

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

3/31/14 dj

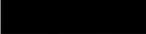
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Mother Hull Home**

MEETS STATUTORY REQUIREMENTS AS  
SNF/NF DUAL CERT  
Lic # 074002

**EXPIRES**  
03/31/2017



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

Cut on heavy line and place on license.

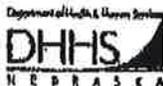
FACILITY NAME: Mother Hull Home

ADDRESS: 125 EAST 23RD STREET, KEARNEY, NE 68847

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.

7/30/15



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

Make Payment to DHHS LV
Renewal Fees:
1 - 50 beds: \$1850
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:

Mother Hull Home
125 EAST 23RD STREET
KEARNEY, NE 68847

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

LICENSURE UNIT

LICENSE NO: 074002

TELEPHONE NUMBER: (308) 234-2447

FAX NUMBER: (308) 234-6823

ADMINISTRATOR: STEPHANIE SIMMONS

DIRECTOR OF NURSING: ANITA SAMUELSON-RIC April Quiring, RN

E-Mail Address, if available: admn@motherhullhoms.com

MAR 28 2016

RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 58

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MOTHER HULL HOME CORP.
(Legal Name of individual or business organization)

MAILING ADDRESS: 125 E 23RD STREET
KEARNEY NE 68847

8. BUSINESS ORGANIZATION: (Check one):

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

REGISTRATION ACCOUNTING
2016 MAR 30 4:09

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 71-423 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.

President

Anita L. Smith
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Secretary

Brenda J. Smith
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

3/24/16
DATE
3/24/16
DATE

2015-2016 BOARD OF DIRECTORS

	Sharon Cooper	#2 East Lawn Estates	Kearney	NE	68847-4209
	Verdella Bunger	1004 W 11 <sup>th</sup> St Apt F20	Kearney	NE	68847-6580
<i>President</i>	Anita Smith	74655 U Rd	Kearney	NE	68845-9206
	Robert Burton	31725 Grand Island Rd	Pleasanton	NE	68866-3015
	Marcia Trimble	3107 11 <sup>th</sup> Ave	Kearney	NE	68845-3332
	Monte Standage	400 S Wind Dr	Gibbon	NE	68840-3100
	Randy Hays	2107 W 36 <sup>th</sup> St	Kearney	NE	68845-2212
	Dr. Frank Kamm	2309 W 42 <sup>nd</sup> St	Kearney	NE	68845-1230
	Sieg Brauer	PO Box 249	Kearney	NE	68848-0249
<i>Secretary</i>	Brenda Smith	74648 U Rd	Kearney	NE	68845-9206

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403152

Name of Facility: **Mother Hull Home**

Type of Facility: **Nursing Home**

Location: **125 E 23rd St., Kearney**

Maximum Occupancy: **58 Beds**

Date Issued: **7/30/2015**

Approved By:

  
State Fire Marshal

Inspected By: **8716 Todd Wright**  
Deputy State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes

shall invalidate this occupancy permit.



