

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 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Maple Crest Health Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 264009	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT	
EXPIRES 03/31/2017	  Lourie N. Womack, RPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Maple Crest Health Center

ADDRESS: 2824 NORTH 66TH AVENUE, 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.

11/3/14

FEB 25 2016



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
03/31/2017

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:

Maple Crest Health Center
2824 NORTH 66TH AVENUE
OMAHA, NE 68104

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

LICENSE NO: 284009

TELEPHONE NUMBER: (402) 551-2110

FAX NUMBER: (402) 551-4638

ADMINISTRATOR: EUGENIE AHOLINOU

DIRECTOR OF NURSING: JOSEPH BURT, R.N

E-Mail Address, if available: mcccenler@abhomes.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 175

5. ACCREDITATION/CERTIFICATION:

Are you requesting deemed status? yes no

JCAHO

Medicare

Medicaid

Other

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
ALZHEIMER UNIT

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY:

AMERICAN BAPTIST HOMES OF THE MIDWEST

(Legal Name of individual or business organization)

MAILING ADDRESS:

14850 SCENIC HEIGHTS RD, STE 125

EDEN PRAIRIE, MN 55344

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.

David J. Zwickey

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

TIMOTHY J. O'BRIEN

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

RECEIVED
2016 FEB 29 A 9:56
2/22/16
DATE



AMERICAN BAPTIST HOMES OF THE MIDWEST

14850 Scenic Heights Rd., Suite 125
Eden Prairie, Minnesota 55344

2016

- | | | | |
|----|--|------|--|
| 1 | Allen, Eugene - ABC
6711 Lake Shore Drive - #208
Richfield, MN 55423 | 12 | O'Dell, Jim - ABC
1963 Donna Street
Brighton, CO 80601 |
| 2 | Allen, Ryan
3312 - 10 th Ave. So
Minneapolis, MN 55407 | 13 | Paulsen, Reuben - ABC
10118 Hemlock Drive
Overland Park, KS 66212 |
| 3 | Caselli, Bob
3408 W. Ralph Rogers Rd. #B317
Sioux Falls, SD 57108 | 14 | Peters, Marshall - ABC
2400 - 86th St. # 15
Des Moines, IA 50322-4300 |
| 4 | Davidson, Roger
1218 - 900th Street
Harlan, IA 51537 | 15 | Van Ostran, Steven - ABC
10569 Winterflower Way
Parker, CO. 80134 |
| 5 | Ford, Ashley - ABC
2440 W. Kenwood Manor, Apt 10
Sioux Falls, SD 57104 | 16 | Whitaker, Bruce - ABC
8070 Sweet Water Road
Lone Tree, CO 80124-3035 |
| 6 | Golson, Bill - ABC
14333 Bolling Dr.
Denver, CO 80239 | 17 | Woods, Barbara - ABC
2605 Northwestern Ave.
Ames, IA 50010-4638 |
| 7 | Grogan, Gary - ABC
918 - 43rd Street
West Des Moines, IA 50265 | X 18 | Zwickey, Dave (Pres / CEO)
14850 Scenic Heights Rd., Ste. 125
Eden Prairie, MN 55344 |
| 8 | Hanson, Philip
100 Ridgeview Drive
Wayzata, MN 55391 | 19 | Open Position |
| 9 | Johnson, Jim - ABC
2809 46th St.
Des Moines, IA 50310-3119 | 20 | Open Position |
| 10 | Killian, George
21913 Quail Ridge Circle
Elkhorn, NE 68022 | 21 | Open Position |
| 11 | Maddux, Jere - ABC
1915 Northcrest Circle
Ames, IA 50010 | | Life Director:
Mills, Bill – Retired VP of Marketing
3379 Mill Vista Road - Unit 4222
Highlands Ranch CO 80129 |

OFFICERS OF THE BOARD OF DIRECTORS

Jere Maddux, Chair, Phil Hanson, Vice-Chair
Mr. Dave Zwickey, Pres / CEO, Mr. Jeff Hongslo, Treasurer, Mr. Tim O'Brien, Secretary

Rev. Feb. 2016

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402669

Name of Facility: **Maple Crest Care Center**

Type of Facility: **Nursing Home**

Location: **2824 N 66th Ave., Omaha**

Maximum
Occupancy: **175 Beds**

Date Issued: **11/3/2014**

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.

Facility Resident Room Capacity-

Maple Gardens Areas- New Alzheimer Unit

<u>Room</u>	<u># of Resident Room Accomodates</u>	
1	3	now 2 room bariatric suite
2	3	now 2 room bariatric suite
3	3	
4	2	
5	2	
6	2	
7	2	
8	2	
9	2	
10	2	
11	2	
12	2	
13	2	
14	1	
15	1	
16	2	
17	2	
18	2	
19	2	

<u>Room</u>	<u># of Residents Room Accommodates</u>
20	2

Peterson Hall/ Benson Terrace Areas-

<u>Room</u>	<u># of Residents Room Accommodates</u>
100	1
101	1
102	1
103	1
104	1
105	1
106	1
107	1
108	1
109	1
110	1
111	2 (Pharmacy)
112	2
113	2
114	2
115	2
116	2
117	2
118	2

119	3
120	3
121 be a 2 bed bariatric suite	3 now the rehab office when renovation done will
122	2
123	2
124	2
125	2
128	2
129	2
130	1
132	1
133	2
134	2
135	2
136	2
137	2
138	2
139	2
140	2
141	2
142	2
143	1
145	1

146	2
147	2
148	2
149	2
150	2
151	2
152	2
154	2
155	2
156	2
157	2
158	2
159	2
161	2
162	1
163	1
164	1
167	1
168	1
169	1
170	1
171	2

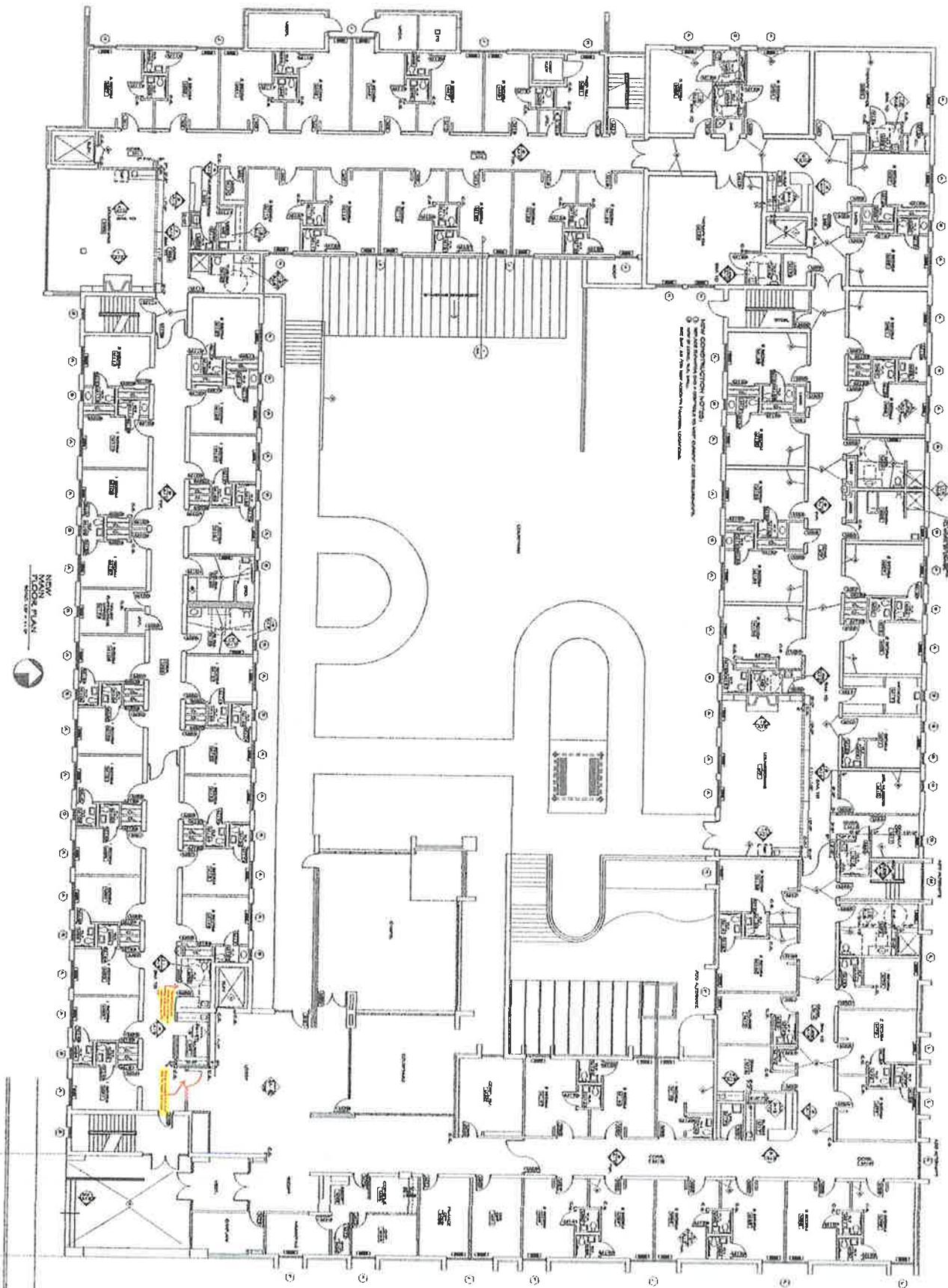
Room

of Residents Room Accommodates

Thompson Tower

201	1
202	1
203	1
204	1
205	1
206	1
207	1
208	1
209	2
210	2
211	2
212	1
213	1
214	1
215	1
216	1
217	1
218	1
219	1

<u>Room</u>	<u># of Residents Room Accommodates</u>
220	1
221	1
222	1



NEW MAIN FLOOR PLAN

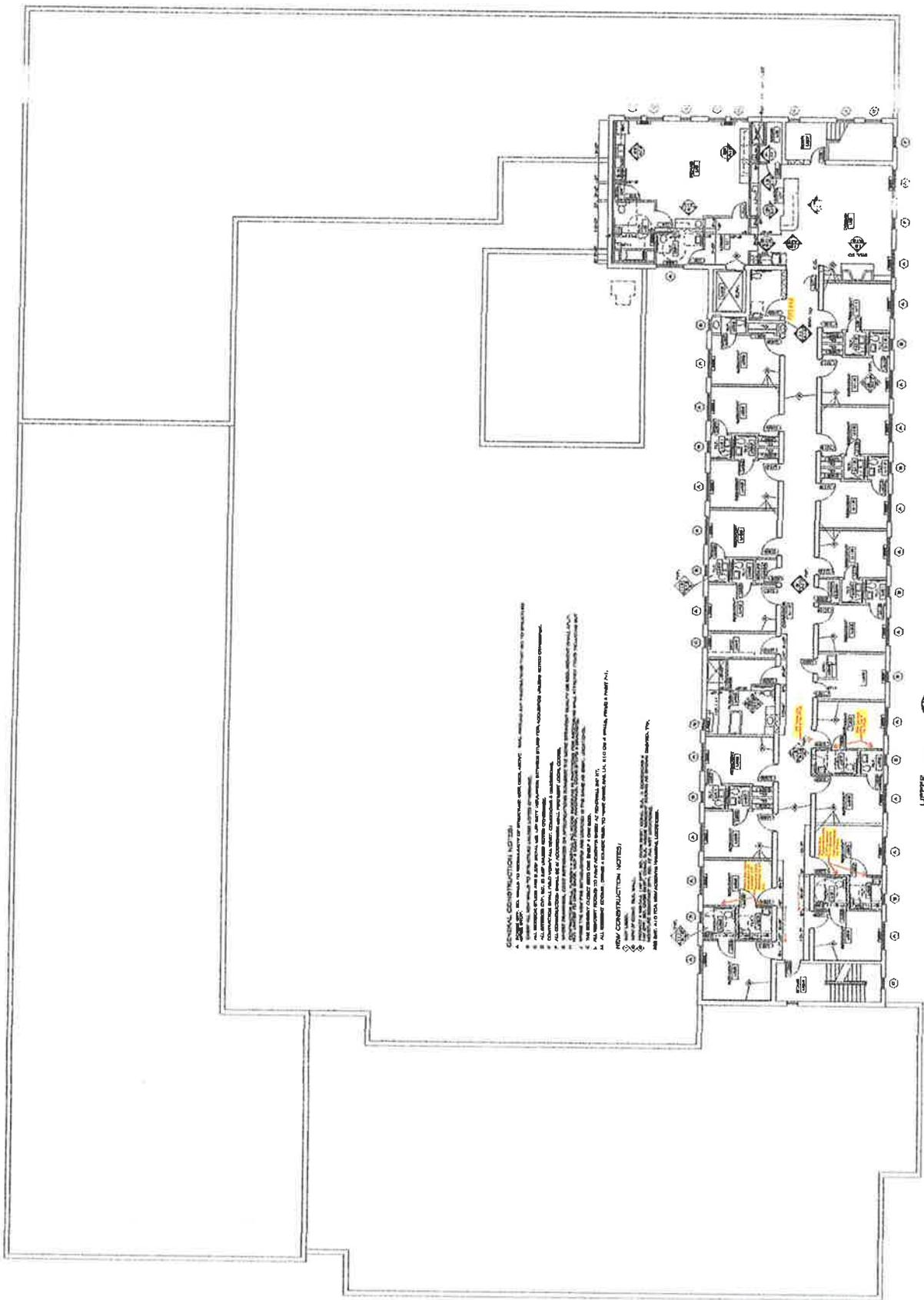
NEW CONSTRUCTION NOTES:
 1. See Construction Notes for other notes.
 2. See Construction Notes for other notes.

GENERAL CONSTRUCTION NOTES:

1. All work shall be in accordance with the latest edition of the International Building Code (IBC) and the International Residential Code (IRC) unless otherwise specified.
2. All materials shall be of the highest quality and shall be approved by the architect.
3. All work shall be completed within the specified time frame.
4. All work shall be done in a professional and workmanlike manner.
5. All work shall be done in accordance with the manufacturer's instructions.
6. All work shall be done in accordance with the applicable building codes and regulations.
7. All work shall be done in accordance with the applicable safety regulations.
8. All work shall be done in accordance with the applicable environmental regulations.
9. All work shall be done in accordance with the applicable fire codes and regulations.
10. All work shall be done in accordance with the applicable accessibility requirements.

NEW CONSTRUCTION NOTES:

1. See Construction Notes for other notes.
2. See Construction Notes for other notes.
3. See Construction Notes for other notes.
4. See Construction Notes for other notes.
5. See Construction Notes for other notes.
6. See Construction Notes for other notes.
7. See Construction Notes for other notes.
8. See Construction Notes for other notes.
9. See Construction Notes for other notes.
10. See Construction Notes for other notes.



GENERAL CONSTRUCTION NOTES:

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE INTERNATIONAL MECHANICAL AND ELECTRICAL CODE (IMC).
2. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT AND THE ENGINEER.
3. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
4. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE INTERNATIONAL MECHANICAL AND ELECTRICAL CODE (IMC).
5. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
6. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT AND THE ENGINEER.
7. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
8. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT AND THE ENGINEER.
9. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
10. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT AND THE ENGINEER.

REV CONSTRUCTION NOTES:

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE INTERNATIONAL MECHANICAL AND ELECTRICAL CODE (IMC).
2. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT AND THE ENGINEER.
3. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
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10. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT AND THE ENGINEER.

WASTE FLOOR PLAN
 SCALE: 1/8" = 1'-0"



Maple Crest Health Center

2824 North 66th Avenue
Omaha, Nebraska 68104-3996
Phone: 402-551-2110
Fax: 402-551-1819

**Alzheimer's Special Care Unit (Alzheimer's/Dementia Care Unit)
DISCLOSURES**

PHILOSOPHY

The Special Care Dementia Unit's philosophy is to provide care based on Christian principles to those afflicted with a dementia illness and provide support for families.

MISSION

Our mission is to offer services geared toward the special needs of this population, with compassion and preservation of dignity while allowing each resident to achieve their highest level of functioning

PLACEMENT CRITERIA

The Special Care Dementia Unit is a secure unit specializing in working with residents who are in the middle stages of their dementia illness. All residents must:

1. Be independent with mobility (may use walkers and canes that enhance mobility)
2. Requires only limited assistance of one with transfers
3. Have a diagnosis of a dementia illness prior to admission and/or risk of or history of elopement attempts
4. Have a physician willing to follow their care at Maple Crest
5. Resident with the diagnosis of Dementia or Alzheimer's who has shown that they are unable to function to their highest potential when in the nursing communities' general population.

The Clinical Manager will evaluate the potential resident for appropriateness of placement and determine the availability of a room. Ultimately the decision of placement will be made by the Director of Nursing and the Administrator of the community.

ADMISSION SOURCE

Residents may be admitted from a private home, other nursing home, hospital, or transfer over within the facility, or Geriatric Psychiatric Facility.

DISCHARGE CRITERIA

1. Residents are able to remain on the unit until they no longer benefit from the programs and/or other health conditions warrant the need for more skilled nursing care (i.e. IV's, tube feedings, O2 continuously, wheelchairs, ect.)
2. If a transfer is necessary, we will make every effort to place the resident within Maple Crest.

Reviewed/Revised

Date 2/8/10 By EA
Date 2/11/10 By SL
Date 2/8/10 By AB
Date 2/11/10 By AB



3. If a resident exhibits behaviors that place other residents at risk for injury after all attempts have been made to change these behaviors, we will transfer them to a facility that can appropriately meet the resident's special needs.

INTERDISCIPLINARY ASSESSMENT PROCESS

Nursing, Dietary, Activities, and Social Services will assess the resident quarterly (and as changes occur) using the Minimum Data Set (MDS) assessment tool as required by the Center for Medicare and Medicaid Services (CMS) as a requirement for participation in the federally funded Medicare and Medicaid program.

1. The first assessment will occur during the first fourteen days of admission. A temporary care plan will be initiated.
2. Using this assessment, the Care Plan team will then form a care plan with the input and help of the resident's family or guardian and the resident, as appropriate.
3. The care plan is updated each quarterly meeting of the Care Plan Team and as needed based on changes in the resident's medical, physical, and psychological condition.
4. In addition to at the time of admission, the BCRS will be done at each assessment period to evaluate placement and track improvement or decline.

STAFF EDUCATION

Staff training and education are an important part of development and maintenance of the Special Care Unit's integrity as a dementia program.

1. The Unit Manager and In-service Coordinator will offer in-services on topics directly pertaining to Alzheimer's disease and related disorders every 4 months and as needed for all shifts.
2. In-services are also offered to the general staff who work throughout the building.
3. The Unit Manager, In-service Coordinator, and other staff as requested, are encourage to attend outside workshops on Dementia and Alzheimer's Disease so as to keep current with new practices and information.

PHYSICAL ENVIRONMENT

The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents are as follows.

1. The Special Care Unit is located on the ground floor of the building in and L shaped corner area.
2. There is a large multi purpose area that serves as a lounge, activity and dining area depending on the time of date it is in use. An enclosed courtyard is outside the lounge to allow residents to be outside in a safe environment.
3. There are 26 semi private and 2 private rooms on the unit.
4. There are handrails along the hallways to assist with ambulation.
5. Each room is furnished with a bed, dresser or dresser space, chair and window treatments.
6. We encourage family members to bring in person items such as beds, chairs and pictures to help the resident identify their own space.
7. Roam Alert alarms are a security measure positioned at each of 4 exit doors with an egress of 30seconds delay due to increase in the size of the unit, and any resident who is assessed for the need of Roam Alert bracelet will be given one once there is a signed physicians order requesting such protection for the resident.

Reviewed/Revised

Date 02/08/16 By EA

Date 2/10/16 By SL

Date 2/18/16 By AB

Date 2/18/16 By AB



NURSING

- One nursing staff member to 7 residents on the Day and Evening shifts, Medication Aide for Day shift and evening. A shared Charge Nurse between Maple Gardens1 and the adjacent unit Maple Gardens.
- 2 C.N.A's and a shared Charge Nurse.

ACTIVITIES

Activities designed specifically for the needs of this dementia population are provided to this area.

1. An Activities Aide is assigned to the Special Care Unity Monday through Friday to coordinate group and individual activities.
2. Activities will be scheduled for the nursing staff to facilitate when Activity Personnel are not available on the weekends.
3. The Types of activities include: cards and games, food related activities, musical programs, spiritual programs, exercise programs, movies, pet therapy, reminiscence therapy, outdoor activities, crafts, and field trips.

FAMILY INVOLVEMENT

Family members are invited to visit any time. The resident may leave the facility accompanied by family for periods of time as long as the staff is informed and the resident's primary care doctor has given an order that allows this.

Maple Crest will facilitate a monthly Alzheimer's Dementia Support Group where there is interest. The group is open to all families and friends of the residents living at Maple Crest as well as others that are interested.

COST OF CARE AND ANY ADDITIONAL FEES

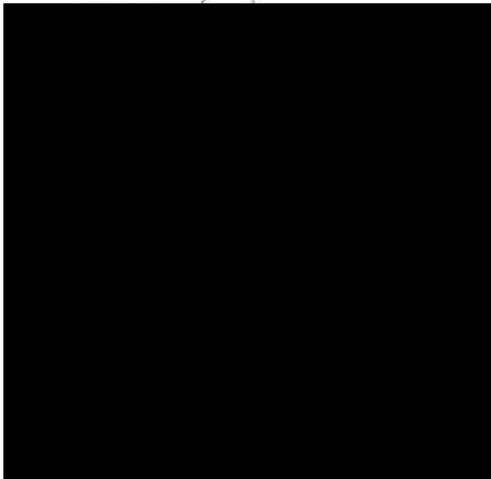
The current rate for a private room on this unit is –

For a Level 2 - \$244.00 a day for a Semi-private room and an additional \$31.00 a day for a Private Room.

For a Level 3 - \$249.00 a day for a Semi-private room and an additional \$31.00 a day for a Private Room.

Medicaid rates are based on the current Case Mix levels. A list of any optional charges is available on request from the business office. A resident with Medicaid funding will be allowed to stay in a private room while residing on the Special Care Unit. However, if transferred off the unit due to improved or declining health and cognition, they would need to move to a semi-private room.

Revised



Unit Clinical Manager

02/08/2016
Date

2/8/2016
Date

2-10-16
Date

2/8/16
Date

2/8/16
Date