

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

3/3/16 dj

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

Fairview Manor

MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 284002

 
Courtney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

EXPIRES
03/31/2017

Cut on heavy line and place on license.

FACILITY NAME: Fairview Manor

ADDRESS: 255 F STREET, FAIRMONT, NE 68354

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.

8/25/15

LICENSURE UNIT

FEB 29 2016



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

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:

Fairview Manor
255 F STREET
FAIRMONT, NE 68354

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: 284002

TELEPHONE NUMBER: (402) 268-2271

FAX NUMBER: (402) 268-3901

ADMINISTRATOR: TAMARA SCHEIL

DIRECTOR OF NURSING: JOAN RIEL

E-Mail Address, if available: office@fairviewmanor.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 40

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

2016 MAR - 1 A
RECD 11:53 AM 03/01/16

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: VILLAGE OF FAIRMONT
(Legal Name of individual or business organization)

MAILING ADDRESS: 255 F STREET
FAIRMONT, NE 68354

8. BUSINESS ORGANIZATION: (Check one):

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

(check one)
[] Profit [X] 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

[Redacted]
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Village Board Chairperson
SIGNATURE

02-24-2016
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

City of Fairmont Board of Trustees:

Gene Fischer, 705 9th Ave, Fairmont, NE 68354

Jack Slocum, 719 12th Ave, Fairmont, NE 68354

Donald Moses, 816 3rd Ave, Fairmont, NE 68354

James Tol, Fairmont, NE 68354

William Pfenning, Fairmont, NE 68354

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403148

Name of Facility: **Fairview Manor**
Type of Facility: **Nursing Home**
Location: **255 F Street, Fairmont**
Maximum Occupancy: **40 Beds**
Date Issued: **8/25/2015**

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.

 NORTH
FAIRVIEW MANOR

