

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

3/8/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Elwood Care Center</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	Lic # 354001
<b>EXPIRES</b> 03/31/2017	  Courtney R. Williams, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Elwood Care Center

ADDRESS: P O BOX 315, 607 SMITH AVENUE, ELWOOD, NE 68937

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.

1-27-16



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

Make Payment to DHHS LU	
Renewal Fees:	
1 - 50 beds:	\$1550
51 - 100 beds:	\$1750
101 or more:	\$1950

*Handwritten initials*

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:

Elwood Care Center  
P O BOX 315, 607 SMITH AVENUE  
ELWOOD, NE 68937

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

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

LICENSURE UNIT  
FEB 16 2016  
RECEIVED

LICENSE NO: 354001

TELEPHONE NUMBER: (308) 785-3302

FAX NUMBER: (308) 785-3193

ADMINISTRATOR: KATE REINERS

DIRECTOR OF NURSING: LACIE EVANS

E-Mail Address, if available: elwoodcarecenter@atciet.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
- Pediatric
- Behavioral Needs
- Alzheimers/Special Care Unit
- Respiratory
- Speech Therapy
- Occupational Therapy

Current Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

REC'D MISS ACCOUNTING  
2016 FEB 18  
9:48

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: VILLAGE OF ELWOOD  
(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 14, 304 CALVERT AVE  
ELWOOD, NE 68937

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.

*Sharlette Schweninger - Village Chair*  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

*Kate Reinners, Administrator*  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

DATE  
1-25-16  
DATE

**Elwood Care Center & Assisted Living, 607 Smith Ave, Elwood, NE 68937**

**Ownership/Control Disclosure 2016**

**Facility is owned by the Village of Elwood, NE**

Village Chairman:

Sharlette Schwenninger, .

606 Oxford Ave., Elwood

Elwood Care Center Board of Directors:

Betty Koenig,

805 Calvert Ave, Elwood

Dick Bennett,

706 Ontario Ave, Elwood

William Monter,

608 Smith Ave, Elwood

Nina Anderson,

704 Smith Ave, Elwood

Elwood Care Center Administrator

Kate Reiners,

74135 Dr. 426A, Elwood

