



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

3/22/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Hillcrest Country Estates MEETS STATUTORY REQUIREMENTS AS SKILLED NSG/NSG FAC DISTINCT PART	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	Lic # NH0007
EXPIRES 03/31/2017	  Courtney K. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Hillcrest Country Estates

ADDRESS: 6082 GRAND LODGE AVENUE, PAPILLION, NE 68133

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.

2-19-16



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

Table with 1 column: Make Payment to DHHS LU. Renewal Fees: 1 - 50 beds: \$1550, 51 - 100 beds: \$1750, 101 or more: \$1950

Expiration Date 03/31/2015

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:

Hillcrest Country Estates - Cottages
6082 GRAND LODGE AVENUE
PAPILLION, NE 68133

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

1902 Harlan Drive
Suite A
Bellevue, NE 68005

LICENSURE UNIT

MAR 14 2016

RECEIVED

LICENSE NO: NH0007

TELEPHONE NUMBER: (402) 885-7000

FAX NUMBER: (402) 885-7001

ADMINISTRATOR: CYNTHIA KLEIN

DIRECTOR OF NURSING: JOE DIMINICO

E-Mail Address, if available: hceadministrator@hillcrestcountryvestates.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 126

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:
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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HILLCREST DEVELOPMENT COMPANY, LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 6082 GRAND LODGE AVENUE
PAPILLION, NE 68133

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)
[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.

Jolene Roberts - President
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Brendan L Bishop - LLC Member
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2016 MAR 17 A 8:18
RECEIVED
DHHS ACCOUNTING
DATE 3/2/16



LICENSURE UNIT

MAR 14 2016

RECEIVED

March 10, 2016

Office of Long Term Care Facilities  
Licensure Unit, Division of Public Health – 3<sup>rd</sup> Floor  
Department of Health and Human Services  
Attn: Eve Lewis, RNC, Program Manager  
P.O. Box 94986  
Lincoln, NE 68509-4986

**RE: Hillcrest Country Estates – Skilled Nursing Facility License Renewal Application**

Dear Ms. Lewis:

Enclosed please find the Skilled Nursing Facility License Renewal Application for Hillcrest Country Estates. We have also included a check for the renewal fee in the amount of \$1950.00.

The physical address of Hillcrest Health & Rehab is:

6082 Grand Lodge Avenue  
Papillion, NE 68133

However all communications regarding our license should be forwarded to me at:

1902 Harlan Drive  
Suite A  
Bellevue, NE 68005  
Email: [HHSPProviderInfo@hillcresthealth.com](mailto:HHSPProviderInfo@hillcresthealth.com)  
Phone: (402) 682-4800

Red Oak Health Services Inc. dba Hillcrest Health & Rehab's owners of with more than a 5% ownership interest include:

Jolene Roberts	1902 Harlan Drive, Suite A, Bellevue, NE 68005
John Roberts	1902 Harlan Drive, Suite A Bellevue, NE 68005
Brendan L. Bishop	1902 Harlan Drive, Suite A, Bellevue, NE 68005

If you have any other questions or need further information, please contact me at the email or phone number listed above.

Sincerely,

Kris D'Ann Maples

In-House Counsel/Compliance Director

1902 Harlan Drive, Suite A, Bellevue, Nebraska 68005 • phone: (402) 682-4800 • fax: (402) 682-4253 • [hillcresthealth.com](http://hillcresthealth.com)

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 403479

Name of Facility: **Hillcrest Country Estates**  
Type of Facility: **Nursing Homes**  
Location: **6062 Grand Lodge Ave Papillion**  
Maximum  
Occupancy: **22 Beds**  
Date Issued: **5/18/2016**

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.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 403480

Name of Facility: **Hillcrest Country Estates**  
Type of Facility: **Nursing Home**  
Location: **11370 S 60th Court Papillion**  
Maximum  
Occupancy: **13 Beds**  
Date Issued: **5/18/2016**

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.

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 403481

Name of Facility: **Hillcrest Country Estates**  
Type of Facility: **Nursing Home**  
Location: **11380 S 60th Court Papillion**  
Maximum  
Occupancy: **13 Beds**  
Date Issued: **5/18/2016**

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.

# OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

NAME OF FACILITY: HILLCREST COUNTRY ESTATES COTAGES

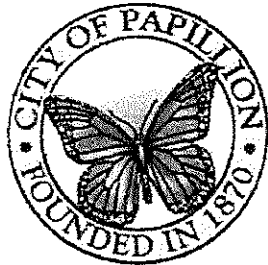
TYPE OF FACILITY: LONG TERM CARE

LOCATION: 11390S. 60TH CT. PAPILLION, NE

MAXIMUM OCCUPANCY: 13

DATE ISSUED: 2/9/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPILLION FIRE DEPARTMENT



POST IN A PROMINANT PLACE



Papillion Fire Marshal

Approved by

2/9/16

Date



Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

# OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

NAME OF FACILITY: HILLCREST COUNTRY ESTATES COTAGES

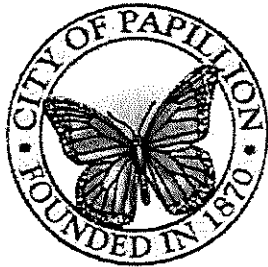
TYPE OF FACILITY: LONG TERM CARE

LOCATION: 11340S. 60TH CT. PAPILLION, NE

MAXIMUM OCCUPANCY: 13

DATE ISSUED: 2/9/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPILLION FIRE DEPARTMENT



POST IN A PROMINANT PLACE



Papillion Fire Marshal

Approved by

2/9/16

Date



Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

# OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

NAME OF FACILITY: HILLCREST COUNTRY ESTATES COTAGES

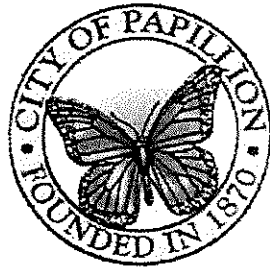
TYPE OF FACILITY: LONG TERM CARE

LOCATION: 11350S. 60TH CT. PAPILLION, NE

MAXIMUM OCCUPANCY: 13

DATE ISSUED: 2/9/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPILLION FIRE DEPARTMENT



POST IN A PROMINANT PLACE



Papillion Fire Marshal

Approved by

2/9/16

Date



Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

# OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

NAME OF FACILITY: HILLCREST COUNTRY ESTATES COTAGES

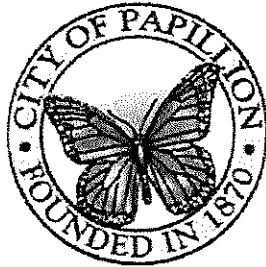
TYPE OF FACILITY: LONG TERM CARE

LOCATION: 11360S. 60TH CT. PAPILLION, NE

MAXIMUM OCCUPANCY: 13

DATE ISSUED: 2/9/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPILLION FIRE DEPARTMENT



POST IN A PROMINANT PLACE



Papillion Fire Marshal

2/9/16

Approved by

Date

Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

# OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

NAME OF FACILITY: HILLCREST COUNTRY ESTATES COTAGES

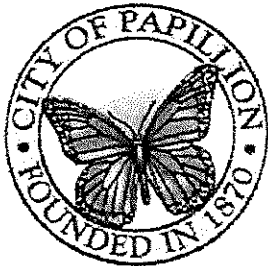
TYPE OF FACILITY: LONG TERM CARE

LOCATION: 6082 GRAND LODGE AVE. PAPILLION, NE

MAXIMUM OCCUPANCY: 13

DATE ISSUED: 2/9/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPILLION FIRE DEPARTMENT



POST IN A PROMINANT PLACE



Papillion Fire Marshal

2/9/16

Approved by

Date

Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

# OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

NAME OF FACILITY: HILLCREST COUNTRY ESTATES COTAGES

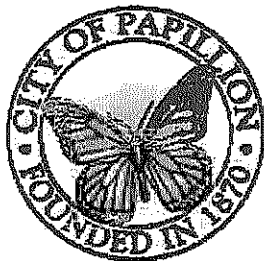
TYPE OF FACILITY: LONG TERM CARE

LOCATION: 6072 GRAND LODGE AVE. PAPIILLON, NE

MAXIMUM OCCUPANCY: 13

DATE ISSUED: 6/13/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPIILLON FIRE DEPARTMENT



POST IN A PROMINANT PLACE



Approved by \_\_\_\_\_  
Papillion Fire Marshal

6/10/2016

Date

Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

Layout is the same in all Eight cottages  
13 Elders per cottage

Cottage 6072, 11380, 11370 are Medicaid Cert.

