

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 10/18/17 dj*

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

**Hillcrest Firethorn**  
MEETS STATUTORY REQUIREMENTS AS  
SKILLED NURSING FACILITY (LIC)  
Lic # NH0029

Services  
PHYSICAL THERAPY  
RESPIRATORY THERAPY

EXPIRES  
3/31/2018

 **SEAL**  
Thomas C. 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: Hillcrest Firethorn  
ADDRESS: 8601 FIRETHORN LANE, LINCOLN, NE 68520

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. NH0029 to HILLCREST FIRETHORN, LLC to operate a SKILLED NURSING FACILITY (LIC) located at 8601 FIRETHORN LANE , 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: October 18, 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 October 23, 2017.

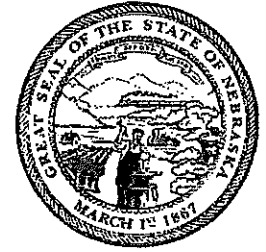
  
Thomas L. Williams, MD Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

May be displayed on the licensed premises.

# NEBRASKA

Good Life. Great Mission.

**DEPT. OF HEALTH AND HUMAN SERVICES**



**Pete Ricketts, Governor**

October 20, 2017

Joseph Kezar  
Administrator  
Hillcrest Firethorn  
8601 Firethorn Lane  
Lincoln, NE 68520

Dear Mr. Kezar:


We are happy to inform you that Hillcrest Firethorn has met the requirements for a Nebraska license and is hereby issued Skilled Nursing Facility License #NH0029. The license is for 72 beds and is effective October 18, 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

|                       |         |
|-----------------------|---------|
| 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**


1. NAME OF FACILITY: Hillcrest Firethorn AREA CODE 402 PHONE NUMBER 739-3500  
 ADDRESS: 8601 Firethorn Lane, Lincoln, NE 68520 AREA CODE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 (STREET ADDRESS, CITY, ZIP)
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
 (IF NOT INDIVIDUAL)
3. ADMINISTRATOR: Joseph Kezar DIRECTOR OF NURSING Tiffany Weeks
4. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:  
1902 Harlan Drive, Suite A, Bellevue, NE 68005
5. NUMBER OF BEDS TO BE LICENSED: 72
6. PLANNED OCCUPANCY DATE: 09/01/2017
7. ACCREDITATION/CERTIFICATION: (check if applicable) JCAHO  AOA  CARF  Medicare or Medicaid   
 Are you requesting deemed status? Yes  No
8. 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**

9. OWNERSHIP OF FACILITY: Hillcrest Firethorn, LLC  
 (LEGAL NAME OF CORPORATION, PARTNERSHIP, ETC.)  
 ADDRESS: 1902 Harlan Drive, Suite A, Bellevue, NE 68005  
 (STREET ADDRESS, CITY, ZIP)
10. MAILING ADDRESS OF OWNERSHIP: \_\_\_\_\_  
 (IF DIFFERENT THAN ABOVE)
11. BUSINESS ORGANIZATION: (Check one)
- |   |   |
|---|---|
| <input type="checkbox"/> Sole Proprietorship  | (check one)<br><input checked="" type="checkbox"/> Profit <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Partnership  |   |
| <input type="checkbox"/> Limited Partnership  |   |
| <input type="checkbox"/> Corporation  |   |
| <input checked="" type="checkbox"/> Limited Liability Company   |   |
| <input type="checkbox"/> Governmental <input type="checkbox"/> State, <input type="checkbox"/> District, <input type="checkbox"/> County, <input type="checkbox"/> City or Municipal) |   |
| <input type="checkbox"/> Other (Please Specify) _____   |   |

**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  Jolene Roberts 9-2-17  
 AUTHORIZED REPRESENTATIVE DATE

Sign Here  Jolene Roberts 9-2-17  
 AUTHORIZED REPRESENTATIVE DATE



September 14, 2017

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 Firethorn – Skilled Nursing Facility License Initial Application**

Dear Ms. Lewis:

Enclosed please find the Skilled Nursing Facility License Initial Application for Hillcrest Firethorn. We have also included a check for the renewal fee in the amount of \$1,750.00.

The physical address of Hillcrest Firethorn is:

8601 Firethorn Lane  
Lincoln, NE 68520

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

Hillcrest Firethorn, LLC dba Hillcrest Firethorn's has only one owner with more than a 5% ownership interest:

|                              |                                       |
|------------------------------|---------------------------------------|
| Hillcrest Operating Ventures | 1902 Harlan Drive, Bellevue, NE 68005 |
|------------------------------|---------------------------------------|

Hillcrest Firethorn, LLC's members include:

|                |                                       |
|----------------|---------------------------------------|
| Jolene Roberts | 1902 Harlan Drive, Bellevue, NE 68005 |
| Tim Irwin      | 1902 Harlan Drive, Bellevue, NE 68005 |
| Kevin Mulhearn | 1902 Harlan Drive, 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  
Hillcrest Health Services

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 404103

Name of Facility: **Hillcrest Firethorn**  
Type of Facility: **Nursing Homes**  
Location: **8601 Firethorn Lane Lincoln**  
Maximum  
Occupancy: **72 Beds**  
Date Issued: **10/4/2017**

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.



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



December 18, 2015

Brad Marshall  
Olsson Associates  
601 Old Cheney Road  
Lincoln, NE 68508

RE: Administrative Amendment #15125 to Use Permit #107E  
Firethorn Office Park  
Generally located at South 84<sup>th</sup> Street and Firethorn Lane

Dear Brad,

Your request to revise the land use table to allow either office and/or residential health care facility uses on Lot 6 has been approved. The development of the site shall otherwise be in general accordance with the approved plans.

Also please note that the approval of this administrative amendment may be appealed to the Planning Commission by any council member or aggrieved person by filing a letter of appeal with the Planning Department within 14 days of this approval.

If you have any questions, please do not hesitate to contact Brian Will at 402-441-6362, or at [bwill@lincoln.ne.gov](mailto:bwill@lincoln.ne.gov).

Sincerely,



David R. Cary  
Acting Planning Director

xc: Teresa Meier, City Clerk  
File

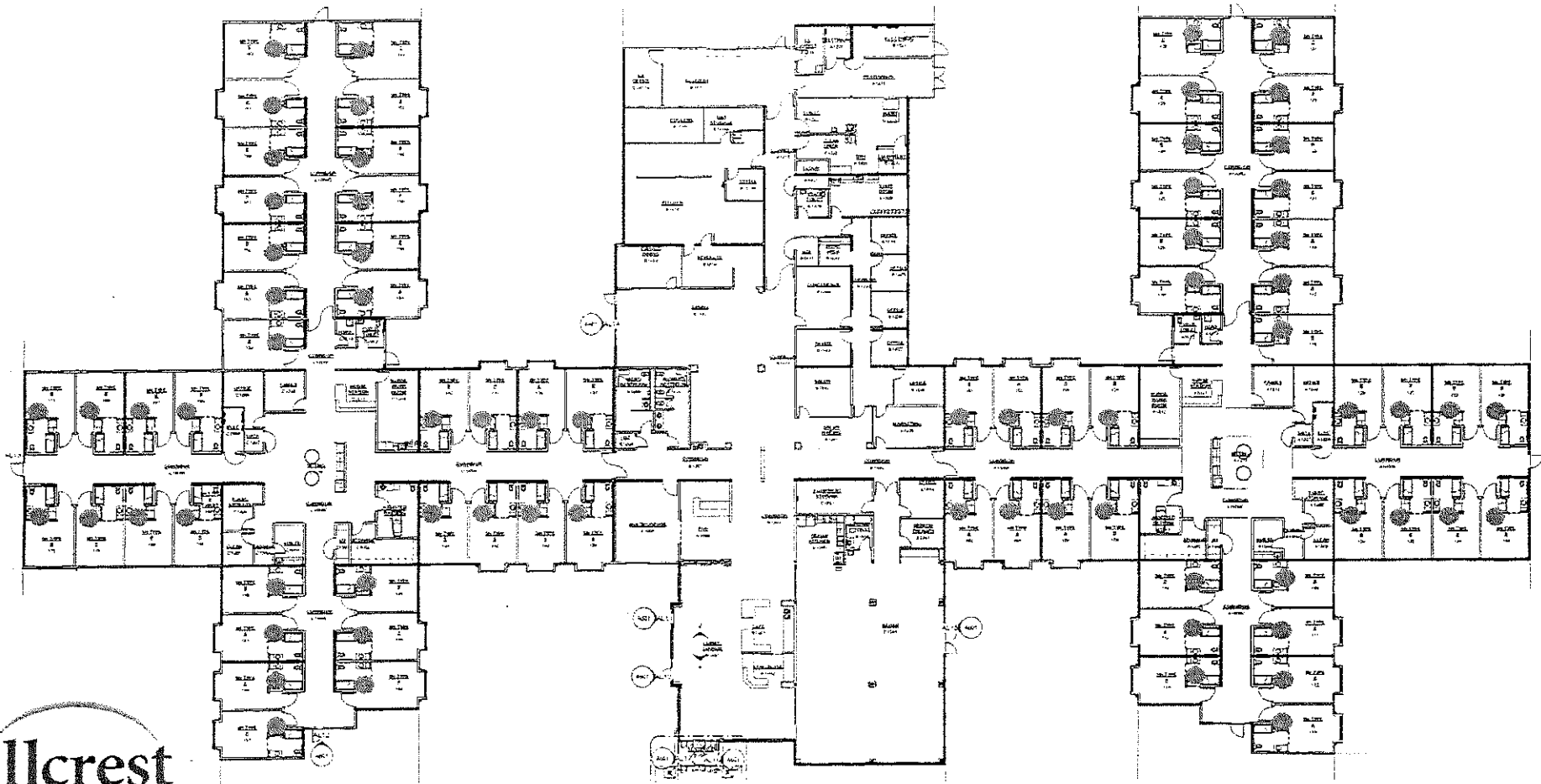
F:\DevReview\AA\AA15000\AA15125 Firethorn Office Park.bjw.wpd



**8601 FIRETHORN LANE**

● PRIVATE SUITE W/ SHOWER = 72

**TOTAL LICENSED  
SKILLED BEDS = 72**



**Hillcrest**  
*Firethorn*

22 SEPTEMBER 2016

| <b>Facility</b><br>Hillcrest Firethorn |               | <b>Location</b><br>8601 Firethorn Lane Lincoln, NE 68520 |  | <b>Licensed Capacity</b><br>72 | <b>Date</b> |
|--|---------------|--|--|--------------------------------|-------------|
| <b>Wing/Floor</b><br>First             |               |  | <b>Hospital Type (General Acute, CAH, Rehab, Psych)</b><br>Rehab |                                |             |
| Room Number                            | Licensed Beds | Beds Set Up  | Beds Occupied  | Remarks:                       |             |
| 101                                    | 1             | 1  |  |                                |             |
| 102                                    | 1             | 1  |  |                                |             |
| 103                                    | 1             | 1  |  |                                |             |
| 104                                    | 1             | 1  |  |                                |             |
| 105                                    | 1             | 1  |  |                                |             |
| 106                                    | 1             | 1  |  |                                |             |
| 107                                    | 1             | 1  |  |                                |             |
| 108                                    | 1             | 1  |  |                                |             |
| 109                                    | 1             | 1  |  |                                |             |
| 110                                    | 1             | 1  |  |                                |             |
| 111                                    | 1             | 1  |  |                                |             |
| 112                                    | 1             | 1  |  |                                |             |
| 113                                    | 1             | 1  |  |                                |             |
| 114                                    | 1             | 1  |  |                                |             |
| 115                                    | 1             | 1  |  |                                |             |
| 116                                    | 1             | 1  |  |                                |             |
| 117                                    | 1             | 1  |  |                                |             |
| 118                                    | 1             | 1  |  |                                |             |
| 119                                    | 1             | 1  |  |                                |             |
| 120                                    | 1             | 1  |  |                                |             |
| 121                                    | 1             | 1  |  |                                |             |
| 122                                    | 1             | 1  |  |                                |             |
| 123                                    | 1             | 1  |  |                                |             |
| 124                                    | 1             | 1  |  |                                |             |

- Instructions:
1. When differences appear in licensed capacity and beds set up, explain in remarks.
  2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. Do not include labor room beds or recovery room beds if used exclusively for that purpose.
  3. Explain any over capacity, citing bed location.

| <b>Facility</b><br>Hillcrest Firethorn |               | <b>Location</b><br>8601 Firethorn Lane Lincoln, NE 68520 |  | <b>Licensed Capacity</b><br>72 | <b>Date</b> |
|--|---------------|--|--|--------------------------------|-------------|
| <b>Wing/Floor</b><br>First             |               |  | <b>Hospital Type (General Acute, CAH, Rehab, Psych)</b><br>Rehab |                                |             |
| Room Number                            | Licensed Beds | Beds Set Up  | Beds Occupied  | Remarks:                       |             |
| 125                                    | 1             | 1  |  |                                |             |
| 126                                    | 1             | 1  |  |                                |             |
| 127                                    | 1             | 1  |  |                                |             |
| 128                                    | 1             | 1  |  |                                |             |
| 129                                    | 1             | 1  |  |                                |             |
| 130                                    | 1             | 1  |  |                                |             |
| 131                                    | 1             | 1  |  |                                |             |
| 132                                    | 1             | 1  |  |                                |             |
| 133                                    | 1             | 1  |  |                                |             |
| 134                                    | 1             | 1  |  |                                |             |
| 135                                    | 1             | 1  |  |                                |             |
| 136                                    | 1             | 1  |  |                                |             |
| 137                                    | 1             | 1  |  |                                |             |
| 138                                    | 1             | 1  |  |                                |             |
| 139                                    | 1             | 1  |  |                                |             |
| 140                                    | 1             | 1  |  |                                |             |
| 141                                    | 1             | 1  |  |                                |             |
| 142                                    | 1             | 1  |  |                                |             |
| 143                                    | 1             | 1  |  |                                |             |
| 144                                    | 1             | 1  |  |                                |             |
| 145                                    | 1             | 1  |  |                                |             |
| 146                                    | 1             | 1  |  |                                |             |
| 147                                    | 1             | 1  |  |                                |             |
| 148                                    | 1             | 1  |  |                                |             |

- Instructions:
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| <b>Facility</b><br>Hillcrest Firethorn |               | <b>Location</b><br>8601 Firethorn Lane Lincoln, NE 68520 |  | <b>Licensed Capacity</b><br>72 | <b>Date</b> |
|--|---------------|--|--|--------------------------------|-------------|
| <b>Wing/Floor</b><br>First             |               |  | <b>Hospital Type (General Acute, CAH, Rehab, Psych)</b><br>Rehab |                                |             |
| Room Number                            | Licensed Beds | Beds Set Up  | Beds Occupied  | Remarks:                       |             |
| 149                                    | 1             | 1  |  |                                |             |
| 150                                    | 1             | 1  |  |                                |             |
| 151                                    | 1             | 1  |  |                                |             |
| 152                                    | 1             | 1  |  |                                |             |
| 153                                    | 1             | 1  |  |                                |             |
| 154                                    | 1             | 1  |  |                                |             |
| 155                                    | 1             | 1  |  |                                |             |
| 156                                    | 1             | 1  |  |                                |             |
| 157                                    | 1             | 1  |  |                                |             |
| 158                                    | 1             | 1  |  |                                |             |
| 159                                    | 1             | 1  |  |                                |             |
| 160                                    | 1             | 1  |  |                                |             |
| 161                                    | 1             | 1  |  |                                |             |
| 162                                    | 1             | 1  |  |                                |             |
| 163                                    | 1             | 1  |  |                                |             |
| 164                                    | 1             | 1  |  |                                |             |
| 165                                    | 1             | 1  |  |                                |             |
| 166                                    | 1             | 1  |  |                                |             |
| 167                                    | 1             | 1  |  |                                |             |
| 168                                    | 1             | 1  |  |                                |             |
| 169                                    | 1             | 1  |  |                                |             |
| 170                                    | 1             | 1  |  |                                |             |
| 171                                    | 1             | 1  |  |                                |             |
| 172                                    | 1             | 1  |  |                                |             |

- Instructions:
1. When differences appear in licensed capacity and beds set up, explain in remarks.
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