

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

3/30/16dj

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

Omaha Nursing and Rehabilitation Center
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 264013

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017



Courtney M. Fritwell, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Omaha Nursing and Rehabilitation Center
ADDRESS: 4835 SOUTH 49TH STREET, OMAHA, NE 68117

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

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:

Omaha Nursing and Rehabilitation Center
4835 SOUTH 49TH STREET
OMAHA, NE 68117

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

LICENSE NO: 264013

TELEPHONE NUMBER: (402) 733-7200

FAX NUMBER: (402) 733-1736

ADMINISTRATOR: ~~KENNETH DAVIS~~ Robert Pyper

DIRECTOR OF NURSING: LINDA THIEDE, R.N. Marlena Harris

E-Mail Address, if available: OmahaNursingandRehab@Ensigngroup.net *ensignservice.net*

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 70

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
OCCUPATIONAL THERAPY
SPEECH THERAPY

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

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 4836 SOUTH 49TH STREET
OMAHA, NE 68117

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
- Other (Please Specify) _____

REC'D HRSS ACCOUNTING
2016 MAR 8 8:18
A 8:18
A 8:18

(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.

Joan Burnam
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Beverly Wittkind
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3/9/16
DATE
3/9/16
DATE

7-22-15



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

LICENSURE UNIT

MAR 11 2016

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DIRECTOR OF NURSING: LINDA THIEDE, R.N. Markena Harris cc: k R

E-Mail Address, if available: OmahaNursingandRehab@Ensigngroup.net

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 OCCUPATIONAL THERAPY
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 - Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
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(check one)
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- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Soan Burnam
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Beverly Wittkind
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature] SIGNATURE

3/9/16
DATE

3/9/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403162

Name of Facility: **Omaha Nursing and Rehabilitation Center**
Type of Facility: **Nursing Home**
Location: **4835 S 49th St Omaha**
Maximum
Occupancy: **70 Beds**
Date Issued: **7/22/2015**

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.

OMAHA NURSING AND REHABILITATION CENTER

CORPORATE ORGANIZATION CHART

List of names and addresses of all persons in control of the facility.

SOUTHSIDE HEALTHCARE, INC., DBA OMAHA NURSING AND REHABILITATION CENTER

4835 South 49th Street
Omaha, NE 68117-2002
Phone: (402) 733-7200

Officers:

Michael Clegg, President
Beverly Wittekind, Secretary
Soon Burnam, Treasurer
Christopher Christensen, Director

GATEWAY HEALTHCARE, INC. (100% SHAREHOLDER OF SOUTHSIDE HEALTHCARE, INC.)

27101 Puerta Real, Suite 450
Mission Viejo, CA 92691
Phone: 949-487-9500

Officers:

Michael Clegg, President
Beverly Wittekind, Secretary
Soon Burnam, Treasurer
Christopher Christensen, Director

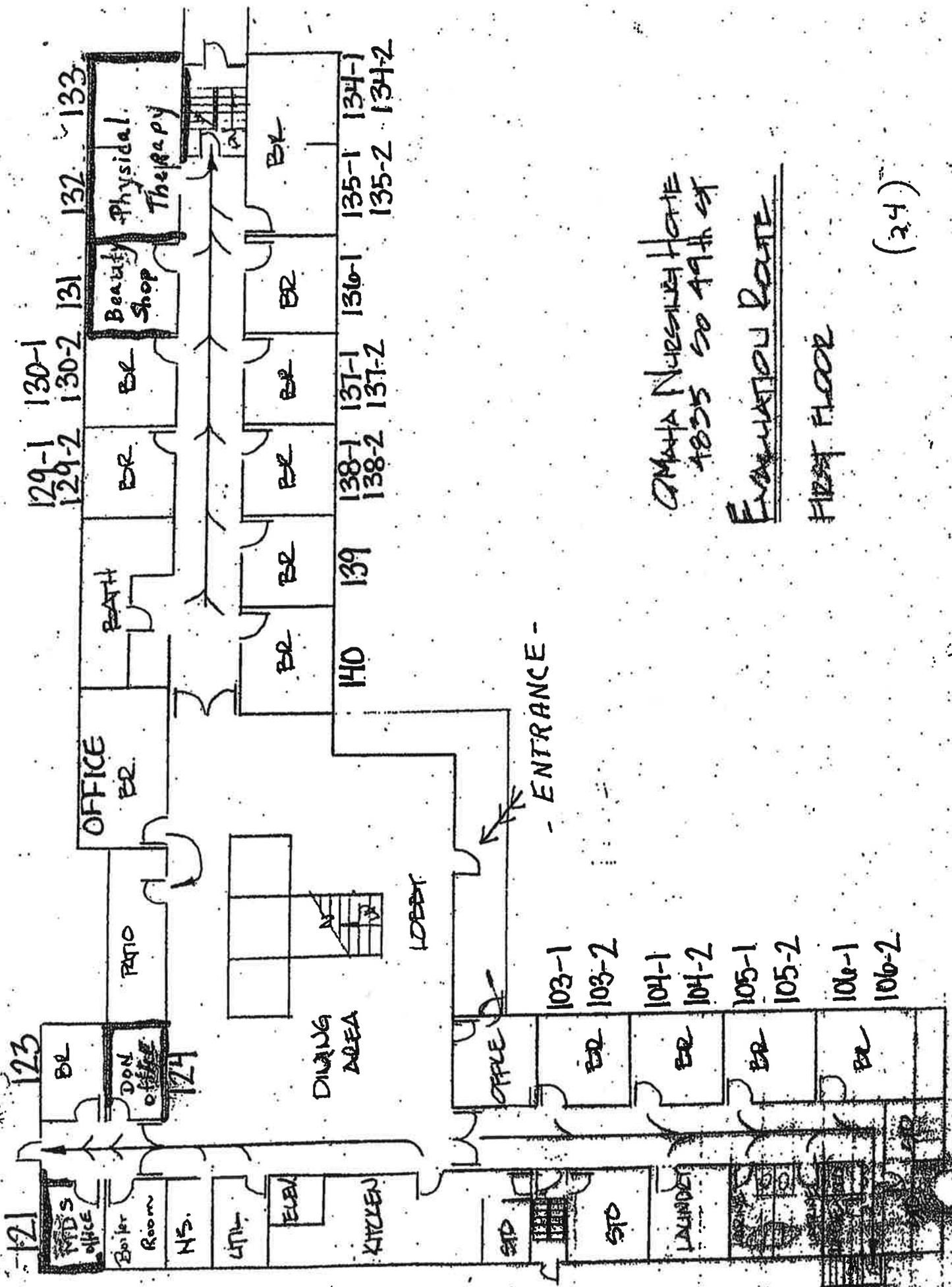
THE ENSIGN GROUP, INC., (100% SHAREHOLDER OF GATEWAY HEALTHCARE, INC.)*

27101 Puerta Real, Suite 450
Mission Viejo, CA 92691
Phone: 949-487-9500

Officers:

Christopher Christensen, President and CEO

*The Ensign Group, In. (NASDAQ: ENSG) is a publicly-traded company and its shares may be acquired, held and disposed of by independent investors and institutions without concurrent notice to the Company. Although public investors may at times exceed the 5% threshold, the Company has no way of knowing the current amount of any public investor's holdings, and has only undertaken to disclose those 5% or more shareholders known to the Company and involved in its business.



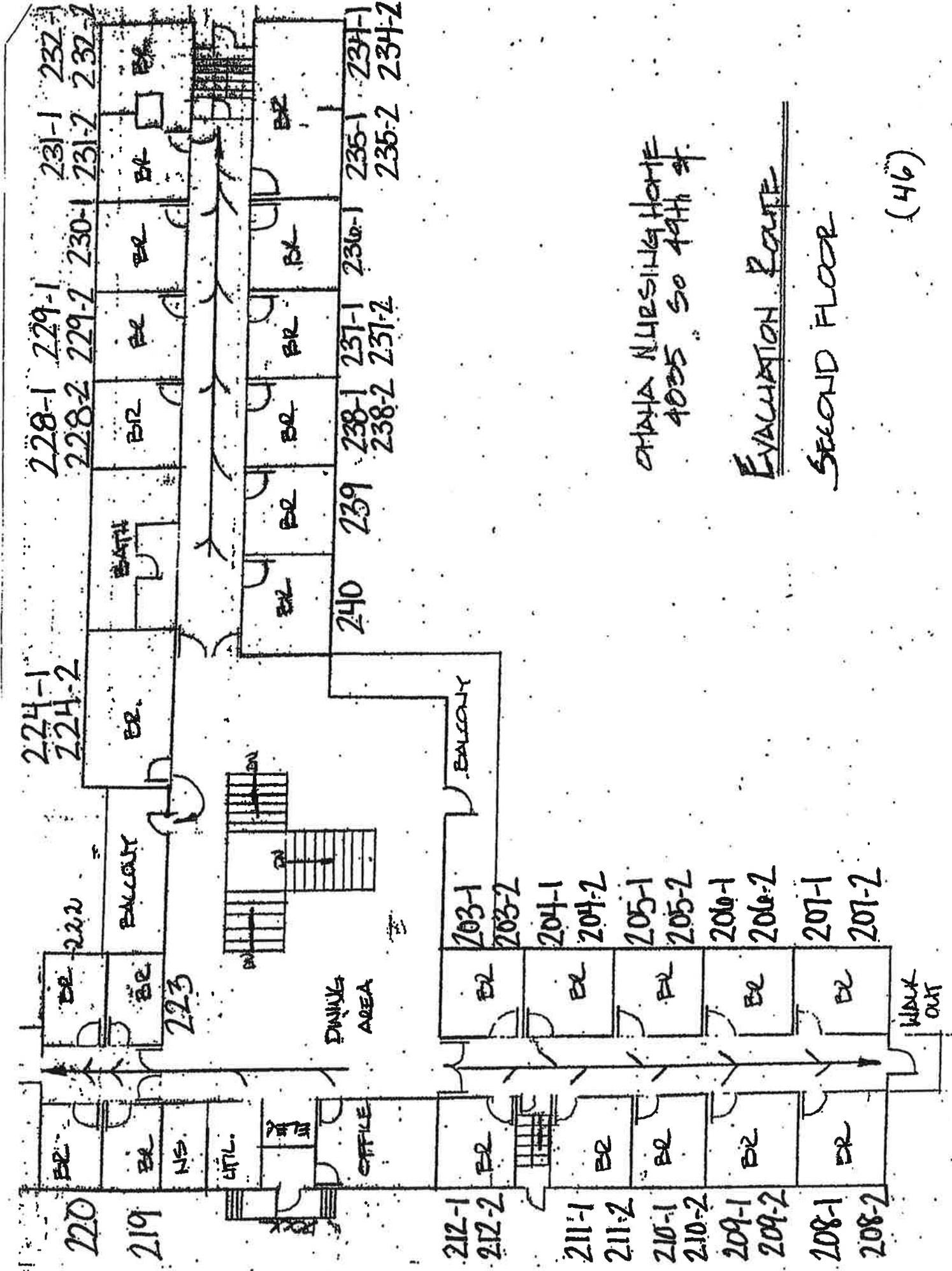
OMAHA NURSING HOME
1835 SO 49th ST

EVALUATION DATE

FIRST FLOOR

(24)

4-1-08



OMAHA NURSING HOME
4035 So 49th St.

EVALUATION ROUTE

SECOND FLOOR

(46)