

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

4/6/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Beaver City Manor MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 314002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	 [Redacted Signature] Courtney Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Beaver City Manor

ADDRESS: P O BOX 70, 905 FLOYD STREET, BEAVER CITY, NE 68926

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.

2-8-16



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

Table with 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 [X] Skilled Nursing Facility [] Nursing Facility [] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Beaver City Manor
P O BOX 70, 905 FLOYD STREET
BEAVER CITY, NE 68926

LICENSURE UNIT

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

MAR 7 2016

RECEIVED

REC'D DHSS ACCOUNTING
2016 MAR -8 A 11:09

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

LICENSE NO: 314002
TELEPHONE NUMBER: (308) 268-5111
FAX NUMBER: (308) 268-6006
ADMINISTRATOR: MEGAN MAPES
DIRECTOR OF NURSING: NICOLE BOSE, R.N.
E-Mail Address, If available: bcmanor@atciet.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 28

5. ACCREDITATION/CERTIFICATION: [] JCAHO [X] Medicare [X] Medicaid [] Other
Are you requesting deemed status? [] yes [X] 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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF BEAVER CITY

(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 185
BEAVER CITY, NE 68926

8. BUSINESS ORGANIZATION: (Check one):

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

(check one)
[] Profit [X] 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.

Leighton Schmidt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Signature]
SIGNATURE

2/15/16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

Beaver City Manor & Assisted Living Fire Escape Routes

Fire Alarm Zones

Legend:

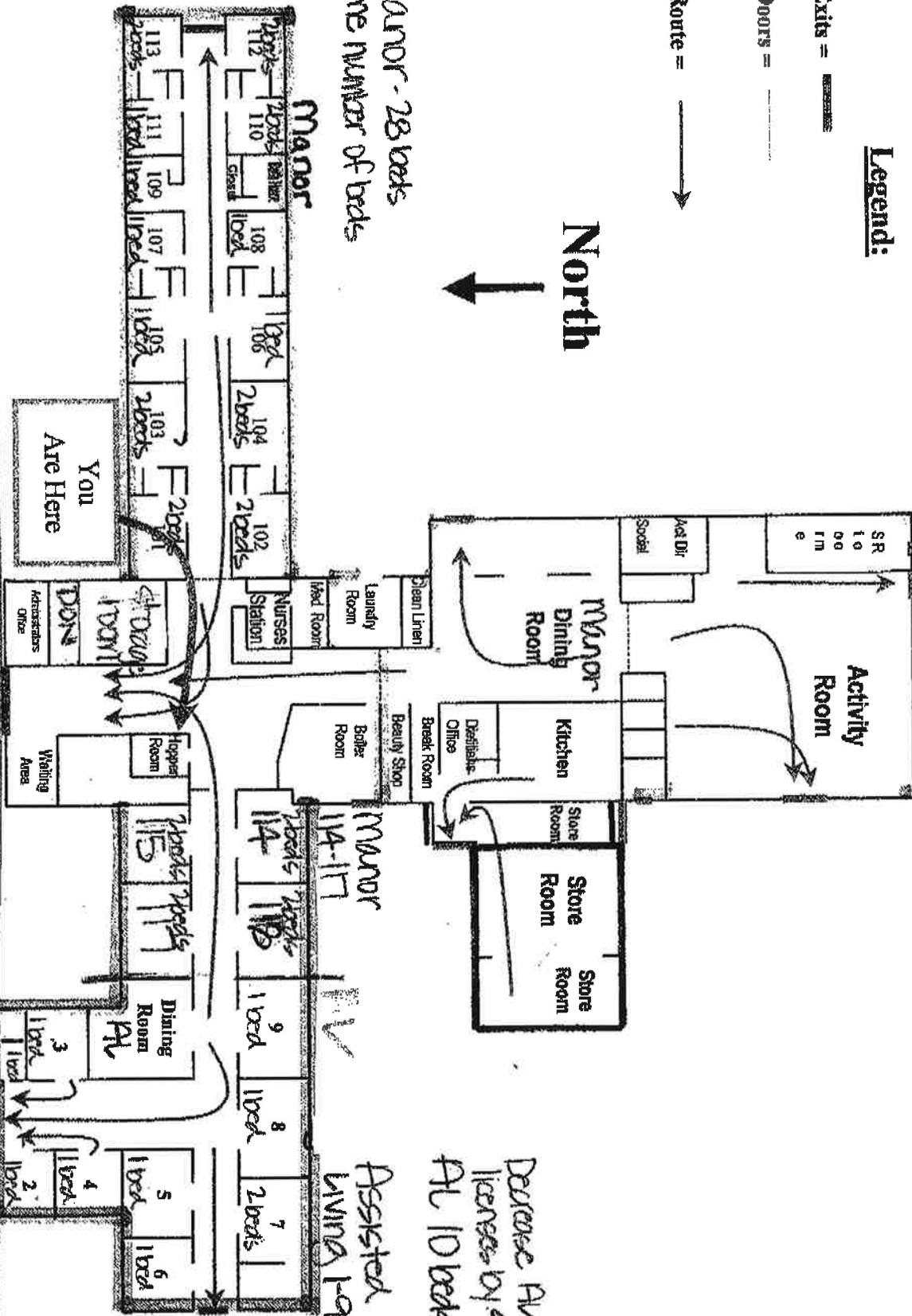
Fire Exits = 

Fire Doors = 

Fire Route = 

North ↑

MANOR - 28 beds
Same number of beds



Approved & Effective 01/1/2015

Decrease AL
licenses by 4
AL 10 beds

Assisted
Living 1-9

City of Beaver City- City Council Members

PO Box 185, Beaver City, NE 68926

308-268-2145

Mayor:

Office Clerk: Angie Woodring

Leighton Schmidt
PO Box 96
Beaver City, NE 68926
308-920-2524
leighton.schmidt@sveagles.org

Council Members:

Tom Biros
PO Box 484
Beaver City, NE 68926
308-268-4022
Tbiros@hotmail.com

Quinn Barnas
PO Box 344
Beaver City, NE 68926
402-243-3157
mightyquinbo@hotmail.com

Tracy Broeker
1308 S Street
Beaver City, NE 68926
308-268-6645
tbroeker@agvalley.com

Becky Robinson
604 6th Street
Beaver City, NE 68926
308-268-5602
brobins@esu11.org

Randy Stalder
PO Box 272
Beaver City, NE 68926
308-268-7405
Randy.stalder@yahoo.com

Roger Powell
PO Box 6
Beaver City, NE 68926
308-268-6575
rbspowell@frontiernet.net

Current as of 1/2016

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403338

Name of Facility: **Beaver City Manor**

Type of Facility: **Nursing Home**

Location: **905 Floyd Street Beaver City**

Maximum Occupancy: **28 Beds**

Date Issued: **2/8/2016**

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.