

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

3/18/16 dy

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

Imperial Manor Nursing Home
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 134001

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017

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

Cut on heavy line and place on license.

FACILITY NAME: Imperial Manor Nursing Home

ADDRESS: P O BOX 757, 933 GRANT STREET, IMPERIAL, NE 69033

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.

6-2-15



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

Table with 2 columns: Renewal Fees, Amount. Rows: 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: Imperial Manor Nursing Home
P O BOX 757, 933 GRANT STREET
IMPERIAL, NE 69033
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
LICENSE NO: 134001
TELEPHONE NUMBER: (308) 882-5333
FAX NUMBER: (308) 882-4699
ADMINISTRATOR: NOLAN GURNSEY, R.N.
DIRECTOR OF NURSING: TAMMI SIMPSON
E-Mail Address, if available: manoradmin@impmanor.org
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. NUMBER OF BEDS TO BE RELICENSED: 53

LICENSURE UNIT

FEB 11 2016

RECEIVED

5. ACCREDITATION/CERTIFICATION: [JCAHO] [Medicare] [Medicaid] [Other]
Are you requesting deemed status? [yes] [no]
6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
[Physical Therapy] [Alzheimers/Special Care Unit] [Speech Therapy]
[Pediatric] [Respiratory] [Occupational Therapy]
[Behavioral Needs]

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
2016 FEB 16 A
RECEIVED
ACCOUNTING
53

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF IMPERIAL
(Legal Name of individual or business organization)
MAILING ADDRESS: P O BOX 637
IMPERIAL, NE 69033
8. BUSINESS ORGANIZATION: (Check one):
Sole Proprietorship
Partnership
Limited Partnership
Corporation
Limited Liability Company
[X] 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.

Douglas Gaswick
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Dwight L Coleman
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

1/25/16
DATE
1/25/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403080

Name of Facility: Imperial Manor Nursing Home

Type of Facility: Nursing Home

Location: 933 Grant St., Imperial

Maximum Occupancy: 53 Beds

Date Issued: 6/2/2015

Approved By:



Inspected By: 8721 Dana Reece
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE



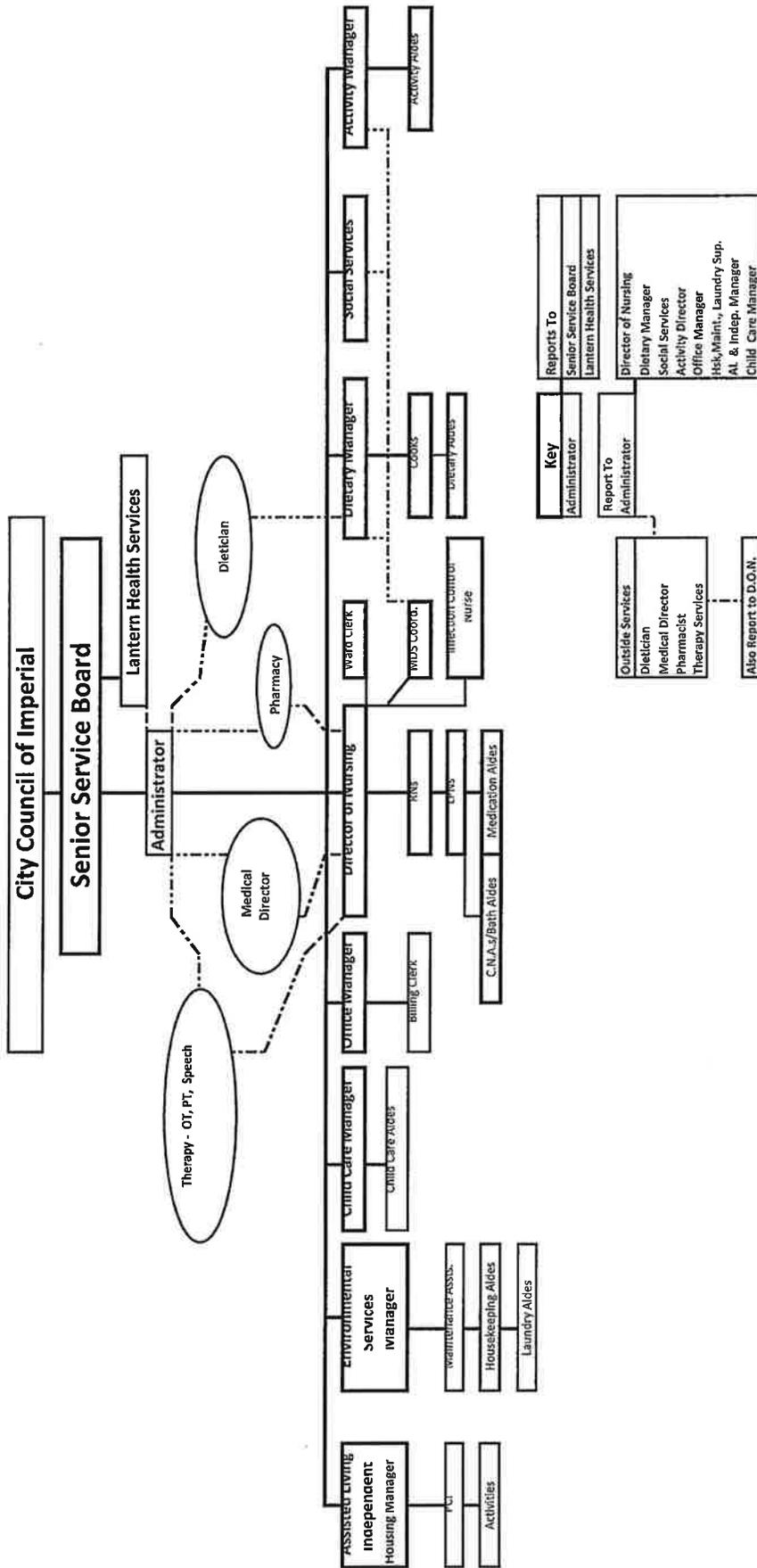
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

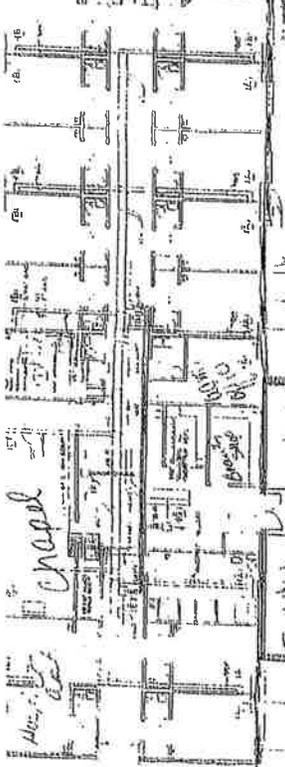
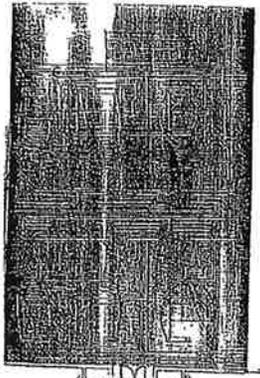
Imperial Manor, Parkview Heights

Ownership/Control Roster

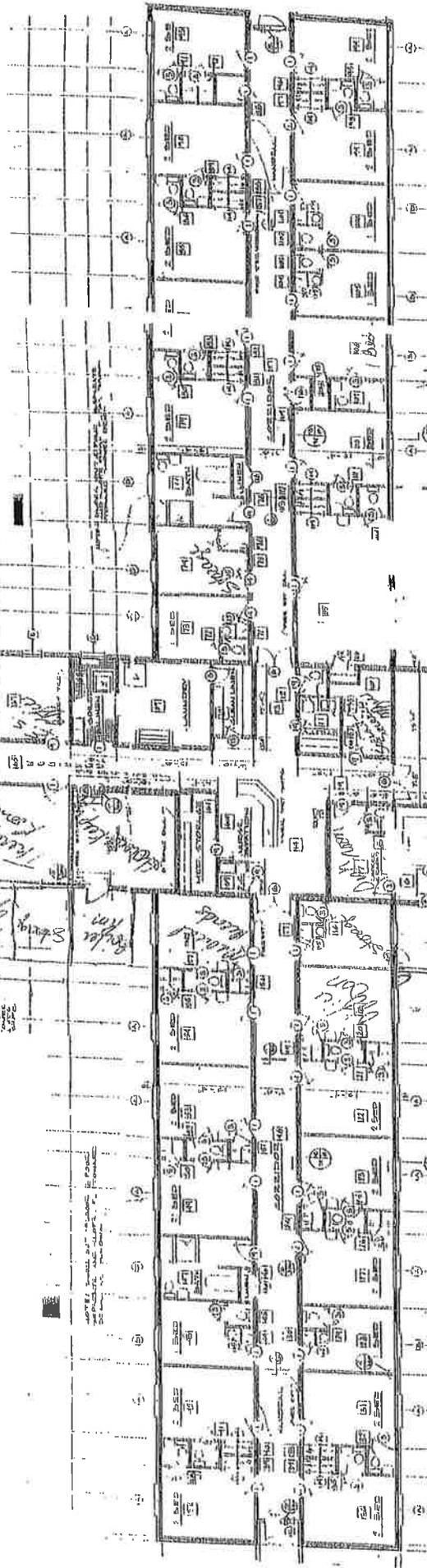
City Mayor	Dwight Coleman	PO Box 180, Imperial, Ne 69033
City Council Member/Senior Service Board	Charlesa Kline	PO Box 603, Imperial, Ne 69033
City Council Member	Johna Jablonski	PO Box 612, Imperial, Ne 69033
City Council Member	Chad Yaw	PO Box 181, Imperial, Ne 69033
City Council Member	Dan Thompson	PO Box 551, Imperial, Ne 69033
Senior Service Board	Doug Gaswick	PO Box 218, Imperial, Ne 69033
Senior Service Board	Jon Arterburn	PO Box 875, Imperial, Ne 69033
Senior Service Board	Angie Paisley	PO Box 25, Imperial, Ne 69033
Senior Service Board	David Kahle	211 E 14th St, Imperial, Ne 69033
Lantern Health Services	Sharon Colling	10430 N 152 nd Ct, Waverly, NE 68462
Administrator	Nolan Gurnsey	510 E. 2 nd street, Imperial Ne 69033

Organization Chart for Imperial Manor





Chapel



Imperial Manor

*W
S
E*

Dining Room

Living Room

Bedroom

Kitchen

Bathroom

Laundry

Storage

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.

W.C.



Division of Public Health

Mailing Address: PO Box 94986
Lincoln, NE 68509-4986
Deliveries: 301 Centennial Mall South 3rd Floor/ Licensure Unit

State of Nebraska

Dave Heineman, Governor

May 18, 2010

Kathy Andersen
Administrator
Imperial Manor Nursing Home
PO Box 757, 933 Grant Street
Imperial, NE 69033-0757

PROVIDER NUMBER: 285252

Dear Ms. Andersen:

We are amending our copy of the "Health Insurance Benefits Agreement" to reflect the following changes. You may use this letter as the authority to change your copy of the agreement.

Our agreement effective March 1, 2010, shows: Certified beds are in Rooms 107, 109, 111, 112, 206, 208, 210, 211, 212, 213, 214, 304, 305, 306, 307, 308, 309, 311, 312, 313, 314, 315, 316, 317, 318, 319 and 320 (1 bed each); Rooms 104, 105, 106, 108, 113, 114, 115, 116, 204, 205, 207, 209, and 310 (2 beds each), for a total of 53 Medicare certified beds.

Our agreement effective May 8, 2010, will show: Certified beds are in Rooms 104, 105, 107, 109, 111, 112, 201, 206, 208, 210, 211, 212, 213, 214, 301, 302, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319 and 320 (1 bed each); Rooms 106, 108, 113, 114, 115, 116, 204, 205, 207, and 209 (2 beds each), for a total of 53 Medicare certified beds.

These changes are as requested by your facility.

Sincerely,


Eve Lewis, RNC
Administrator
Office of LTC Facilities
Licensure Unit/NE - DHHS
(402) 471-0309
FAX (402) 471-0555

cc: Single State Agency
Mutual of Omaha

EL/dj