


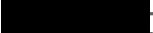
**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

*Initial
Eff 11-1-16 dy*

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

Brookestone View

MEETS STATUTORY REQUIREMENTS AS
NURSING FACILITY (19)
Lic # NH0022

 
Chief Executive Officer
Department of Health and Human Services

EXPIRES
3/31/2017

Cut on heavy line and place on license.

FACILITY NAME: Brookestone View

ADDRESS: 850 LAUREL PARKWAY DRIVE, BROKEN BOW, NE 68822

This is to verify that your NURSING FACILITY (19) 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.

State of Nebraska

Department of Health and Human Services Division of Public Health

Lincoln, Nebraska

ISSUES LICENSE NO. NH0022 to BROKEN BOW LIVING CENTER, INC to operate a NURSING FACILITY (19) located at 850 LAUREL PARKWAY DRIVE , BROKEN BOW, NE. This facility is subject to rules and regulations lawfully promulgated by the State of Nebraska Department of Health and Human Services Division of Public Health.

Licensure Issuance Date: November 01, 2016

Please place small
license card here



Given under my hand and the seal of the State of Nebraska Department of Health and Human Services Division of Public Health at Lincoln, Nebraska, on November 01, 2016.


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

May be displayed on the licensed premises.

November 1, 2016

Samantha Tilson
Administrator
Brookestone View
850 Laurel Parkway Drive
Broken Bow, NE 68822

Dear Ms. Tilson:

We are happy to inform you that Brookestone View has met the requirements for a Nebraska license and is hereby issued Skilled Nursing Facility License #NH0022. The license is for 60 beds and is effective November 1, 2016.

Enclosed are a small-sized licensure card, which shows the expiration date of the license and an 8x10 license which is the facility's original license. These documents are to be displayed in a conspicuous place on the licensed premises to show that the facility is licensed. The license is issued for only the premises and persons named on the application and said license is not transferable or assignable.

You may direct any questions about this license to Eve Lewis, RNC, Program Manager, who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

Sincerely,

Thomas L. Williams, MD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Becky Wisell, Administrator
Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4986

BW/dj

NH0022

Make Payment to HHSRL	
Initial Fees:	
1-50 Beds	\$1,550
51-100 Beds	\$1,750
101 or more beds	\$1,950

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 LICENSURE UNIT

Check one:
 Initial License
 Change of Location
 Change of Ownership

MAY 16 2016

Nursing Home Licensure Application

Nursing Home Type: Please Check This form may be filled out on-line and mailed to Regulation and Licensure

- Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

- NAME OF FACILITY: Broken Bow Living Center, Inc. dba Brookeslone View AREA CODE _____ PHONE NUMBER _____
 ADDRESS: 850 Laurel Parkway Drive, Broken Bow, NE 68822 AREA CODE _____ FAX NUMBER _____
 (STREET ADDRESS, CITY, ZIP)
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
- ADMINISTRATOR: To be determined DIRECTOR OF NURSING To be determined (IF NOT INDIVIDUAL)
- PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
850 Laurel Parkway Drive, Broken Bow, NE 68822
- NUMBER OF BEDS TO BE LICENSED: 60
- PLANNED OCCUPANCY DATE: November 1, 2016
- ACCREDITATION/CERTIFICATION: (check if applicable) JCAHO AOA CARF Medicare or Medicaid
 Are you requesting deemed status? Yes No
- SPECIFY ANY SPECIAL CARE AND TREATMENT TO BE PROVIDED: Please Check.
 Physical Therapy Special Care Unit Other Behavioral Needs
 Pediatric Respiratory Other-please specify _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: Broken Bow Living Center, Inc.
 (LEGAL NAME OF CORPORATION, PARTNERSHIP, ETC.)
 ADDRESS: 850 Laurel Parkway Drive, Broken Bow, NE 68822
 (STREET ADDRESS, CITY, ZIP)
- MAILING ADDRESS OF OWNERSHIP: _____
 (IF DIFFERENT THAN ABOVE)
- 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

RECEIVED
HHS ACCOUNTING
JUN 10 10:11 AM '16

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & 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 and on the attached documents are true and correct and I/we hereby apply for a license. PLEASE NOTE: In Neb.Rev.Stat. Section 71-433 "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."

Sign Here _____ AUTHORIZED REPRESENTATIVE _____ AUTHORIZED REPRESENTATIVE 5-13-16 DATE

Sign Here _____ AUTHORIZED REPRESENTATIVE _____ AUTHORIZED REPRESENTATIVE _____ DATE

**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	

BROKEN ► BOW

N E B R A S K A

ZONING PERMIT – COMMERCIAL

NO. 11

DATE: September 17, 2015

This permit is the lawful authority of Vetter Health Services to alter, erect, enlarge a building generally described as a New Commercial Building on Sec on Block, Lot 7.448 Acres, also known as 850 laurel Parkway Dr, in accordance with the terms of the Application for Zoning Permit of Broken Bow, dated September 17, 2015, and in strict compliance with the ordinances of Broken Bow, Nebraska, and the laws of the State of Nebraska.

Dated this 17th day of September, 2015.



Zoning Administrator
City of Broken Bow, Nebraska

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

Fee Sheet Number:	
Facility Name BROOKESTONE VIEW	Occupant Street Address 850 LAUREL PARKWAY DR
Operator & Phone number VETTER HEALTH SERVICES	City / Town BROKEN BOW
Owner / Address / Phone number/Email BROOKESTONE VIEW 850 LAUREL PARKWAY DR BROKEN BOOW, NEBRASKA 68822	County CUSTER
	How Occupied HEALTH CARE
Occupant load 60 BEDS	Date of Inspection 10/10/2016
	Fee Card <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
ORDER	

Contact person/number : MITCH ELLIOT
 Initial inspection : OCTOBER 10, 2016
 Revisit inspection :
 Hours of operation :
 Plan review numbers : M09092-15, M03070-16, M03148-16, M04117-16

The above new facility of sixty beds was inspected along with the hood extinguishing system, the fire alarm system and sprinkler system have been approved and the facility providing reasonable safety to life in case of fire, is approved at this time for occupancy

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

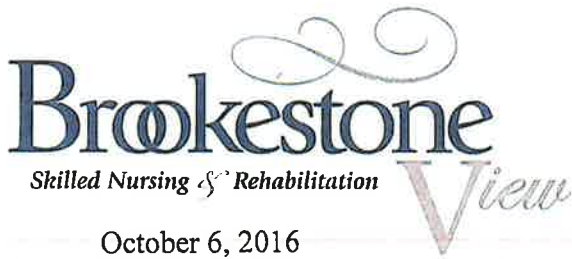
If you have questions on this Order, contact Deputy Hoeft by phone at 308-530-9493 or by Email at mike.hoeft@nebraska.gov

Witness my signature at North Platte

Nebraska this 18th day of October 2016

By: **Michael Hoeft** 
 Deputy State Fire Marshal # 8733





850 Laurel Parkway Drive
Broken Bow, NE 68822
(308) 767-2300
fax (308) 767-2080
www.brookestoneview.com

October 6, 2016

Eve Lewis
Nebraska DHHS Licensing & Regulatory Affairs Long Term Care Facilities
P O Box 94986
Lincoln, NE 68509-4986

RE: Broken Bow Living Center, Inc., dba Brookestone View

Dear Eve:

We have submitted our request for initial licensure of a Skilled Nursing Facility, but received a letter from you on August 4th that you were missing information, so please find below and attached a portion of the information you need:

- Facility fax #: 308-767-2080
- Generic Email Address for facility: 2567-bow@vhsmail.com
- Administrator: Samantha Tilson #2271
- Director of Nursing: Beverly Trew #30257
- Fully owned by Vetter Holding, Inc. Jack and Eldora are majority shareholders of Vetter Holding, Inc. Shareholders are listed on attached sheet.
- Schematic plans of facility is attached.

The zoning approval, Certificate of Occupancy, Certificate of Completion by licensed Architect/Engineer, and Bed Capacity worksheet will be coming within the next week.

Please let me know if you have any further questions.

Sincerely,


Tami Smith
Leadership Development Coordinator
308-380-8588

Attachments

A Vetter Senior Living Community