

**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 11-2-16 dj*

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

Sandhills Care Center
MEETS STATUTORY REQUIREMENTS AS
SKILLED NURSING FACILITY (LIC)
Lic # NH0027

Services
PHYSICAL THERAPY

EXPIRES
3/31/2017



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

Cut on heavy line and place on license.

FACILITY NAME: Sandhills Care Center

ADDRESS: 143 N FULLERTON STREET, AINSWORTH, NE 69210

This is to verify that your SKILLED NURSING FACILITY (LIC) 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. NH0027 to AINSWORTH BROWN COUNTY CARE CENTER to operate a SKILLED NURSING FACILITY (LIC) located at 143 N FULLERTON STREET , AINSWORTH, 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 02, 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 03, 2016.



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

May be displayed on the licensed premises.

November 2, 2016

Stephanie Rucker
Administrator
Sandhills Care Center
143 N Fullerton Street
Ainsworth, NE 69210-1515

Dear Ms. Rucker:

We are happy to inform you that Sandhills Care Center located at 143 N Fullerton Street, Ainsworth, Nebraska, 69210-1515 has met the requirements for a Nebraska Skilled Nursing Facility license and is hereby issued license #NH0027. The issuance date for this license is November 2, 2016.

Enclosed is 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.

We will send to you, at least 30 days before the expiration date of the license, a notice to renew the facility license. The license expiration date is March 31, 2016.

Please accept our best wishes for the successful operation of your facility/service.

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

9/13/16

NH0027

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

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: Sandhill Care Center AREA CODE 402 PHONE NUMBER 387-1294
 ADDRESS: 143 N Fullerton, Ainsworth, NE 69210 AREA CODE FAX NUMBER
 (STREET ADDRESS, CITY, ZIP)
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
- ADMINISTRATOR: Stephanie Rucker DIRECTOR OF NURSING: Amanda Tucker
 (IF NOT INDIVIDUAL)
- PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
143 N Fullerton, Ainsworth, NE 69201
- NUMBER OF BEDS TO BE LICENSED: 46
- PLANNED OCCUPANCY DATE: October 15, 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 _____

LICENSURE UNIT
 SEP 26 2016
 RECEIVED

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: Ainsworth Brown County Care Center
 (LEGAL NAME OF CORPORATION, PARTNERSHIP, ETC.)
 ADDRESS: 143 N Fullerton St
 (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

REC'D HHS
 2016 SEP 2

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. 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 _____ DATE
 _____ AUTHORIZED REPRESENTATIVE _____ AUTHORIZED REPRESENTATIVE _____ DATE

9/19/16

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403638

Name of Facility: Sandhills Care Center NH
Type of Facility: Nursing Homes
Location: 143 N Fullerton Street Ainsworth
Maximum Occupancy: 46 Beds
Date Issued: 9/13/2016

Approved By: [Redacted]

Inspected By: 8706 Pat Gould
Deputy State Fire Marshal

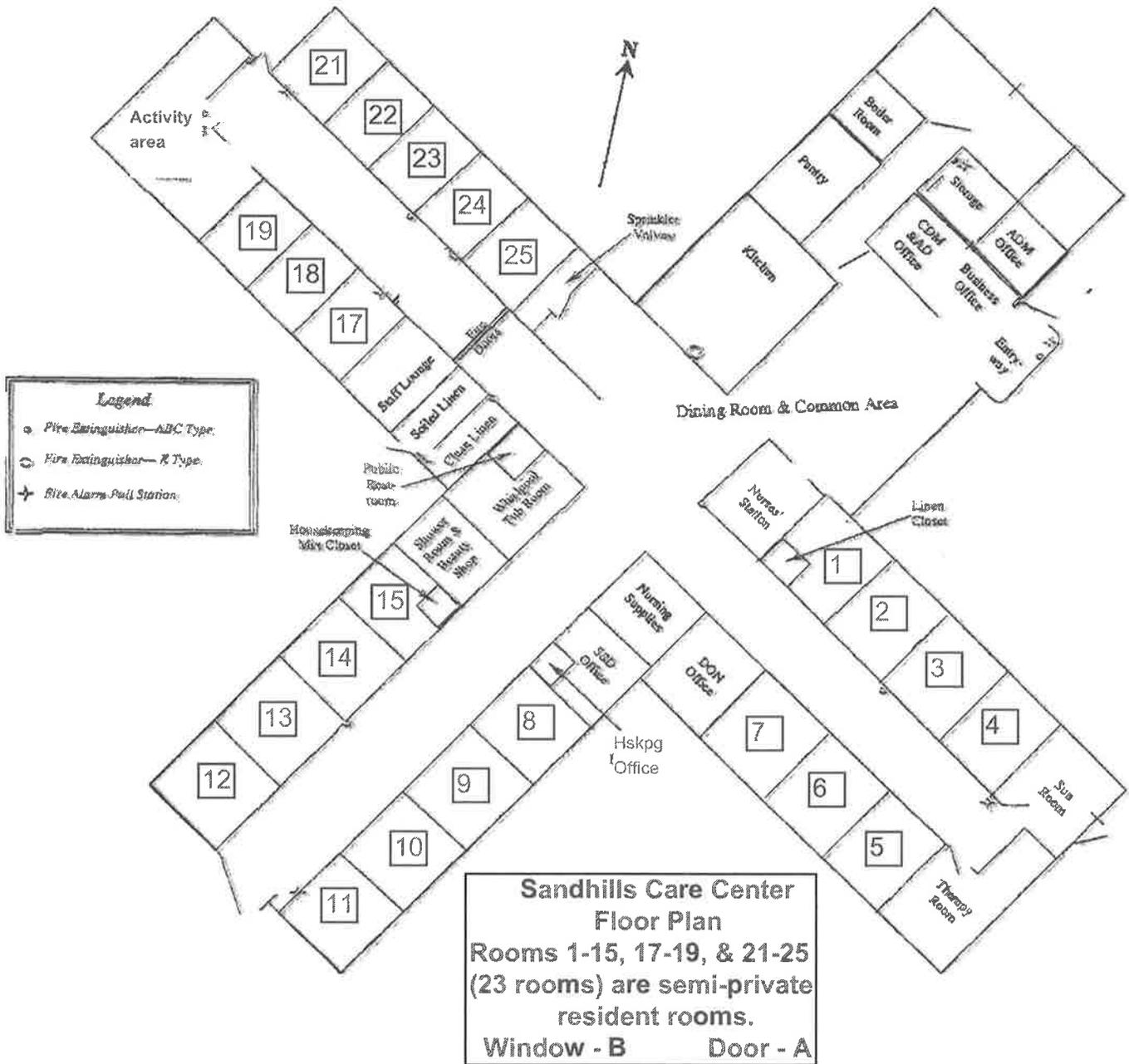
State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

Architectural Report Facility



The existing facility has approximately 13,777 square feet of enclosed space.



CITY OF AINSWORTH

606 E 4th Street • P.O. Box 165 • Ainsworth, NE 69210

CLERK
(402) 387-2494

e-mail: cityofainsworth@sscg.net

FAX: (402) 387-0649

MAYOR
(402) 387-2227



September 1, 2016

Mike Harris
Rural Health Development, Inc.
1115 Nasby, Box 487
Cambridge, NE 69022

RE: Sandhills Care Center Skilled Nursing Home Facility

Dear Mr. Harris,

The Sandhills Care Center Skilled Nursing Home Facility, located at 143 N. Fullerton in Ainsworth, Nebraska is located in an R-2 Residential District. A building or premise in this district may be used for a rest home (Ainsworth Municipal Code Section 10-604, F.) under a conditional use permit. As this property has been used in this capacity for a number of years in the community, the conditional use permit has already been granted and remains for this purpose on this property and is in compliance with Article 6 Zoning Regulations as stated within the Ainsworth Municipal Code.

Please do not hesitate to contact me with any further questions.

Sincerely,



Lisa Schroedl
Zoning Administrator

Name and Addresses of all Persons in Control of the Sandhills Care Center

Interlocal Joint Board Entity Members

1. Kent Taylor, Board Chair, 106 S Glen, Ainsworth, NE 69210
2. Leanne Maxwell, Board Member, 1046 E 3rd St, Ainsworth, NE 69201
3. James D. Walz, Board Member, 87801 429th Ave., Ainsworth, NE 69201
4. Raymond H. Small, Board Member, 88105 Bone Creek Rd, Ainsworth, NE 69201
5. Charles D. Osborn, Board Member, 443 N Walnut, Ainsworth, NE 69201

Managing Entity – Rural Health Development, Inc.

1. Stephanie Rucker, SCC administrator, 143 N Fullerton, Ainsworth, NE 69201
2. Ron Ross, President, 1919 S 40th St, Suite 302, Lincoln, NE 68506
3. Emily Plageman, Secretary/Treasurer & Director, 1919 S 40th St, Suite 302, Lincoln, NE 68506
4. Matt Ross, Vice President & Director, 1919 S 40th St, Suite 302, Lincoln, NE 68506



Rural
Health
Development, Inc.

Health Care Consulting & Management

LICENSURE UNIT
SEP 26 2016
RECEIVED

September 26, 2016

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

RE: Skilled Nursing Home License Application – Sandhills Care Center

Dear Sir:

The Ainsworth Brown County Care Center, DBA Sandhills Care Center (SCC) intends to provide skilled nursing facility services to residents at the facility located at 143 N Fullerton St, Ainsworth, NE 69210-1515. This facility was previously licensed as a skilled nursing facility under the name of Ainsworth Care Center.

SCC agrees to comply with the applicable codes, guidelines, and standards specified in 175 NAC 12-007. Enclosed please find the following documents and information for the SCC Skilled Nursing Home Licensure Application and for participation in Medicare Program.

1. A complete Nursing Home Licensure Application is attached including the following items required by 172 NAC 12-003B:

- a. A check in the amount of \$1,550.00 for the Licensure Application Fee;
- b. Schematic plan including room numbers and Facility Capacity Worksheet;
- c. Copy of zoning approval from the City of Ainsworth;
- d. Copy of the current Certificate of Occupancy.

2. The Legal Business Name of the facility owner is Ainsworth Brown County Care Center, an Interlocal Joint Entity set up under the Interlocal Cooperation Act by the County of Brown and the City of Ainsworth. A list of names and addresses of all persons in control of the facility, including Interlocal Board members and managing entity is attached.

3. The number of beds to be licensed is 46. A Certificate of Need Application filed by the Ainsworth Brown County Care Center was approved by the Nebraska Department of Health and Human Service on June 6, 2016 based on Neb. Rev. Stat. 71-5829.04. Please see the attached email and approved application form.

Rural Health Development, Inc.

Cambridge Office: 1115 Nasby, PO Box 487 | Cambridge, Nebraska 69022 | Phone: 308-697-4921 | Fax: 308-697-3169

Lincoln Office: 1919 S. 40th Street, Suite 302 | Lincoln, Nebraska 68506 | Phone: 402-464-0054 | Fax: 402-261-3963

E-mail: info@rhdconsult.com | www.rhdconsult.com



Rural
Health
Development, Inc.

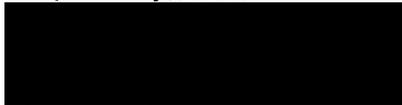
Health Care Consulting & Management

4. We have also enclosed the following Federal Forms, with required attachments:

- a. Form CMS-671 Long Term Care Facility Application for Medicare and Medicaid;
- b. Form CMS-1561 Health Insurance Benefit Agreement (two completed forms are enclosed);
- c. U.S. Department of Health and Human Services Office for Civil Rights Information Request with attachments, and Form HHS-690 Assurance of Compliance.

Please contact Mike Harris at 402 464-0054 office, 402 440-1462 mobile or by email mike.harris@rhdconsult.com if you have any questions or if you need additional information.

Respectfully,



Ron Ross, President
Rural Health Development

Rural Health Development, Inc.

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