

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

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| DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT | |
| Countryside Home MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 524002 | |
| Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT | |
| EXPIRES 03/31/2017 |   Chief Executive Officer Department of Health and Human Services |

Cut on heavy line and place on license.

FACILITY NAME: Countryside Home

ADDRESS: 703 NORTH MAIN STREET, MADISON, NE 68748

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.

5/5/15



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

FEB 26 2016

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:

Countryside Home
703 NORTH MAIN STREET
MADISON, NE 68748

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

2016 MAR -1 A 9:05
RIDGE HILLS ACCOUNTING

LICENSE NO: 524002

TELEPHONE NUMBER: (402) 454-3373

FAX NUMBER: (402) 454-9021

ADMINISTRATOR: LINDA ANDERSON

DIRECTOR OF NURSING: STEPHANIE WEHRLE

E-Mail Address, if available: csh@lifeatcountryside.com

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: If different from Current Services listed, please check changes.

Current Services
PHYSICAL THERAPY
ALZHEIMER UNIT

Physical Therapy Alzheimers/Special Care Unit Speech Therapy
 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF MADISON
(Legal Name of individual or business organization)

MAILING ADDRESS: 703 NORTH MAIN STREET
MADISON, NE 68748

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.

Mayor Al Burton
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Linda Anderson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature Box]

SIGNATURE Administrator

2/17/16
DATE
2/23/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403039

Name of Facility: **Countryside Home**

Type of Facility: **Nursing Home**

Location: **703 N Main St., Madison**

Maximum
Occupancy: **70 Beds**

Date Issued: **5/5/2015**

Approved By:

Inspected By: **8718 Don Fast**
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.

**COUNTRYSIDE HOME
BOARD OF DIRECTORS
& MAYOR**

**Tom Ness, Board Member
606 S. Lincoln Street
Madison, NE 68748
(402) 454-2140**

**Marvis Wilcox, Board Member
801 W 3rd St.
Madison, NE 68748
(402) 454-2306**

**Al Brandl, Mayor
P.O. Box 809
Madison, NE 68748
(402) 920-1091**



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