



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

2/23/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Heritage of Emerson, Inc. MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 204001	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney A. Votaw, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Heritage of Emerson, Inc.
ADDRESS: 607 NEBRASKA STREET, EMERSON, NE 68733

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.

6/9/15

LICENSURE UNIT

FEB 18 2016

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



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

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:
 Heritage of Emerson, Inc.
 607 NEBRASKA STREET
 EMERSON, NE 68733

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

LICENSE NO: 204001
 TELEPHONE NUMBER: (402) 695-2683
 FAX NUMBER: (402) 695-2188
 ADMINISTRATOR: SHELLEE HUGGENBERGER
 DIRECTOR OF NURSING: DANIEL SCHOCK, R.N.
 E-Mail Address, if available: 2567-emr@vhsmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 38

2016 FEB 22 A 11:59
 RECD: DHSS ACCOUNTING

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HERITAGE OF EMERSON, INC.
 (Legal Name of individual or business organization)

MAILING ADDRESS: 607 NEBRASKA STREET
EMERSON, NE 68733

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.

Jack D. Vetter
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Todd D. Vetter
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

 SIGNATURE

02.16.16
 DATE

02.16.16
 DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403055

Name of Facility: **Heritage of Emerson**
Type of Facility: **Nursing Home**
Location: **607 Nebraska St., Emerson**
Maximum Occupancy: **38 Beds**
Date Issued: **6/9/2015**

Approved By:

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

[Redacted Signature]
State Fire Marshal



POST IN PROMINENT PLACE

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

**Vetter Related Corporations
Directors, Officers and Shareholders
as of January 1, 2016**

Directors and Officers for all the following companies can be notified in writing: C/O Vetter Health Services, Inc., 20220 Harney Street, Elkhorn, NE 68022 or by telephone at 1-402-895-3932.

Vetter Holding, Inc.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholders</u>
Jack D. Vetter	Jack D. Vetter.....President	Jack D. Vetter
Eldora D. Vetter	Eldora D. Vetter.....Vice President	Eldora D. Vetter
Denith D. Vetter	Eldora D. Vetter.....Treasurer	Denith D. Vetter
Vicki L. Vetter	Eldora D. Vetter..... Secretary	Tina Vetter
Todd D. Vetter	Todd D. Vetter.....Assistant Secretary	Vicki L. Vetter
	Joani Schelm.....Chief Financial Officer	Todd D. Vetter
		Lucille Vetter
		The Vetter Foundation

Wholly Owned Subsidiaries of Vetter Holding, Inc.: All corporations except Vetter Health Services.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....President	Vetter Holding, Inc.
Eldora D. Vetter	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Secretary	
	Todd D. Vetter.....Assistant Secretary	
	Joani Schelm..... Chief Financial Officer	

Vetter Health Services, Inc.:

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter..... Chair of the Board & CEO	Vetter Holding, Inc.
Eldora D. Vetter	Glenn Van Ekeren.....President	
	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Assistant Secretary	
	Todd D. Vetter..... Secretary	
	Mitchell S. Elliott.....Chief Development Officer	
	Patrick Fairbanks.....Chief Operations Officer	
	Joani Schelm.....Chief Financial Officer	
	Rhonda Flanigan.....Chief People Officer	
	Shari Terry.....Chief Quality Officer	