

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

3/9/16 dj

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

Park View Haven Nursing Home
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 124001

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

EXPIRES
03/31/2017

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

Cut on heavy line and place on license.

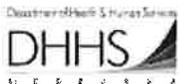
FACILITY NAME: Park View Haven Nursing Home

ADDRESS: 309 NORTH MADISON STREET, COLERIDGE, NE 68727

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.

7-15-15



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:
Park View Haven Nursing Home
309 NORTH MADISON STREET
COLERIDGE, NE 68727
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSURE UNIT
MAR 03 2016
RECEIVED

LICENSE NO: 124001
TELEPHONE NUMBER: (402) 283-4224
FAX NUMBER: (402) 283-4221
ADMINISTRATOR: SHERYL KALIN
DIRECTOR OF NURSING: KRISTINE KARNES-SNYDER, R.N.
E-Mail Address, if available: pvnhh@nntc.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 34

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] yes [] no
[] JCAHO [checked] Medicare [checked] Medicaid [] Other

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
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
2016 MAR - 8 A 10:56

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: VILLAGE TRUSTEES OF COLERIDGE
(Legal Name of individual or business organization)

MAILING ADDRESS: CORNER OF FULTON & MAIN
COLERIDGE, NE 68727

8. BUSINESS ORGANIZATION: (Check one):
[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[] Limited Liability Company
[X] Governmental ([] State, [] District, [] County, [X] 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.

George R. Hefner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

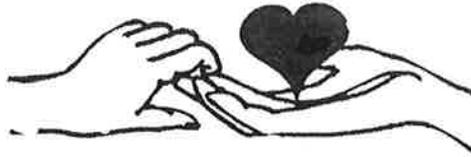
Sheryl Kalin
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

2016.02.17
DATE
2-17-16
DATE

**PARK VIEW HAVEN
NURSING HOME**

309 N. Madison
Coleridge, NE 68727
Ph: (402) 283-4224 • Fax (402) 283-4221
www.parkviewhaven.org



"Care with a Loving Touch"

**THE EMBERS
ASSISTED LIVING**

509 W. Cedar
Coleridge, NE 68727
Ph: (402) 283-5020 • Fax: (402) 283-5022
www.theembers.org

February 24, 2016

Village of Coleridge, d/b/a
Park View Haven
309 North Madison
Coleridge, NE 68727-2602

Listed below is the Village Board of Trustees:

George R. Hefner, 511 W. Broadway, Coleridge, NE 68727
Mary Jo Hansen, 315 W. Broadway, Coleridge, NE 68727
Kerry Hefner, 411 S. Pearl, Coleridge, NE 68727
Terry Burbach, 210 E. Canfield, Coleridge, NE 68727
Greg Meier, 219 S. Madison, Coleridge, NE 68727

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403092

Name of Facility: Park View Haven Nursing Home

Type of Facility: Nursing Home

Location: 309 N. Madison St, Coleridge

Maximum Occupancy: 35 Beds

Date Issued: 7/15/2015

Approved By:



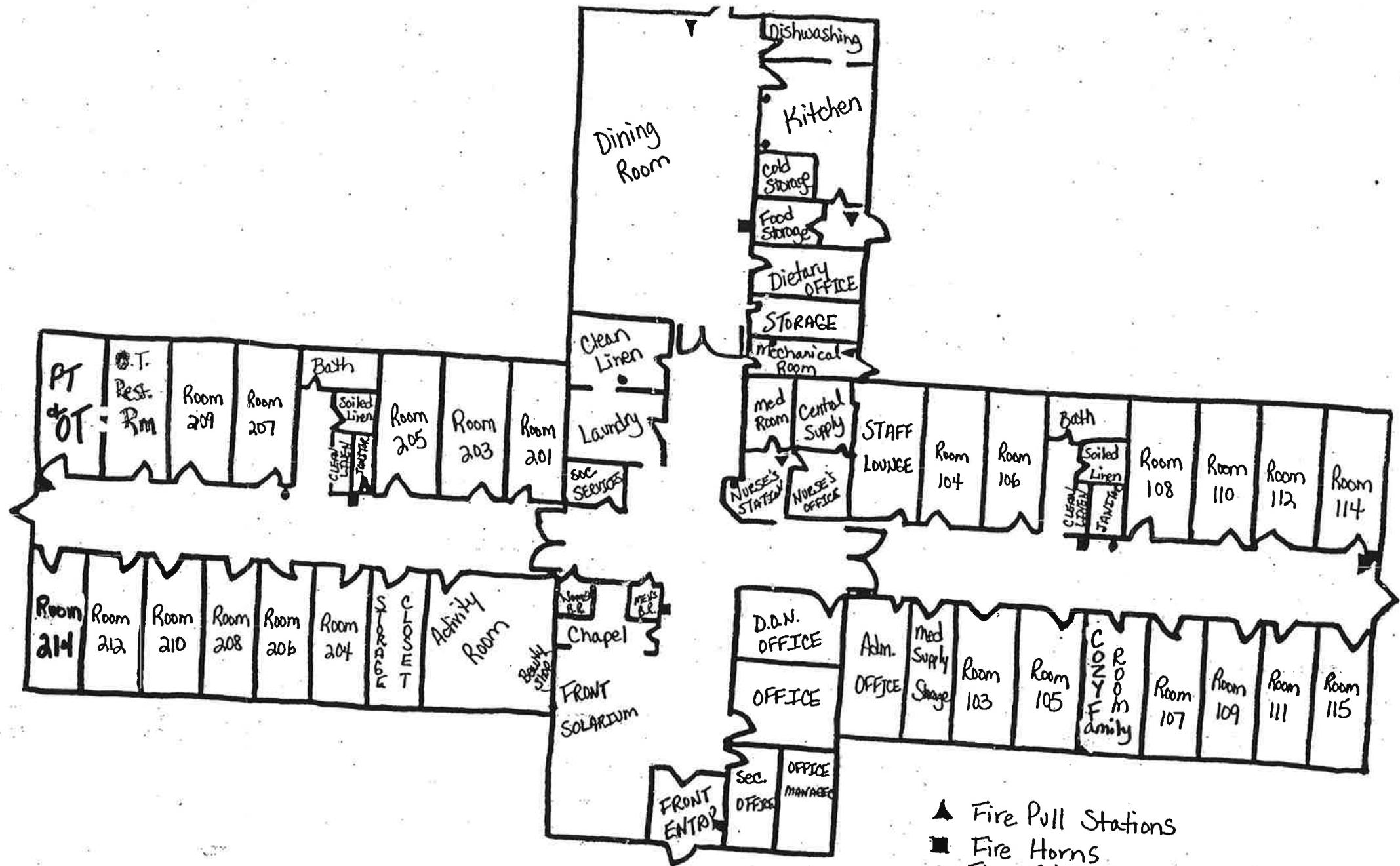
State Fire Marshal

Inspected By: 8718 Don Fast
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.



- ▲ Fire Pull Stations
- Fire Horns
- Fire Extinguishers