

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

LS
4/21/16

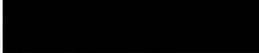
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Valley View Senior Village

MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # NH0021

EXPIRES
03/31/2017




Courtney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

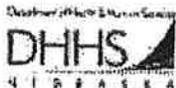
FACILITY NAME: Valley View Senior Village

ADDRESS: 220 SOUTH 26TH STREET, ORD, NE 68862

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.

11-17-15



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 Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Valley View Senior Village
220 SOUTH 26TH STREET
ORD, NE 68862

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

MAR 31 2016

RECEIVED

LICENSE NO: NH0021

TELEPHONE NUMBER: (308) 728-4245

FAX NUMBER: (308) 728-7809

ADMINISTRATOR: RANDY KOZCAL *Brenda Keefe* ce/KD

DIRECTOR OF NURSING: MELANIE HANSEN, R.N.

E-Mail Address, if available: seniorvillage@valleyviewseniorvillage.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 60

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 HSS ACCOUNTING
2016 APR - 1
A 10:48

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: VALLEY VIEW SENIOR VILLAGE, LLC
(Legal Name of individual or business organization)

MAILING ADDRESS: 709 SOUTH SCHOOL STREET, PO BOX 112
WILBER, NE 68465

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.

Randy L. Kozcal
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

MELANIE BREWSTER
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

Jan 14, 2016
DATE

1/14/2016
DATE

11-17-15



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

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Expiration Date 03/31/2016

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Nursing Home Type: Please Check [X] Skilled Nursing Facility [] Nursing Facility [] Intermediate Care Facility

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LICENSURE UNIT

MAR 31 2016

RECEIVED

REC'D HHS ACCOUNTING 2016 APR -1 A 10:48

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LICENSE NO: NH0021
TELEPHONE NUMBER: (308) 728-4245
FAX NUMBER: (308) 728-7809
ADMINISTRATOR: RANDY KOZEAL Brenda Keele ce KD
DIRECTOR OF NURSING: MELANIE HANSEN, R.N.
E-Mail Address, if available: seniorvillage@valleyviewseniorvillage.com

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

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: 47-3277351
4. NUMBER OF BEDS TO BE RELICENSED: 60

5. ACCREDITATION/CERTIFICATION: [] JCAHO [X] Medicare [X] Medicaid [] Other
Are you requesting deemed status? ___yes ___no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
[] Physical Therapy [] Alzheimers/Special Care Unit [] Speech Therapy
[] Pediatric [] Respiratory [] Occupational Therapy
[] Behavioral Needs
Current Services

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: VALLEY VIEW SENIOR VILLAGE, LLC
(Mailing Address: 709 SOUTH SCHOOL STREET, PO BOX 112, WILBER, NE 68465)

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)
Profit Non Profit

CERTIFICATION

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(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Randy L. Kozeal
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

Jan 14, 2016
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403240

Name of Facility: **Valley View Senior Village NH**

Type of Facility: **Nursing Home**

Location: **220 S 26th Street Ord**

Maximum
Occupancy: **60 Beds**

Date Issued: **11/17/2015**

Approved By:

Inspected By: **8748 Mark Manchester**
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.

Jobman, Donna

Subject: Old Mill Renewal info
Attachments: MX-C311_20160407_092351.pdf

From: Brenda Keefe [<mailto:bkeefe@valleyviewseniorvillage.com>]
Sent: Thursday, April 07, 2016 10:47 AM
To: DHHS Health Care Facilities
Cc: Randolph Kozeal
Subject: renewal application information

Donna,
Here is the information regarding our application renewal. Please verify when you receive this email.

Ownership/Control:

Randy L. Kozeal, CEO
709 So. School St.
PO Box 112
Wilber, NE 68465

Merlin Brenden, CFO
48475 258th St.
Valley Springs, S.D. 57068

Occupancy Certificate:

See Attachment

Bed Count:

See Attachment. All beds are Medicare/Medicaid certified.

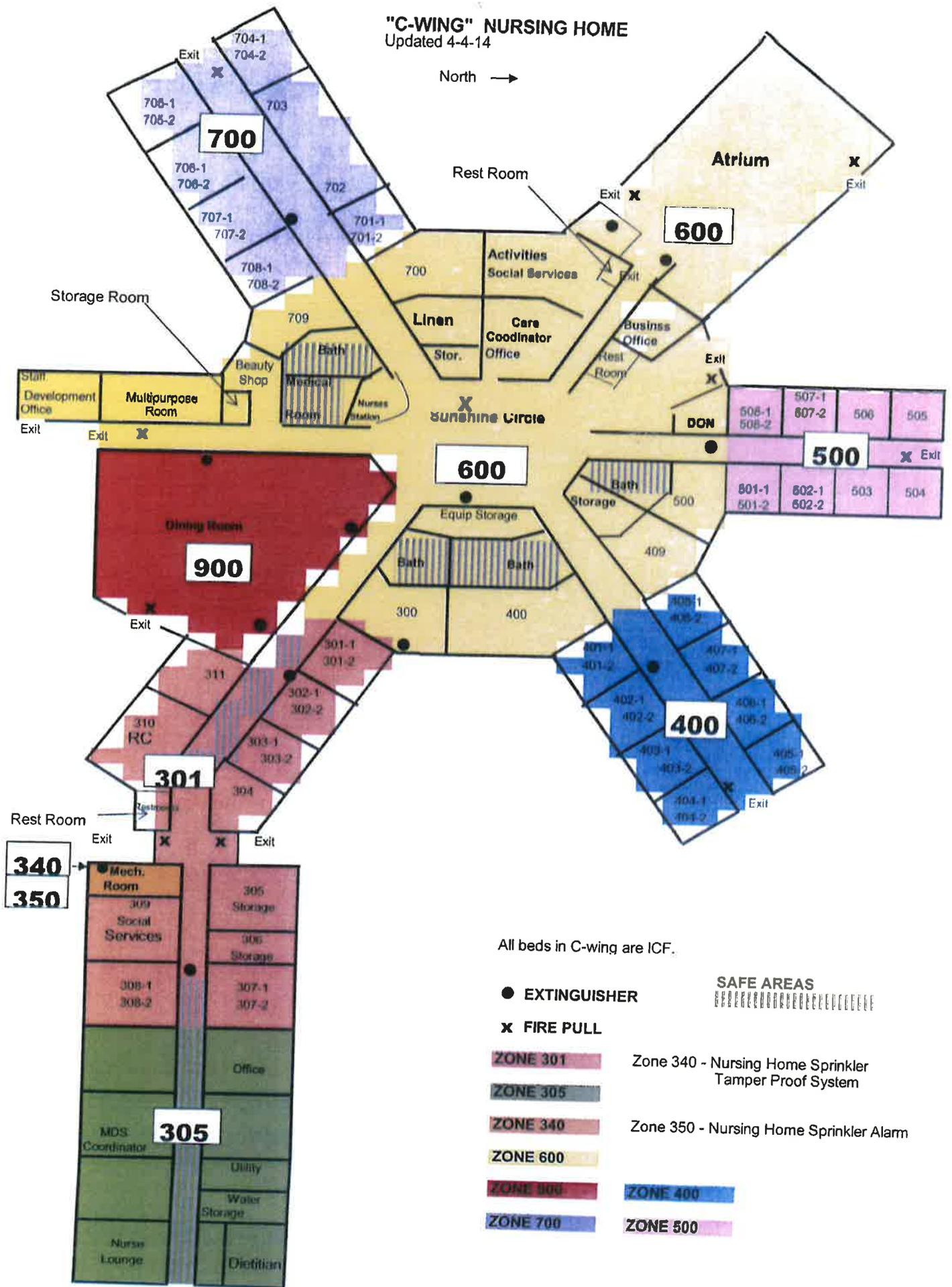
Any questions please feel free to give me a call.

Thank-you,

Brenda Keefe
LTC Administrator
Valley View Senior Village
220 S. 26th Street
Ord, NE 68862
308-728-4232 (Office) ☎
308-728-3346 (Fax) 📠

"C-WING" NURSING HOME
Updated 4-4-14

North →



All beds in C-wing are ICF.

● EXTINGUISHER

x FIRE PULL

SAFE AREAS



ZONE 301

Zone 340 - Nursing Home Sprinkler Tamper Proof System

ZONE 305

ZONE 340

Zone 350 - Nursing Home Sprinkler Alarm

ZONE 600

ZONE 900

ZONE 400

ZONE 700

ZONE 500