

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

3/31/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Pioneer Manor Nursing Home MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 734002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Pioneer Manor Nursing Home

ADDRESS: P O BOX 310, 318 N 3RD STREET, HAY SPRINGS, NE 69347

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.

7/29/15

JAN 29 2016



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

Make Payment to DHHS LU
Renewal Fees:
0 - 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:

Pioneer Manor Nursing Home
P O BOX 310, 318 N 3RD STREET
HAY SPRINGS, NE 69347

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

LICENSE NO: 734002

TELEPHONE NUMBER: (308) 638-4483

FAX NUMBER: (308) 638-7385

ADMINISTRATOR: KRISTYN TURMAN

DIRECTOR OF NURSING: BRENDA JOHNSON, R.N.

E-Mail Address, if available: administrator@pioneermanor.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 57

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 DHHS LICENSING
2016 FEB -3
Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
A11:21

OWNERSHIP INFORMATION

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

MAILING ADDRESS: P O BOX 310
HAY SPRINGS, NE 69347

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.

Krystyn Turman, Administrator
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

1/21/2016
DATE

Richard McKay, Mayor
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

1/26/2016
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403132

Name of Facility: **Pioneer Manor Nursing Home**
Type of Facility: **Nursing Home**
Location: **318 N 3rd Street, Hay Springs**
Maximum Occupancy: **57 Beds**
Date Issued: **7/29/2015**

Approved By:



State Fire Marshal

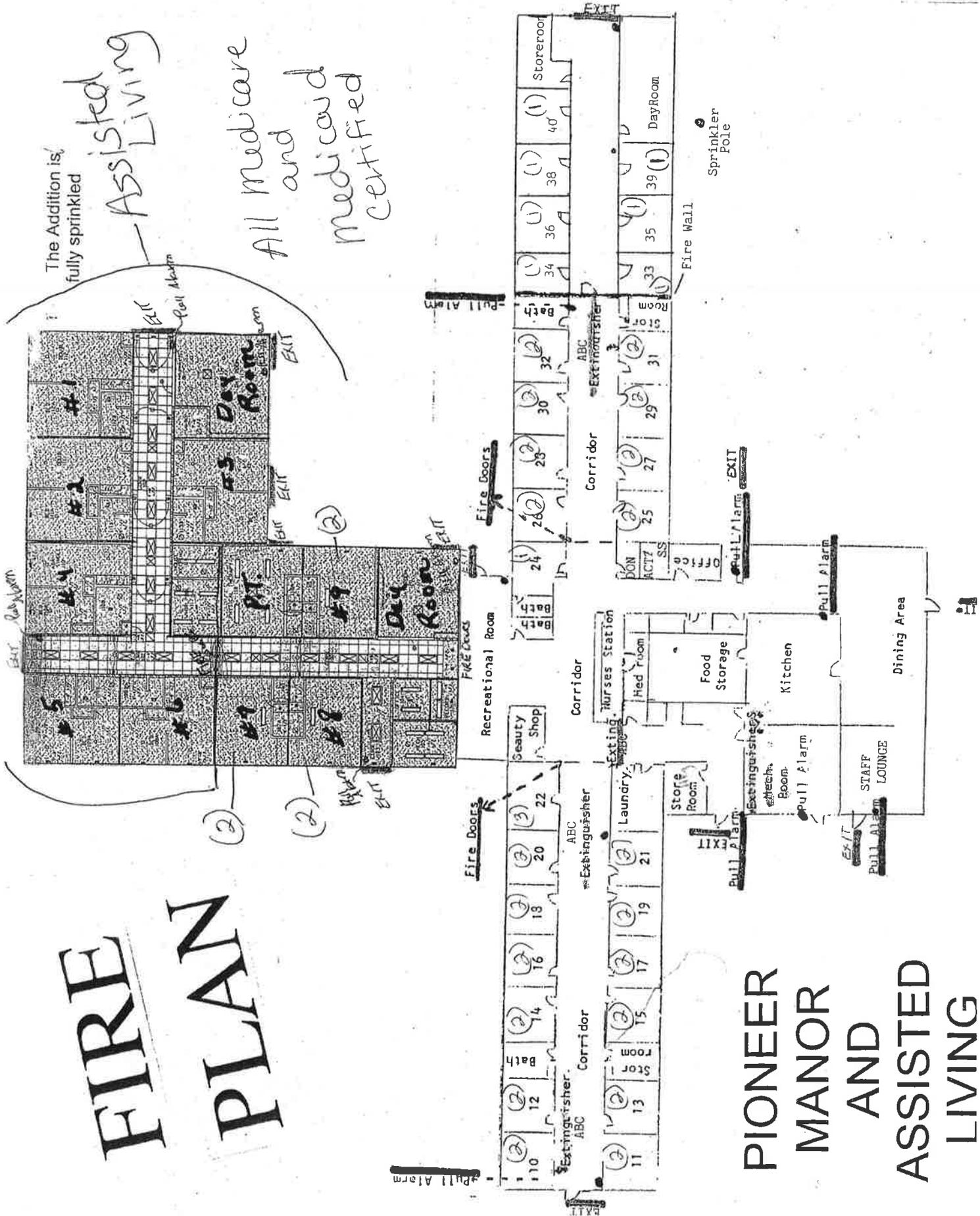
Inspected By: **8706 Pat Gould**
Deputy State Fire Marshal



POST IN PROMINENT PLACE

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

FIRE PLAN



PIONEER MANOR AND ASSISTED LIVING

PIONEER MANOR BOARD OF DIRECTORS
P.O. BOX 310
HAY SPRINGS, NE. 69347

CHAIRMAN
Sherry Ehrman
P.O. Box 514
Hay Springs, Ne. 69347

VICE-CHAIR
Fred Jungck
P.O. Box 59
Hay Springs, Ne. 69347

Anna Turman
P.O. Box 212
Hay Springs, Ne. 69347

Margaret Thayer
P.O. Box 423
Hay Springs, Ne. 69347

Deena Collins
P.O. Box
Hay Springs, NE 69347

SECRETARY
Sandy Heesacker
PO 304
Hay Springs, Ne. 69347

Appointed by Richard McKay, Mayor
City of Hay Springs, Ne.
234 N. Main PO 429
Hay Springs, NE 69347