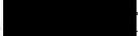


**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

3/24/16 ds

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Holmes Lake Rehabilitation & Care Center MEETS STATUTORY REQUIREMENTS AS SKILLED NSG/NSG FAC DISTINCT PART	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	Lic # 504005
EXPIRES 03/31/2017	  Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Holmes Lake Rehabilitation & Care Center

ADDRESS: 6101 NORMAL BLVD, LINCOLN, NE 68506

This is to verify that your SKILLED NSG/NSG FAC DISTINCT PART 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.

1-26-16



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
[X] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Holmes Lake Rehabilitation & Care Center
6101 NORMAL BLVD
LINCOLN, NE 68506

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

[Blank lines for mailing address]

LICENSE NO: 504005

TELEPHONE NUMBER: (402) 489-7175

FAX NUMBER: (402) 489-5270

ADMINISTRATOR: LAVONNE HARRON

DIRECTOR OF NURSING: RUTH GAJARDO

E-Mail Address, if available: hr@holmeslakecc.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 97

5. ACCREDITATION/CERTIFICATION: [] JCAHO [X] Medicare [X] 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: MID AMERICA CARE CENTERS, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: 6101 NORMAL BLVD
LINCOLN, NE 68506

8. BUSINESS ORGANIZATION: (Check one):

- [] Sole Proprietorship
[] Partnership
[] Limited Partnership
[X] Corporation
[] Limited Liability Company
[] Governmental (State, District, County, City or Municipal)
[] Other (Please Specify)

(check one)
[X] 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.

GEORGE PERLEBACH
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

INGEBORG PERLEBACH
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

RECEIVED

2016 MAR 21

3-15-16
DATE

3-15-16
DATE

LICENSURE UNIT
MAR 17 2016
RECEIVED

SECTION #5

Mid America Holding Co., Inc.

EIN—[REDACTED]

Officers & Directors

Ingeborg Perlebach—President

George Perlebach- Secretary/
Treasurer

100.00%

SECTION #6

Ownership-----

Ingeborg Perlebach-

Ingeborg Perlebach—

as Beneficiary of the John

Perlebach Family Trust

John Perlebach--

Anja Zann

TOTAL

100.00%

Mid America Care Centers, Inc.

EIN [REDACTED]

dba Holmes Lake Rehabilitation

& Care Center

Wholly owned by subsidiary

of Mid America Holding Co., Inc.

Officers & Directors

Ingeborg Perlebach- President

George Perlebach- Secretary/
Treasurer

Vicky Goc- Administrator

Donna Wallace- Billing Services

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403302

Name of Facility: **Holmes Lake Rehabilitation & Care Center**
Type of Facility: **Nursing Home**
Location: **6101 Normal Blvd Lincoln**
Maximum Occupancy: **97 Beds**
Date Issued: **1/26/2016**

Approved By:

Inspected By: **8725 Susen Lindner**
Deputy State Fire Marshal

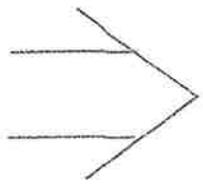
[REDACTED]
State Fire Marshal



POST IN PROMINENT PLACE

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

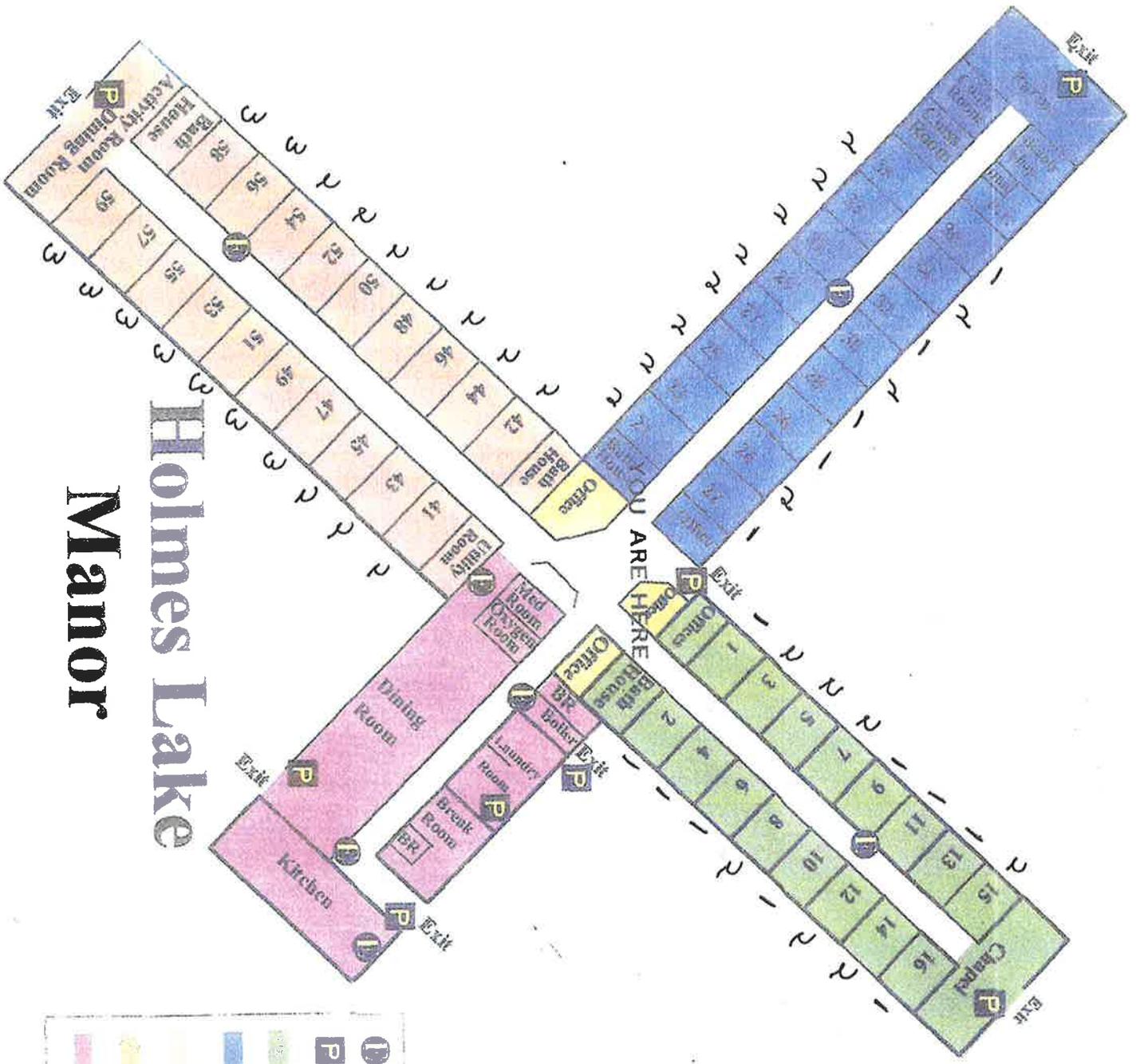
All beds are
 Medicare certified
 &
 Medicaid certified



N

LEGEND

	Fire Extinguisher
	Pull Alarm
	Zone 3 Serenity
	Zone 4 Wilderness
	Zone 5 Garden
	Zone 6 Lobby
	Zone 7 Dining



**Holmes Lake
 Manor**



July 13, 2015

LaVonne Harrom
Administrator
Holmes Lake Rehabilitation & Care Center
6101 Normal Blvd
Lincoln, NE 68506

PROVIDER NUMBER: 285164

Dear Ms. Harrom:

We are amending our copy of the "Health Insurance Benefits Agreement" to reflect the following changes. You may use this letter as the authority to change your copy of the agreement.

Our agreement effective January 1, 2014, shows: Certified beds are in Rooms 26, 28, 32 and 36 (1 bed each) and Rooms 21, 23, 25, 27, 29, 30, 31, 33, 34 and 35 (2 beds each) for a total of 24 Medicare certified beds.

Our agreement effective July 13, 2015, will show: Certified beds are in Rooms 1, 2, 4, 6, 9, 10, 11, 13, 16, 22, 26, 28, 32 and 36 (1 bed each); Rooms 3, 5, 7, 8, 12, 14, 15, 21, 23, 24, 25, 27, 29, 30, 31, 33, 34, 35, 41, 42, 43, 44, 45, 46, 48, 50, 52 and 54 (2 beds each); 47, 49, 51, 53, 55, 56, 57, 58 and 59 (3 beds each) for a total of 97 Medicare certified beds.

These changes are as requested by your facility.

Sincerely,



Eve Lewis
Eve Lewis, RNC, Program Manager
Office of Long Term Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services
(402) 471-3324 FAX(402) 471-0555

CC: Single State Agency
Mutual of Omaha

EL/dj



Division of Medicaid and Long-Term Care

State of Nebraska
Pete Ricketts, Governor

July 21, 2015

LaVonne Harrom, Administrator
Holmes Lake Rehabilitation & Care Center
6101 Normal Blvd.
Lincoln, NE 68506

Dear Ms. Harrom:

This letter is regarding the Medicaid room changes that occurred in your facility effective July 13, 2015.

We have amended our copy of the record of Medicaid certified beds to read that effective July 13, 2015, the Medicaid certified beds for Holmes Lake Rehabilitation & Care Center in Lincoln are as follows:

Convert all previously licensed and Medicare-only beds to dually-certified.

Effective July 13, 2015 the bed count is as follows:
97 Medicare/Medicaid certified beds for a total of 97 beds.

If you have any questions regarding this, please contact me at 402-471-9678.

Sincerely,

Danny Vanourney
Program Specialist
MDS/OASIS Automation Coordinator
DHHS Medicaid & Long-Term Care

cc: Eve Lewis, Program Manager
Public Health



LICENSURE UNIT

MAR 17 2016

RECEIVED

March 1, 2016

Eve Lewis, RNC, Program Manager
Office of Long Term Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services
301 Centennial Mall South, P.O. Box 94986
Lincoln, NE 68509-4986

RE: Renewal Application

Dear Ms. Lewis:

Please process our application for renewal of our nursing home license. I have completed the application and accompanying documents.

Please contact me if you have any questions.

Sincerely,


LaVonne Harrom, Administrator

lrh

Enc: Nursing Home Licensure Renewal Application

Ownership – Control

Occupancy Certificate – State of Nebraska

City of Lincoln

Fee - Check #26294

Bed Count – Floor Plan 97 Medicare/Medicaid Certified Beds

Letter – Dan Taylor (DHHS) – 07/13/15 – 97 Certified Beds

Letter – Danny Vanourney (DHHS) – 07/21/15 – 97 Certified Beds

Services Listed