

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

2/19/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Callaway Good Life Center, Inc MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 104002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	 Courtney R. Johnson, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Callaway Good Life Center, Inc

ADDRESS: PO BOX 250, 600 WEST KIMBALL STREET, CALLAWAY, NE 68825

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.

10-7-15



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
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Callaway Good Life Center, Inc
PO BOX 250, 600 WEST KIMBALL STREET
CALLAWAY, NE 68825

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

c/o: CALLAWAY GOOD LIFE CENTER, INC
PO BOX 250
CALLAWAY NE 68825

LICENSURE UNIT

FEB 16 2016

RECEIVED

REC'D MISS ACCOUNTING
2016 FEB 17 A 11:27

LICENSE NO: 104002

TELEPHONE NUMBER: (308) 836-2267

FAX NUMBER: (308) 836-2269

ADMINISTRATOR: VICKY HENDRICKS

DIRECTOR OF NURSING: JANICE BARNES

E-Mail Address, if available: callawaygoodlife@apcom.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [redacted]

4. NUMBER OF BEDS TO BE RELICENSED: 35

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] JCAHO [checked] Medicare [checked] 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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CALLAWAY GOOD LIFE CENTER, INC
(Legal Name of individual or business organization)

MAILING ADDRESS: 600 W KIMBALL ST
CALLAWAY, NE 68825

8. BUSINESS ORGANIZATION: (Check one):

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

(check one)
[] Profit [checked] 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.

[Signature]
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Randall D Kimball
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted signature]
SIGNATURE

2-10-16
DATE
2-10-16
DATE

Callaway Good Life Center, Inc. Board Members

Name/Address/City/State/Zip	Title
Ronald L. Jorgenson, PO Box 265, Callaway NE 68825	President
Randy Kimball, PO Box 147, Callaway NE 68825	Vice President
Mary Ross, 78811 Stop Table Road, Callaway NE 68825	Secretary/Treasure
Marcia Keeney, 42512, Callaway Road, Callaway NE 68825	Board Member
Tracy Sutherland, 77295 RD 437, Eddyville NE 68834	Board Member

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403210

Name of Facility: **Callaway Good Life Center, Inc**

Type of Facility: **Nursing Home**

Location: **600 W Kimball Street Callaway**

Maximum Occupancy: **35 Beds**

Date Issued: **10/7/2015**

Approved By:



Inspected By: **8733 Mike Hoefft**
Deputy State Fire Marshal

State Fire Marshal

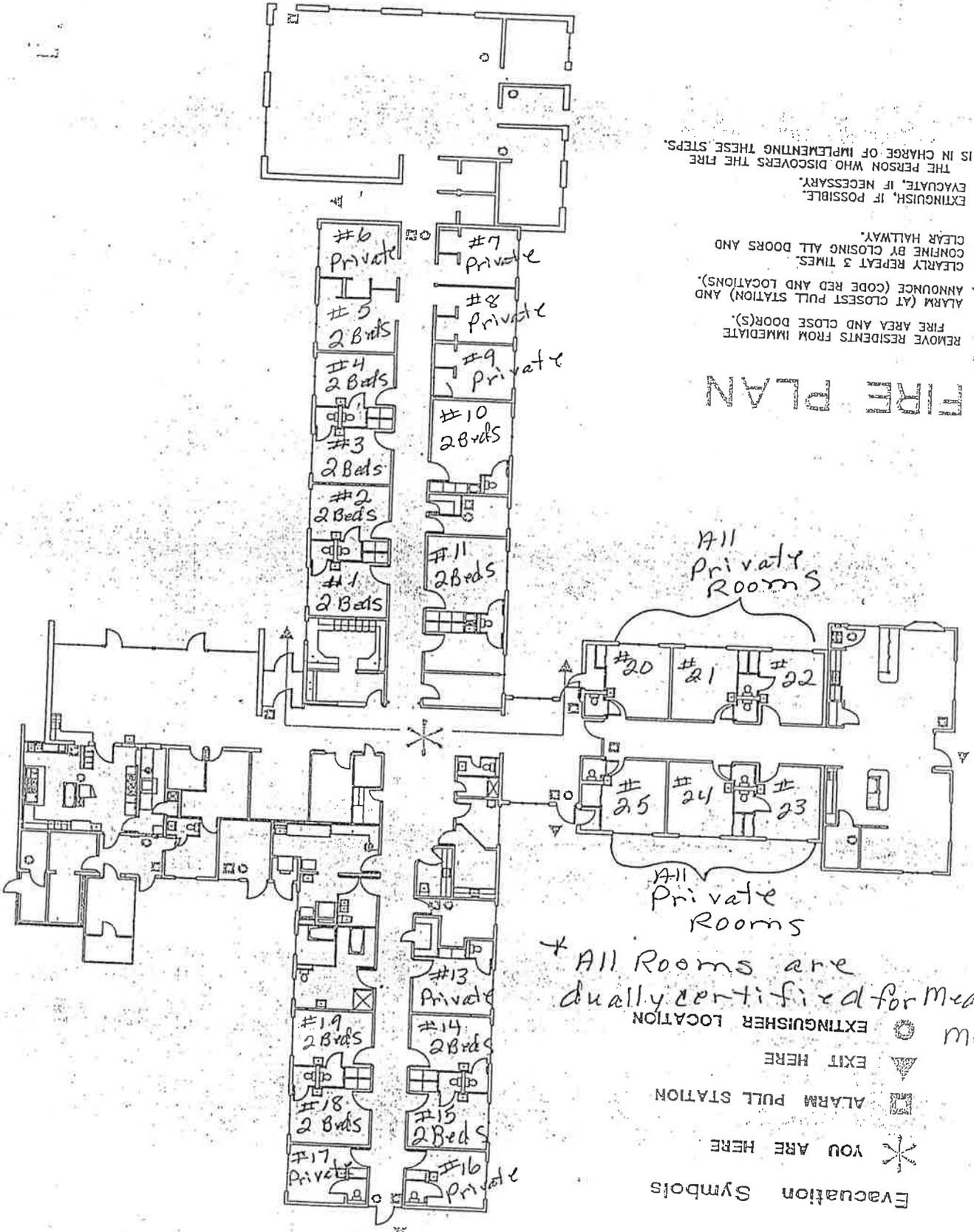


POST IN PROMINENT PLACE

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

FIRE PLAN

- REMOVE RESIDENTS FROM IMMEDIATE FIRE AREA AND CLOSE DOOR(S).
- ALARM (AT CLOSEST PULL STATION AND ANNOUNCE (CODE RED AND LOCATIONS).
- CLEARLY REPEAT 3 TIMES. CONFINE BY CLOSING ALL DOORS AND CLEAR HALLWAY.
- EXTINGUISH, IF POSSIBLE. EVACUATE, IF NECESSARY. THE PERSON WHO DISCOVERS THE FIRE IS IN CHARGE OF IMPLEMENTING THESE STEPS.



- Evacuation Symbols
- YOU ARE HERE
 - ALARM PULL STATION
 - EXIT HERE
 - EXTINGUISHER LOCATION
- * All Rooms are dually certified for Medical
Medi