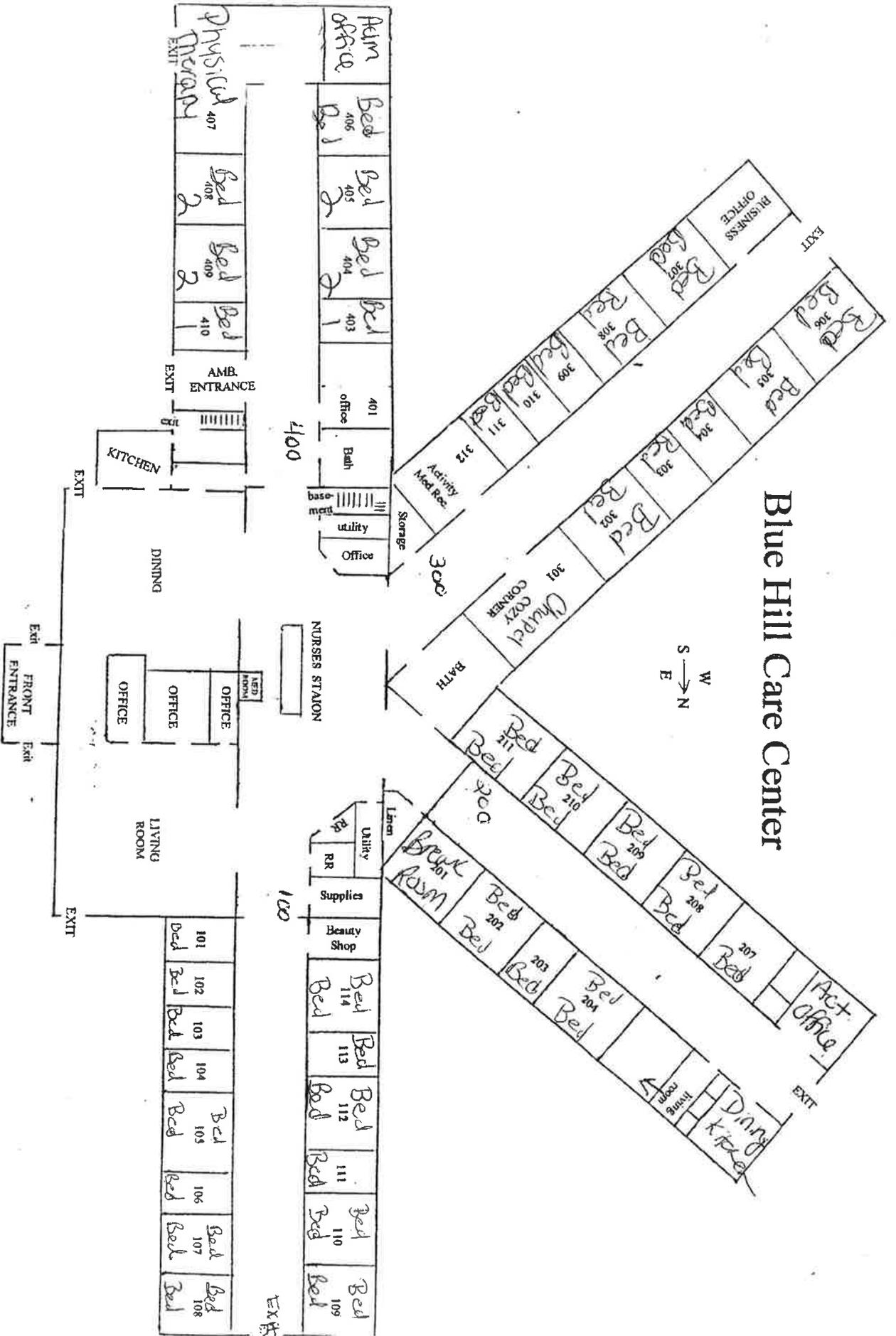
Five Star Quality Care-NE, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Corporation
(100%)

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
Officers		
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%
Directors/Trustees		
Director	Barry M. Portnoy	0.00%
Director	Gerard M. Martin	0.00%
Five Star Quality Care-NE, Inc. [FID#: ██████████] is the 100% sole member of Five Star Quality Care-NE, LLC [FID#: ██████████]		

Blue Hill Care Center



All rooms are NC / MD Certified.

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403163

Name of Facility: **Blue Hill Care Center**

Type of Facility: **Nursing Home**

Location: **414 N Wilson Blue Hill**

Maximum Occupancy: **62 Beds**

Date Issued: **8/10/2015**

Approved By:



State Fire Marshal

Inspected By: **8748 Mark Manchester**

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.