

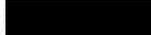
Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

2/19/16 dj

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

Sunrise Country Manor

MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 724002

 
Christy R. Young, MPA
Chief Executive Officer
Department of Health and Human Services

EXPIRES
03/31/2017

Cut on heavy line and place on license.

FACILITY NAME: Sunrise Country Manor

ADDRESS: PO BOX A, 610 224TH STREET, MILFORD, NE 68405

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.

11-3-15



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

LICENSURE UNIT

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

FEB 12 2016

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:

Sunrise Country Manor
PO BOX A, 610 224TH STREET
MILFORD, NE 68405

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

LICENSE NO: 724002

TELEPHONE NUMBER: (402) 761-3230

FAX NUMBER: (402) 761-3283

ADMINISTRATOR: CHARLISS MARSHALL

DIRECTOR OF NURSING: CARI STUKENHOLTZ, R.N.

E-Mail Address, if available: survej@sunrisecountrymanor.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 80

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

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

REC'D HHS ACCOUNTING
2016 FEB 17 A 11:18

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 610 224TH ROAD
MILFORD, NE 68405

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)
 For 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.

Lemor Tim Stauffer
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Connie L. Stauffer
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/8/2016
DATE
2-8-2016
DATE

OWNERSHIP CONTROL LIST

This is to certify that Sunrise Country Manor is owned by Lemar Tim Stauffer.

He is also the President of the corporation and Connie Stauffer is the Secretary/Treasurer

**Lemar Tim Stauffer
2800 Porter Ridge Road
Lincoln, Ne 68516**

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403219

Name of Facility: **Sunrise Country Manor**

Type of Facility: **Nursing Home**

Location: **610 - 224th Street Milford**

Maximum
Occupancy: **80 Beds**

Date Issued: **11/3/2015**

Approved By:

Inspected By: **8725 Susen Lindner
Deputy State Fire Marshal**

State Fire Marshal

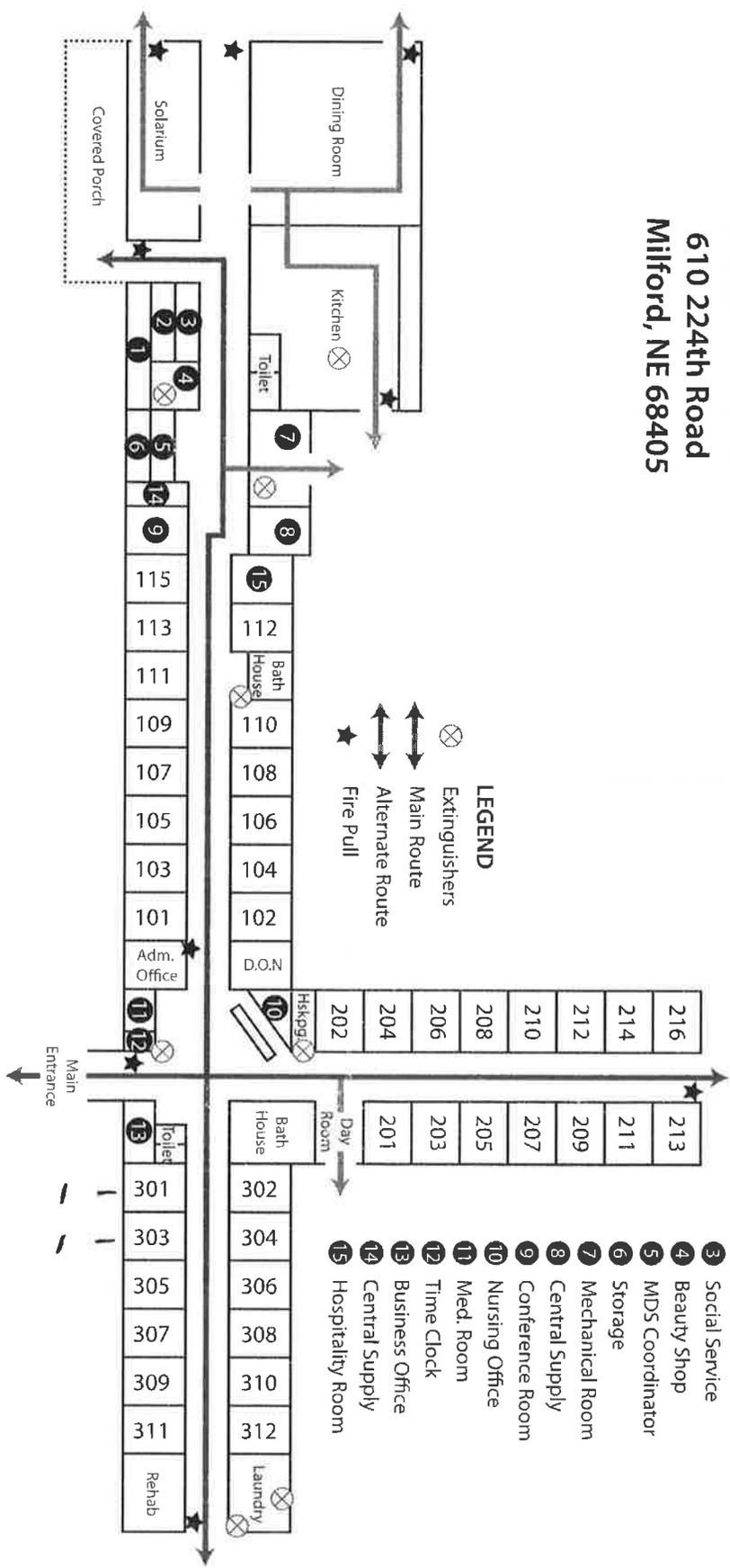


POST IN PROMINENT PLACE

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

SUNRISE COUNTRY MANOR EVACUATION MAP

610 224th Road
Milford, NE 68405



- LEGEND**
- ⊗ Extinguishers
 - ↔ Main Route
 - ↔ Alternate Route
 - ★ Fire Pull

OFFICE LOCATIONS

- 1 Activity Center
- 2 Library
- 3 Social Service
- 4 Beauty Shop
- 5 MDS Coordinator
- 6 Storage
- 7 Mechanical Room
- 8 Central Supply
- 9 Conference Room
- 10 Nursing Office
- 11 Med. Room
- 12 Time Clock
- 13 Business Office
- 14 Central Supply
- 15 Hospitality Room

LONG TERM CARE BED COUNT RECORD

| | | | |
|--|--------------------------------|--------------------------------|--------------------------|
| Facility Sunrise Country Manor | Location Milford, Ne | Licensed Capacity 75 | Date 6/14/2012 |
|--|--------------------------------|--------------------------------|--------------------------|

| | | | |
|---------------------------|-----------------------------------|--------------------------------|----------------------------|
| Wing/ Floor 100 | Certification: SNF only | SNF/NF DUAL ICF only | NF ONLY Lic only |
|---------------------------|-----------------------------------|--------------------------------|----------------------------|

| Room # | Lic. Bed | Occupied beds | SNF/NF beds | SNF Beds | NF Beds | Remarks |
|---------------|--|---------------|-------------|----------|---------|---------|
| 101-1 | 1 | | 1 | | | |
| 101-2 | 1 | | 1 | | | |
| 102-1 | 1 | | 1 | | | |
| 102-2 | 1 | | 1 | | | |
| 103-1 | 1 | | 1 | | | |
| 103-2 | 1 | | 1 | | | |
| 104-1 | 1 | | 1 | | | |
| 104-2 | 1 | | 1 | | | |
| 105-1 | 1 | | 1 | | | |
| 105-2 | 1 | | 1 | | | |
| 106-1 | 1 | | 1 | | | |
| 106-2 | 1 | | 1 | | | |
| 107-1 | 1 | | 1 | | | |
| 107-2 | 1 | | 1 | | | |
| 108-1 | 1 | | 1 | | | |
| 108-2 | 1 | | 1 | | | |
| 109-1 | 1 | | 1 | | | |
| 109-2 | 1 | | 1 | | | |
| 110-1 | 1 | | 1 | | | |
| 110-2 | 1 | | 1 | | | |
| 111-1 | 1 | | 1 | | | |
| 111-2 | 1 | | 1 | | | |
| 112-1 | 1 | | 1 | | | |
| 112-2 | 1 | | 1 | | | |
| 113-1 | 1 | | 1 | | | |
| 113-2 | 1 | | 1 | | | |
| 114-1 | 1 | | 1 | | | |
| 114-2 | 1 | | 1 | | | |
| | | | | | | |
| Total | 28 | | 28 | | | |
| | | | | | | |
| | | | | | | |
| Instructions: | Total all columns & put totals on last page | | | | | |
| | Staple all Bed Count Pages together | | | | | |
| | Signature & title of person preparing Bed Count on last page | | | | | |
| | | | | | | |

LONG TERM CARE BED COUNT RECORD

| | | | |
|--|--------------------------------|--------------------------------|--------------------------|
| Facility Sunrise Country Manor | Location Milford, Ne | Licensed Capacity 75 | Date 9/11/2013 |
|--|--------------------------------|--------------------------------|--------------------------|

| | | | |
|---------------------------|-----------------------------------|--------------------------------|----------------------------|
| Wing/ Floor 200 | Certification: SNF only | SNF/NF DUAL ICF only | NF ONLY Lic only |
|---------------------------|-----------------------------------|--------------------------------|----------------------------|

| Room # | Lic. Bed | Occupied beds | SNF/NF beds | SNF Beds | NF Beds | Remarks |
|--------------|--|---------------|-------------|----------|---------|---------|
| 201-1 | 1 | | 1 | | | |
| 201-2 | 1 | | 1 | | | |
| 202-1 | 1 | | 1 | | | |
| 202-2 | 1 | | 1 | | | |
| 203-1 | 1 | | 1 | | | |
| 203-2 | 1 | | 1 | | | |
| 204-1 | 1 | | 1 | | | |
| 204-2 | 1 | | 1 | | | |
| 205-1 | 1 | | 1 | | | |
| 205-2 | 1 | | 1 | | | |
| 206-1 | 1 | | 1 | | | |
| 206-2 | 1 | | 1 | | | |
| 207-1 | 1 | | 1 | | | |
| 207-2 | 1 | | 1 | | | |
| 208-1 | 1 | | 1 | | | |
| 208-2 | 1 | | 1 | | | |
| 209-1 | 1 | | 1 | | | |
| 209-2 | 1 | | 1 | | | |
| 210-1 | 1 | | 1 | | | |
| 210-2 | 1 | | 1 | | | |
| 211-1 | 1 | | 1 | | | |
| 211-2 | 1 | | 1 | | | |
| 212-1 | 1 | | 1 | | | |
| 212-2 | 1 | | 1 | | | |
| 213-1 | 1 | | 1 | | | |
| 213-2 | 1 | | 1 | | | |
| 214-1 | 1 | | 1 | | | |
| 214-2 | 1 | | 1 | | | |
| 216-1 | 1 | | 1 | | | |
| 216-2 | 1 | | 1 | | | |
| | | | | | | |
| Total | 30 | 0 | 30 | | | |
| Instructions | Total all columns & put totals on last page | | | | | |
| | Staple all Bed Count Pages together | | | | | |
| | Signature & title of person preparing Bed Count on last page | | | | | |
| | | | | | | |

