

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

2/22/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Mid-Nebraska Lutheran Home MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	Lic # 524003
EXPIRES 03/31/2017	  Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Mid-Nebraska Lutheran Home

ADDRESS: 109 NORTH 2ND STREET, NEWMAN GROVE, NE 68758

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.

2-3-15



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

LICENSURE UNIT

FEB 08 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

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

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Mid-Nebraska Lutheran Home
109 NORTH 2ND STREET
NEWMAN GROVE, NE 68758

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

2016 FEB 10 A 10:55
REC'D DHSS ACCOUNTING

LICENSE NO: 524003

TELEPHONE NUMBER: (402) 447-6203

FAX NUMBER: (402) 447-6244

ADMINISTRATOR: LINDSI LUEKEN

DIRECTOR OF NURSING: SUE STEVENSON

E-Mail Address, if available: mnlhome@midneluth.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 45

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: MID-NEBRASKA LUTHERAN HOME
(Legal Name of individual or business organization)

MAILING ADDRESS: 109 NORTH 2ND STREET
NEWMAN GROVE, NE 68758

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.

David Lapka, President
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas L. Barnes
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

1/28/2016
DATE
1-28-16
DATE

Board of Directors

Trinity Lutheran	President (Clergy)	Pastor David Lapka	804 Hale Avenue	Newman Grove, NE 68758
Shell Creek Lutheran		Greg Steensnes	40407 535 th Avenue	St. Edward, NE 68660
At Large		Charlie Borg	47893 400 th Street	Lindsay, NE 68644
At Large		Connie (Ray) Flood	509 Pete's Drive	Newman Grove, NE 68758
At Large		Larry Kurtenbach	45614 490 th Ave.	Newman Grove, NE 68758
Zion Lutheran		Leon Nelson	82456 538 th Avenue	Newman Grove, NE 68758
At Large		Tom Korus	44619 505 Street	Lindsay, NE 68644
Trinity Lutheran		Duane Kaufmann	49276 385 th Street	St. Edward, NE 68660
Trinity Lutheran		Peg Schroeter	2178 320 Avenue	Albion, NE 68620
Salem Lutheran	Secretary	Pastor Becky Beckmann	1800 N. 16 th Street	Norfolk, NE 68701
Immanuel Zion Luth.		Linda Patzel	109 S. 3 rd Street	Newman Grove, NE 68758
Trinity Lutheran	Treasurer	Tom Barnes	P.O. Box 8	Newman Grove, NE 68758
Administrator	License # 2426	Lindsie Lueken		

Disclosure of Ownership

Immanuel Zion Lutheran Church
RR #3
Albion, NE 68620

Salem Lutheran Church
P.O. Box 428
Newman Grove, NE 68758

Shell Creek Lutheran Church
614 Burrows
Newman Grove, NE 68758

Trinity Lutheran Church
804 Hale Avenue
Newman Grove, NE 68758

Zion Lutheran Church
216 N. 3rd Street
Newman Grove, NE 68758

December 2015

MAY 1, 2011
MANUAL LETTER # 20-2011

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HEALTH AND HUMAN SERVICES

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Nebraska Department of Health and Human Services

NEBRASKA OWNERSHIP/CONTROLLING INTEREST AND CONVICTION DISCLOSURE

Completion of this form is required as mandated by the Centers for Medicare and Medicaid Services, Department of Health and Human Services and applicable regulations as found at 42 CFR 455.100 through 42. CFR 455.106. Disclosure must be made at the time of enrollment or contracting with the Department, at the time of survey, or within 35 days of a written request from the Department. It is the provider's responsibility to ensure all information is accurate and to report any changes as required by law by completing a new Ownership and Disclosure form.

IDENTIFYING INFORMATION

Name of Entity: (Legal name as it appears on tax identification form) Mid-Nebraska Lutheran Home, Inc Assn		Provider Number (If entity enrolled in NE Medicaid):	
Doing Business As: Mid-Nebraska Lutheran Home		NPI Number	
Street Address: 109 N. 2nd St.		City: Newman Grove	Zip Code: NE 68758
Telephone Number: 402-447-6209	Fax Number: 402-447-6244	E-mail Address: mnlhome@midneluth.com	

IF GOVERNMENT ENTITY OR NON-PROFIT ORGANIZATION, PLEASE CHECK THIS BOX AND GO DIRECTLY TO FIELDS C, D AND E.

A. List the name, address, Federal Employer Identification Number (FEIN) or Social Security Number (SSN) and Date of Birth (DOB) of each person with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. If more space is needed attach a separate list including the required information.

Name	Address	% Interest
SSN/FEIN	DOB	
Name	Address	% Interest
SSN/FEIN	DOB	
Name	Address	% Interest
SSN/FEIN	DOB	
Name	Address	% Interest
SSN/FEIN	DOB	
Name	Address	% Interest
SSN/FEIN	DOB	

B. Are any of the above mentioned persons related to one another as a spouse, parent, child, or sibling? If more space is needed attach a separate list including the required information.

Yes No If yes, please name and show relationship.

Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB

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C. List any person who holds a position of managing employee within the disclosing entity. If more space is needed attach a separate sheet with the required information.

Name	Lindsy Lueken	Position Title	Administrator
SSN			
Name		Position Title	
SSN	DOB		
Name		Position Title	
SSN	DOB		
Name		Position Title	
SSN	DOB		
Name		Position Title	
SSN	DOB		
Name		Position Title	
SSN	DOB		

D. Does any person, business, organization or corporations with an ownership or control interest (identified in A or B) have an ownership or controlling interest of 5% or more in any other Nebraska Medicaid Provider? If more space is needed attach a separate sheet with the required information.

Yes No If yes, please name and show information.

Name	Other Provider Name	% Interest
SSN/PTIN	DOB	
Name	Other Provider Name	% Interest
SSN/PTIN	DOB	
Name	Other Provider Name	% Interest
SSN/PTIN	DOB	
Name	Other Provider Name	% Interest
SSN/PTIN	DOB	

E. List any person (identified in A, B, or C) who has an ownership or control interest in the disclosing entity (provider), or is an agent or employee of the disclosing entity (provider) who has ever been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Waivers, CHIP or the Title XX services since the inception of these programs. If more space is needed attach a separate sheet with the required information.

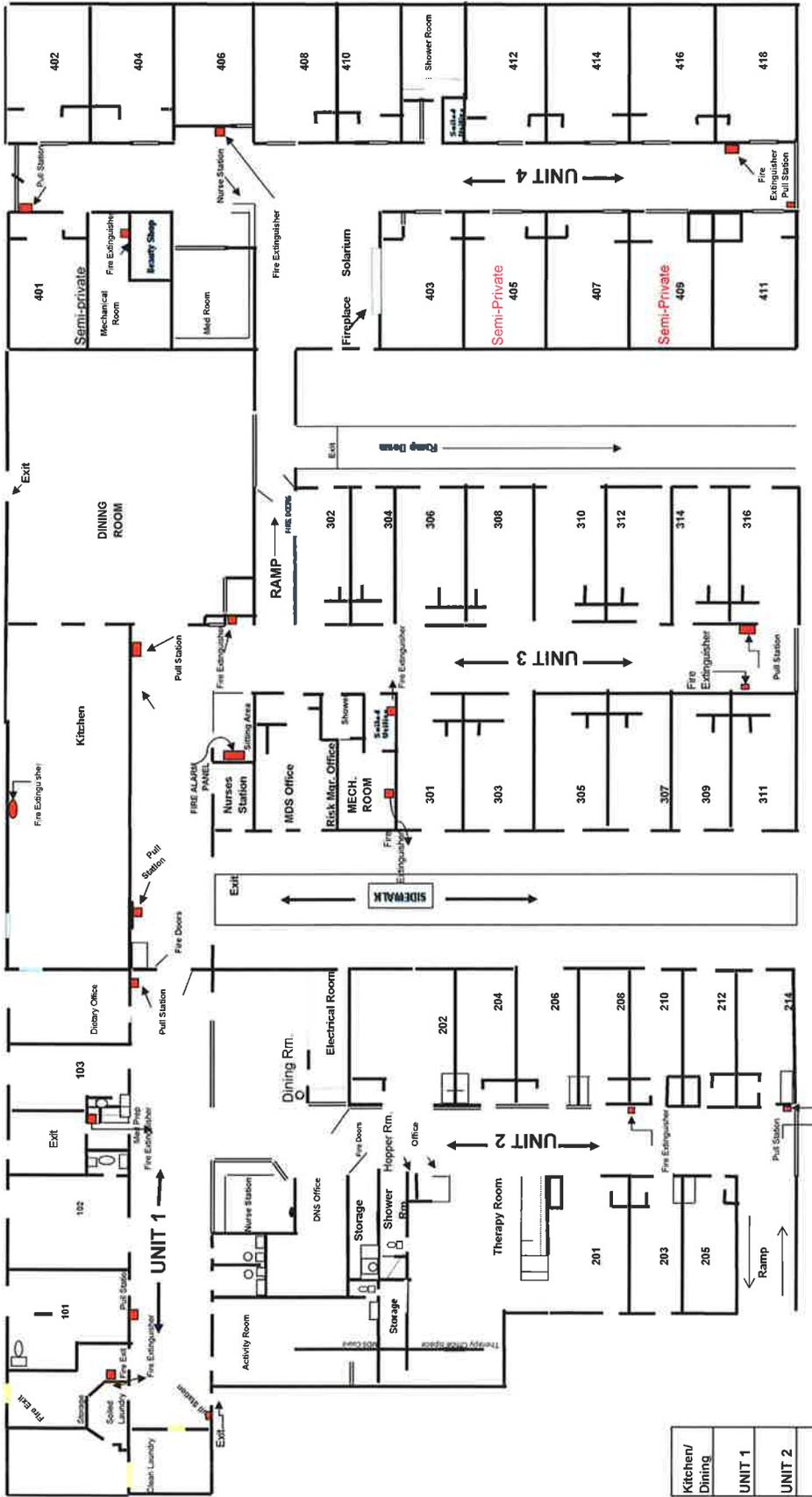
Name	Conviction Details
SSN	DOB
Name	Conviction Details
SSN	DOB
Name	Conviction Details
SSN	DOB

PROVIDER STATEMENT. I certify that information provided on this form is true, accurate and complete. I will notify Nebraska Department of Health and Human Services of any additions/changes to the information

Sign Here  Administrator
 Signature of Provider/Authorized Representative/Agent and Title (Stamped Signature NOT Accepted)

Lindsy Lueken 2-18-16 402-447-6203
 Print Name Date Phone Number

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**FIRE EVACUATION PLAN
MID-NEBRASKA LUTHERAN HOME**

Kitchen/ Dining
UNIT 1
UNIT 2
UNIT 3
UNIT 4

All beds are Medicare/Medicaid certified

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402828

Name of Facility: **Mid-Nebraska Lutheran Home**
Type of Facility: **Nursing Home**
Location: **109 N 2nd Street, Newman Grove**
Maximum Occupancy: **45 Beds**
Date Issued: **2/3/2015**

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

Approved By:



State Fire Marshal



POST IN PROMINENT PLACE

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