



**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	
<b>Parkside Manor</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 414003	
Services ALZHEIMER UNIT	
<b>EXPIRES</b> 03/31/2017	  Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Parkside Manor

ADDRESS: P O BOX 350, 507 NORTH MAIN STREET, STUART, NE 68780

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.

5-7-15



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

LICENSURE UNIT

FEB 08 2016

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 **RECEIVED**

Nursing Home Type: Please Check  Skilled Nursing Facility  Nursing Facility  Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Parkside Manor  
P O BOX 350, 507 NORTH MAIN STREET  
STUART, NE 68780

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REC'D DHHS ACCOUNTING  
2016 FEB 10 A 10:56

LICENSE NO: 414003

TELEPHONE NUMBER: (402) 924-3601

FAX NUMBER: (402) 924-3615

ADMINISTRATOR: LUCAS KAUP

DIRECTOR OF NURSING: LISA KORINKO, R.N.

E-Mail Address, if available: parksidestuart@gmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 40

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  
ALZHEIMER UNIT

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: STUART VILLAGE NURSING HOME BOARD PARKSIDE MANOR  
(Legal Name of individual or business organization)

MAILING ADDRESS: PO BOX 177  
STUART, NE 68780

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.

Larry Paxton  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

2-3-16  
DATE

Shirley Cobb  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-3-16  
DATE



# Parkside Manor

P.O. Box 350  
Stuart, Nebraska 68780  
402-924-3601 - phone  
402-924-3615 - fax

## Disclosure of Ownership and Controlling Interest Statement

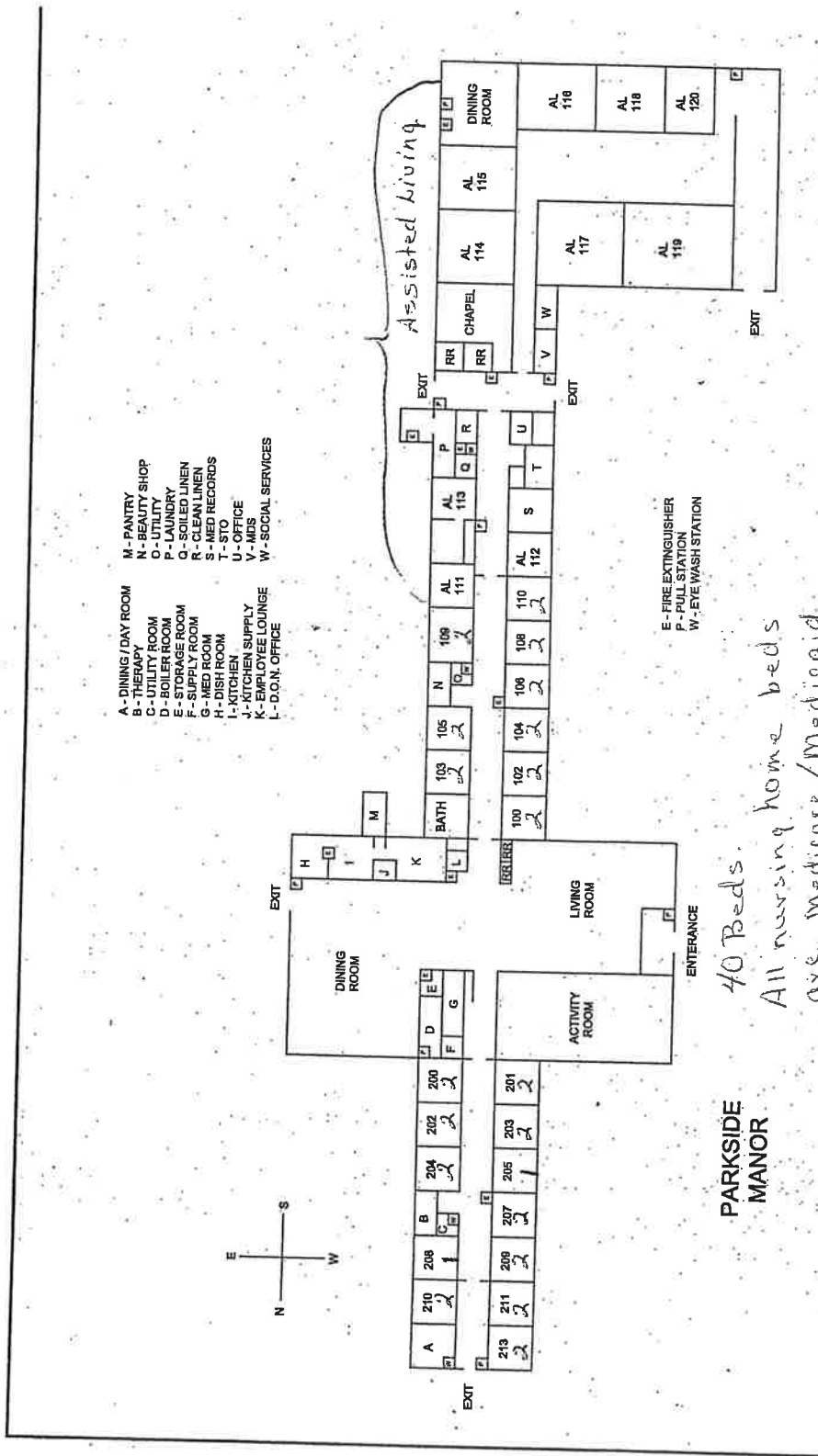
Management Company  
Rural Health Development  
PO Box 298  
Cambridge, NE 69022  
402-464-0054

### Village of Stuart Board Members

Larry Paxton	Chairman	108 E 5 <sup>th</sup> St, Stuart, NE 68780
Larry Butler	Trustee	P.O. Box 35, Stuart, NE 68780
John Madsen	Trustee	P.O. Box 69, Stuart, NE 68780
Dana Steinhauser	Trustee	P.O. Box 106, Stuart, NE 68780
Del Stracke	Trustee	P.O. Box 158, Stuart, NE 68780

### Parkside Manor Board Members

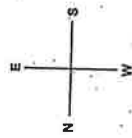
Irene Cobb	Chairman	311 S Main St, Stuart, NE 68780
Evelyn Paxton	Secretary	108 E 5 <sup>th</sup> St, Stuart, NE 68780
Louise Cadwallader	Secretary	P.O. Box 45, Stuart, NE 68780
Donald Schmaderer	Member	P.O. Box 118, Stuart, NE 68780
Jim Chvala	Member	P.O. Box 31, Stuart, NE 68780



- M - PANTRY
- N - BEAUTY SHOP
- O - UTILITY
- P - LAUNDRY
- Q - SOILED LINEN
- R - CLEAN LINEN
- S - MED RECORDS
- T - STO
- U - OFFICE
- V - MOS
- W - SOCIAL SERVICES
- A - DINING / DAY ROOM
- B - THERAPY
- C - UTILITY ROOM
- D - BOILER ROOM
- E - STORAGE ROOM
- F - SUPPLY ROOM
- G - MED ROOM
- H - DISH ROOM
- I - KITCHEN
- J - KITCHEN SUPPLY
- K - EMPLOYEE LOUNGE
- L - D.O.N. OFFICE

40 Beds.  
 All nursing home beds  
 are Medicare/Medicaid  
 certified.

PARKSIDE  
 MANOR



# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 403018

Name of Facility: **Parkside Manor**  
Type of Facility: **Nursing Home**  
Location: **507 N Main St., Stuart**  
Maximum Occupancy: **40 Beds**  
Date Issued: **5/7/2015**

Approved By:

Inspected By: **8718 Don Fast**  
**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.



# Parkside Manor

Stuart, Nebraska  
402-924-3601

## SPECIAL CARE UNIT PHILOSOPHY

The special care unit of Parkside Manor exists to provide a safe and protected environment conducive to providing quality spiritual, psychosocial and physical care to the residents residing within the unit. The residents shall be in need of such an environment based upon an assessment by the attending physician and professional staff of Parkside manor. The care provided to these residents shall be given by trained staff attentive to the special needs of those residents residing within the special care unit. It is our belief that individuals with dementia have residual strengths and building on these strengths will improve their functioning and quality of life. It is believed that many aspects of the physical and social environment affect the functioning of individuals with dementia and providing appropriate environments will improve their functioning and quality of life. We will strive to address the needs of the residents, as well as their families, and involve those families in the resident's care..



# Parkside Manor

P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601

## ALZHEIMER'S UNIT ADMISSION CRITERIA

1. Must be assessed using developed tools and be considered at least stage five according to the Global Deterioration Scale.
2. Must be ambulatory or a one person assist.
3. Must have a medical diagnosis of Alzheimer's disease or dementia expressing symptoms comparable to stage five or more.
4. Special Care Unit must be able to meet the resident's needs. Residents who require skilled nursing procedures and have needs which cannot be met in the Special Care Unit cannot be considered for admission to the Alzheimer's unit.
5. Family or responsible party must be willing to allow resident to be transferred from the unit when the resident's condition deteriorates and is no longer ambulatory and or requires skilled nursing procedures.
6. Must meet admission requirements to the nursing facility.



# Parkside Manor

P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601

## ADMISSION OF A RESIDENT TO ALZHEIMER'S UNIT

Preadmission patient/resident information is collected by unit coordinator, director of nursing, social service worker, administrator and physician. The purpose of the preadmission screening is to determine the scope of services required by the resident. It is to assure the resident meets the admission criteria for the special care unit. The Global Deterioration Scale will be used as the basis of admission.

Upon determination by the above identified individuals and the resident meets admission criteria, the resident at the time of admission shall have the following assessments completed.

1. The History and Physical examination shall have been completed by the attending physician 30 days prior to admission or 48 hours after admission excluding holidays and weekends.
2. Nursing assessment by the Unit Coordinator and Director of Nursing or designated RN staff nurse.
3. The Social Services assessment shall be completed by the Social Service Designee.
4. The rehabilitative assessment shall be done within 14 working days by the physical therapist and assistance of restorative staff.
5. Activities assessment shall be completed by the activities staff and shall be completed within seven days of the date of admission.
6. The dietary supervisor shall assess the nutritional status of the resident as well as any special nutritional needs.

A preliminary care plan based on physicians orders and assessments shall be completed within 14 days of admission. This shall be completed with the assistance of family/caregiver and resident input if possible.

The admission process shall also include:

1. General orientation of physical surrounds and staff for both resident and family.



# Parkside Manor

Stuart, Nebraska

402-924-3601

2. Clothing and personal items shall be marked with residents name and list maintained in resident chart.
3. The admission agreement and facility policies and procedures shall be discussed with appropriate people at the time of admission.
4. Each discipline shall be familiar with resident and family within 24 hours of admission.
5. Physician's orders shall be implemented at the time of admission.
6. The medical record shall be established for each resident at the time of admission. Progress notes from each discipline shall indicate the overall general condition of the resident.
7. Assessments shall be completed by each individual discipline at a pre-set time and beginning with the nursing assessment.
8. Resident Rights and Advanced Directives shall be covered in detail as the agreement is explained to appropriate responsible party and family member.
9. Meal times and facility routines and policies shall be explained to the responsible party/resident/family member.

GLOBAL DETERIORATION SCALE (GDS)  
FOR AGE-ASSOCIATED COGNITIVE DECLINE AND  
ALZHEIMER' DISEASE

CDS state	Clinical phase	Clinical Characteristic
1 No cognitive decline	Normal	No subjective complaints of memory deficit. No memory deficit evident on clinical interview.
2 Very mild cognitive decline	Forgetfulness	Subjective complaints of memory deficit, most frequently in the following areas; a) forgetting where one has placed familiar object;; b) forgetting names one formerly knew well. Not objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Appropriate concern with respect to symptomatology.
3 Mild cognitive decline	Early confusional	Earliest clear-cut deficits. Manifestations in more than one of the following areas: a) patient may have gotten lost when traveling to an unfamiliar location; b)co-workers become aware of patient's relatively poor performance; c)word and name finding deficits become evident to intimates; d) patient may read a passage or a book and retain relatively little material; e) patient may have deficit may be evident on clinical testing.
Objective evidence of memory deficit obtained only with an intensive interview conducted by a trained geriatric psychiatrist. Decreased performance in demanding employment and social settings. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.		

4

Moderate  
cognitive

Late  
confusional

Clear-cut deficit on careful clinical interview. Deficits manifest in the following areas:  
a) decreased knowledge of current and recent events;

b) may exhibit some deficit in memory of personal history; c) concentration deficit elicited on serial subtractions; d) decreased ability to travel, handle finances, etc.

Frequently no deficit in the following areas: a) orientation to time and person; b) recognition of familiar persons and faces; c) ability to travel to familiar areas.

Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situations occur.

5

Moderately  
severe  
decline

Early  
dementia

Patients can no longer survive without some assistance. Patients are unable during interview to recall a major relevant

aspect of their current lives; e.g., the names of close members of their (such as grandchildren), the name of the high school or college from which they graduated.

6

Severe  
cognitive  
decline

Middle  
dementia

May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent

events and experiences in their lives. Retain some knowledge of their past lives, but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and sometimes forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance, but

occasionally will display ability to travel to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment.

Personality and emotional changes occur. These are quite variable and include: a) delusional behavior, e.g., person may continually repeat simple cleaning activities; c) anxiety cognitive, agitation, and even previously nonexistent violent behavior may occur; d) cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

7

Very severe  
cognitive  
decline

Late  
dementia

All verbal abilities are  
lost. Frequently there is no  
speech at all--only grunting.  
Incontinent of urine,  
requires assistance toileting

and feeding. Lose basic psychomotor skills, e.g., ability to walk. The brain appears to no longer be able to tell the body what to do.

Generalized and cortical neurologic signs and symptoms are frequently present.

---

Source: B. Relsberg, "Clinical Presentation, Diagnosis, and Symptomatology of Age-Associated Cognitive Decline and Alzheimer's Disease," *Alzheimer's Disease: The Standard Reference* (New York: Free Press, 1983), pp. 173-187.



# Parkside Manor

Stuart, Nebraska  
402-924-3601

## SPECIAL CARE UNIT PLAN OF CARE

The plan of care of each resident shall be developed based upon each of the assessments developed by all disciplines and with the assistance of family members. The resident shall be involved as much as is possible based upon their ability to do so. The plan of care shall be implemented based upon the orders of the attending physician. All special needs of the residents shall be addressed in the plan of care. The plan of care shall be reviewed and revised as necessary, at least quarterly, and with any significant change in the resident's condition.



# Parkside Manor

Stuart, Nebraska  
402-924-3601

## NURSING ASSESSMENT ALZHEIMER'S UNIT

1. Physical status and needs
2. Current medications and treatments
3. Skin integrity
4. Musculoskeletal status
5. Cardiorespiratory status
6. Pain--origin, location, severity, alleviating and exacerbating factors, current treatment and response the ability function with or without
8. Foot care needs
9. Cognitive status and needs including
  - a. mental status
  - b. sleeping pattern
  - c. memory
  - d. ability to communicate
10. Functional status and needs
  - a. ability to perform activities of daily living
  - b. mobility
  - c. bowel and bladder function
  - d. rehabilitative/restorative/supportive status and needs
11. Nutritional assessment
  - a. nutritional deficiencies
  - b. cultural, ethnic or religious food
  - c. special dietary requirements



# Parkside Manor

Stuart, Nebraska  
402-924-3601

## SOCIAL SERVICE ASSESSMENT ALZHEIMER'S UNIT

1. Psychosocial level of functioning and current emotional status
2. Response to the demands placed on the patient/resident by illness and by required treatment
3. Communication and social skills
4. social and environmental setting
5. Family circumstances, including financial resources and the availability of support personnel at home



*Parkside Manor*

P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601

### HEALTH ASSESSMENT ALZHEIMER'S UNIT

The following assessments may be arranged annually with an audiologist, optometrist, dentist, dental hygienist, or resident's attending physician. The care plan committee and the resident's POA will determine which exams to continue and which exams to waiver.

- A. Auditory Assessment
- B. Oral Health Assessment
- C. Vision Assessment
- D. Mama Gram



# Parkside Manor

Stuart, Nebraska

402-924-3601

## REHABILITATION ASSESSMENT ALZHEIMER'S UNIT

Includes the following:

1. Functional status
2. Rehabilitation potential

When appropriate, the type, amount, frequency, and duration of treatments, procedures, and modalities applicable to the physical, speech, and occupational therapy needs of the resident.

Services are not denied based solely on a diagnosis of dementia. It is equally important to address functional maintenance needs in the interdisciplinary care plan.



# Parkside Manor

Stuart, Nebraska  
402-924-3601

## ACTIVITIES ASSESSMENT ALZHEIMER'S UNIT

This assessment includes:

1. Resident's use of free time
2. Preadmission hobbies, interests and life style
3. Ability to participate in structured individual or group activities
4. Identification of ways to enhance patient/resident activity skills on the basis of current abilities and limitations of illness or treatment
5. Psychosocial, cultural and physical evaluations
6. The physician's recommendations, including identified limitations and precautions



# Parkside Manor

P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601

## PHYSICAL ENVIRONMENT SPECIAL CARE UNIT

The physical environment of the special care unit has been designed and decorated for the residents who are cognitively in need of a secure area to live and having special needs. These residents require closer supervision for their own protection or the protection of others. It is a six bed unit where the residents reside in a semi private room with private toileting facilities. A dining room/activity room is decorated for the occupants of the unit in subdued colors and fabrics to provide a tranquil environment. Noise levels are kept to an absolute minimum. Bathing of these residents will be done in the nursing facility bath which is located outside of the unit. A staff person shall be available to be in the unit at all times with the exception of the night shift. At that time the unit doors will be unlocked and opened at all times. The staff will monitor residents with regular rounds and assistance as necessary during the night time. The unit shall be maintained without articles dangerous to the residents. To promote the resident's dignity and well being, individualizing their living areas with their own personal items will be encouraged.



# *Parkside Manor*

P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601

## STAFF TRAINING REQUIREMENTS ALZHEIMER'S UNIT

Individualized activity programs are provided for the residents residing within the unit. They are developed to promote and maintain sensory, cognitive, social, physical and spiritual needs. Group activities will also be available. Those residents who are appropriate may attend group activities offered outside of the unit. These activities are available on the day and evening shifts. Special needs for residents who are unable to sleep shall be individually determined. The activity programs for the special care unit shall be somewhat experimental at the beginning and expanded or changed as needed.



*Parkside Manor*

P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601

## STAFF TRAINING REQUIREMENTS ALZHEIMER'S UNIT

Special training needs for the staff working in the unit include:

1. Disease process
2. Treatment
3. Definitions
  - a. Alzheimer's
  - b. Dementia
4. Family support
5. Appropriate Activities
6. Appropriate physical environment
7. Special needs
  - a. Dietary
  - b. Hygiene



*Parkside Manor*

*P.O. Box 350  
Stuart, NE 68780  
(402) 924-3601*

### Special Care Unit Family Support

It is the philosophy of Parkside Manor to provide support to family members of residents in the special care unit and to provide those families with educational programs to assist them in understanding the disease process and the special needs of their family member. The families will be encouraged to participate in care planning and assisting with cares provided should they so desire. Families who are unable to become actively involved in the cares shall be kept informed of the resident's progress on a regular basis.



# Parkside Manor

Stuart, Nebraska  
402-924-3601

## DISCHARGE CRITERIA ALZHEIMER'S UNIT

1. When resident's condition deteriorates to the place where they are no longer ambulatory, they shall be transferred to a nursing facility bed
2. Deterioration of condition to point of resident's needs no longer being able to be met.
3. Progression to stage seven.
4. Need for cares requiring skilled nursing procedure..



# Parkside Manor

P.O. Box 350  
 Stuart, Nebraska 68780  
 402-924-3601 - phone  
 402-924-3615 - fax

## Nursing Home Rates as of July 1, 2015 per day cost

Level of Care Based On the MDS Assessment	Semi-private Room	Single Occupancy Room	Special Care Unit
Level 1 – 101,102,103,104,120,180	\$141.00	\$155.00	\$153.00
Level 2 – 110,111,121,130,131	\$161.00	\$176.00	\$173.00
Level 3- 112,113,122,123,132,133	\$172.00	\$187.00	\$185.00
Level 4 – 114,115,140,141,142,143,160	\$184.00	\$198.00	\$196.00
Level 5- 144,150,151,161,162	\$198.00	\$210.00	\$208.00
Level 6- 145,152,163,170,171,172	\$255.00	\$268.00	\$265.00

All personal hygiene products such as shampoo, toothpaste, mouthwash, deodorant, and incontinent products are included in the per day cost for the nursing home.

## Assisted Living Room Rates as of July 1, 2015

Level of Care	Cost per day	Single Occupancy of Double Room
Level 1 = 0 independent	\$94.00	\$117.00
Level 2 = 1-20 Moderately Independent	\$100.00	\$122.00
Level 3 = 21-39 Moderately Dependent	\$106.00	\$129.00

## Assisted Living Double Room Double Occupancy Rate Per Person

Level of Care	Cost per Day
Level 1 = 0 Independent	\$83.00
Level 2 = 1-20 Moderately Independent	\$88.00
Level 3 = 21-39 Moderately Dependent	\$94.00

Personal hygiene products are not furnished free of charge in the Assisted Living.

Transportation for the nursing home and the assisted living:

Transportation to appointments is available by Parkside Manor van. Medical appointments in Stuart are free of charge. Outside the Village of Stuart there will be a .60 cent per mile charge plus an additional van fee of \$12.00 for a 56 mile radius and a \$28.00 fee for beyond the 56 mile radius.

### Additional Services:

Respite care \$154.00 per 24 hour day, with an additional charge of \$12.50 per hour over the 24 hours.

Day Care \$12.50 per hour.