



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

2/25/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Brookestone Acres MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # NH0018	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  Christy A. Thompson, MD Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Brookestone Acres

ADDRESS: 4715 38TH STREET, COLUMBUS, NE 68601

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.

8/20/15

FEB 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:
Brookestone Acres
4715 38TH STREET
COLUMBUS, NE 68601
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: NH0018
 TELEPHONE NUMBER: ~~(402) 942-7493~~ 402-942-9260
 FAX NUMBER: (402) 942-9297
 ADMINISTRATOR: TANYA BABEL
 DIRECTOR OF NURSING: DAN SMITH, R.N.
 E-Mail Address, if available: 2567-CBS@vhsmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. NUMBER OF BEDS TO BE RELICENSED: 80

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

REC'D DHSS ACCOUNTING
2016 FEB 22 P 2:00

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: COLUMBUS HEALTH CARE, INC
 (Legal Name of individual or business organization)
 MAILING ADDRESS: 4715 38TH STREET
 COLUMBUS, NE 68601

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.

Jack D. Vetter
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Todd D. Vetter
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
 SIGNATURE

02.16.16
 DATE
02.16.16
 DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403159

Name of Facility: **Brookstone Acres**
Type of Facility: **Nursing Homes**
Location: **4715 - 38th Street Columbus**
Maximum Occupancy: **80 Beds**
Date Issued: **8/20/2015**

Approved By:

Inspected By: **8743 James Sloup**
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.

**Vetter Related Corporations
Directors, Officers and Shareholders
as of January 1, 2016**

Directors and Officers for all the following companies can be notified in writing: C/O Vetter Health Services, Inc., 20220 Harney Street, Elkhorn, NE 68022 or by telephone at 1-402-895-3932.

Vetter Holding, Inc.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholders</u>
Jack D. Vetter	Jack D. Vetter.....President	Jack D. Vetter
Eldora D. Vetter	Eldora D. Vetter..... Vice President	Eldora D. Vetter
Denith D. Vetter	Eldora D. Vetter.....Treasurer	Denith D. Vetter
Vicki L. Vetter	Eldora D. Vetter..... Secretary	Tina Vetter
Todd D. Vetter	Todd D. Vetter.....Assistant Secretary	Vicki L. Vetter
	Joani Schelm.....Chief Financial Officer	Todd D. Vetter
		Lucille Vetter
		The Vetter Foundation

Wholly Owned Subsidiaries of Vetter Holding, Inc.: All corporations except Vetter Health Services.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....President	Vetter Holding, Inc.
Eldora D. Vetter	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Secretary	
	Todd D. Vetter.....Assistant Secretary	
	Joani Schelm..... Chief Financial Officer	

Vetter Health Services, Inc.:

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter..... Chair of the Board & CEO	Vetter Holding, Inc.
Eldora D. Vetter	Glenn Van Ekeren.....President	
	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter..... Treasurer	
	Eldora D. Vetter.....Assistant Secretary	
	Todd D. Vetter..... Secretary	
	Mitchell S. Elliott.....Chief Development Officer	
	Patrick Fairbanks.....Chief Operations Officer	
	Joani Schelm.....Chief Financial Officer	
	Rhonda Flanigan.....Chief People Officer	
	Shari Terry.....Chief Quality Officer	

