

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



4-19-16
ES

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

Sunrise Heights of Wauneta
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 134002

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017



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

Cut on heavy line and place on license.

FACILITY NAME: Sunrise Heights of Wauneta

ADDRESS: PO BOX 520, 427 LEGION STREET, WAUNETA, NE 69045

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.

7-30-15

JAN 08 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

RECEIVED

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:

Sunrise Heights of Wauneta
PO BOX 520, 427 LEGION STREET
WAUNETA, NE 69045

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

2016 JAN 12 A 11:16
REC'D MISS ACCOUNTING

LICENSE NO: 134002

TELEPHONE NUMBER: (308) 394-5738

FAX NUMBER: (308) 394-5733

ADMINISTRATOR: LISA KISINGER

DIRECTOR OF NURSING: DEBRA ANDREW, R.N.

E-Mail Address, if available: sunriseheights@bwtelcom.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 36

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

OWNERSHIP INFORMATION

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

MAILING ADDRESS: PO BOX 95
WAUNETA, NE 69045

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.

Lisa J Kisinger
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Lloyd Sinner, Chairman
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

1-6-16
DATE

1-6-16
DATE

**Sunrise Heights of Wauneta
List of Board members
Ownership/Control**

Lloyd Sinner, Chairman
P O Box 126
Wauneta, NE 69045

James Johnston, Vice Chairman
P O Box 345
Wauneta, NE 69045

Tony Cribelli, Board member
P O Box 247
Wauneta, NE 69045

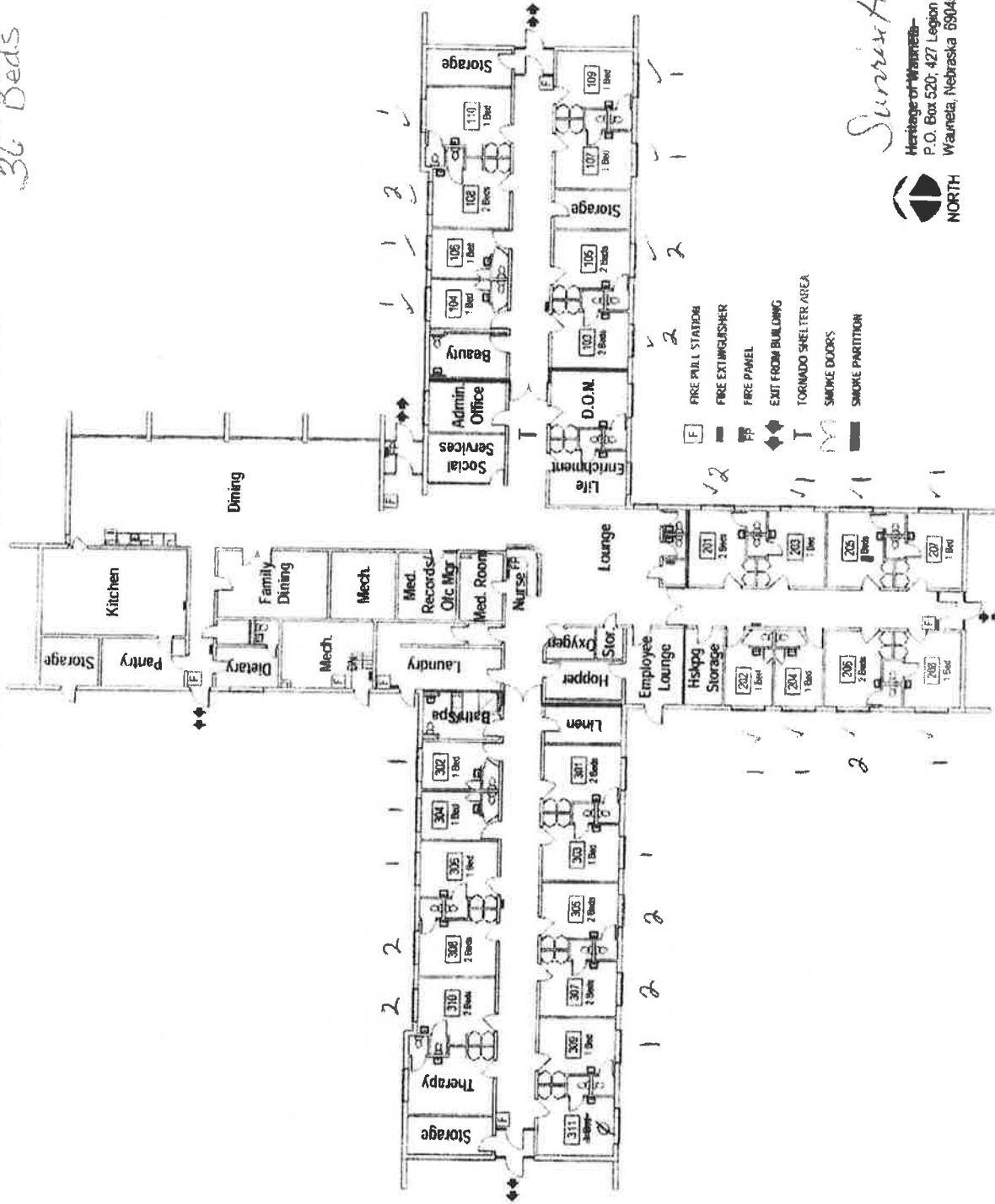
Rick Einspahr, Board member
242 S. Arapahoe
Wauneta, NE 69045

Beau Kramer, Board member
P O Box 487
Wauneta, NE 69045

Lisa Kisinger, Administrator
P O Box 2
Palisade, NE 69040

The facility is owned by the Village of Wauneta and managed by Rural Health Development out of Cambridge, NE.

36 Beds



Survivor Heights of Wauneta



Heritage of Wauneta
P.O. Box 520, 427 Legion Street
Wauneta, Nebraska 68045

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403134

Name of Facility: **Sunrise Heights of Wauneta**
Type of Facility: **Nursing Home**
Location: **427 Legion, Wauneta**
Maximum Occupancy: **36 Beds**
Date Issued: **7/30/2015**

Approved By:

Inspected By: **8721 Dana Reece**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

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