

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

3/30/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Sutton Community Home, Inc. MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 164003	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney M. Phillips, BPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Sutton Community Home, Inc.

ADDRESS: 1106 NORTH SAUNDERS, SUTTON, NE 68979

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 18 2016

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Sutton Community Home, Inc.
1106 NORTH SAUNDERS
SUTTON, NE 68979

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

LICENSE NO: 164003

TELEPHONE NUMBER: (402) 773-5557

FAX NUMBER: (402) 773-5559

ADMINISTRATOR: HANNAH ELLIOTT

DIRECTOR OF NURSING: ERICA HUXOLL, R.N.

E-Mail Address, if available: sch@sch-hcv.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 31

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

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: SUTTON COMMUNITY HOME, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: 1106 NORTH SAUNDERS AVENUE
SUTTON, NE 68979

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

REC'D HHS ACCOUNTING
2016 MAR 21 11:48

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.

Sue Ochsner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Fred Hofmann
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/16/16
DATE

2/16/16
DATE

9-10-15

Sutton Community Home Board of Directors

President:

Sue Ochsner
704 W. Grandview Manor
Sutton, NE 68979
402-773-4745
402-469-4906-cell
sueochsner@hotmail.com

Vice President:

Fred Hofmann
2411 Road 1
Sutton, NE 68979
402-984-2863
fhofmann2010@gmail.com

Secretary:

Jolene Griess
510 West Cedar
Sutton, NE 68979
402-733-0270-work
402-984-2216-cell
claycountypt@yahoo.com

Members-at-Large:

Brenda Baldwin
216 Rd. I
Sutton, NE 68979
402-460-0563
bbnkidz@yahoo.com

Will Hahn
604 S. Maltby Ave.
Sutton, NE 68979
402-984-7128
thahn@windstream.net

Tory Duncan
406 West Maple
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402-773-5576-work
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Elizabeth Carlson
205 East Ivy Street
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402-410-0167
ecretired308@yahoo.com

Jami Bergen
PO Box 522
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402-773-5557
jamibergen@gmail.com

Linda Ribbens
911 Crestridge Dr.
Sutton, NE 68979
402-469-0971
ribbens_dl@yahoo.com

Board meetings will be held on the 3rd Tuesday of every month at 7:30pm at Hillcrest View Assisted Living Dining Room.

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403165

Name of Facility: **Sutton Community Home**
Type of Facility: **Nursing Home**
Location: **1106 N Saunders Ave Sutton**
Maximum Occupancy: **31 Beds**
Date Issued: **9/10/2015**

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

Approved By:

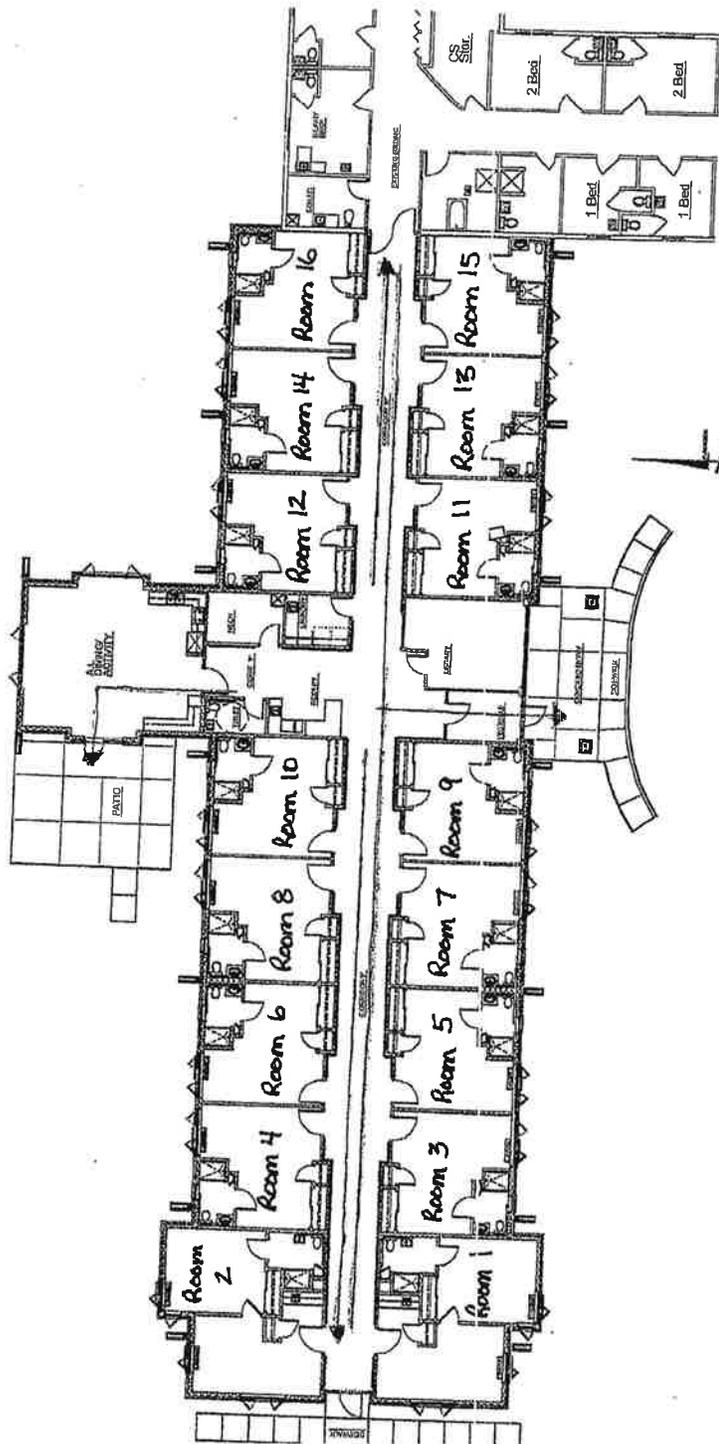


State Fire Marshal



POST IN PROMINENT PLACE

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



EVACUATION PLAN