

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

3/16/16 dj

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

Skyview at Bridgeport
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 544002

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017


Courtney A. Trivette, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Skyview at Bridgeport

ADDRESS: 505 O STREET, BRIDGEPORT, NE 69336

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.



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

Table with 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 [X] Skilled Nursing Facility [] Nursing Facility [] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY: LICENSURE UNIT
Skyview at Bridgeport
505 O STREET
BRIDGEPORT, NE 69336
FEB 29 2016

RECEIVED

LICENSE NO: 544002
TELEPHONE NUMBER: (308) 262-0725
FAX NUMBER: (308) 262-0470
ADMINISTRATOR: GERALD DRAGON
DIRECTOR OF NURSING: JAMA OENNING, R.N.
E-Mail Address, if available: administration@skyviewbport.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. NUMBER OF BEDS TO BE RELICENSED: 40

5. ACCREDITATION/CERTIFICATION: [] JCAHO [X] Medicare [X] 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

RECD HR
2016 MAR
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OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF BRIDGEPORT
(Legal Name of individual or business organization)

MAILING ADDRESS: 505 O STREET
BRIDGEPORT, NE 69336

8. BUSINESS ORGANIZATION: (Check one):
[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[] Limited Liability Company
[X] Governmental ([] State, [] District, [] County, [X] City or Municipal)
[] Other (Please Specify)

(check one)
[] Profit [X] 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.

J.W. Berg J.W. Berg
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

STEVEN E. PLUMMER
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

1-21-16
DATE

1-25-16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403143

Name of Facility: Skyview at Bridgeport

Type of Facility: Nursing Home

Location: 505 O Street, Bridgeport

Maximum Occupancy: 40 Beds

Date Issued: 7/14/2015

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.

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

Ownership Information

SKYVIEW AT BRIDGEPORT
505 O STREET
BRIDGEPORT, NE 69336
(308) 262-0725

Ownership: Government - City
Legal Business Name: CITY OF BRIDGEPORT

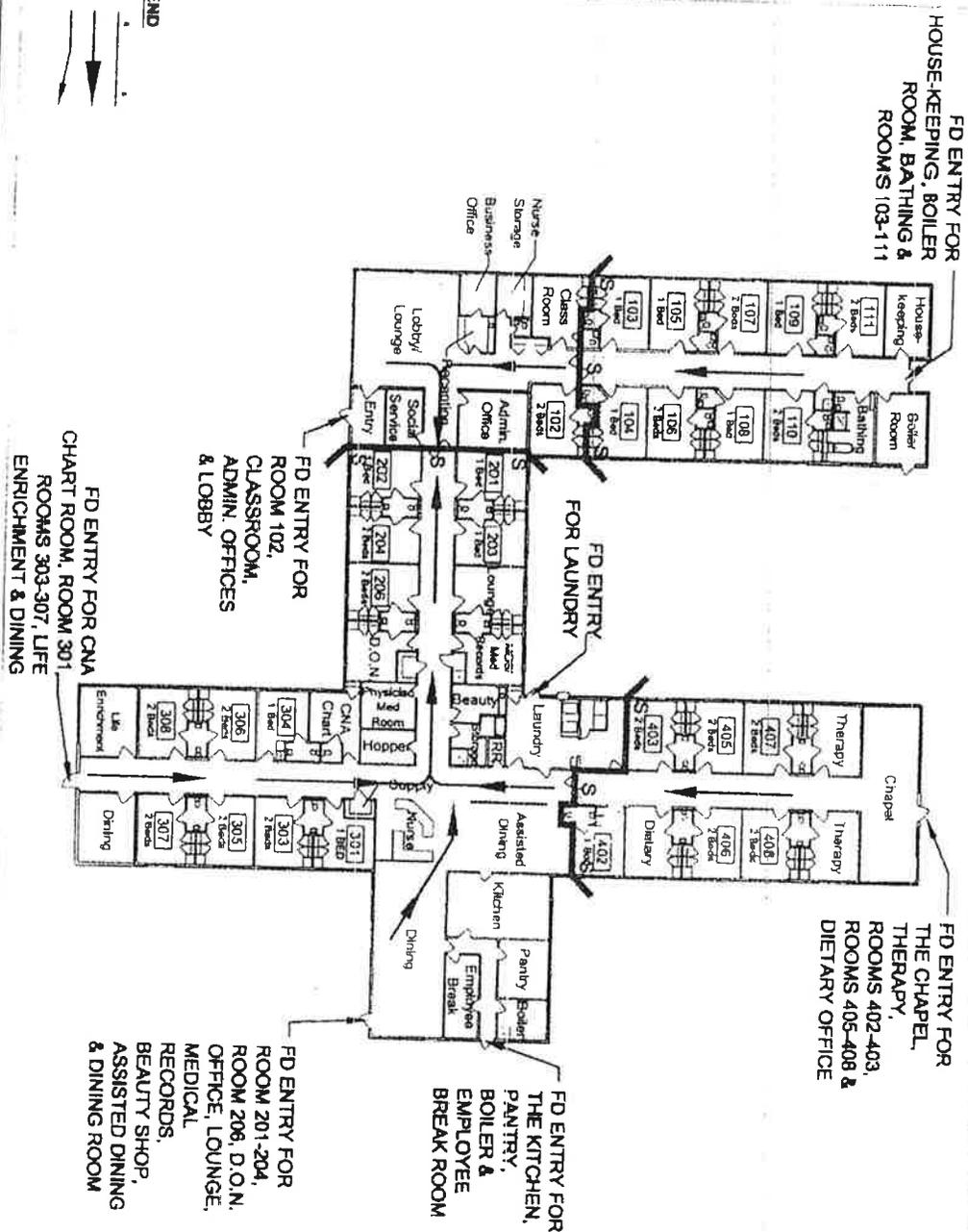
Owners and Managers of SKYVIEW AT BRIDGEPORT

5% OR GREATER DIRECT OWNERSHIP INTEREST
CITY OF BRIDGEPORT (100%), since 07/01/2013

OPERATIONAL/MANAGERIAL CONTROL
RURAL HEALTH DEVELOPMENT INC., since 07/01/2013

OFFICER
BERG, JOHN, since 07/01/2013
PLUMMER, STEVEN, since 07/01/2013

MANAGING EMPLOYEE
CLARKE, VIRGINIA, since 07/01/2013



ORIGINAL DATE: AUGUST 28, 2011 REVISION DATE: SURVEYED BY: SVD DRAWN BY: SLP	TITLE: HERITAGE of BRIDGEPORT FIRE PROCEDURES FLOOR PLAN	Russell Phillips & Associates, LLC Fire and Emergency Management for Healthcare Facilities
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Skyview at Bridgeport
505 O Street
Bridgeport, NE 69336



A Skilled Nursing Facility
Phone: 308-262-0725
Fax: 308-262-0470

March 11, 2016

To Whom It May Concern;

Bridgeport City Council Members and Mayor

Jack Berg, Mayor
1107 T Street
Bridgeport, NE 69336

Steve Plummer, Council Member
1402 S Street
Bridgeport, NE 69336

Carrie Harless, Council Member
1201 U Street
Bridgeport, NE 69336

Greg Lussetto, Council Member
533 N Street
Bridgeport, NE 69336

Kevin Myers, Council Member
721 N Street
Bridgeport, NE 69336

Please let me know if you require any other information.

Sincerely,

Dean Dragon MBA, LNFHA
Administrator