

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

4-6-16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>The Rehabilitation Center of Omaha</b> MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 264007
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2017	  Courtney A. Doolittle, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: The Rehabilitation Center of Omaha  
ADDRESS: 910 SOUTH 40TH STREET, OMAHA, NE 68105

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.

FEB 12 2016

4-15-15



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:  
The Rehabilitation Center of Omaha  
910 SOUTH 40TH STREET  
OMAHA, NE 68105
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO: 264007

TELEPHONE NUMBER: (402) 342-2015

FAX NUMBER: (402) 341-0657

ADMINISTRATOR: D. KIRK SWEENEY

DIRECTOR OF NURSING: HEAVENLEE BROWN, R.N.

E-Mail Address, if available: AOmaha@Skillednrc.com Kirk.Sweeney@Genishcc.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 65

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

Current Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

REC'D HHS ACCOUNTING  
2016 FEB 17 A 11:17

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: THE REHABILITATION CENTER OF OMAHA, LLC  
(Legal Name of individual or business organization)

MAILING ADDRESS: 27412 PORTOLA PARKWAY, SUITE 200 101 E. State Street  
FOOTHILL RANCH, GA 30260 Kennett Square, PA 19348 ✓

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.

Michael Berg  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Cassie Mistretta  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1-15-16  
DATE

1-15-16  
DATE

**The Rehabilitation Center of Omaha**

910 S. 40<sup>th</sup> Street  
Omaha, NE 68105

**The Rehabilitation Center of Omaha, LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Officers*

Cassie Mistretta (President)  
Mark Wiess (Vice President, Controller)  
Michael S. Sherman (Secretary and Assistant Treasurer)  
J. Richard Edwards (Treasurer)  
Michael Berg (Assistant Secretary)

*Ownership*

Summit Care LLC (100%)

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**Summit Care, LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

Summit Care Parent, LLC (100%)

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**Summit Care Parent, LLC**

(f/k/a Summit Care Corporation)

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

Skilled Healthcare, LLC (100%)

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**Skilled Healthcare, LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis HealthCare LLC (100%)

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**Genesis HealthCare LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

GEN Operations II, LLC (100%)

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**GEN Operations II, LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

GEN Operations I, LLC (100%)

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**GEN Operations I, LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

FC-GEN Operations Investment, LLC (100%)

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**FC-GEN Operations Investment, LLC**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

Sun Healthcare Group, Inc. (approximately 25.75%)

Other members that are disclosed herein as owners of Genesis Healthcare, Inc.

Other members that do not trigger 5% ownership test

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**Sun Healthcare Group, Inc.**

EIN:

101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis Healthcare, Inc. (100%)

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**Genesis Healthcare, Inc.**

(publicly traded company on the New York Stock Exchange)

(f/k/a Skilled Healthcare Group, Inc.)

EIN:

101 East State Street

Kennett Square, PA 19348

*Ownership*

HCCF Management Group XI, LLC (approximately 14.69%)

Senior Care Genesis, LLC (approximately 9.30%)

ZAC Properties XI, LLC (approximately 8.46%)

Onex Partners LP (approximately 7.33%)

Others that do not trigger 5% ownership test

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**HCCF Management Group XI, LLC**

EIN:

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

*Ownership*

Arnold M. Whitman (100%)<sup>1</sup>

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

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**ZAC Properties XI, LLC**

EIN:

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

*Ownership*

Steven E. Fishman (approximately 66%)<sup>2</sup>

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

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<sup>1</sup> Arnold M. Whitman collectively holds approximately 17.37% indirect ownership of the Operator through ownership in HCCF Management Group XI, LLC and other entities which do not hold 5% or greater interest in the Operator.

<sup>2</sup> Steven E. Fishman collectively holds approximately 11.02% indirect ownership of the Operator through ownership in ZAC Properties XI, LLC and other entities which do not hold 5% or greater interest in the Operator.

**Onex Partners LP<sup>3</sup>**

EIN:

715 Fifth Avenue  
New York, NY 10019

*Ownership*

Others that do not trigger 5% ownership test

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**Senior Care Genesis, LLC**

EIN:

234 Church Street, Suite 901  
New Haven, CT 06510

*Ownership*

Senior Care Holdings LLC (92%)

Other members that do not trigger 5% ownership test

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**Senior Care Holdings LLC**

EIN:

c/o Senior Care Development LLC  
234 Church Street, Suite 901  
New Haven, CT 06510

*Ownership*

1995 Donna Reis Family Trust (approximately 68%)

Other members that do not trigger 5% ownership test

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**1995 Donna Reis Family Trust**

EIN:

c/o Senior Care Development, LLC  
500 Mamaroneck Ave. Suite 406  
Harrison, NY 10528

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<sup>3</sup> Affiliates of Onex Partners LP own an additional 2.24% for an aggregate of 9.57% indirect ownership interest in the Operator.

**Notification of Generic Email Address:**

Facility: **The Rehabilitation Center of Omaha**  
Contact Information: 910 S 40<sup>th</sup> Street Omaha, NE 68105  
(P) (402) 342-2015  
(F) (402) 341-0657

[rehabcenterofomaha@genesishcc.com](mailto:rehabcenterofomaha@genesishcc.com)

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403009

Name of Facility: **The Rehabilitation Center of Omaha LLC**

Type of Facility: **Nursing Home**

Location: **910 S 40th St., Omaha**

Maximum Occupancy: **65 Beds**

Date Issued: **4/15/2015**



Approved By:

**State Fire Marshal**



Inspected By: **8725 Susen Lindner**  
**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.

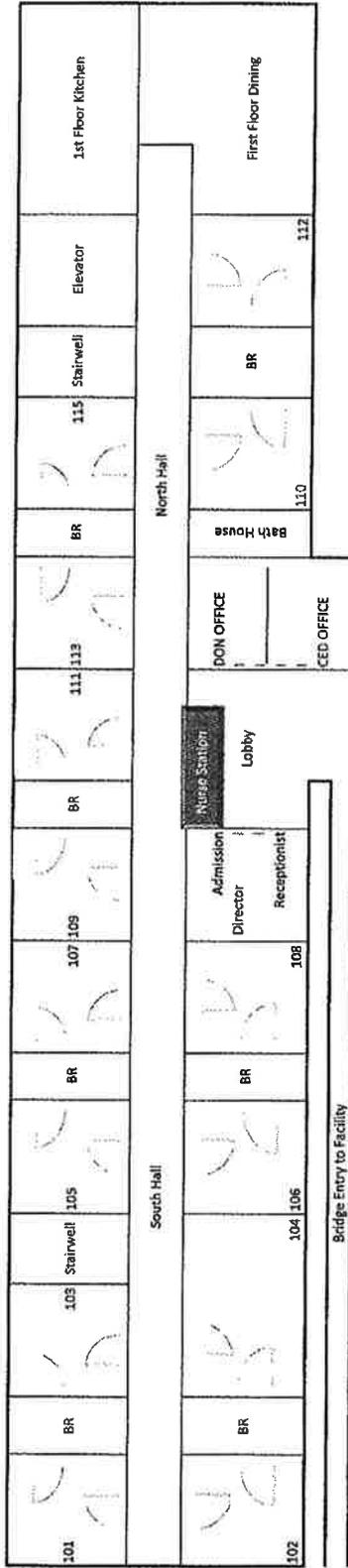
### The Rehabilitation Center of Omaha Certified Bed List

Facility Level	RM #	Dual Certified Beds
First Floor	101	2
First Floor	102	2
First Floor	103	2
First Floor	104	2
First Floor	105	2
First Floor	106	2
First Floor	107	2
First Floor	108	2
First Floor	109	2
First Floor	110	2
First Floor	111	2
First Floor	112	2
First Floor	113	2
First Floor	115	2
<b>Total Dual Certified Beds:</b>		<b>28</b>

Facility Level	RM #	Dual Certified Beds
Second Floor	201	2
Second Floor	202	2
Second Floor	203	2
Second Floor	204	2
Second Floor	205	2
Second Floor	206	2
Second Floor	207	2
Second Floor	208	2
Second Floor	209	2
Second Floor	211	2
Second Floor	212	2
Second Floor	213	2
Second Floor	214	2
Second Floor	215	2
Second Floor	216	2
Second Floor	217	2
<b>Total Dual Certified Beds:</b>		<b>32</b>

**Facility Total of Dual Certified Beds:**

**60**



Facility Level	Rm #	Dual Certified Beds
First Floor	101	2
First Floor	102	2
First Floor	103	2
First Floor	104	2
First Floor	105	2
First Floor	106	2
First Floor	107	2
First Floor	108	2
First Floor	109	2
First Floor	110	2
First Floor	111	2
First Floor	112	2
First Floor	113	2
First Floor	114	2
First Floor	115	2
<b>Total Dual Certified Beds:</b>		<b>28</b>

