


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

*2/16/16 dj*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Blue Valley Lutheran Nursing Home</b> MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 764002
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2017	  <small>Courtesy of Melissa Jara Chief Executive Officer Department of Health and Human Services</small>

Cut on heavy line and place on license.

FACILITY NAME: Blue Valley Lutheran Nursing Home

ADDRESS: P O BOX 166, 220 PARK AVENUE, HEBRON, NE 68370

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.

9-2-15

LICENSURE UNIT

FEB 08 2016

Department of Health & Human Services



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

RECEIVED

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  Skilled Nursing Facility  Nursing Facility  Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:  
Blue Valley Lutheran Nursing Home  
P O BOX 166, 220 PARK AVENUE  
HEBRON, NE 68370

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

LICENSE NO: 764002  
TELEPHONE NUMBER: (402) 768-3900  
FAX NUMBER: (402) 768-3901  
ADMINISTRATOR: KATHY RETZLAFF  
DIRECTOR OF NURSING: KERREY MILLER, R.N.  
E-Mail Address, if available: ceo@bvlh.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 64

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

REC'D HHS ACCOUNTING  
2016 FEB 10 A 10:57

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: BLUE VALLEY LUTHERAN HOMES SOCIETY, INC.  
(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 166  
HEBRON, NE 68370

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.

Richard Mosier, President  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT  
Doug Bruning, Vice President  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature] Pres.  
[Redacted Signature] VP  
SIGNATURE

1-26-16  
DATE  
1-26-16  
DATE

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 403205

Name of Facility: **Blue Valley Lutheran Nursing Home**  
Type of Facility: **Nursing Home**  
Location: **220 Park Hebron**  
Maximum Occupancy: **64 Beds**  
Date Issued: **9/2/2015**

Approved By:

Inspected By: **8748 Mark Manchester**  
Deputy State Fire Marshal

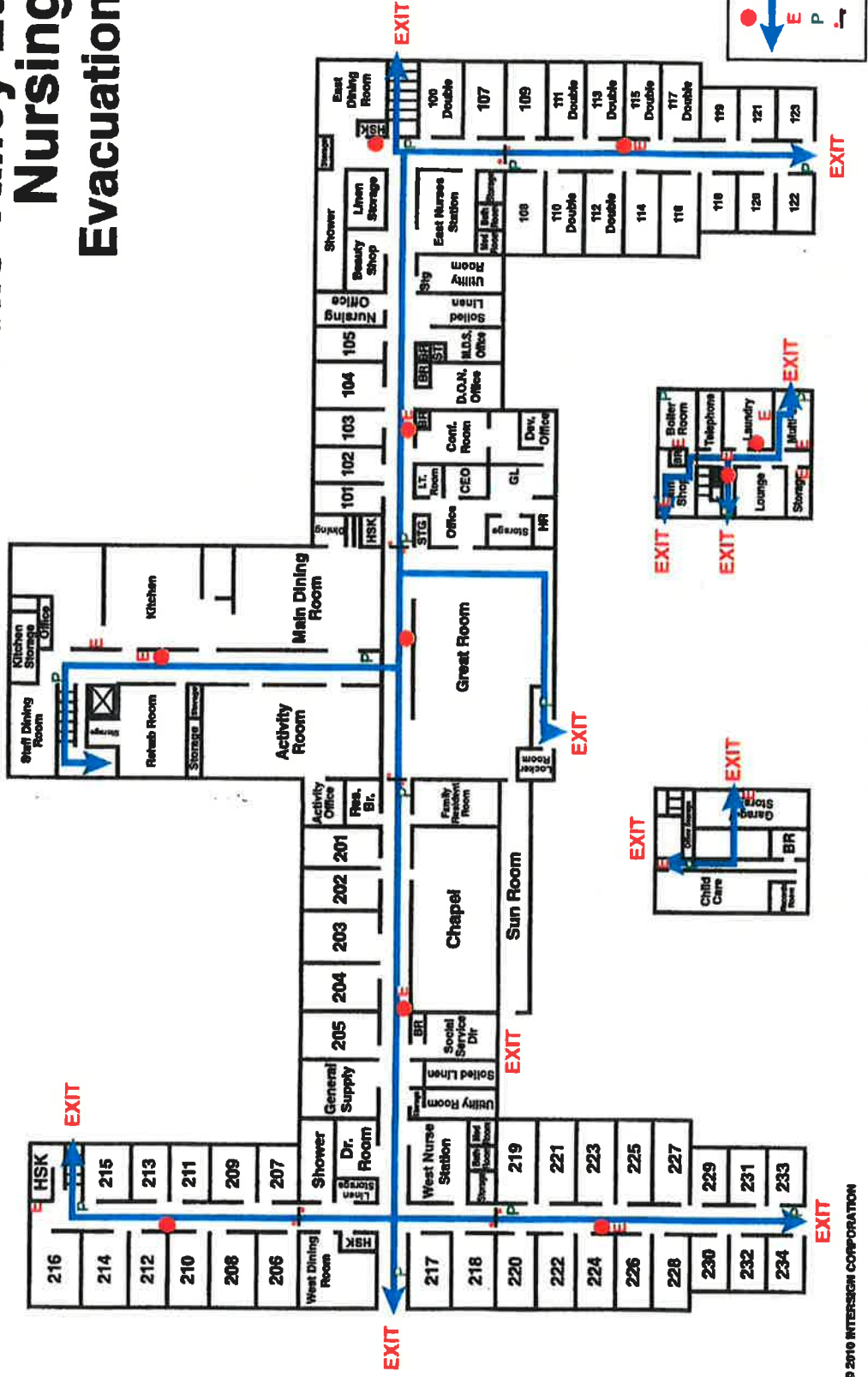
State Fire Marshal



## POST IN PROMINENT PLACE

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

# Blue Valley Lutheran Nursing Home Evacuation Routes





## Corporate Board of Directors 2015-2016

**Richard Mosier**

**PRESIDENT**

4982 Road T

Davenport, NE 68335

Home: 402-364-2313

Cell: 402-364-3014

Email: [rich.mosier@gmail.com](mailto:rich.mosier@gmail.com)

*Term Expires: 2018 (2)*

**Shirley Rippe**

**SECRETARY**

133 Lawrence Rd

Hebron, NE 68370

Home: 402-768-2411

Cell: 402-984-0221

Email: [rr95003@windstream.net](mailto:rr95003@windstream.net)

*Term Expires: 2018 (2)*

**Ardith Hoins**

208 N Juniper Ave

Davenport, NE 68335

Home: 402-364-2142

Cell:

Email:

*Term Expires: 2018 (1)*

**Doug Bruning**

**Vice President**

6493 Road Z

Bruning, NE 68322

Home: 402-353-3655

Cell: 402-768-8484

Email: [breezypointfarm@gmail.com](mailto:breezypointfarm@gmail.com)

Wife: Janelle

*Term Expires: 2018 (2)*

**Rev. James Sells**

**Prince of Peace Lutheran Church**

PO Box 343

1026 O Street

Geneva, NE 68361

Work: 402-759-3822

Email: [revjws@gmail.com](mailto:revjws@gmail.com)

Wife: Becky

*Term Expires: 2016 (1)*

**Charles Fangmeier**

6570 Road H

Hebron, NE 68370

Home: 402-768-2416

Cell:

Email: [chkatfangmeier@diodecom.net](mailto:chkatfangmeier@diodecom.net)

Wife: Katholeen

*Term Expires: 2017 (2)*

**Delvin Stahl**

P.O. Box 388

208 N. French St.

Sutton, NE 68979-0388

Home: 402-773-4104

Email: [dstahl1946@gmail.com](mailto:dstahl1946@gmail.com)

Wife: Pam

*Term Expires: 2016 (1)*

**Pastor B.J. Fouts**

Trinity Friedensau Lutheran Church

1364 Road 5600

Hebron, NE 68370

Home: 402-365-4226

Cell: 402-768-1470

Office: 402-365-4317

Email: [SaintBJF@gmail.com](mailto:SaintBJF@gmail.com)

*Term Expires: 2017(1)*

**Rev. Kristen Van Stee**

**Christ Lutheran Church**

P.O. Box 10

201 N. Maple Ave

Davenport, NE 68335

Work: 402-364-2553

Email: [kristonio@gmail.com](mailto:kristonio@gmail.com)

*Term Expires: 2016 (1)*