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

3/16/16 dj

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

Crowell Memorial Home

MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 794001

[redacted]
Courtney N. 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: Crowell Memorial Home

ADDRESS: 245 SOUTH 22ND STREET, BLAIR, NE 68008

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.

9-10-15

LICENSURE UNIT

MAR 07 2016

DHHS NEBRASKA

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

RECEIVED

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:

Crowell Memorial Home
245 SOUTH 22ND STREET
BLAIR, NE 68008

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

2016 MAR -9 A 10:27
RECD HHSS ACCOUNTING

LICENSE NO: 794001
TELEPHONE NUMBER: (402) 426-2177
FAX NUMBER: (402) 426-2577
ADMINISTRATOR: WILLIAM WILLIARD
DIRECTOR OF NURSING: PRUDENCE CEMER, R.N.
E-Mail Address, If available: Administration@crowellhome.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 88

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CROWELL MEMORIAL HOME
(Legal Name of individual or business organization)

MAILING ADDRESS: 245 SOUTH 22ND STREET
BLAIR, NE 68008

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.

Steven C. Peck
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

2/22/16
DATE

S. Shanahan
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

2/22/16
DATE

Crowell Health Services

The following is a list of Officers and Board of Directors for Crowell Memorial Home:

President	Steve Peck	1138 North 26th Ave	Blair, NE. 68008
Vice-President	Steven Shanahan	2003 S 193rd Street	Omaha, NE. 68130
Secretary	Jenny Wilkens-Swensen	11616 Todd Drive	Blair, NE 68008
Treasurer	Rodney Thiemann	1124 Stillmeadow Circle	Blair, NE. 68008
Director	Doug Anderson	1523 Washington	Blair, NE 68008
Director	Don Boswell	19811 Co Rd P21	Blair, NE 68008
Director	Amy Coates	1049 North 20th Ave Cir	Blair, NE 68008
Director	Russ Foust	4727 Hiland	Blair, NE 68008
Director	Rev. Rebecca Hjelle	1656 Colfax Street	Blair, NE 68008
Director	Tim Kastrup	6170 Hidden Valley Ln	Blair, NE 68008
Director	Kim Quick	1212 Corey Drive	Blair, NE 68008
Director	Ray Russin	1309 Skyline Drive	Blair, NE 68008
Director	Ann Thiel	12842 Co Rd P26	Blair, NE 68008
Director	Susan Udey	2193 Birch Circle	Blair, NE 68008
Director	Janet Wallace	13927 Co Rd P18	Blair, NE 68008
Director	Dr. Dan Flanagan	2665 Farnam St. #102	Omaha, NE 68131

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403168

Name of Facility: **Crowell Memorial Home**

Type of Facility: **Nursing Home**

Location: **245 S 22nd St Blair**

Maximum Occupancy: **88 Beds**

Date Issued: **9/10/2015**

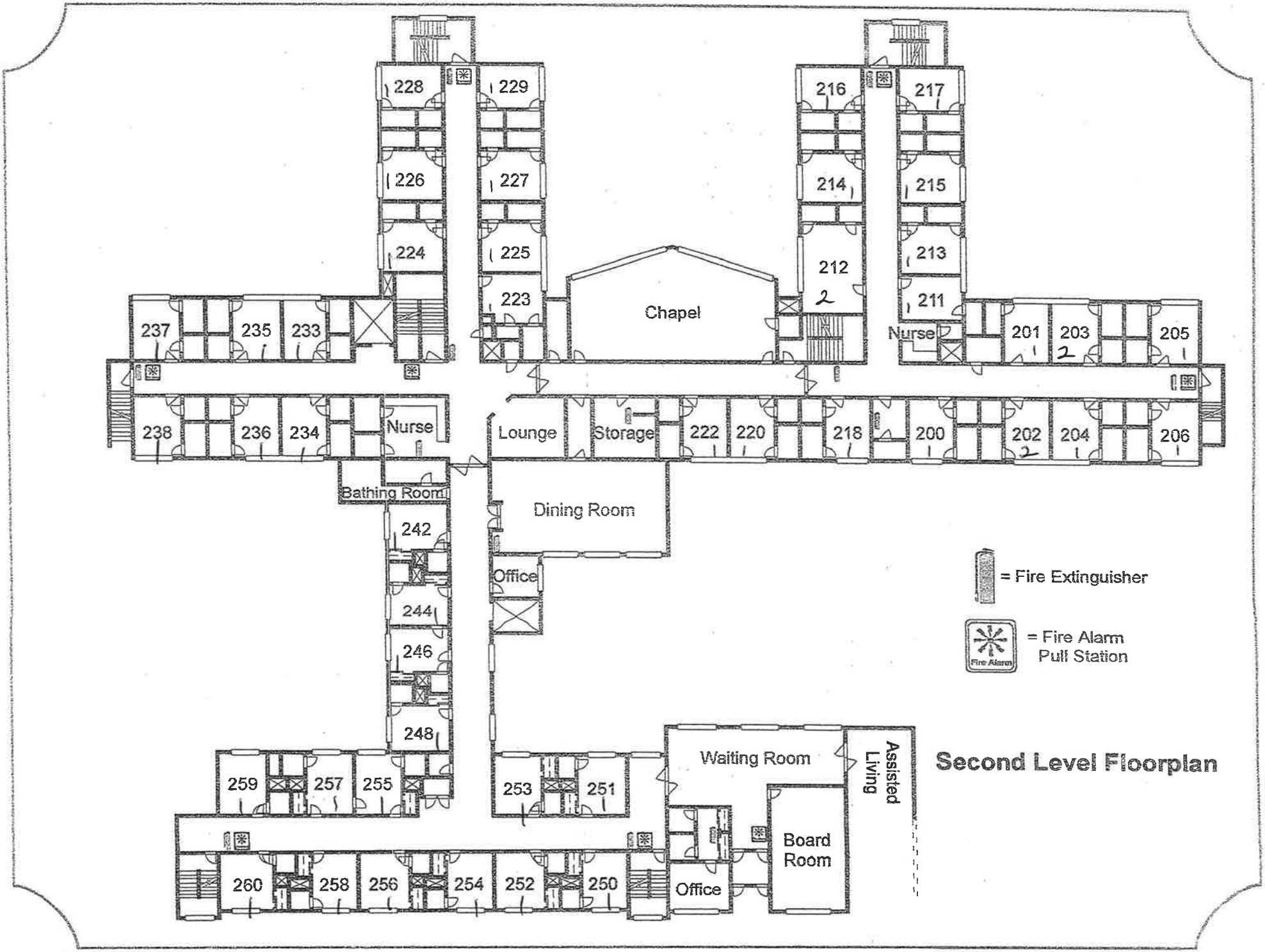
Approved By: [redacted]

Inspected By: **8713 Alan Viox**
Deputy State Fire Marshal

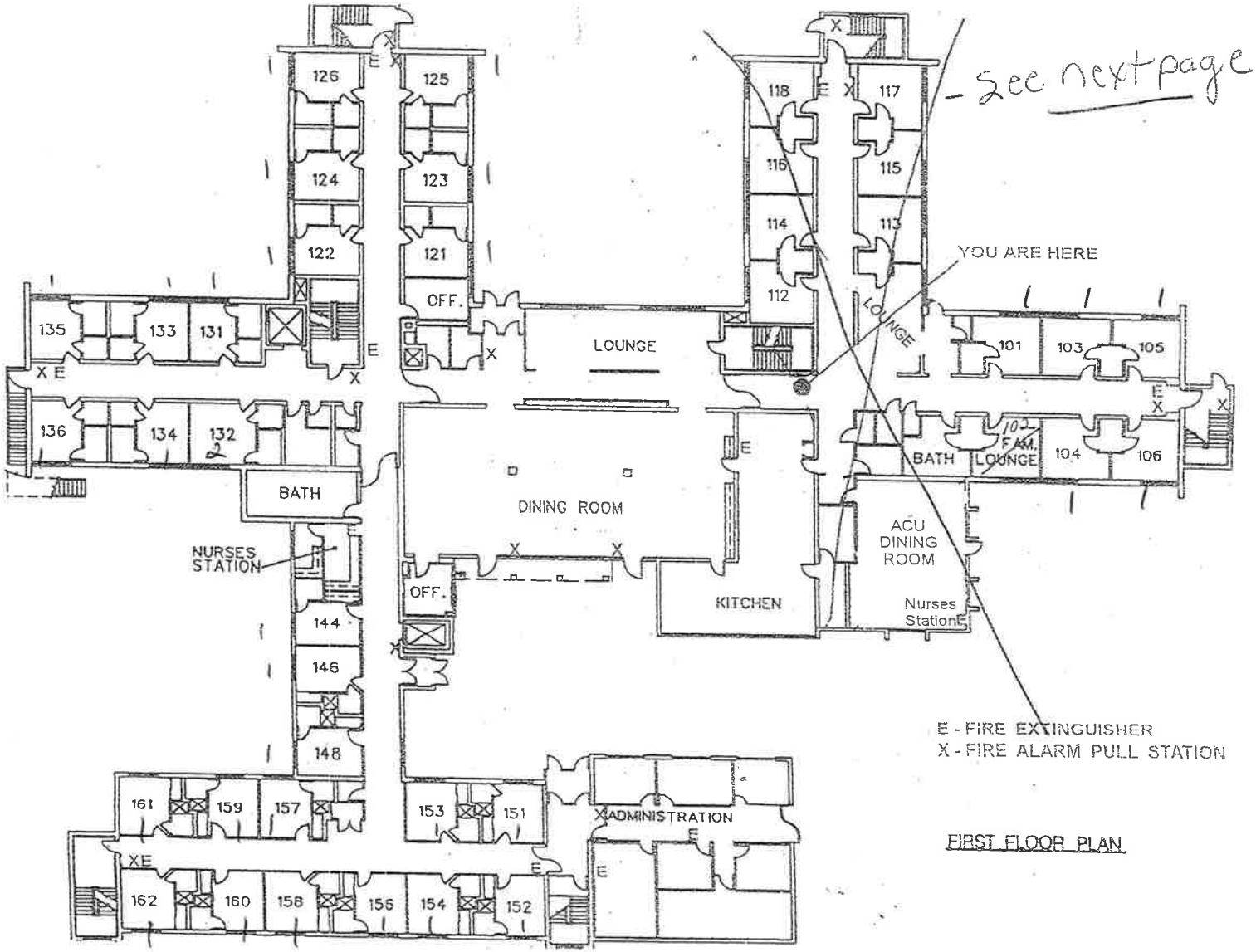
State Fire Marshal

POST IN PROMINENT PLACE

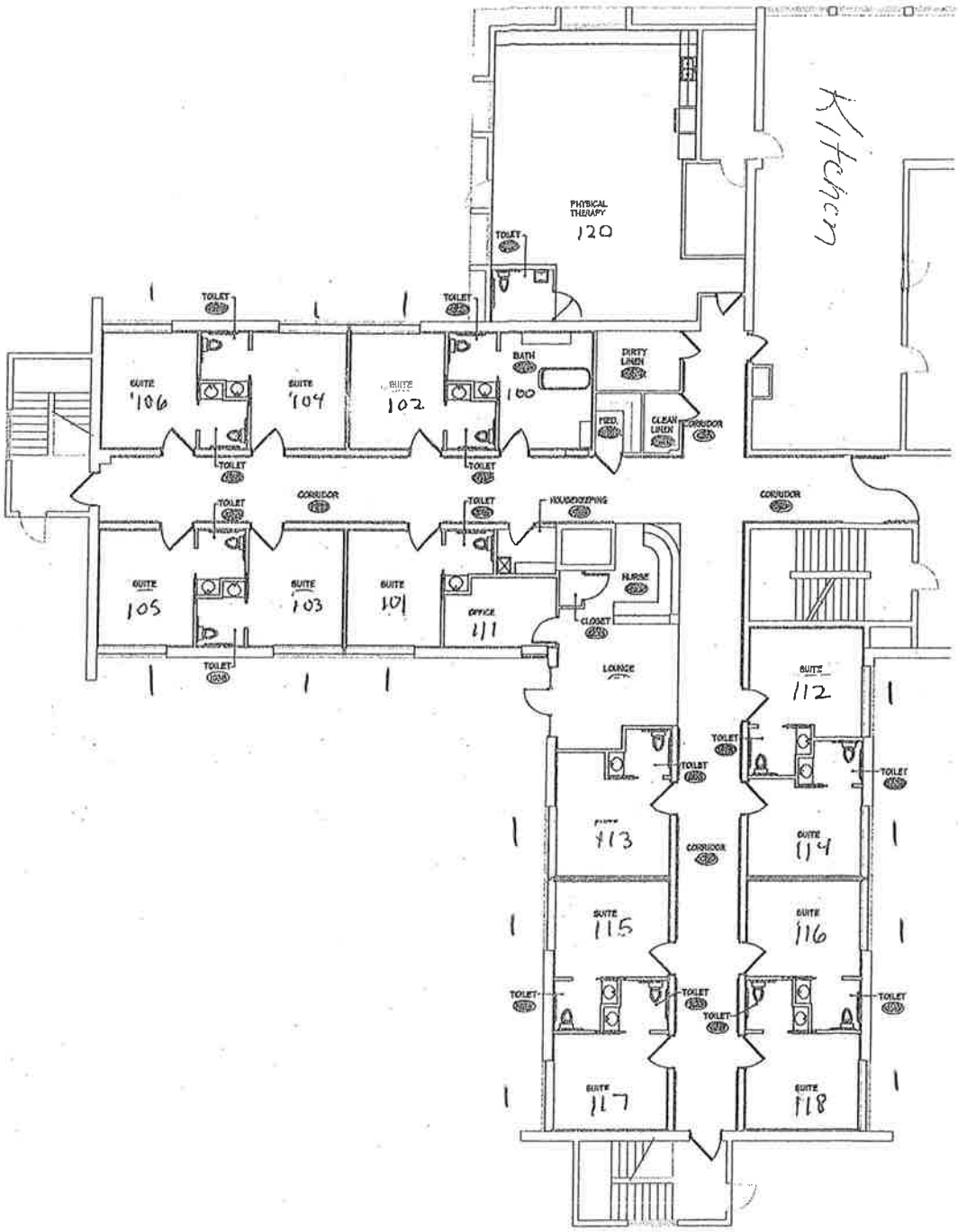
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



Second Level Floorplan



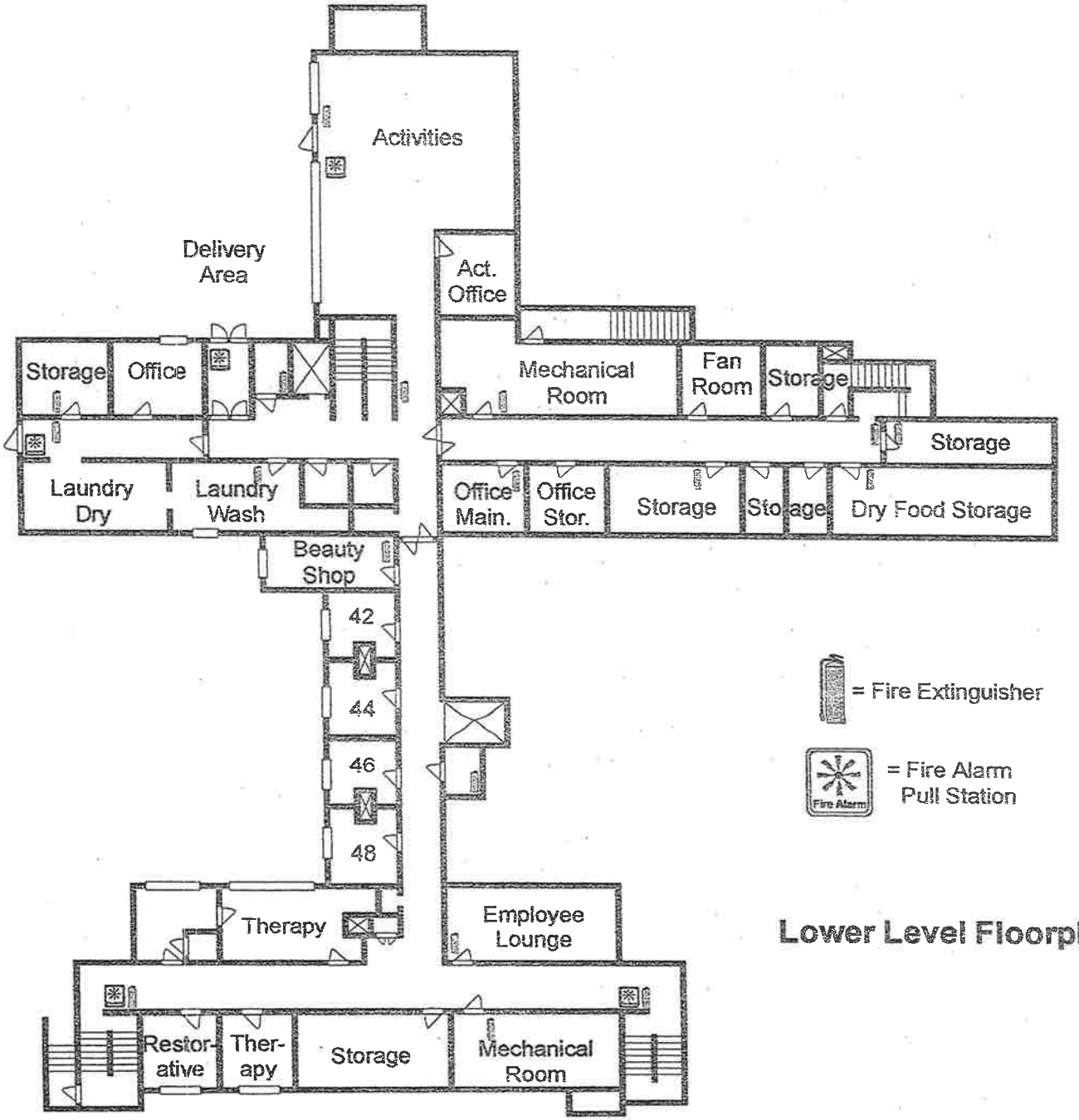
FIRST FLOOR PLAN



Partial First Floor Plan

NOT TO SCALE

PLAN NORTH



Lower Level Floorplan