

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

1-28-16dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Wakefield Health Care Center</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services	Lic # 244002
PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2017	  Courtney A. Wittig, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Wakefield Health Care Center

ADDRESS: 306 ASH STREET, WAKEFIELD, NE 68784

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.

10/28/14

LICENSURE UNIT



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

JAN 22 2016

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

RECEIVED

Nursing Home Type: Please Check  Skilled Nursing Facility  Nursing Facility  Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Wakefield Health Care Center  
306 ASH STREET  
WAKEFIELD, NE 68784

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO: 244002

TELEPHONE NUMBER: (402) 287-2244

FAX NUMBER: (402) 287-2245

ADMINISTRATOR: TERRENCE HOFFMAN

DIRECTOR OF NURSING: MELIA TULLBERG

E-Mail Address, if available: wakefieldcarecenter@yahoo.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 49

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

Current Services

PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

REC'D HSS ACCOUNTING  
2016 JAN 26 A 9:01

OWNERSHIP INFORMATION

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

MAILING ADDRESS: PO BOX 178, 407 MAIN STREET  
WAKEFIELD, NE 68784

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.

Maria Loofe  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1-18-16  
DATE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# Wakefield Health Care Center

Administrator

Terrence Hoffman

President

Elizabeth Carlson (506-84-9177)  
85617 Highway 35  
Wakefield, NE 68784  
(402) 369-2822 (402) 287-2323  
[carlson75@q.com](mailto:carlson75@q.com)

Michelle Keagle  
58710 861<sup>st</sup> Road  
Wakefield, NE 68784  
(402) 369-2910  
[MKeagle02@gmail.com](mailto:MKeagle02@gmail.com)

Vice President

Kurt Rewinkel 506-96-8631  
58054 863 Road  
Wakefield, NE 68784  
(402) 369-1035  
[Rewinkelsinc@nntc.net](mailto:Rewinkelsinc@nntc.net)

Traci Haglund (505-27-5882)  
1012 Winter Street  
Wakefield, NE 68784  
(402) 369-6170  
[Luetht@mercyhealth.com](mailto:Luetht@mercyhealth.com)

Secretary

Carol Clark (299-46-3347)  
PO Box 388  
Wakefield, NE 68784  
(402) 287-2355  
[carol.mccue.clark@gmail.com](mailto:carol.mccue.clark@gmail.com)

Terry Nicholson (507-66-3251)  
PO Box 70  
Wakefield, NE 68784  
(402) 369-4212  
[unclefred1950@gmail.com](mailto:unclefred1950@gmail.com)

Mary Brudigam (482-60-6822)  
PO Box 466  
Wakefield, NE 68784  
(402) 287-2756

Christine Salmon (507-56-6746)  
58195 859 Road  
Wakefield, NE 68784  
(402) 287-2533 cell (402) 369-0264  
[csalmon65@msn.com](mailto:csalmon65@msn.com)

Ross Hansen (505-17-5055)  
PO Box 451  
Wakefield, NE 68784  
(402) 369-0125  
[TRHansen25@gmail.com](mailto:TRHansen25@gmail.com)

## City Officers

Mayor

Mike Lueth  
906 Main Street  
Wakefield, NE 68784  
(402) 287-2844

Administrator Jim Litchfield  
PO Box 37  
Wakefield, NE 68784  
(402) 287-9918

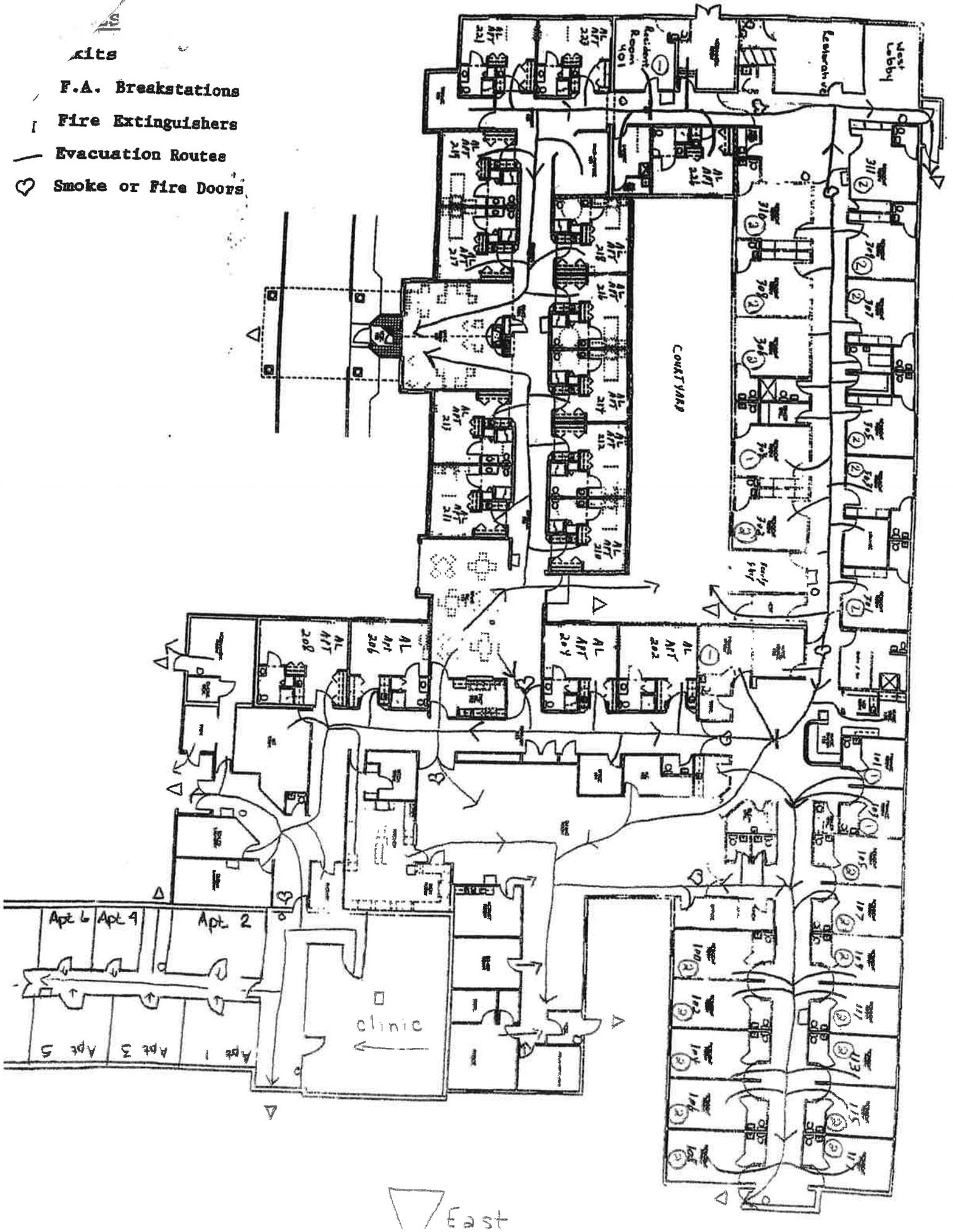
kits

F.A. Breakstations

Fire Extinguishers

Evacuation Routes

Smoke or Fire Doors



East

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 402700

Name of Facility: **Wakefield Health Care Center**

Type of Facility: **Nursing Home**

Location: **306 Ash St., Wakefield**

Maximum Occupancy: **49 Beds**

Date Issued: **10/28/2014**

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.