

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

2/10/16dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Kimball County Manor	
MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Lic # 484001	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  <small>Christina M. Tompkins, MPA Chief Executive Officer Department of Health and Human Services</small>

Cut on heavy line and place on license.

**FACILITY NAME: Kimball County Manor
ADDRESS: 810 EAST 7TH STREET, KIMBALL, NE 69145**

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.

3-11-15



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:

Kimball County Manor
810 EAST 7TH STREET
KIMBALL, NE 69145

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

LICENSURE UNIT
JAN 29 2016
RECEIVED

LICENSE NO: 484001

TELEPHONE NUMBER: (308) 235-4693

FAX NUMBER: (308) 235-2082

ADMINISTRATOR: BEVERLY SCHNELL

DIRECTOR OF NURSING: SHANNON MONHEISER, R.N.

E-Mail Address, if available: administrator@kcmanor.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 49

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.

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

Current Services

REC'D DHHS ACCOUNTS
2016 FEB -3 A 11:3

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: KIMBALL COUNTY MANOR
(Legal Name of individual or business organization)

MAILING ADDRESS: 810 E 7TH STREET
KIMBALL, NE 69145

8. BUSINESS ORGANIZATION: (Check one):

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

(check one)
[] Profit [checked] 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.

Keith A. Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

1-19-2016
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

MANOR BOARD MEMBERS

**Keith Jones - President
609 South Walnut
Kimball Nebraska 69145**

**Pam Heidemann - Vice President
4148 Front Street
Kimball Nebraska 69145**

**Dave Bashaw
6115 Road 26S
Dix Nebraska 69133**

**Jared Reich - Secretary/Treasurer
PO Box 730
Kimball Nebraska 69145**

**Laurie Janicek
PO Box 605
Kimball Nebraska 69145**

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402943

Name of Facility: **Kimball County Manor LTC**

Type of Facility: **Nursing Home**

Location: **810 E 7th St., Kimball**

Maximum

49 Beds

Occupancy:

Date Issued: **3/11/2015**

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.

Kimball County Manor

2 bed rooms

- 210
- 208
- 206
- 204
- 207
- 205
- 203
- 201
- 102
- 101
- 103
- 105
- 107
- 109

28 beds

1 bed rooms

- 104
- 106
- 108
- 212
- 214
- 216
- 218
- 211
- 213
- 215
- 217
- 401
- 402
- 403
- 404
- 405
- 406
- 407
- 408
- 409
- 410

21 beds

All beds are
Medicaid/Medicare.

