

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

3/22/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Bethany Home, Inc</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 464002	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT	
<b>EXPIRES</b> 03/31/2017	  Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Bethany Home, Inc

ADDRESS: 515 WEST FIRST STREET, MINDEN, NE 68959

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.

MAR 14 2016

12-8-15



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

Table with 2 columns: Fee Category, Amount. Includes 'Renewal Fees' for 1-50 beds (\$1550), 51-100 beds (\$1750), and 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: Bethany Home, Inc, 515 WEST FIRST STREET, MINDEN, NE 68959
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: 464002
TELEPHONE NUMBER: (308) 832-1594
FAX NUMBER: (308) 832-0662
ADMINISTRATOR: ROBERT TANK
DIRECTOR OF NURSING: CASSIE SCHMIDT, R.N.
E-Mail Address, if available: bethanyhomeinc@hotmail.com

110403

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [Redacted]
4. NUMBER OF BEDS TO BE RELICENSED: 58

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

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS: If different from Current Services listed, please check changes.

- [X] Physical Therapy [X] Alzheimers/Special Care Unit [X] Speech Therapy
[ ] Pediatric [ ] Respiratory [X] Occupational Therapy
[ ] Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMER UNIT

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: BETHANY HOME, INC.
(Mailing Address: 515 WEST FIRST STREET, MINDEN, NE 68959)

8. BUSINESS ORGANIZATION: (Check one):

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

(check one) [X] 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.

Delvin Schmidt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Joann Paulsen
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
(SIGNATURE)

2016 MAR 17 10:16
READ THIS FIRST
DATE 1/27/16
DATE 1/26/16

Bethany Home Board Members

<u>Last Name</u>	<u>First Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Title</u>	<u>Phone</u>	<u>Class</u>	<u>Comments E-Mail Church Membership</u>	<u>Year Elected</u>	<u>Year re-elected</u>	<u>End Year of current term</u>	<u># of Term</u>
Rhynalds	Rusty	439 N Colorado Ave	Minden	NE	68959	Member	308-832-2444 Cell 308-832-7407	2015	<a href="mailto:rustyhynalds@aol.com">rustyhynalds@aol.com</a>	2012	NA	2015	1
Dzuris	Cathy	891 West Brewster	Minden	NE	68959	Member	308-832-5939	2017	<a href="mailto:catherinedzuris@gmail.com">catherinedzuris@gmail.com</a> Bethany Lutheran Church, Minden	2014	NA	2017	1
Blank	Linda		Hildreth	NE		Member		2018	<a href="mailto:lindacoster@earthlink.net">lindacoster@earthlink.net</a> Westminster Presbyterian Church, Minden	2015	NA	2018	1
Paulsen	Joann	1585 G Road	Minden	NE	68959	Secretary	308-832-1145 Cell 308-830-2617	2016	<a href="mailto:joann.paulsen@mindenwhippets.org">joann.paulsen@mindenwhippets.org</a> Trinity Lutheran Church, Hildreth	2010	2013	2016	2
Vannier	Lonnie	109 Hillcrests Dr.	Minden	NE	68959	Member	308-379-5528	2017	<a href="mailto:lonnievannier@gmail.com">lonnievannier@gmail.com</a> Fredericksburg Lutheran Church, Minden	2014	NA	2017	1
Beaumont	Rose	1463 29 Road	Minden	NE	68959	Member	308-832-2798 Cell 308-830-2269	2015	<a href="mailto:beau1463@gtmc.net">beau1463@gtmc.net</a> Bethany Lutheran Church, Minden	2012	NA	2015	1
Schmidt	Delvin	211 N Hubbard	Minden	NE	68959	President	308-832-0433 Cell 308-627-6704	2017	<a href="mailto:dschmidt@buildersne.com">dschmidt@buildersne.com</a> St. Johns Catholic Church, Minden	2011	2014	2017	2
Osterbuhr	Arlen	772 S Blaine	Minden	NE	68959	Treasurer	308-832-0319 Cell 308-830-2711	2015	<a href="mailto:osterbuhr@mindenexchange.com">osterbuhr@mindenexchange.com</a> Bethany Lutheran Church, Minden	2012	NA	2015	1
Thompson	Doris	232 N. Yates	Minden	NE	68959	Member	308-832-1313 Campbell House 402-756-8491	2016	None St. Pauls Lutheran Church, Minden	2007	2013	2016	3

0

Corporate Churches not represented at this time

Bethany Lutheran Church, Axtell  
Evangelical Free Church, Minden  
First Christian Church, Minden

United Methodist Church  
68959 Administrator 308-660-3205  
68959 Facility 308-832-1594

[bjadm@hotmail.com](mailto:bjadm@hotmail.com)

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403251

Name of Facility: **Bethany Home Inc**  
Type of Facility: **Nursing Home**  
Location: **515 W 1st Street Minden**  
Maximum Occupancy: **58 Beds**  
Date Issued: **12/8/2015**

Approved By:

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

**State Fire Marshal**

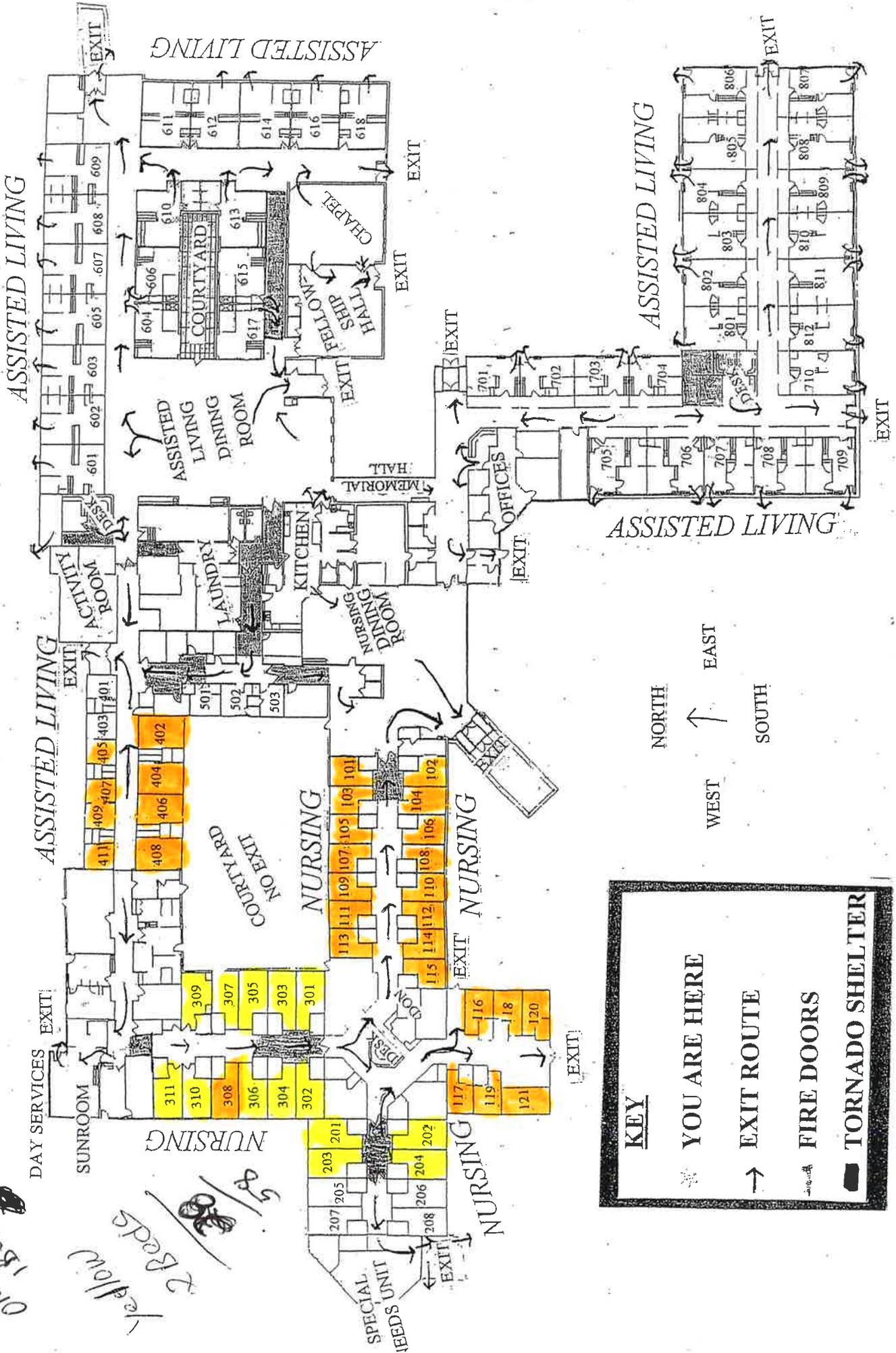


## POST IN PROMINENT PLACE

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

# BETHANY HOME EVACUATION PLAN

Orange 1 Bed = 30  
 Yellow 2 Beds



## Philosophy of the Bethany Home Special Needs Unit

We believe in compassionate life enriching programs and safe therapeutic environment for dementia and special needs individuals who benefit from a caring trained staff and a special simplified environment.

We adapt our program to the uniqueness of the individual. We understand the devastation of the disease and impact on the family and resident.

We believe in encouragement of individual strengths.

We believe in staff training and education to interpret the language of behavior.

We understand people with dementia are searching for the "HOME OF THE HEART."  
Our unit is designed to be homelike.

We work to create a partnership with family, residents, associates, professionals, and the community.

We foster activity that encompasses being and doing related to their personal individuality

We learn about our residents, understand the disease progress and structure our program to the individual. We consider family input whenever possible through careful care planning and therapeutic interventions if needed in a homelike selective environment.

We plan our environment to eliminate the factors of loneliness, boredom, and helplessness to enhance the resident's quality of life.

We enable freedom of movement, expression and experience for our residents with a trained caring staff.

We follow the Eden Philosophy and use plants, a planned community, animals, and children to create a "garden" the resident can grow in even during a difficult disease. The Special Needs Unit utilizes resident strengths with an understanding of the disease process.

Bethany Home is a spiritual community and encourages residents to follow their beliefs to meet their holistic needs.

We understand we cannot meet the needs of all people seeking care in a special needs unit therefore we limit our admissions and discharges. Assessment teams determine placement.

## ASSESSMENT AND CARE/SERVICE PLAN

Goal: Care Planning and Implementation Principles. All individuals (e.g. person with Alzheimer's disease, family and staff) are involved in the development, implementation and evaluation of the assessment and care/service plan process.

The Plan of Care and its implementation are resident oriented, flexible and inclusive of the family if possible taking into consideration the unique features of dementia. The care plan is intended to promote the individual dignity, optimum health and well being of the resident and to maximize function of the person with dementia.

- a) Dementia care must remain individualized and flexible in nature therefore we are unable to endorse an assessment tool that is pertinent to all domains of dementia.
- b) The Care Plan Team is comprised of Director of Nursing, Social Services, Activities, and Dietary. The family or legal representative and direct care giving staff, medical disciplines that are appropriate, pharmaceutical consultant, care giving administrative staff, professional/consultant staff is a part of the information discipline designed to guide the care plan team.
- c) Care plans will be as detailed as necessary to care for the individual. Care Plans are based on nurse's notes, staff visits, all staff input, family input, medical evaluations, resident and staff interaction, reports to charge nurses, Special Needs Meeting input about residents, departments, special evaluations, medication reviews, formal assessments, and reports recorded on standardized forms and any other information that is pertinent to the care of the dementia resident. The staff can use the information by reading the care plan. The care plan shall be at the main nursing desk and in the chart with the Nurses Notes on the Special Needs Unit.
- d) The care plan will result in the MDS form, which will be kept in the individual charts. Skilled staff members comprised of the Care Plan Team is trained to do the care plan. The plan will be updated quarterly, or after changes of condition and 14 days after admission. The disease can change rapidly due to the sensitive nature of the disease a family member, resident if appropriate, or team member can

The uses of physical and pharmacological restraints are discouraged, since the environment of a Special Needs Unit is made to replace restraints. Programmatic alternatives are offered to alleviate symptoms and psycho-therapeutic drugs that are critically monitored for the benefit of the resident. Alternative methods are used to as interventions with suggestions by the entire interdisciplinary team.

r) Psycho-social and emotional needs:

Help the resident to prioritize their life with customary routines, and quality of life interventions. The experience of loss of abilities often causes the individual to compensate for the losses. The behaviors reflect frustration, embarrassment, guilt, grief, worry and depression. Dementia residents are sensitive to stressor it is the teams responsibility with the trained care givers to be alert to the effects of stimuli and environmental stimuli.

s) Daily activities program should reflect resident's cultural background, life style, including the things that brings them pleasure and enjoyment.

t) Communication Techniques: Identify communication techniques and impairments which will improve communication. The care plan team identifies needs for cueing, prompting, necessary task breakdown, effective verbal approaches and ways to engage and involve the resident in programming and activities of daily living using communication techniques such as appropriate humor, a one to one approach, reassurance touching or not touching and other methods of encouragement. Within the care plan team, discuss non verbal communication between staff, the individual resident and the feelings which the person expresses.

u) PROBLEM SOLVING:

Accept behavior which is symptomatic of the dementia, analyze how behavior reflects the person's dementia losses and anticipate potential triggers which may precipitate behavior reactions. Evaluating individual situations through care planning will adapt programming activities for personal residents. Define measures to avoid and accommodate behaviors and track antecedents of behavior which may suggest environment adaptations.

v) Bethany Home requires that residents who exhibit behaviors that are a danger to others and themselves receive assessment and support services if appropriate so they can

The role of the family has been discussed in all the guidelines section for dementia. The following only addresses the issues not discussed. Families will function as advocates, spokesperson, and responsible party for the person with dementia. The legal representative or family after the resident is the most important people in the care plan /service agreement. The family is the most important source of information and decision making source in the assessment. The family is the ones that know the individual. The family needs to be listened to especially when the resident becomes non verbal they recognize the symptoms and changes that staff care givers often miss. The care plan will strive to include the family if they so desire to have a sense of being a vital part of the care giving process thus boosting the moral of the resident and family. The job of social services and nursing will be to offer support in the form of education and respect to help them to be a part of the care giving process. Alzheimer' Meetings are offered on as needed basis. Additional phone numbers and support systems will be offered on an as needed basis like Subscription to the Alzheimer's Association Newsletter. The family will be evaluated by the nursing and social services staff to determine if this extra support is needed and followed through the direct caregiver at the monthly meeting if additional support systems are needed. The information will be offered on as needed basis because the information and level of stress at admission time is overwhelming therefore on going support is seen as more effective to this facility. A list of services will be developed and included in the future.\*

## ACTIVITIES

**INTRODUCTION:** The activities will make up a resident's daily experience should reflect, as much as possible, that individual's preferred lifestyle while providing a sense of usefulness, pleasure, success and as normal a level of functioning as possible.

Definition:

ii) Activities will be defined as things that make us feel safe, in charge, loved, and loving; apart of the group. An activity in SNU is everything that the resident experiences throughout the day or night as is appropriate with sundowners. A full balanced life made up of:

iii) Productive Activities: (work) that makes us feel needed and useful.

All activity goals should be compatible with resident values, social roles, habits, preferences, based on our best efforts to determine the resident's desires and ambitions, supporting the resident in their efforts to express their personality. On the SNU any activity can be structured to meet the individual's needs, abilities, and goals.

A trial and error approach will be implemented using the guidelines on activities. Breaking tasks down into steps, using cues, stimuli unique to the individuals, recognizes that what worked to day or this moment may not work tomorrow, using team work and communication amongst the staff to offer support to the resident, using special techniques devised with the dementia level of thinking in mind to support the individual. The program recognizes the sundowner's syndrome in a lot of dementia residents, and adapts its programming to the individual residents needs. The individual involvement in activities should be consistent but not rigid developing security for the individual.

#### ACTIVITY PRESENTING:

- aaa) Do not ask; direct or inform.
- bbb) Give strong concrete cues like point to something.
- ccc) Initiate the activity with the resident watching so they know what is expected.
- ddd) Trigger the automatic response reaction like hand an object to the resident rather than ask them to find it.
- eee) Be sure the task is within their ability range and this ability can often vary from time to time within the day.
- fff) If the person is truly refusing then respect their right to do so.

#### GUIDING THE ACTIVITY:

- a) Use the residents retained abilities.
- b) Minimize distractions.
- c) Limit options.
- d) Avoid meanings that are not clear.
- e) Give things step by step and be consistent
- f) Give concrete verbal cues. Show as well as tell.
- g) Anticipate problems to promote feeling of success.
- h) Share the responsibility of project failures realistically.
- i) Measure success only by the resident's standards.
- j) When projects look like they are beginning to fail prepare the resident for the failure by sharing the failure.

TERMINATING THE ACTIVITY: If resident is reflecting after the activity disorientation or a troubled mood try:

- ggg) End activity sooner before resident tolerance, attention or energy is used up.
- hhh) Prepare activity end before the activity is done by using some kind of a theme.

## Bethany Home

### Special Need Unit Admission/Discharge Criteria for HealthCare

#### A. Move in General Criteria for HealthCare Special Needs Unit.

1. Meets all appropriate guidelines for diagnosis of Alzheimer's disease or a dementia that is manageable with the facilities current staffing levels.
  - a. Needs 24 hours supervision and direction in a secured environment due to a cognitive impairment
  - b. Requires monitoring and supervision of a health conditions and a regimen of therapy, treatment or medication that can be managed at the facility.
2. Is not an immediate threat to self or others and is not an aggressive wandering risk.
3. Needs minimal assistance with ADL's.
  - a. Including eating in the Special Needs Unit Dining room may use prompts and cues from staff to allow Resident to function independently during meals, and moderate assist in feeding Resident as needed
  - b. Minimum to maximum assist with transfers as needed may use a mechanical lift if transfer is assessed to be safe using 1 staff person assist.
  - c. Minimum to maximum assist with incontinent.
  - d. If a Resident at became a two person assist with any ADL's the Resident will be assessed and move to another level of care.
4. Does not have psychosis or other primary psychiatric diagnosis with history of numerous hospitalizations. A recent, singular hospitalization for evaluation or stabilization of a current condition should be assessed closely on a case by case basis.
5. Resident would be able to participate and benefit from a daily structured activities program.
6. Able and willing to pay for services provided by the facility, Medicaid is an acceptable payment source.
7. A Scores above 10 on the MMSE is an area of consideration, but overall factors will be considered.
8. Does not have a serious communicable disease, e.g. Tuberculosis, VRE, scabies, lice, etc
9. If the Resident no longer meets this criteria the Resident will be placed a more appropriate level of care.

#### Cost/Additional Fees

- A. See Bethany Home Nursing Facility Rate Sheets.

#### Staff Training

- A. Staff will be required to maintain hours needed to keep their Nursing Assistant, Medication Aide or Professional License current. This may be done through outside workshops, facility in-services, etc.
- B. Direct Care Staff that provides care for Residents in the facilities Special Care Unit s shall be in-serviced on how to care for Residents with Alzheimer's, dementia or Residents with special needs.

#### Family Support

1. Family Support will be provided through the facilities HealthCare Care Planning Process, which families are invited to participate in. And ongoing communication with regards to Residents condition, physician appointments, etc. with the families of Bethany Home Assisted Living Special Needs Unit.

*Loving Care With A Spiritual Touch*

## BETHANY HOME

MINDEN, NE. (RATES EFFECTIVE ON August 1, 2015)

### NURSING HOME DAILY RATES

LEVEL OF CARE	DAILY RATE
101 - 104	\$ 149.88
110 - 111	\$ 170.74
112 - 113	\$ 182.68
114 - 115	\$ 186.16
120 - 121	\$ 155.32
122 - 123	\$ 172.60
130 - 131	\$ 159.05
132 - 133	\$ 174.95
140 - 141	\$ 188.03
142 - 143	\$ 197.83
144 - 145	\$ 207.28
150 - 152	\$ 224.43
160 - 163	\$ 217.47
170 - 172	\$ 262.67

**Care Level** - is determined by the MDS Nursing Assessment. This is completed upon admission and every 90 days thereafter.

**A.D.L. Score** - Activities of Daily Living Score (ADL) is based upon how much assistance is needed for daily living. The score is then billed at 13 cents per ADL point per day. (Example: an A.D.L. score of 10 would be charged \$1.30 per day.)

**\*\*\* Private Room charge is an additional \$7.30 per day. \*\*\***

**NEW ADMISSIONS:** The rate will be \$ 200.00 per day (plus \$7.30 per day for a private room) for approximately 14 days. The rate will then be adjusted according to the Care Level and A.D.L. score of the MDS (Minimum Data Set) nursing facility assessment.

**NF Special Needs Unit Charge** will be \$5.20 per day, in addition the individual's daily rate.

**NF Married couples in a shared room allowance :** This allowance will be a **DEDUCTION** of \$8.00 per day per each spouse sharing the same room (\$16.00 a day deduction).

<b>A D L</b>	<b>DAILY</b>	<b>RATE</b>
<b>A D L</b>	<b>Charge</b>	<b>Daily</b>
<b>1</b>	0.13	<b>0.13</b>
<b>2</b>	0.13	<b>0.26</b>
<b>3</b>	0.13	<b>0.39</b>
<b>4</b>	0.13	<b>0.52</b>
<b>5</b>	0.13	<b>0.65</b>
<b>6</b>	0.13	<b>0.78</b>
<b>7</b>	0.13	<b>0.91</b>
<b>8</b>	0.13	<b>1.04</b>
<b>9</b>	0.13	<b>1.17</b>
<b>10</b>	0.13	<b>1.30</b>
<b>11</b>	0.13	<b>1.43</b>
<b>12</b>	0.13	<b>1.56</b>
<b>13</b>	0.13	<b>1.69</b>
<b>14</b>	0.13	<b>1.82</b>
<b>15</b>	0.13	<b>1.95</b>
<b>16</b>	0.13	<b>2.08</b>
<b>17</b>	0.13	<b>2.21</b>
<b>18</b>	0.13	<b>2.34</b>
<b>19</b>	0.13	<b>2.47</b>
<b>20</b>	0.13	<b>2.60</b>