

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

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|--|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT | |
| Papillion Manor | |
| MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT | |
| Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY | Lic # 684004 |
| EXPIRES 3/31/2020 |  |
| |  |
| | Bo Botelho, Interim CEO Interim Director of Public Health Department of Health and Human Services |

Cut on heavy line and place on license.

FACILITY NAME: Papillion Manor

ADDRESS: 610 SOUTH POLK STREET, PAPIILLION, NE 68046

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.

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|-------------------------|
| Make Payment to DHHS LU |
| Renewal Fees: |
| 1 - 50 beds: \$1550 |
| 51 - 100 beds: \$1750 |
| 101 or more: \$1950 |

Expiration Date
3/31/2019

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:

Papillion Manor
610 SOUTH POLK STREET
PAPILLION, NE 68046

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

LICENSE NO: 684004

TELEPHONE NUMBER: (402) 339-7700

FAX NUMBER: (402) 592-9155

ADMINISTRATOR: LINNEA DETRICK

DIRECTOR OF NURSING: MAUREEN BLAYLOCK, R.N.

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

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

[REDACTED]

4. NUMBER OF BEDS TO BE RELICENSED: 110

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: VSL PAPILLION, LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 610 SOUTH POLK STREET
PAPILLION, NE 68046

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.

Jack D. Vetter
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Glenn Van Ekeven
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[REDACTED]

02.28.19
DATE
02.28.19
DATE

**Vetter Related Corporations
Directors, Officers and Shareholders
as of July 1, 2018**

Directors and Officers for all the following companies can be notified in writing: C/O **Vetter Senior Living, 20220 Harney Street, Elkhorn, NE 68022** or by telephone at **1-402-895-3932**.

Vetter Senior Living (a 501 (c) (3) Private Non-Profit Corporation) Parent entity for all disregarded VSL Domestic LLC's (facility companies)

| <u>Board of Directors</u> | <u>Officers</u> | <u>Shareholder(s)</u> |
|---------------------------|--|-----------------------|
| Jack D. Vetter | Jack D. Vetter.....Chairman of the Board and CEO | None |
| Eldora D. Vetter | Eldora D. Vetter..... Secretary | |
| Glenn Van Ekeren | Glenn Van Ekeren..... President | |
| | Brian Stuhr.....Treasurer | |
| Heath Boddy | | |

Wholly Owned Subsidiaries of Vetter Senior Living: All non-profit corporations

| <u>Board of Directors</u> | <u>Officers</u> | <u>Shareholder(s)</u> |
|---------------------------|--|-----------------------|
| Jack D. Vetter | Jack D. Vetter.....Chairman of the Board and CEO | None |
| Eldora D. Vetter | Eldora D. Vetter..... Secretary | |
| Glenn Van Ekeren | Glenn Van Ekeren..... President | |
| | Brian Stuhr..... Treasurer | |
| Heath Boddy | | |

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 404530

Name of Facility: **Papillion Manor, Inc**
Type of Facility: **Nursing Home**
Location: **610 S Polk Street Papillion**
Maximum
Occupancy: **110 Beds**
Date Issued: **5/31/2018**

Approved By:



Inspected By: **8713 Alan Viox**
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.

