

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

2/16/16 dy

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

Community Pride Care Center

MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 524001

**EXPIRES
03/31/2017**



Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Community Pride Care Center

ADDRESS: 901 SOUTH 4TH STREET, BATTLE CREEK, NE 68715

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.

1-7-15

LICENSURE UNIT

FEB 04 2016



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

Make Payment to DHHS LU	
30	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:
Community Pride Care Center
901 SOUTH 4TH STREET
BATTLE CREEK, NE 68715

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

LICENSE NO: 524001
 TELEPHONE NUMBER: (402) 675-7845
 FAX NUMBER: (402) 675-1003
 ADMINISTRATOR: STEVEN FREESE
 DIRECTOR OF NURSING: LINDA TUTTLE, R.N.
 E-Mail Address, if available: cpcc@cablone.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
 4. NUMBER OF BEDS TO BE RELICENSED: 47

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.

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

REC'D DHSS ACCOUNTING
2016 FEB 10 A 11:01

Current Services

OWNERSHIP INFORMATION

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

MAILING ADDRESS: P O BOX 280
 BATTLE CREEK, NE 68715

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)	
<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> 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.

Barry E Rowton
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

1/26/16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

City Council

Barry Ponton, Mayor
100 E. Herman
Battle Creek NE 68715

Joe Barry
102 S. 8th St.
Battle Creek NE 68715

Eric Kraft
107 E. Martin
Battle Creek NE 68715

Richard Vakoc
PO Box 91
Battle Creek NE 68715

Brent Nygren
201 S. Boyer
Battle Creek NE 68715

NURSING HOME BOARD

Karen Ritterbush, President

PO Box 394

Battle Creek NE 68715

Janell Welstead, Vice-President

208 S. 8th St.

Battle Creek NE 68715

Tom Osborn, Secretary

PO Box 496

Battle Creek NE 68715

Ron Buckendahl

300 S. 8th St.

Battle Creek NE 68715

Janice Aldag

PO Box 523

Battle Creek NE 68715

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402780

Name of Facility: **Community Pride Care Center**
Type of Facility: **Nursing Home**
Location: **901 S 4th Street, Battle Creek**
Maximum Occupancy: **47 Beds**
Date Issued: **1/7/2015**

Approved By:

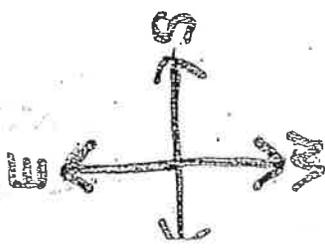
Inspected By: **8718 Don Fast**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

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



Assisted Living is
Rooms 303-312



ALARM PULL STATION



FIRE EXTINGUISHER



CONTROL PANEL

(LOCATED BY NURSING STATION)

ZONE 1

200 Hallway

2

300 wing. ? Laundry

