

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

3/18/16 dy

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

Mt Carmel Home - Keens Memorial
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 074003

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMER UNIT

EXPIRES
03/31/2017

 
Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Mt Carmel Home - Keens Memorial

ADDRESS: 412 WEST 18TH STREET, KEARNEY, NE 68847

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.

8-31-15

FEB 19 2016



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

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:

Mt Carmel Home - Keens Memorial
412 WEST 18TH STREET
KEARNEY, NE 68847

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

LICENSE NO: 074003

TELEPHONE NUMBER: (308) 237-2287

FAX NUMBER: (308) 237-7264

ADMINISTRATOR: MISTY SHOEMAKER

DIRECTOR OF NURSING: KELINDA GILG

E-Mail Address, if available: admin@mountcarmelhome.org

Cherlyn K. Hunt Adm #2209
Kate Johnson RN 76310

REC'D DHHS ACCOUNTING
2016 FEB 23 A 11:21

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 75

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
ALZHEIMER UNIT

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CORPUS CHRISTI CARMELITES, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: 412 W 18TH STREET
KEARNEY, NE 68845

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.

Cherlyn K. Hunt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

2-11-16
DATE

[Redacted Signature]
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

S.R. Mary T. Blavet
SIGNATURE

2-11-16
DATE



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

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1650
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:
Mt Camel Home - Keens Memorial
412 WEST 10TH STREET
KEARNEY, NE 68847
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: 074003
TELEPHONE NUMBER: (308) 237-2287
FAX NUMBER: (308) 237-7284
ADMINISTRATOR: ~~WENDY SHOEMAKER~~ Charlyn Hunt
DIRECTOR OF NURSING: ~~KELENDIA GILG~~ Kate Johnson
E-Mail Address, if available: admin@mountcamelhome.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. NUMBER OF BEDS TO BE RELICENSED: 75
5. ACCREDITATION/CERTIFICATION: JOAHO Medicare Medicaid Other _____
Are you requesting deemed status? yes no
6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS: Current Services
ALZHEIMER UNIT
If different from Current Services listed, please check changes.
 Physical Therapy Alzheimers/Special Care Unit Speech Therapy
 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CORPUS CHRISTI CARMELITES, INC.
(Legal Name of Individual or business organization)
MAILING ADDRESS: 412 W 10TH STREET
KEARNEY, NE 68846
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.

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- (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.

SA Mary Florence Blake
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SR CLAKE MARIE NEGRO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3/11/16
DATE

3/10/16
DATE



CORPUS CHRISTI CARMELITES Inc
417 WEST 17TH STREET
KEARNEY, NE
68845
PHONE # 308-293-6149

February 16th 2016

The Peace of Jesus; Dear Cherlyn

These are on the Board of Directors for Mount Carmel Home, Keens Memorial
The General Councilor's are:

Prioress General, (President) Sister Petronilla Joseph O. Carm
Mount Carmel Generalate
St. John Road
Mt. St. Benedict
St Augustine, Trinidad West Indies

Phone # 1 868-662-5149 Cell # 1-868-764-8584
E Mail - joseppetronilla3@gmail.com

Assistant General (Vice President) , Sister Antoinette Fahey O. Carm
Corpus Christi Carmel
Lady Hochoy Home – South
Harmony Hall
Gasparillo
Trinidad, West Indies

Phone # 1-868-658-5226
E Mail- dawnfanette@gmail.com

Councilor: Sister Geraldine George O.Carm
Corpus Christi Carmel
Lady Hochoy Home – South
Harmony Hall
Gasparillo
Trinidad West Indies

Phone # 1-868-658-5226
E Mail : none

Councilor : Sister Bertill Dean O. Carm
Corpus Christi Carmel
Harding Place
Corcorite
Trinidad, West Indies

Phone # 1 868- 622-4714
E Mail : bertil_z@hotmail.com

On the Board:



CORPUS CHRISTI CARMELITES Inc
417 WEST 17TH STREET
KEARNEY, NE
68845
PHONE # 308-293-6149

(Acting Vice President) Superior of House.
Sister Mary Florence Blavet O.Carm
417 west 17th Street
Kearney, NE 68845

Phone # 1 308 293-6149

Email : Marycarmelite@hotmail.com

Sister Marcella Ali O. Carm
417 W. 17th Street
Kearney NE. 68845

Phone # 1 308- 627-9103

E Mail : mdbap38@hotmail.com

Father John Horan O. Carm
St. Jude Church and School
21689 Toledo Road
Boca Raton, FL. 33433

Phone # : 1 347-366-0971

Email- Johnocarm@gmail.com

Mr. Todd Crown
113 Highland Ave
Middletown, New York 10940
Phone # 1-845-741-3908
Email: Tcrown.olmc@hvc.rr.com.

Love and Prayers always Your Friends in Christ
Sister Mary Florence O.Carm
And all the Sisters.

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403140

Name of Facility: **Mt. Carmel Home/Keen's Memorial**

Type of Facility: **Nursing Home**

Location: **412 W 18th Street, Kearney**

Maximum Occupancy: **75 Beds**

Date Issued: **8/31/2015**

Approved By:



State Fire Marshal

Inspected By: **8748 Mark Manchester**
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.

MOUNT CARMEL HOME SPECIAL CARE UNIT PHILOSOPHY

The philosophy of our Special Care Unit is to provide services and support for residents and family and to enable the resident to maintain the highest level of functioning, while promoting quality of life.

I. Pre-admission/Admission/Discharge

* Prioritized Criteria for Special Care Unit placement

1. Wandering away from facility and/or home
2. Current or past use of restraints for safety of self or others can be significantly reduced or eliminated in a specialized environment
3. Unaware of and/or a disregard for others needs for personal space and their belongings
4. Would benefit from programming provided (cognitive, emotional, physical)
5. Able to manage some Activities of Daily Living with cueing or minimal assistance from staff
6. Requires a modified environment and/or a flexible schedule
7. Requires a signed durable power of attorney or guardianship in place

Note: An individual being assessed for the Special Care Unit is assumed to suffer from disorientation/confusion. The presence of one or more of these criteria could result in a recommendation for placement on the Special Care Unit.

When an individual no longer meets these criteria, they will be evaluated for discharge from the Special Care Unit.

II. Continued Assessment Process

There will be an annual assessment and quarterly updates (family interview) to indicate what abilities have been lost or retained. From this information an individualized care plan will be developed with input from the family and resident. Care plan will be updated quarterly or upon significant changes in resident condition.

III. Staffing Patterns and Training:

- A. Staff members of the Special Care Unit are individually selected and trained to provide the special care needed by the residents on the unit.
- B. Volunteers and family members may contribute by donating their time and talents with the residents.
- C. Training is provided in conjunction with the local Alzheimer's Association chapter, the Nebraska Health Care Association, and other related agencies.

IV. The Special Care Unit is a self-contained area including:

- A. A private dining room
- B. A centrally located nursing station to allow for close observation of the residents
- C. An activity area with snack refrigerator, beverage station and comfortable recliners
- D. A private enclosed courtyard to allow for outdoor exercise
- E. Six semi-private rooms and four private rooms.

V. Activities

Activities will be provided on a daily basis to utilize the resident's retained skills and abilities. These activities will be individualized. Some examples are:

- A. Personal grooming skills
- B. Exercise
- C. Pets
- D. Inter-generational programs
- E. Housekeeping skills
- F. Religious events
- G. Music

VI. Family Participation

Families will be encouraged to attend care planning meetings and participate in the overall care of the residents, including problem solving, care tips, food preferences, activities and other areas of resident's needs. A chapter of the Alzheimer's Association is located in Kearney and families are encouraged to be involved.

*New admissions will be required to make a refundable down payment of \$5,100 that will be applied to their first bill

The following are available to residents of Mount Carmel for an additional charge:

Beautician Services

- Wash/set **FREE** (1 per week)
- Additional wash/set \$10
- Haircut \$10
- Color \$30
- Permanent \$45
- Highlights \$25
- Wax \$5
- Polished Nails **FREE**
- Shellac \$20

Transportation

- In town transportation is free of charge; however, there is a \$20 fee for a staff member to accompany a resident to doctor appointment
- Out of town transportation fees are \$25/hour plus \$.55 per mile

Postal Supplies

- Stamps, paper and envelopes are available at cost upon request

Guest Meals

- Breakfast \$2
- Lunch \$5
- Dinner \$5

Every room is equipped with satellite television services at no additional fee

Private telephone service is the responsibility of the Elder and/or family member

Mount Carmel Home-Keens Memorial
 Skilled Nursing Rate Schedule 2015/16

Nebraska Care Level	Semi-Private Rate		Private Rate	
Bedhold	\$	149.04	\$	164.94
101	\$	156.14	\$	172.04
102	\$	157.18	\$	173.08
103	\$	157.58	\$	173.42
104	\$	158.21	\$	174.11
110	\$	172.99	\$	188.89
111	\$	177.71	\$	193.61
112	\$	180.74	\$	196.64
113	\$	188.01	\$	203.91
114	\$	191.45	\$	207.35
115	\$	193.17	\$	209.07
120	\$	156.49	\$	172.36
121	\$	168.41	\$	184.31
122	\$	173.46	\$	189.36
123	\$	179.22	\$	195.12
130	\$	166.58	\$	182.48
131	\$	168.87	\$	184.77
132	\$	178.73	\$	194.63
133	\$	180.23	\$	196.13
140	\$	190.30	\$	206.20
141	\$	196.61	\$	212.51
142	\$	197.18	\$	213.08
143	\$	201.76	\$	217.66
144	\$	207.50	\$	223.40
145	\$	217.25	\$	233.15
150	\$	209.22	\$	225.12
151	\$	212.08	\$	227.98
152	\$	218.39	\$	234.29
160	\$	197.18	\$	213.08
161	\$	206.93	\$	222.83
162	\$	210.94	\$	226.84
163	\$	227.19	\$	243.09
170	\$	220.59	\$	236.49
171	\$	226.13	\$	242.03
172	\$	232.15	\$	248.05
180	\$	198.91	\$	214.81

*Additional Charge-Angel's Way \$30 per day