

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

4/6/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Old Mill Rehabilitation (Omaha TCU) MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Lic # NH0017	
Services	
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
EXPIRES 03/31/2017	  Courtney R. Voth, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Old Mill Rehabilitation (Omaha TCU)
ADDRESS: 1131 PAPHILLION PARKWAY, OMAHA, NE 68154

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.

6-15-15



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
[X] Skilled Nursing Facility
Nursing Facility
Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Old Mill Rehabilitation (Omaha TCU)
1131 PAPILLION PARKWAY
OMAHA, NE 68154

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

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MAR 31 2016

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LICENSE NO: NH0017

TELEPHONE NUMBER: (402) 934-7500

FAX NUMBER: (402) 934-7560

ADMINISTRATOR: DAVID WILLIAMSON

DIRECTOR OF NURSING: TRUDY MULLINS, R.N.

E-Mail Address, if available: info@oldmillrehab.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 44

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? yes no
[] JCAHO [] Medicare [] Medicaid [] Other

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: SNF OMAHA OPERATING COMPANY, LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 4943 NE MARTIN LUTHER KING
PORTLAND, OR 97212

8. BUSINESS ORGANIZATION: (Check one):

[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[X] 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.

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

DATE

PROF DHSS ACCOUNTING

APR - 1 APR 4 2

3.23.16

3.23.16

JAMES G MAWSON

Anna Haynes Manager Zamwell

[Redacted Signature]

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403082

Name of Facility: **Old Mill Rehabilitation**
Type of Facility: **Nursing Homes**
Location: **1131 Papillion Parkway, Omaha**
Maximum Occupancy: **44 Beds**
Date Issued: **6/15/2015**

Approved By:

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.

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Old mill

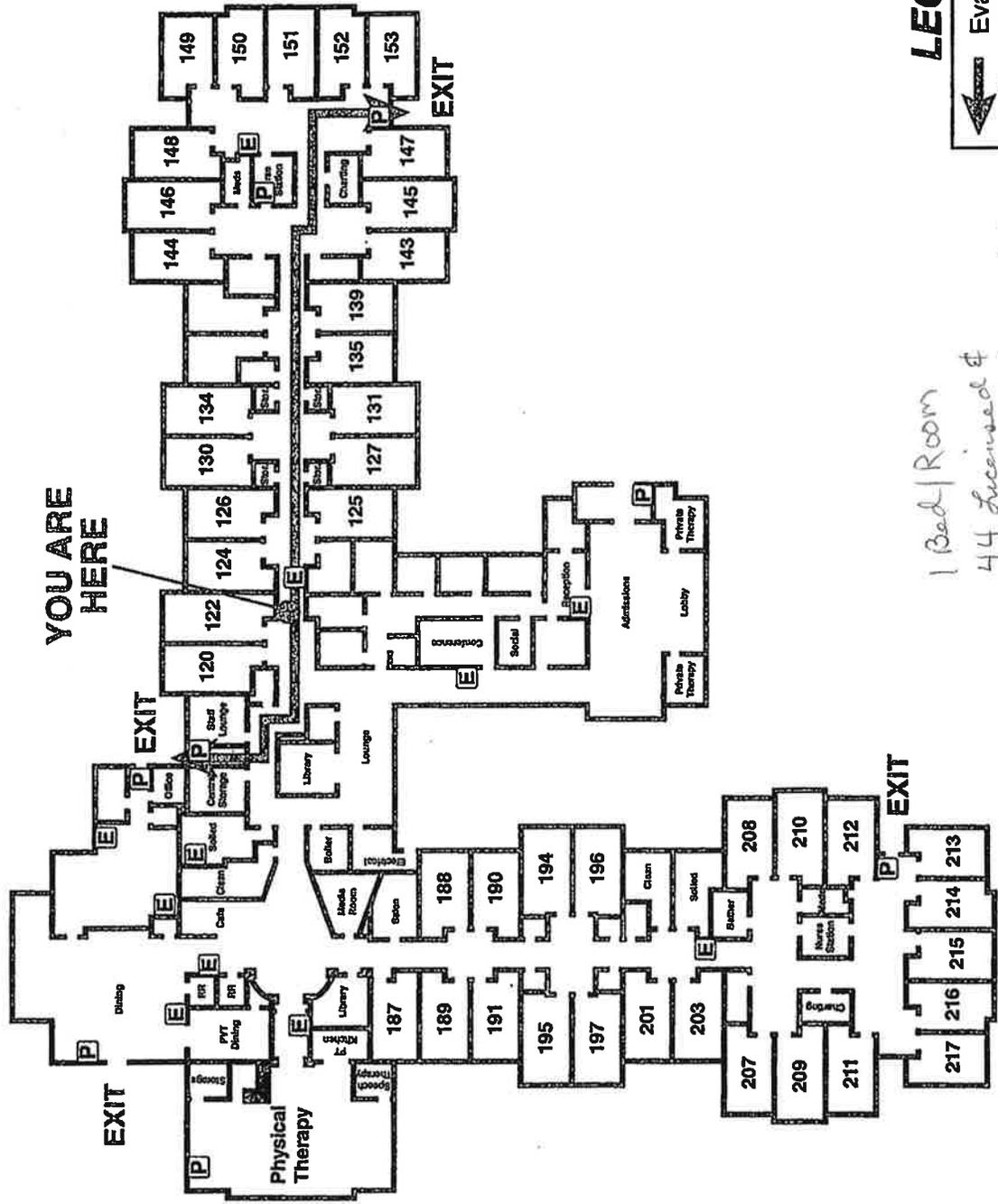
Name	Address
Ammon Walkers, FLP	3300 Washington Parkway Idaho Falls, ID 83404
Huntsman Holdings, LLC	251 Georgetown Ct. Idaho Falls, ID 83404
Gregory G. West	1630 Claremont Lane Idaho Falls, ID 83404
Dane Dickson	544 Partridge Lane Rexburg, ID 83440
Gary Walker	178 W. Woodhaven Lane Idaho Falls, ID 83404
Heywood Holdings Inc.	760 N. Mill Road Heber City, UT 84032
Helical Wilder, LLC	320 Lexington Ave. San Antonio, TX 78215
Paul & Liane Glazer	545 Hammond Street Chestnut Hill, MA 02467
Micah Harper, PLLC	13526 George Rd, St 106 San Antonio, Texas 78230
Steven Leon Harper IRA	17171 Park Row, Suite 100 Houston, TX 77084
Lee Charvet IRA	17171 Park Row, Suite 100 Houston, TX 77084
Zamwell Group, LLC	PO Box 12269 Portland OR 97212
Promontory Healthcare Company, LLC	PO Box 12269 Portland OR 97212

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Old Mill Rehabilitation Evacuation Routes



LEGEND

- Evacuation Route
- Fire Extinguisher
- Pull Alarm
- You Are Here

*1 Bed Room
44 Licensed &
Medicaid/Medicare Beds*

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