

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

2/10/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Plainview Manor	
MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 624002
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney A. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Plainview Manor

ADDRESS: P O BOX 219, 101 HARPER STREET, PLAINVIEW, NE 68769

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.

JAN 28 2016



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECEIVED
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:

Plainview Manor
P O BOX 219, 101 HARPER STREET
PLAINVIEW, NE 68769

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

[Blank lines for mailing address]

LICENSE NO: 624002

TELEPHONE NUMBER: (402) 582-3849

FAX NUMBER: (402) 582-3850

ADMINISTRATOR: JULEEN JOHNSON

DIRECTOR OF NURSING: TAMI ANDERSON, R.N.

E-Mail Address, if available: plvmanorwp@yahoo.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 39

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

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

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

2016 FEB -3 A 11:18
REC'D DHHS ACCOUNTING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF PLAINVIEW
(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 757
PLAINVIEW, NE 68769

8. BUSINESS ORGANIZATION: (Check one):

- [] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[] Limited Liability Company
[checked] Governmental (State, District, County, 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.

Darren Seip - Mayor
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

1/26/16

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

Name	Address	City, State	Zip	Home#	Work #	Position
Board of Director						
Kim Wolken	607 N 5th St	Plainview, NE	68769	582-4735		President
Norma White	305 1st St	Plainview, NE	68769	582-3677		Vice President
Craig Mosel	207 N Elm St	Plainview, NE	68769	582-4449		Secretary
Patty Novicki	602 N 2nd St	Plainview, NE	68769	582-3301	582-3808	
Vickie Peterson	208 N 4th St	Plainview, NE	68769	582-3803		

City Council Members						
Darren Seip	208 N Pine	Plainview, NE	68769	582-4685		Mayor
Tom Novicki	602 N 2nd St	Plainview, NE	68769	582-3301		
Judy Wilson	202 N Elm	Plainview, NE	68769	582-4543		
Mike Naprestak	206 S Pine St	Plainview, NE	68769	582-4837		
Grant Dummer	707 N 3rd St	Plainview, NE	68769	582-3636	582-4242	

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403267

Name of Facility: **Plainview Manor Inc.**

Type of Facility: **Nursing Home**

Location: **101 Harper Street Plainview**

Maximum
Occupancy: **39 Beds**

Date Issued: **12/29/2015**

Approved By:



Inspected By: **8718 Don Fast**
Deputy State Fire Marshal

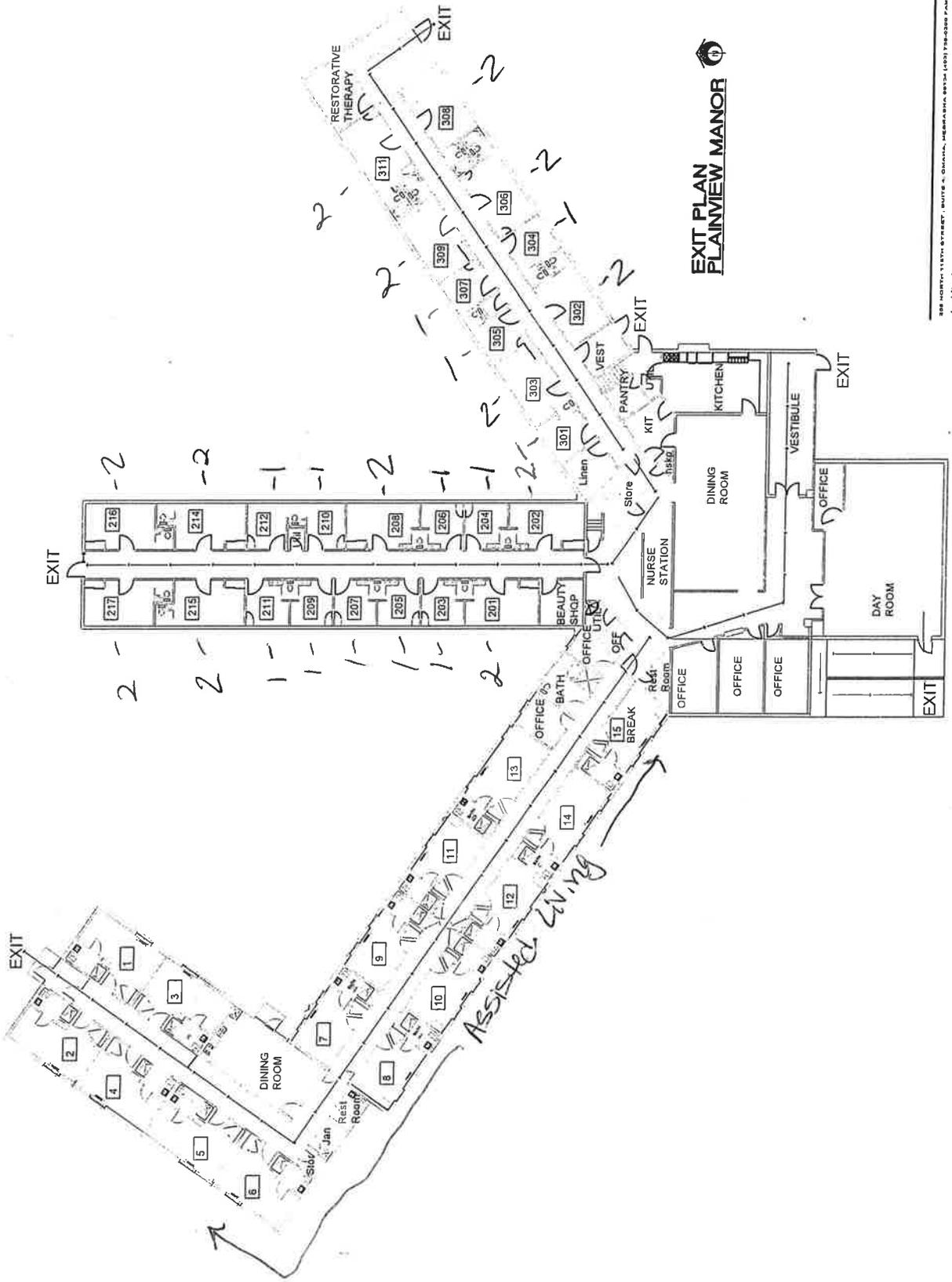
State Fire Marshal



POST IN PROMINENT PLACE



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



**EXIT PLAN
PLAINVIEW MANOR**



88 NORTH 115TH STREET, SUITE 4, CHICAGO, ILLINOIS 60642
 Architects
 Planners
 Interior Architects
 Professional Associate Ltd.

All Medicare/Medicaid Certified.