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

1-20-16 dy

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

The Lighthouse at Lakeside Village
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

Lic # NH0009

EXPIRES
03/31/2017

SEAL

[redacted]
Courtney N Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: The Lighthouse at Lakeside Village
ADDRESS: 17600 ARBOR STREET, OMAHA, NE 68130

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.

5-11-15

JAN 13 2016

DHHS NEBRASKA

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:

The Lighthouse at Lakeside Village
17600 ARBOR STREET
OMAHA, NE 68130

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

LICENSE NO: NH0009
TELEPHONE NUMBER: (402) 717-0200
FAX NUMBER: (402) 717-0201
ADMINISTRATOR: JACOB SCHULTZ
DIRECTOR OF NURSING: DENISE KASS, R.N.
E-Mail Address, If available: ILH-DHHSNotifications@ihsi.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 36

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

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

2016 JAN 15 A 10:39
RECD HHSS ACCOUNTING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: IMMANUEL LONG TERM CARE
(Legal Name of individual or business organization)

MAILING ADDRESS: 1044 NORTH 115TH ST., SUITE 500
OMAHA, NE 68154

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) ☐ 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.

Eric N Gurley, President & CEO — AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
[redacted] — SIGNATURE
1-6-16 — DATE

Mark Schultz, SVP & CFO — AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
[redacted] — SIGNATURE
1-6-16 — DATE

Immanuel

2016 BOARD OF DIRECTORS

Officers:

David C. Mussman, Chair	Executive VP & General Counsel, West Corporation 11808 Miracle Hills Drive, Omaha, NE 68154
David A. Jacox, Vice Chair	Retired, President & CEO, Mosaic 12010 Washington Plaza, Omaha, NE 68137
Michael R. Williams, Secretary/Treasurer	Williams-Deras & Associates 10040 Regency Circle, Suite 345, Omaha, NE 68114
Eric N. Gurley, President & CEO (ex-officio, voting)	1044 North 115th Street, Suite 500, Omaha, NE 68154
Mark Schultz, Senior VP & Chief Financial Officer	1044 N 115th Street, Ste. 500, Omaha, NE 68154

Directors:

Rev. Carmala J. Aderman	Senior Pastor, Luther Memorial Lutheran Church 6099 Western, Omaha, NE 68132
Rev. Dr. Dennis A. Anderson	Former Bishop, Nebraska Synod ELCA 9752 South 175th Circle, Omaha, NE 68136
Rev. Dr. David L. deFreese	Vice President of Church Relations, Mosaic 4980 South 118th Street, Omaha, NE 68137
George Grieb (ex-officio, non-voting)	Chair of Immanuel Affordable Board 530 South 118th Street, Omaha, NE 68154
Suzanne L. Hruza, M.D.	Radiology Consultants of the Midwest, P.C. 13918 Gold Circle, Omaha, NE 68144
Robert E. "Rob" Johnson	President & CEO, Javlin Capital 1414 Harney Street, Omaha, NE 68102
Robert J. "Bob" Lanik	Retired, CEO, CHI Nebraska 6520 Ponderosa Circle, Lincoln, NE 68510
Bishop Brian D. Maas (ex-officio, voting)	Bishop, Nebraska Synod ELCA 6757 Newport Ave, Suite 200, Omaha, NE 68152
Bruce A. Plath	Senior Vice President, Private Banking Security National Bank 1120 South 101st Street, Omaha, NE 68124
Mark G. Waterstraat	Chief Strategy Officer, Benaissance 11808 Grant Street, Suite 200, Omaha, NE 68164
Delight Wreed Byrd, RN, BSN, MS	Adjunct Faculty, Master of Healthcare Administration & Bachelor of Healthcare Mgmt Programs, Bellevue University 2227 North 151st Street, Omaha, NE 68116

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403011

Name of Facility:	**The Lighthouse Health Care Residences at Lakeside**
Type of Facility:	**Nursing Home**
Location:	**17600 Arbor St., Omaha**
Maximum Occupancy:	**36 Beds**
Date Issued:	**5/11/2015**

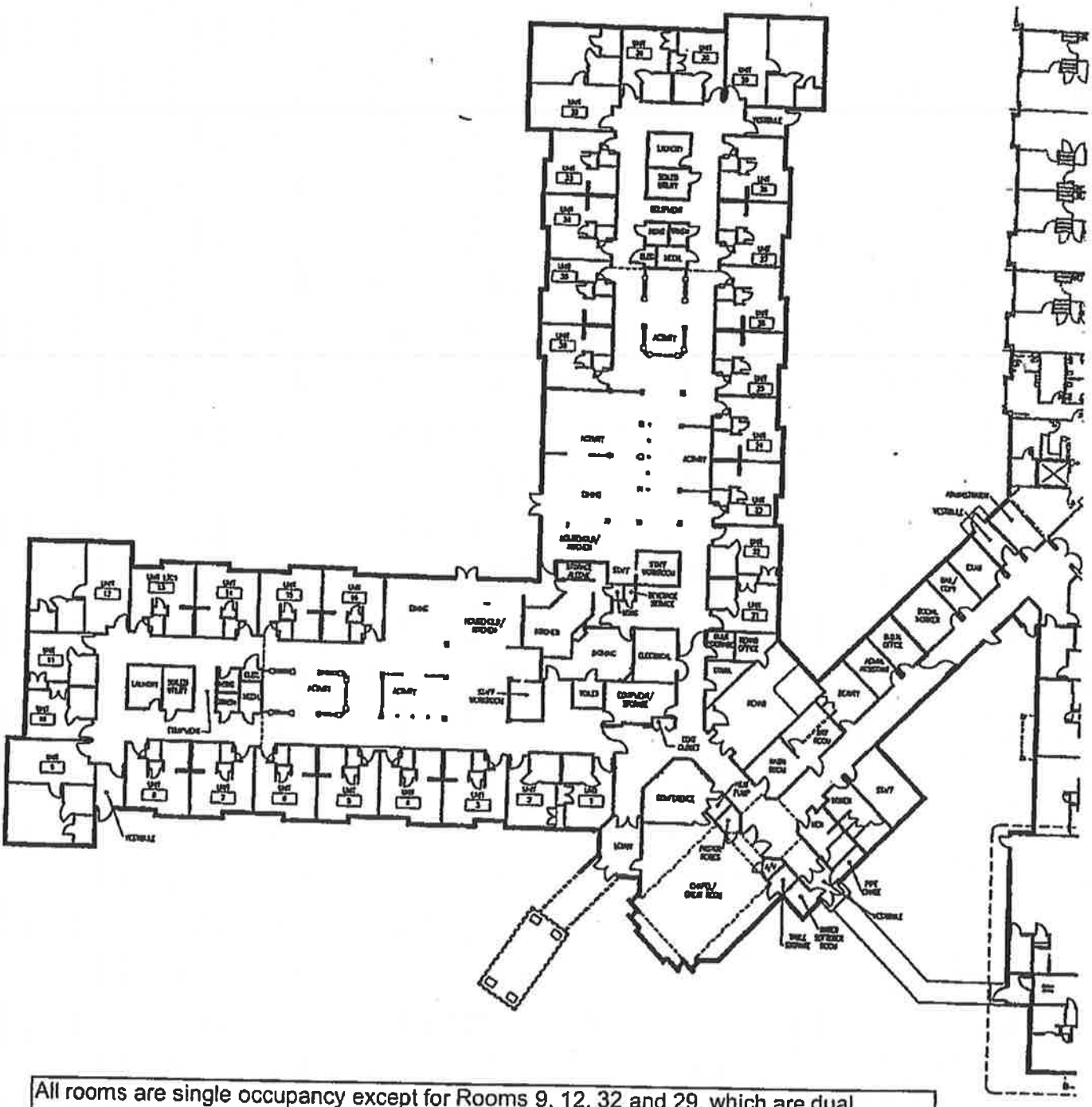
Approved By: [redacted]

Inspected By: **8725 Susen Lindner**
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.



All rooms are single occupancy except for Rooms 9, 12, 32 and 29, which are dual occupancy.
All beds (36) are Medicare and Medicaid certified.

Immanuel

January 11, 2016

Nebraska Department of Health & Human Services
Division of Public Health, Licensure
PO Box 94986
Lincoln, NE 68509-4986

Dear Ms. Lewis,

Enclosed are documents related to the Nursing Home Licensure Renewal for The Lighthouse.

The renewal application contains the following documents:

- Nursing Home License Renewal Form
- Current Fire Marshal Certificate
- Immanuel Fontenelle Floor Plans
- Owner Board of Directors
- Check for $1,550.00

If you have any questions, please feel free to contact me. Thank you.

Sincerely,

[redacted]

Colleen Davis
Executive Assistant
(402) 829-2909
cdavis@immanuel.com