

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



3/16/16 dj

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

Crest View Healthcare Community
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 214001

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017



Courtesy W. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Crest View Healthcare Community
ADDRESS: 420 GORDON AVENUE, CHADRON, NE 69337

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.

10-9-15



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

Table with 1 column: Renewal Fees. Rows: 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: Crest View Healthcare Community
420 GORDON AVENUE
CHADRON, NE 69337
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: 214001
TELEPHONE NUMBER: (308) 432-3355
FAX NUMBER: (308) 432-4535
ADMINISTRATOR: CATHY SNYDER
DIRECTOR OF NURSING: ANNA STETSON, R.N.
E-Mail Address, if available: crestview@welcov.com

LICENSURE UNIT
FEB 29 2016
RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. NUMBER OF BEDS TO BE RELICENSED: 70

5. ACCREDITATION/CERTIFICATION: [JCAHO] [Medicare] [Medicaid] [Other]
Are you requesting deemed status? [yes] [no]

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
Physical Therapy, Pediatrics, Behavioral Needs, Alzheimers/Special Care Unit, Respiratory, Speech Therapy, Occupational Therapy

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
2016 MAR 2 A 11:55

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CHADRON HEALTHCARE, LLC
(Mailing Address: 4420 VALLEY VIEW ROAD, SUITE 201, EDINA, MN 55424)

ACCOUNTING
2016 MAR 2 A 11:55

8. BUSINESS ORGANIZATION: (Check one)
Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company, Governmental, Other

(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 Skelly CFO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
JEFFREY R AMAN
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

2/17/16
DATE
2/17/16
DATE

**Disclosure of Ownership & Control Interest Statement
LE HOLDING LLC**

III. (c) -List Directors & EIN

Legal Name	Address	FEIN
Thomas E. Boerboom	1127 Vista Ridge Lane, Shakopee, MN 55379	50% Owner of LE Holding LLC
Paul J. Contris	4602 East Foothill Drive, Paradise Valley, AZ 85253	50% Owner of LE Holding LLC

Legal Name	DBA:	Address	FEIN
LE Holding LLC	N/A	4420 Valley View Rd, Suite 201, Edina, MN 55424	Sole Member of LE Subtenant Holding LLC
LE Subtenant Holding LLC	N/A	4421 Valley View Rd, Suite 201, Edina, MN 55424	Sole Member of all entities listed in Section III.(d)

III.(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? If yes, list names, addresses & provider numbers.

Legal Name	DBA:	Address	FEIN	Medicare Provider ID	NPI
Chadron Healthcare, LLC	Crest View Healthcare Community	420 Gordon Ave., Chadron, NE 69337		28-5150	1932107711

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403041

Name of Facility: **Crest View Healthcare Community**

Type of Facility: **Nursing Home**

Location: **420 Gordon Ave., Chadron**

Maximum Occupancy: **70 Beds**

Date Issued: **6/9/2015**

Approved By:



Inspected By: **8706 Pat Gould**
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.

Crest View Care Center

Chadron, Nebraska

