

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

3/9/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Nye Legacy Health & Rehabilitation Center
MEETS STATUTORY REQUIREMENTS AS
SKILLED NSG/NSG FAC DISTINCT PART

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY

Lic # NH0008

EXPIRES
03/31/2017

 
Courtney R. V. ... MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Nye Legacy Health & Rehabilitation Center

ADDRESS: 3210 N CLARKSON, FREMONT, NE 68025

This is to verify that your SKILLED NSG/NSG FAC DISTINCT PART 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 04 2016

6-17-15



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

Table with 2 columns: Renewal Fees, Amount. Rows: 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: Nye Legacy Health & Rehabilitation Center, 3210 N CLARKSON, FREMONT, NE 68025
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: c/o: NYE LEGACY HEALTH & REHABILITATION CENTER, C/O FREMONT CARE CENTER INC, 2230 N SOMERS, FREMONT NE 68025
LICENSURE NO: NH0008
TELEPHONE NUMBER: (402) 721-9300
FAX NUMBER: (402) 753-4800
ADMINISTRATOR: KRISTIN HARRIS, R.N.
DIRECTOR OF NURSING: AUBREY MATZEN, R.N.
E-Mail Address, if available: dhhs@nyelegacy.com
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. NUMBER OF BEDS TO BE RELICENSED: 100
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: [] Physical Therapy [] Alzheimers/Special Care Unit [] Speech Therapy [] Pediatric [] Respiratory [] Occupational Therapy [] Behavioral Needs

2016 MAR -8 A 11:01
REC'D DHSS ACCOUNTING

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
RESPIRATORY THERAPY

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: FREMONT CARE CENTER, INC.
(Mailing Address: 2230 N. SOMERS, FREMONT, NE 68025)
8. BUSINESS ORGANIZATION: (Check one):
[] Sole Proprietorship
[] Partnership
[X] Corporation S-Corp
[] Limited Partnership
[] 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.

Russell Peterson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Jennifer Peterson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

3/1/16
DATE
3/1/16
DATE

Corporation Name	Type	Type	EIN #	NPI #	Medicare Provider #	SNF/Medicaid Provider #	Date Organized	Ownership	Home Address	Date of Birth	Soc Sec #
Fremont Care Center, Inc.	S-Corp	SNF		1346232295	28-5235	47081260700	6/8/1998	5% - Russell V. Peterson	5281 Ventura Drive, Fremont, NE 68025		
d/b/a Nye Pointe Health & Rehabilitation		SNF		1700037926	28-5278	10025707200		5% - Jennifer Peterson	5281 Ventura Drive, Fremont, NE 68025		11
d/b/a Nye Legacy Health & Rehabilitation			same					49.5% Russell V. Peterson, Jr. Irrevocable Trust	5281 Ventura Drive, Fremont, NE 68025		11
								49.5% Jennifer J. Peterson, Jr. Irrevocable Trust	5281 Ventura Drive, Fremont, NE 68025		11

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403108

Name of Facility: **Nye Legacy Health & Rehab Center**

Type of Facility: **Nursing Home**

Location: **3210 N Clarkson St., Fremont**

Maximum Occupancy: **110 Beds**

Date Issued: **6/17/2015**

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.

