

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

3/30/16dy

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

**Gateway Senior Living**  
MEETS STATUTORY REQUIREMENTS AS  
SKILLED NSG/NSG FAC DISTINCT PART

Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

Lic # 504004

**EXPIRES**  
03/31/2017



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

Cut on heavy line and place on license.

FACILITY NAME: Gateway Senior Living

ADDRESS: 225 NORTH 56TH STREET, LINCOLN, NE 68504

This is to verify that your SKILLED NSG/NSG FAC DISTINCT PART 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.

7-28-15

LICENSURE UNIT



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

MAR 04 2016

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

RECEIVED

Nursing Home Type: Please Check  Skilled Nursing Facility  Nursing Facility  Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:  
Gateway ~~Senior Living~~ Vista  
225 NORTH 56TH STREET  
LINCOLN, NE 68504

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:  
c/o: GATEWAY PROPERTIES, INC.  
2230 NORTH SOMERS STREET  
FREMONT NE 68025

LICENSE NO: 504004  
TELEPHONE NUMBER: (402) 464-6371  
FAX NUMBER: (402) 467-0299  
ADMINISTRATOR: MARK SROCZYNSKI  
DIRECTOR OF NURSING: NICOLE WILSON, R.N.  
E-Mail Address, if available: dhhs@gatewaysl.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
4. NUMBER OF BEDS TO BE RELICENSED: 80

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.

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

Current Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

REC'D DHHS ACCOUNTING  
2016 MAR - 8 AM 11:00

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: GATEWAY PROPERTIES, INC.  
(Legal Name of individual or business organization)  
MAILING ADDRESS: 2230 NORTH SOMERS STREET  
FREMONT, NE 68025

8. BUSINESS ORGANIZATION: (Check one):  
\_\_\_\_ Sole Proprietorship  
\_\_\_\_ Partnership  
\_\_\_\_ Limited Partnership  
 Corporation S-Corp  
\_\_\_\_ 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.

Russell Peterson  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Jennifer Peterson  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

3/1/16  
DATE

3/1/16  
DATE

## Jobman, Donna

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**From:** Jason Harnisch <jason.harnisch@nyehealthservices.com>  
**Sent:** Friday, March 25, 2016 7:13 AM  
**To:** Lewis, Eve; Jobman, Donna  
**Cc:** Mark Sroczynski; Kim Watson  
**Subject:** FW: Lincoln, Gateway Senior Living Renewal info needed  
**Attachments:** 2453\_001.pdf

Eve,

Please disregard the name change, Crossed out on the top of the Gateway Senior Living SNF license renewal application. Remain as Gateway Senior Living.

Please process the application and let us know if there is anything else you need. Sorry for this confusion. When we officially change the name with CMS, we will then notify DHHS at that time.

Thank You,

*Ja*

Jason D. Harnisch, CPA | Vice President of Finance | Nye Health Services | 2230 N. Somers Ave. | Fremont, NE 68025 | 402-753-6101  
[www.nyehealthservices.com](http://www.nyehealthservices.com)

*Confidentiality Note*

THE INFORMATION CONTAINED IN THIS E-MAIL MESSAGE, INCLUDING FILE ATTACHMENTS, IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS E-MAIL IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS E-MAIL IN ERROR, PLEASE REPLY TO THE SENDER THAT YOU HAVE RECEIVED THIS MESSAGE IN ERROR AND PLEASE DELETE IT. THANK YOU.

**From:** DHHS Health Care Facilities [<mailto:DHHS.HealthCareFacilities@nebraska.gov>]  
**Sent:** Wednesday, March 09, 2016 2:34 PM  
**To:** GSL DHHS Email Group <[dhhs@gatewayseniorliving.com](mailto:dhhs@gatewayseniorliving.com)>  
**Subject:** Lincoln, Gateway Senior Living Renewal info needed

The name of the facility was changed on the application from Gateway Senior Living to Gateway Vista. If you are changing the licensed name of the facility, please submit formal notification along with the effective date and any accompanying documents from the Secretary of State. In addition, a CMS-855 form must be completed and sent to your fiscal intermediary. Please contact this office if you have any questions. Thanks!

Office of Long Term Care Facilities – Licensure Unit  
Division of Public Health – DHHS  
PO Box 94986, 301 Centennial Mall South

Corporation Name	EIN #	Date Organized	Ownership	Date of Birth	Soc Sec #	Type
Gateway Properties, Inc.		2/22/2006	50% - Russell Peterson, Jr.	5281 Ventura Drive, Fremont, NE 68025		ALF/SNF
d/b/a Gateway Senior Living			50% - Jennifer Peterson (wife)	5281 Ventura Drive, Fremont, NE 68025		
d/b/a Gateway Vista						

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403137

Name of Facility: **Gateway Senior Living**  
Type of Facility: **Nursing Home**  
Location: **225 N 56th Street, Lincoln**  
Maximum Occupancy: **80 Beds**  
Date Issued: **7/28/2015**

Approved By:

Inspected By: **8725 Susen Lindner**  
**Deputy State Fire Marshal**

**State Fire Marshal**



## POST IN PROMINENT PLACE

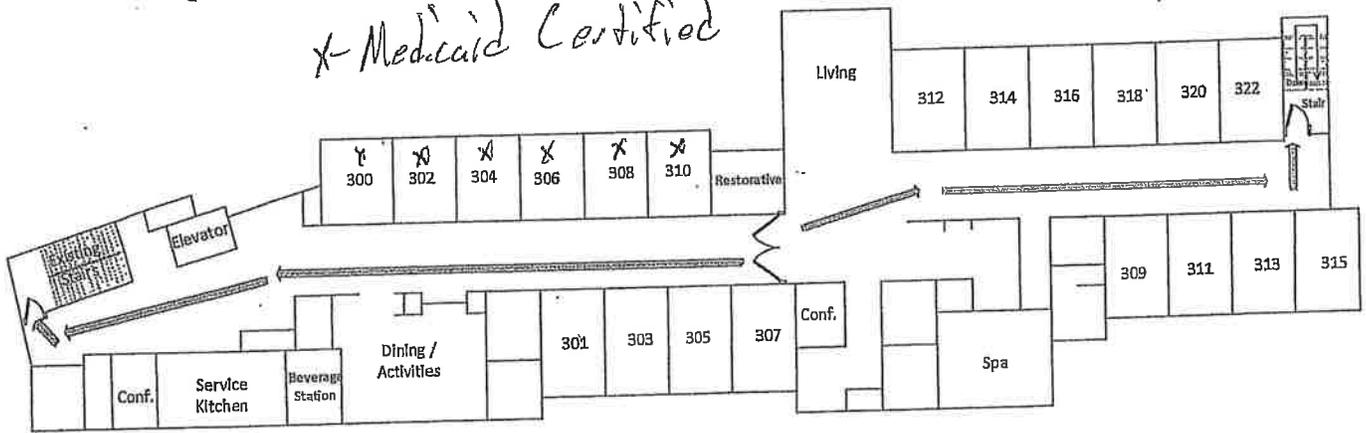
Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

All Medicare Cent



Evacuation Map

X-Medicaid Certified

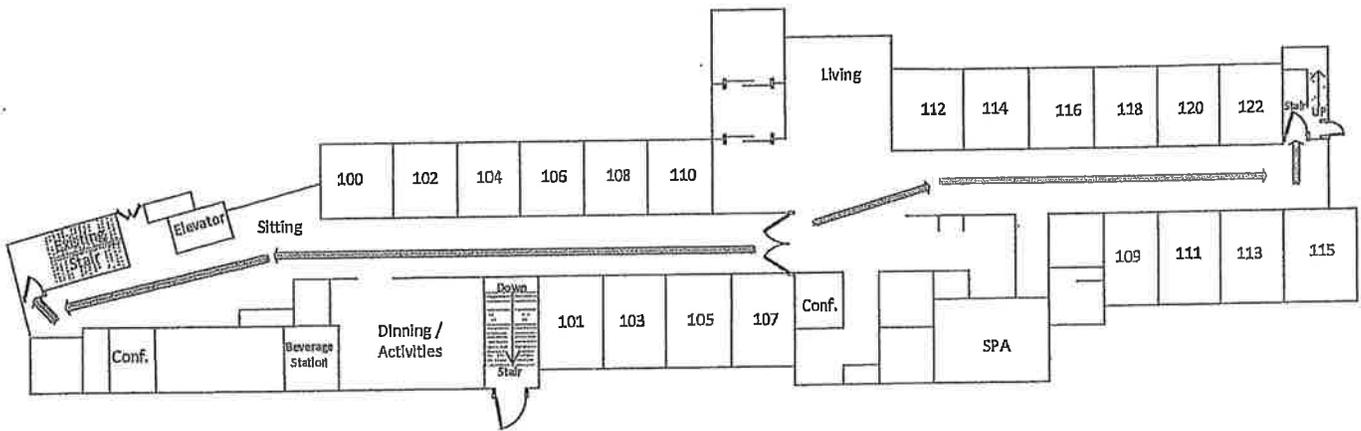


Floor 3 SNF Tower

All Medicare Cent



### Evacuation Map

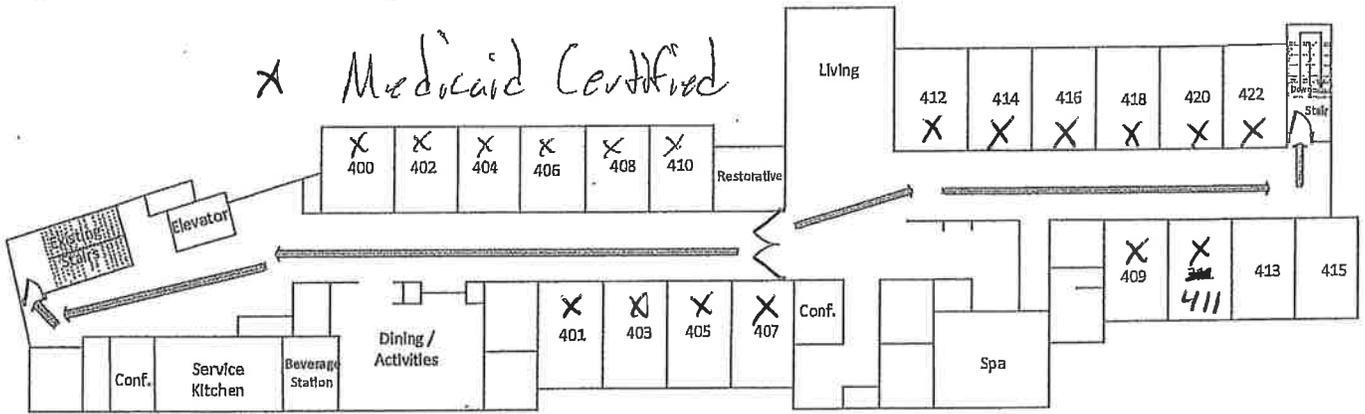


Floor 1 SNF Tower

All Medicare Cent



### Evacuation Map

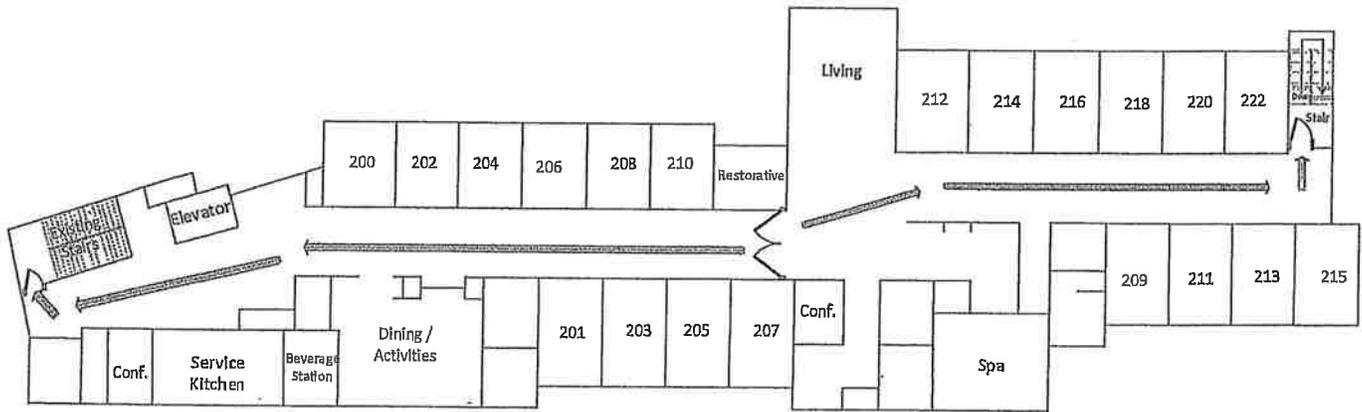


Floor 4 SNF Tower

All Medicare Cent



### Evacuation Map



### Floor 2 SNF Tower