

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

*1-28-16 dy*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Oakland Heights</b>	
MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT	
Services	Lic # 084002
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2017	  Courtney R. Hinds, APHA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Oakland Heights

ADDRESS: 207 SOUTH ENGDahl AVENUE, OAKLAND, NE 68045

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.

3/5/16



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

JAN 21 2016

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:

Oakland Heights  
207 SOUTH ENGDAHL AVENUE  
OAKLAND, NE 68045

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO: 084002

TELEPHONE NUMBER: (402) 685-5683

FAX NUMBER: (402) 685-5684

ADMINISTRATOR: DAVID DEEMER

DIRECTOR OF NURSING: CHRISTINA ARNOLD, R.N.

E-Mail Address, if available: oakhqts@huntel.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 45

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

REC'D DHSS ACCOUNTING  
2016 JAN 22 A 9

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: CITY OF OAKLAND

(Legal Name of individual or business organization)

MAILING ADDRESS: 207 SOUTH ENGDAHL AVENUE  
OAKLAND, NE 68045

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

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.

Ted R Beckner  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

DAVID DEEMER  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1/19/2016  
DATE

1/18/2016  
DATE

## **City Council Members and Mayor of Oakland**

Ted Beckner -Mayor  
303 N. Thomas Ave  
Oakland, NE 68045  
402-685-5215

Matt Johnson - Council President  
902 E 3rd Street  
Oakland, NE 68045  
402-685-5478

Greg Mockenhaupt  
101 S. Thomas Ave  
Oakland, NE 68045  
402-512-0160

Luke Blanc  
302 N. Fried Ave.  
Oakland, NE 68045  
402-380-5290

Denise Gilliland  
102 N. Oakland Ave  
Oakland, NE 68045  
402-685-6832

**Board Members & Administrator of Oakland Heights Nursing Home**

James Nelson (President of the Nursing Home Board)

810 E. 2nd St  
Oakland, NE 68045  
SSN: 508-50-4705  
DOB: 9/22/1939

Sally Olson (Secretary of Nursing Home Board)

406 N Thomas Ave  
Oakland, NE 68045  
SSN: 507-70-4244  
DOB: 8/1/1951

Margaret Johnson - Board Member

106 N Fried Ave  
Oakland, NE 68045  
SSN: 507-40-1416  
DOB: 2/22/1936

Donna Baldwin - Board Member

104 Circle Drive  
Oakland, NE 68045  
SSN: 506-40-6936  
DOB: 8/1/1935

Jack Carsetensen - Board Member

315 N Park Ave  
Oakland, NE 68045  
SSN: 485-40-8810  
DOB: 7/11/1935

David Deemer- Administrator of Nursing Home

206 N Engdahl Ave  
Oakland, NE 68045  
SSN: 506-08-2049  
DOB: 11/24/1974

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402888

Name of Facility: **Oakland Heights**  
Type of Facility: **Nursing Home**  
Location: **207 S Engdahl, Oakland**  
Maximum Occupancy: **45 Beds**  
Date Issued: **3/5/2015**

Approved By:

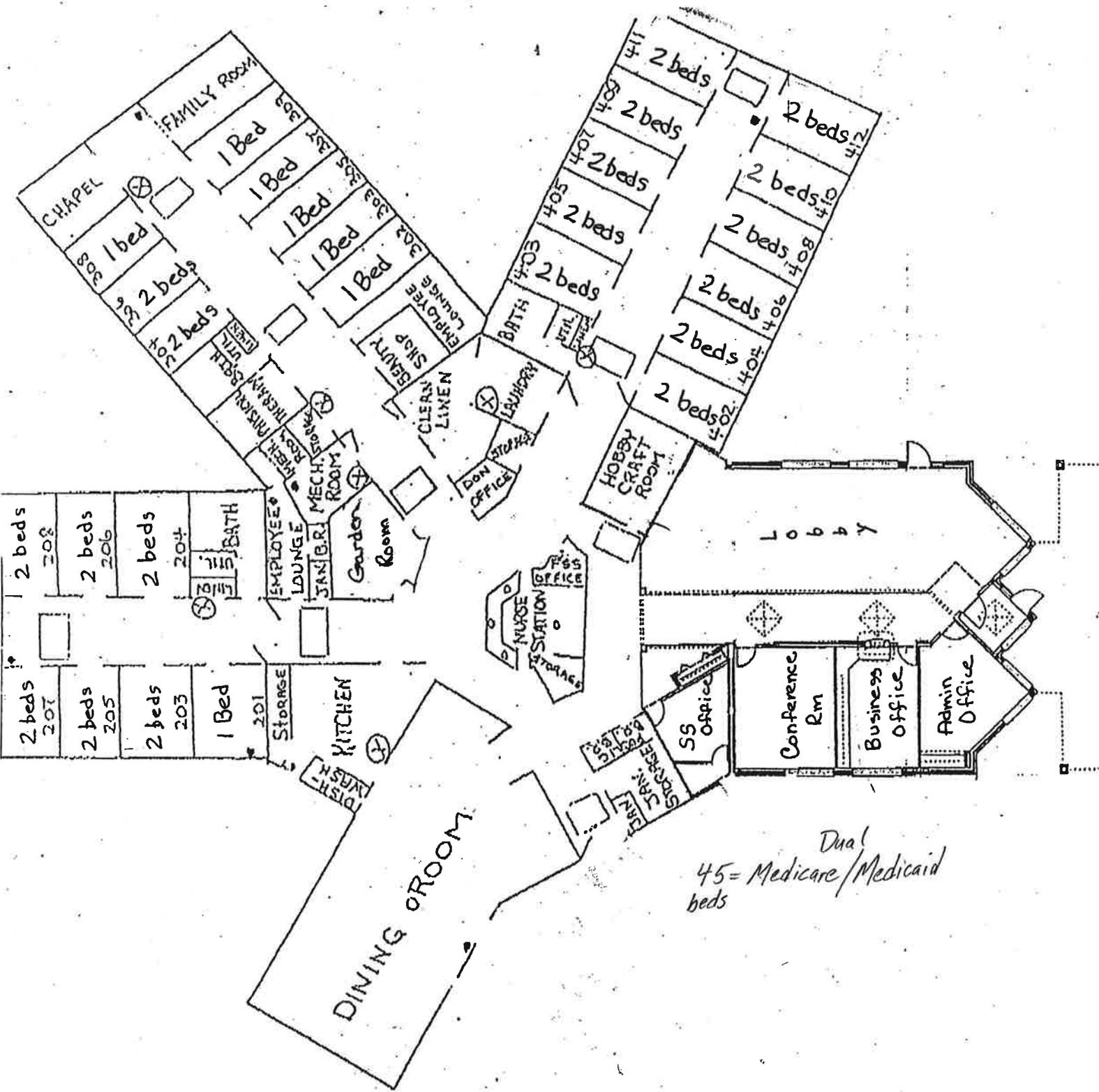
Inspected By: **8713 Alan Viox**  
**Deputy State Fire Marshal**

**State Fire Marshal**



## POST IN PROMINENT PLACE

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



Dual  
 45 = Medicare/Medicaid  
 beds