

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

3/24/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Ponderosa Villa MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 214002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney B. Vonnahme, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Ponderosa Villa

ADDRESS: P O BOX 526, FIRST & PADDOCK STREET, CRAWFORD, NE 69339

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.

4-14-16



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
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Ponderosa Villa
P O BOX 526, FIRST & PADDOCK STREET
CRAWFORD, NE 69339

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

LICENSURE UNIT

MAR 17 2016

RECEIVED

LICENSE NO: 214002

TELEPHONE NUMBER: (308) 665-1224

FAX NUMBER: (308) 665-2450

ADMINISTRATOR: STEPHANIE HUFFMAN

DIRECTOR OF NURSING: TRACI DIDIER, R.N.

E-Mail Address, if available: pvadmin@ponderosavilla.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 35

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

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

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 135 ELM STREET
CRAWFORD, NE 69339

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

(check one)
[checked] Profit [] Non Profit

REC'D HISS ACCOUNTING
2016 MAR 21 11:47

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.

Stephanie Huffman
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

DAVID A. NIXON
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

1/6/16
DATE

1/16/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403027

Name of Facility: **Ponderosa Villa**
Type of Facility: **Nursing Home**
Location: **1 & Paddock Streets, Crawford**
Maximum Occupancy: **35 Beds**
Date Issued: **4/14/2015**



Approved By:

Inspected By: **8706 Pat Gould**
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.

BOARD OF DIRECTORS

Rhonda Schoenemann
Board Chair
313 Coates St.
Crawford, NE 69339
665-3995
blonde2010@live.com

Melany Hughes
Secretary
322 Paddock
Crawford, NE 69339
665-1620
mhughes@bbc.net

Ralene Suchor
15 Reed Street
Crawford, NE 69339
665-2098
rsuchor@bbc.net

Bruce Hoem
224 Reed St.
Crawford, NE 69339
665-1197
bhoem@csc.edu

Wally Goff
421 Main St
Crawford, NE 69339
430-5722

Ed Kuhnel
City Liaison
135 Elm Street
Crawford, NE 69339

David Nixon, Mayor
135 Elm Street
Crawford, NE 69339
665-3944

- 1) DETECT SMOKE OR FIRE: REMAIN CALM
- 2) NOT SHOUT FIRE: REMOVE ANY PERSON FROM ROOM WHERE THE FIRE IS AND CLOSE THE DOOR
- 3) WINDOWS OF THAT ROOM. PULL FIRE ALARM
- 4) CALL FIRE DEPARTMENT

- [Symbol] =EXIT
- [Symbol] =PULL ALARM
- [Symbol] =FIRE EXTINGUISHER
- [Symbol] =YOU ARE HERE
- [Symbol] =SAFE AREAS SEVERE WEATHER

+ fire doors

