

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 ERF  
8/16/17 dj*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Old Cheney Rehabilitation MEETS STATUTORY REQUIREMENTS AS SKILLED NURSING FACILITY (LIC)	
Services	Lic # NH0028
PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 3/31/2018	 _____ Therese C. Thompson, M.D. - Interim Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Old Cheney Rehabilitation

ADDRESS: 5431 SOUTH 16TH STREET, LINCOLN, NE 68512

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

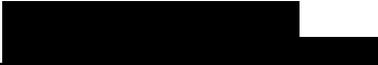
ISSUES LICENSE NO. NH0028 to SNF LINCOLN OPERATING COMPANY, LLC to operate a SKILLED NURSING FACILITY (LIC) located at 5431 SOUTH 16TH STREET , LINCOLN, NE. This facility is subject to rules and regulations lawfully promulgated by the State of Nebraska Department of Health and Human Services Division of Public Health.

Licensure Issuance Date: August 16, 2017

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 August 17, 2017.

  
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.

# NEBRASKA

Good Life. Great Mission.

**DEPT. OF HEALTH AND HUMAN SERVICES**



**Pete Ricketts, Governor**

August 16, 2017

Jason Jensen  
Administrator  
Old Cheney Rehabilitation  
5431 South 16th Street  
Lincoln, NE 68512

Dear Mr. Jensen:

We are happy to inform you that Old Cheney Rehabilitation has met the requirements for a Nebraska license and is hereby issued Skilled Nursing Facility License #NH0028. The license is for 47 beds and is effective August 16, 2017.

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.

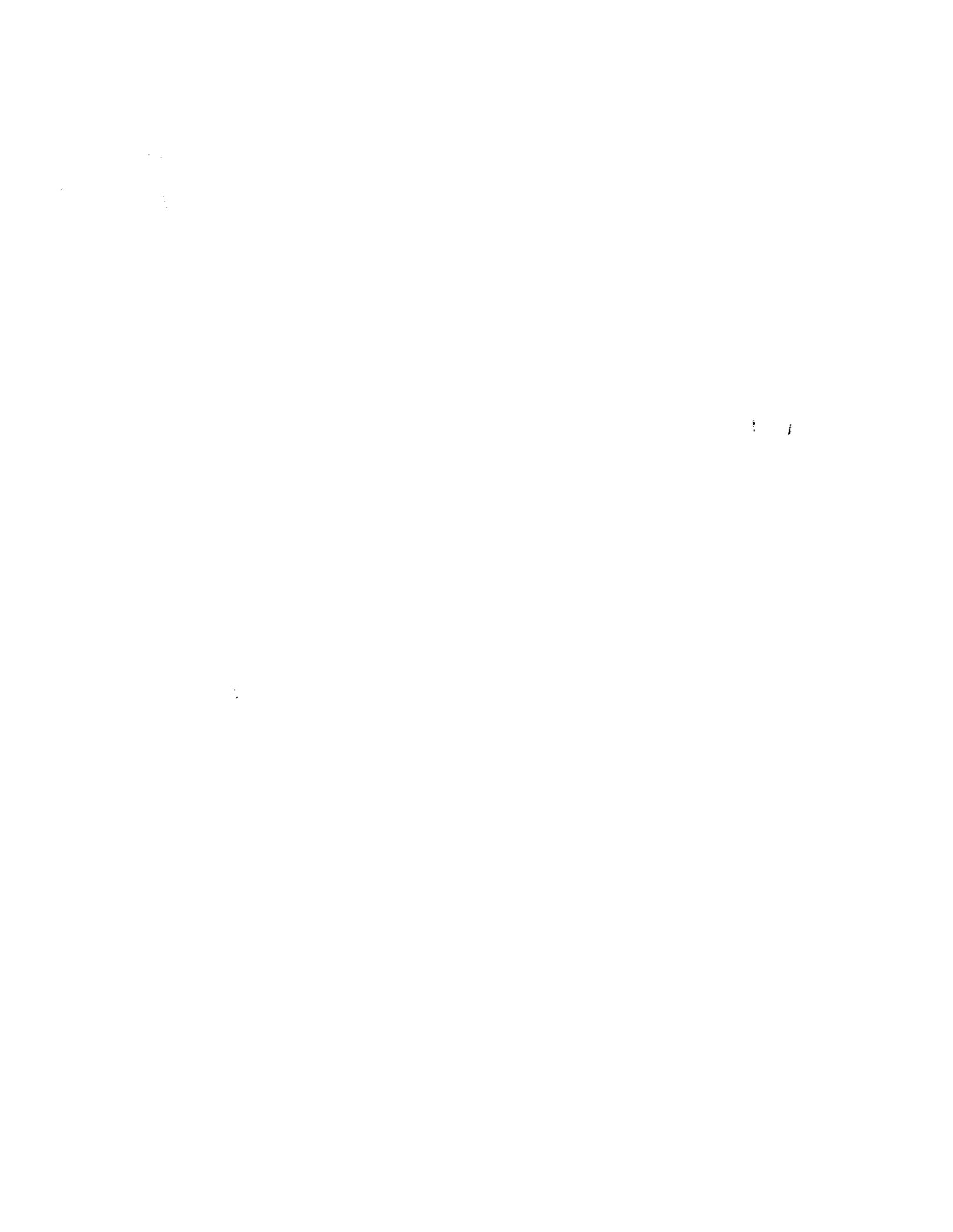
You may direct any questions about this license to Eve Lewis, RNC, Program Manager, who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

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





## Lincoln SNF Investors

Investor Name	Individual Name	Ownership	Address
<b>Direct Ownership</b>			
Paul Glazer	Paul Glazer	10.63%	110 Stewart St., Apt. 206, Boston, MA 02116
Quest IRA	Steve Harper	8.51%	17171 Park Row, Suite 100, Houston, TX 77084
IRA - LCharvet	Micah Harper	8.51%	13526 George Rd., Ste. 106 San Antonio, TX 78230
Ammon Walkers FLP	Greg Biddulph	9.57%	3300 Washington Parkway, Idaho Falls, ID 83404
Casey Huntsman	Casey Huntsman	9.57%	1089 N. 1200 E. Shelly, Idaho 83274
Promontory Healthcare Companies, LLC		30.84%	PO Box 12269 Portland, OR 97212
<b>Total Direct Ownership of 5% or Greater Owners</b>		<b>77.63%</b>	

### Direct Entity Ownership Attributed to Individuals - 5% or Greater

Direct Ownership Entity	% Ownership of Entity	Total Indirect Ownership	Address
Quest IRA			
Steve Harper	8.51%	8.51%	17171 Park Row, Suite 100, Houston, TX 77084
IRA - LCharvet			
Micah Harper	8.51%	8.51%	13526 George Rd., Ste. 106 San Antonio, TX 78230
Promontory Healthcare Companies, LLC			
James Adamson	47.54%	14.66%	PO Box 12269 Portland, OR 97212
Zafar Gafarov (Through Zamwell Group)	40.96%	12.63%	P.O Box 149, Vancouver, WA 98666
Ammon Walkers FLP			
Greg Biddulph	9.57%	9.57%	3300 Washington Parkway, Idaho Falls, ID 83404
<b>Total Ownership of 5% or greater Investors by Attribution</b>		<b>53.88%</b>	



**NEBRASKA OWNERSHIP/CONTROLLING INTEREST AND CONVICTION DISCLOSURE**

Completion of this form is required, as mandated by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, and applicable regulations as found at 42 CFR 455.100 through 42. CFR 455.106. Disclosure must be made at the time of enrollment or contracting with the Department, at the time of survey, or within 35 days of a written request from the Department. It is the provider's responsibility to ensure all information is accurate, complete, and signed; and to report any changes as required by law by completing a new Ownership and Disclosure form.

**IDENTIFYING INFORMATION**

Name of Entity: (Legal name as it appears on tax identification form) SNF LINCOLN OPERATING COMPANY LLC (Page 1 of 2)		Provider Number (if currently enrolled in NE Medicaid): NA - BEING APPLIED FOR	
Doing Business As: OLD CHENEY REHABILITATION		NPI Number	
Street Address: 5431 S 16TH STREET	City: LINCOLN	State: NE	Zip Code: 68512
Telephone Number: (531) 739-3200	Fax Number: (531) 739-3299	E-mail Address: jjensen@promontoryhc.com	

**A. Expanded Address Information:** Corporate entities must provide, as applicable, primary business address, every business location, and P.O. Box address. *If more space is needed attach a separate list including the required information.*

Primary Business Address PROMONTORY HEALTHCARE COMPANIES	Address 4923 NE MARTIN LUTHER KING BLVD, STE 102, PORTLAND, OR 97211
P.O. Box Address P.O. BOX 12269 PORTLAND, OR 97212	Address
Other Business Locations PROMONTORY POINT REHABILITATION	Address 3909 S 25TH EAST, AMMON, ID 83406
Other Business Locations OLD MILL REHABILITATION	Address 1131 PAPHILLION PARKWAY, OMAHA, NE 68164

**B. List the name, address, Federal Tax Identification Number (FTIN) (for corporations) or Social Security Number (SSN) and Date of Birth (DOB) (for persons) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. *If more space is needed attach a separate list including the required information.***

Name PAUL GLAZER	Address 110 SREWART ST., APT. 208, BOSTON, MA 02116	% Interest 10.63
Name QUEST IRA (STEVE HARPER)	Address 17171 PARK ROW, SUITE 100, HOUSTON, TX 77084	% Interest 8.51
DOB NA		
Name IRA - LCHARVET (MICAH HARPER)	Address 13526 GEORGE RD., STE 106, SAN ANTONIO, TX 78230	% Interest 8.51
DOB NA		
Name AMMON WALKERS FLP	Address 3300 Washington Parkway, Idaho Falls ID 83404	% Interest 9.57
DOB NA		

**C. Are any of the above mentioned persons related to one another as a spouse, parent, child, or sibling? *If more space is needed attach a separate list including the required information.***

Yes  No If yes, please name and show relationship.

Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB



**NEBRASKA OWNERSHIP/CONTROLLING INTEREST AND CONVICTION DISCLOSURE**

Completion of this form is required, as mandated by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, and applicable regulations as found at 42 CFR 455.100 through 42. CFR 455.106. Disclosure must be made at the time of enrollment or contracting with the Department, at the time of survey, or within 35 days of a written request from the Department. It is the provider's responsibility to ensure all information is accurate, complete, and signed; and to report any changes as required by law by completing a new Ownership and Disclosure form.

**IDENTIFYING INFORMATION**

Name of Entity: (Legal name as it appears on tax identification form) SNF LINCOLN OPERATING COMPANY LLC (Page 2 of 2)		Provider Number (If currently enrolled in NE Medicaid):	
Doing Business As: See page 1 of 2		NPI Number	
Street Address:	City:	State:	Zip Code:
Telephone Number:	Fax Number:	E-mail Address:	

**A. Expanded Address Information:** Corporate entities must provide, as applicable, primary business address, every business location, and P.O. Box address. *If more space is needed attach a separate list including the required information.*

Primary Business Address	Address
P.O. Box Address	Address
Other Business Locations	Address
Other Business Locations	Address

**B. List the name, address, Federal Tax Identification Number (FTIN) (for corporations) or Social Security Number (SSN) and Date of Birth (DOB) (for persons) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more. *If more space is needed attach a separate list including the required information.***

Name CASEY HUNTSMAN	Address 1089 N 1200 E SHELLY, ID 83274	% Interest 9.57
Name PROMONTORY HEALTHCARE COMPANIES LLC	Address P.O. BOX 12269, PORTLAND, OR 97212	% Interest 30.84
DOB NA		
Name ZAFAR AZIMOV	Address P.O. BOX 149, VANCOUVER, WA 98666	% Interest 12.50
DOB		
Name JAMES G. ADAMSON	Address P.O. BOX 12269, PORTLAND, OR 97212	% Interest 14.66
DOB		

**C. Are any of the above mentioned persons related to one another as a spouse, parent, child, or sibling? *If more space is needed attach a separate list including the required information.***  
 Yes  No If yes, please name and show relationship.

Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB
Name	Relationship
SSN	DOB

**D. List any person who holds a position of managing employee within the disclosing entity. If more space is needed attach a separate sheet with the required information.**

Name JAMES G. ADAMSON	Position Title CEO, PROMONTORY HEALTHCARE MANAGEMENT, MANAGER
Name JASON JENSEN	Position Title COO, PROMONTORY HEALTHCARE MANAGEMENT, MGR/ADMIN
Name	Position Title
SSN	DOB
Name	Position Title
SSN	DOB

**E. Does any person, business, organization or corporations with an ownership or control interest (identified in A or B) have an ownership or controlling interest of 5% or more in any other Nebraska Medicaid Provider? If more space is needed attach a separate sheet with the required information.**

Yes  No If yes, please name and show information.

Name	Other Provider Name	% Interest
SSN/FTIN	DOB	
Name	Other Provider Name	% Interest
SSN/FTIN	DOB	
Name	Other Provider Name	% Interest
SSN/FTIN	DOB	
Name	Other Provider Name	% Interest
SSN/FTIN	DOB	

**F. List any person (identified in A, B, or C) who has an ownership or control interest in the disclosing entity (provider), or is an agent or employee of the disclosing entity (provider) who has ever been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Waivers, CHIP or the Title XX services since the inception of these programs. If more space is needed attach a separate sheet with the required information.**

Name	Conviction Details
SSN	DOB
Name	Conviction Details
SSN	DOB
Name	Conviction Details
SSN	DOB

**PROVIDER STATEMENT.** I certify that information provided on this form is true, accurate and complete. I will notify Nebraska Department of Health and Human Services of any additions/changes to the information

Sign Here \_\_\_\_\_  
 Signature of Provider/Authorized Representative/Agent and Title (Stamped Signature NOT Accepted)

Jason D. Jensen  
 Print Name

5/26/17  
 Date

208-757-7663  
 Phone Number



LINCOLN-LANCASTER COUNTY  
PLANNING DEPARTMENT  
555 South 10th Street Suite 213 Lincoln, NE 68508  
402-441-7491 fax: 402-441-6377 lincoln.ne.gov



June 27, 2017

Cheney Investments, LLC  
3341 Pioneers Blvd., Ste. 100  
Lincoln, NE 68506

Re: Zoning Confirmation Letter  
5431 S. 16<sup>th</sup> Street, Lincoln, Nebraska

This letter is in response to a request for information regarding 5431 S. 16<sup>th</sup> Street, Lincoln, Nebraska, which is legally described as Lot 1, Kensington Office Park 4<sup>th</sup> Addition, Lincoln, Lancaster County, Nebraska.

This property is zoned B-2, Planned Neighborhood Business District. Use Permit No. 64B was approved on February 3, 2016 to allow 40,500 square feet for a non-residential healthcare facility as a special permitted use. This approval allows for the requested skilled nursing facility subject to the conditions of the use permit. There are no violations of said project.

The above information is being provided without any representation or warranty as to the completeness or accuracy of the data or information contained herein or to the suitability or fitness of the property or buildings thereon for a particular purpose, and all such information is being furnished solely as a courtesy to your request for information.

Sincerely,



David R. Cary, Planning Director  
Lincoln/Lancaster County Planning Dept.





# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 400198

Name of Facility: **Old Cheney Rehabilitation Nursing Home**  
Type of Facility: **Nursing Homes**  
Location: **5431 S 16th Street Lincoln**  
Maximum  
Occupancy: **47 Beds**  
Date Issued: **7/3/2017**

Inspected By: **8725 Susen Lindner**  
**Deputy State Fire Marshal**

Approved By:

  
**State Fire Marshal**



**POST IN PROMINENT PLACE**



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



# Facility Capacity Worksheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES - LICENSURE UNIT

Name of Facility:

Date:

Continuation Sheet

FACILITY INFORMATION: (include information for the entire facility located on the premise licensed)

Page 2 of 4

Room/Apt Number	Bed Capacity	New or Existing	Square footage patient/resident	Room Type	Bed Capacity Limitations and Other Comments
301	1	NEW	300	BB	
302	1	NEW	300	BB	
303	1	NEW	300	BB	
304	1	NEW	300	BB	
305	1	NEW	303	BB	
306	1	NEW	303	BB	
309	1	NEW	303	BB	
310	1	NEW	303	BB	
315	1	NEW	300	BB	
316	1	NEW	300	BB	
317	1	NEW	300	BB	
318	1	NEW	300	BB	
319	1	NEW	300	BB	
320	1	NEW	300	BB	
321	2	NEW	385	BB	
401	1	NEW	300	BB	
402	1	NEW	300	BB	
403	1	NEW	300	BB	
404	1	NEW	300	BB	
405	1	NEW	303	BB	
406	1	NEW	303	BB	
409	1	NEW	303	BB	
410	1	NEW	303	BB	
415	1	NEW	300	BB	
416	1	NEW	300	BB	
417	1	NEW	300	BB	
418	1	NEW	300	BB	
419	1	NEW	300	BB	
420	1	NEW	300	BB	
421	2	NEW	385	BB	
501	1	NEW	300	BB	
502	1	NEW	300	BB	
503	1	NEW	300	BB	
504	1	NEW	300	BB	
505	1	NEW	303	BB	
506	1	NEW	303	BB	
509	1	NEW	303	BB	
510	1	NEW	303	BB	
515	1	NEW	300	BB	
<b>Subtotals:</b>	<b>41</b>		<b>11906</b>		

BT= Room w/toilet, BB= Room w/bath, APT= Apartment  
 OR= Surgery, PR= Procedure, TX= Treatment  
 EX= Exam, DG= Diagnostic, RD= Radiological  
 N= New Facility, E= Existing, C= New Construction



