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

3/9/16 dj

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

Nye Pointe Health & Rehab Ctr
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

Lic # 254003

EXPIRES
03/31/2017

SEAL

[redacted]
Courtney N Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Nye Pointe Health & Rehab Ctr

ADDRESS: 2700 LAVERNA STREET, FREMONT, NE 68025

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.

11-5-15

Department of Health & Human Services
DHHS
NEBRASKA

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

LICENSURE UNIT
MAR 04 2016
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:

Nye Pointe Health & Rehab Ctr
2700 LAVERNA STREET
FREMONT, NE 68025

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

2016 MAR -8 A 11:00
REED IRWIN ACCOUNTING

LICENSE NO: 254003
TELEPHONE NUMBER: (402) 727-4900
FAX NUMBER: (402) 727-8163
ADMINISTRATOR: MARK HOYLE
DIRECTOR OF NURSING: LISA FERRILL, R.N.
E-Mail Address, If available: dhhspointe@nyeseniorservices.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 43

5. ACCREDITATION/CERTIFICATION: ☐ JCAHO ☒ Medicare ☒ Medicaid ☐ Other _____
Are you requesting deemed status? ___yes _X_ 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: FREMONT CARE CENTER, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: 2230 N. SOMERS
FREMONT, NE 68025

8. BUSINESS ORGANIZATION: (Check one):
_____ Sole Proprietorship
_____ Partnership
_____ Limited Partnership
_X_ Corporation S-Corp
_____ 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.

Russell Peterson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

3/1/16
DATE

Jennifer Peterson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

3/1/16
DATE

Corporation Name	Type	Type	EIN #	NPI #	Medicare Provider #	SNF Medicaid Provider #	Date Organized	Ownership	Home Address	Date of Birth	Soc Sec #	
Fremont Care Center, Inc.	S-Corp						6/8/1998	.5% - Russell V. Peterson	5281 Ventura Drive, Fremont, NE 68025			
d/b/a Nye Pointe Health & Rehabilitation		SNF		1346232295	28-5235	[redacted]		.5% - Jennifer Peterson	5281 Ventura Drive, Fremont, NE 68025			11
d/b/a Nye Legacy Health & Rehabilitation		SNF	same	1700037926	28-5278			49.5% Russell V. Peterson, Jr. Irrevocable Trust	5281 Ventura Drive, Fremont, NE 68025			11
								49.5% Jennifer J. Peterson, Jr. Irrevocable Trust	5281 Ventura Drive, Fremont, NE 68025			

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403231

Name of Facility: **Nye Pointe Health & Rehab Center**

Type of Facility: **Nursing Home**

Location: **2700 N Laverna Street Fremont**

Maximum Occupancy: **43 Beds**

Date Issued: **11/5/2015**

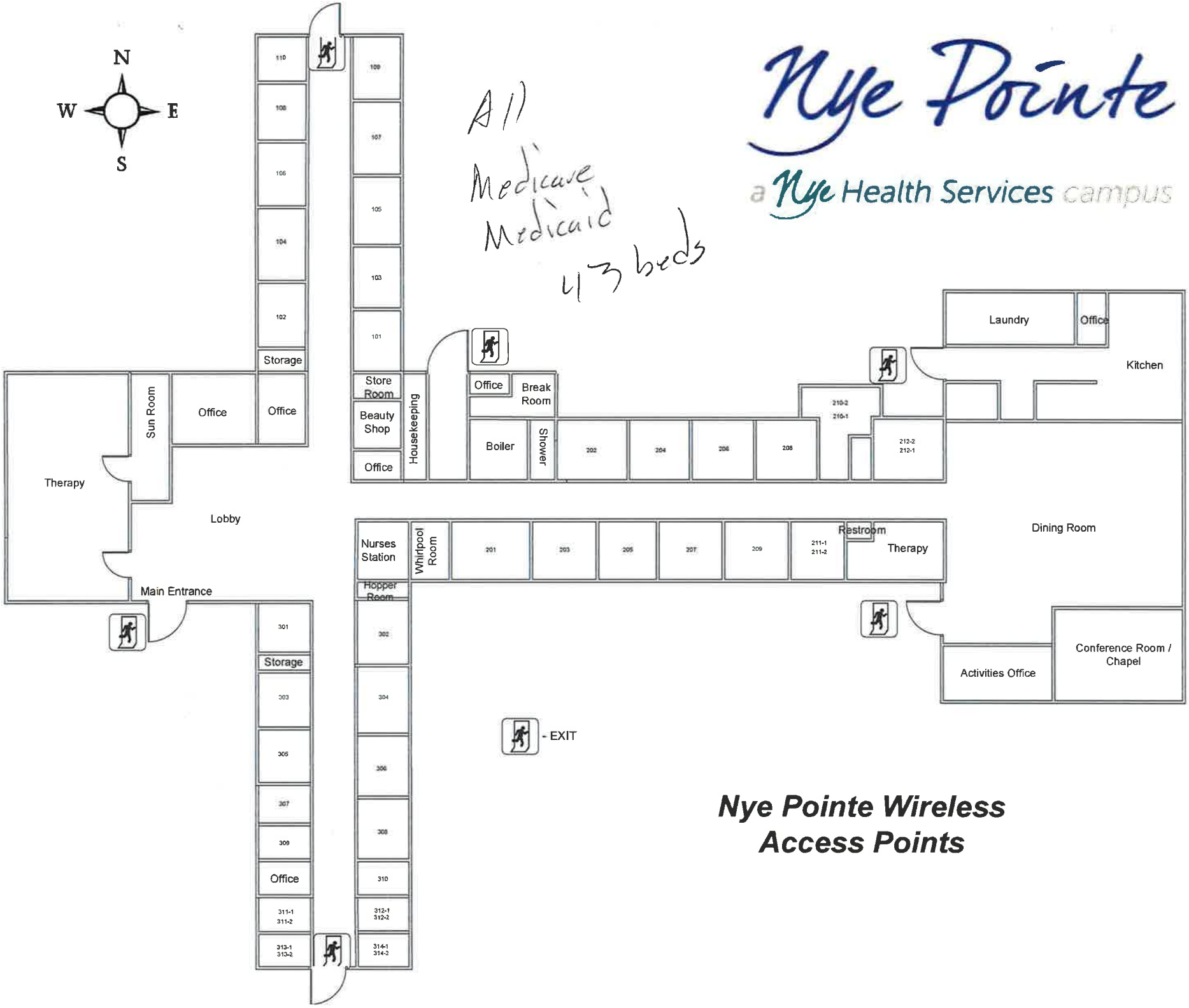
Approved By: [redacted]

Inspected By: **8748 Mark Manchester**
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.


N
W
E
S
All
Medicare
Medicaid
43 beds
Nye Pointe
a Nye Health Services campus
110
109
108
107
106
105
104
103
102
101
Storage
Store Room
Beauty Shop
Office
Housekeeping
Office
Break Room
Boiler
Shower
202
204
206
208
210-2
210-1
212-2
212-1
Laundry
Office
Kitchen
Sun Room
Office
Office
Therapy
Lobby
Main Entrance
Nurses Station
Whirlpool Room
Hopper Room
201
203
205
207
209
211-1
211-2
Restroom
Therapy
Dining Room
301
Storage
303
305
307
309
Office
311-1
311-2
313-1
313-2
302
304
306
308
310
312-1
312-2
314-1
314-2
Activities Office
Conference Room / Chapel
- EXIT
Nye Pointe Wireless Access Points