
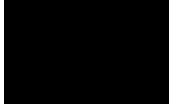


Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

*initial Eff.
11/13/18 dy*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
St Joseph's Hillside Villa	
MEETS STATUTORY REQUIREMENTS AS SKILLED NURSING FACILITY (LIC)	
Services PHYSICAL THERAPY	Lic # NH0033
EXPIRES 3/31/2019	
	
	Bo Boteiho, Interim CEO Interim Director of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: St Joseph's Hillside Villa

ADDRESS: 540 E WASHINGTON STREET, WEST POINT, NE 68788

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

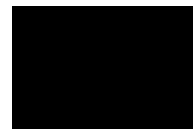
ISSUES LICENSE NO. NH0033 to ST. JOSEPH'S ELDER SERVICES, INC to operate a SKILLED NURSING FACILITY (LIC) located at 540 E WASHINGTON STREET , WEST POINT, NE. This facility is subject to rules and regulations lawfully promulgated by the State of Nebraska Department of Health and Human Services Division of Public Health.

Licensure Issuance Date: November 13, 2018

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 29, 2018.

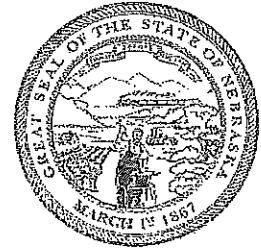


Bo Botelho, Interim CEO
Interim Director of Public Health
Department of Health and Human Services

May be displayed on the licensed premises.

NEBRASKA

Good Life. Great Mission.



DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

November 14, 2018

David Deemer, Administrator
St Joseph's Hillside Villa
540 E Washington Street
West Point, NE 68788

Dear Mr. Deemer:

We are happy to inform you that St Joseph's Hillside Villa has met the requirements for a Provisional Nebraska license and is hereby issued Skilled Nursing Facility License #NH0033. The Provisional license is for 54 beds and is effective November 13, 2018.

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 Connie Vogt, RN, BSN, Program Manager, who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

Sincerely,

Bo Botelho, Interim CEO
Interim Director of Public Health
Department of Health and Human Services

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

NH0033

RECEIVED

AUG 10 2018

Make Payment to DHHS	
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
LICENSURE UNIT
Nursing Home Licensure Application

Check one:
 Initial License
 Change of Location
 Change of Ownership

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

- Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME OF FACILITY: ST. JOSEPH'S ELDER SERVICES, INC DBA: ST. JOSEPH'S HILLSIDE VILLA AREA CODE 402 PHONE NUMBER 372-1118
 ADDRESS: 540 E WASHINGTON ST. WEST POINT, NE 68788 AREA CODE 402 FAX NUMBER 372-6600
 (STREET ADDRESS, CITY, ZIP)
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
3. ADMINISTRATOR: DAVID DEEMER DIRECTOR OF NURSING TAMMY DEEMER (IF NOT INDIVIDUAL)
4. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
540 E. WASHINGTON STREET WEST POINT, NE 68788
5. NUMBER OF BEDS TO BE LICENSED: 54
6. PLANNED OCCUPANCY DATE: OCTOBER 1, 2018
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: ST. JOSEPH'S ELDER SERVICES, INC.
 (LEGAL NAME OF CORPORATION, PARTNERSHIP, ETC.)
 ADDRESS: 540 E. WASHINGTON ST WEST POINT, NE 68788
 (STREET ADDRESS, CITY, ZIP)
10. MAILING ADDRESS OF OWNERSHIP: N/A
 (IF DIFFERENT THAN ABOVE)
11. 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 & 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 [Redacted] BRIAN REIMERS 8.7.18
 AUTHORIZED REPRESENTATIVE DATE

Sign Here [Redacted] THERESA DIANNE FALK 8.7.18
 AUTHORIZED REPRESENTATIVE DATE

St. Joseph's Elder Services
 West Point, NE 68788
 BOARD OF DIRECTORS 2018

<u>NAME</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Diane White Nediane.w@gmail.com <i>Secretary</i>	Sunshine Center 140 W Bridge St West Point, NE 68788 402-372-3800	1781 E Road West Point, NE 68788 402-372-2816 - H 402-380-4467 – cell
Michael Graybeal mikesownspice176@yahoo.com <i>Vice Chairman</i>	Graybeal's Foods 338 S Main St West Point, NE 68788 402-372-2333	1720 S Lincoln Street West Point, NE 68788 402-372-5330
Brian Reimers breimers@charterwest.com <i>Chairman</i>	Charter West 201 S Main St West Point, NE 68788 402-372-5147	424 E Neligh Street West Point, NE 68788 402-380-1302 -cell
Sr. Joy Rose jrose@fcswp.org	Franciscan Care Services, Inc. 430 N Monitor Street West Point, NE 68788 402-372-6713	322 N. Monitor Street West Point, NE 68788 402-372-3822
Diane Falk exaltedruler69@yahoo.com <i>Treasurer</i>	Retired	1040 N Lincoln Street West Point, NE 68788 402-372-0101- H
Jerry Wordekemper jwordekemper@fcswp.org	Franciscan Care Services, Inc. 430 N Monitor Street West Point, NE 68788 402-372-6701	644 E Grant Street West Point, NE 68788 402-380-4829 - Cell
Dave Steffensmeier ddsteffensmeier@firstbeemer.com	1 st Community Bank 201 N Main Street Beemer, NE 68716 402-528-3223	600 Harrison Street Beemer, NE 68716 402-528-3860 402-380-2546 (cell)
David Deemer ddeemer@fcswp.org <i>Administrator</i>	St. Joseph's Retirement Community 320 East Decatur Street West Point, NE 68788 402-372-6606	206 N Engdahl Ave. Oakland, NE 68045 402-870-1595 - Cell

FRANCISCAN CARE SERVICES, INC.
West Point, Nebraska 68788
BOARD OF DIRECTORS
2018

<u>NAME</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Dave Steffensmeier ddsteffensmeier@firstbeemer.com <i>Chairman</i>	First Community Bank 201 N Main St Beemer, NE 68716 402-528-3223	600 Harrison St Beemer, NE 68716 402-528-3860 402-380-2546 (cell)
Steve Swanson swninsre@gpcom.net <i>Vice Chairman</i>	Swanson Insurance/Real Estate Inc 505 Main Street Scribner, NE 68057 402-664-3500	PO Box 408 Scribner, NE 68057 402-664-3018 402-720-0041(cell)
Jackie Ridder pjridder@hotmail.com <i>Secretary</i>	1353 F Road West Point, NE 68788 402-372-2841	1353 F Road West Point, NE 68788 402-372-2841 402-380-3736
Jerry Wordekemper President/CEO jwordekemper@fcswp.org	Franciscan Care Services 430 N. Monitor West Point, NE 68788 402-372-2404	West Point, NE 68788 402-372-0120
Chad Ortmeier cgortme@gpcom.net	260 CR 3 Dodge, NE 68633 402-693-2453	Dodge Dental Office PO Box 175 402-693-2285
Mary Janata mjanata@wpcadets.org	242 3 rd Road Howells, NE 68641 402-986-1513	402-750-0143
Gary Kaup gkaup@skyww.com	Knobbe Commodities 575 15 th Road West Point, NE 68788 402-372-5464	1105 E Washington West Point, NE 68788 402-372-2752
Kari Penrose kpenrose@stpaulwpne.org	St. Paul Lutheran School 325 North Colfax West Point, NE 68788 402-372-2355	814 Via Linda West Point, NE 68788 402-380-4567
Sr. Barbara Mathe SBcounsel@yahoo.com	St. Francis Convent 532 East Walnut West Point, NE 68788 402-372-3822	

Regina Uhing
gina@elvphd.org

Elkhorn Valley PHD
PO Box 779
Wisner, NE 68791

800 16th Street
Wisner, NE 68791

Chief of Staff

Michael J. Bittles, M.D.
mbittles@fcswp.org

Dinklage Medical Clinic
500 E. Decatur
West Point, NE 68788
402-372-2477

1859 Luther Ln
Hooper, NE 68031

FSCC Sponsored Ministries, Inc.

Brett Norell Manitowoc, WI 54220
Scott McConnaha 920-684-7071
Sr. Natalie Binversie Holy Family Convent

bnorell@fscm.org
sMcConnaha@fscm.org
snatalie@fscm-calledtobe.org

Administrative Team

Dennis Dinslage
Carol Kampschnieder
Terri Ridder
Jean Meiergerd
Sr. Joy Rose
David Deemer
Anastasia Stokely

VP Professional and Support Services ddinslage@fcswp.org
VP Clinical and Regulatory Services ckampschnieder@fcswp.org
Human Resources Director tridder@fcswp.org
CIO jmeiergerd@fcswp.org
Mission Director jrose@fcswp.org
SJRC, Administrator ddeemer@fcswp.org
Clinic Manager astokely@fcswp.org



*Serving the Community
Since 1858*

City of West Point

444 S. MAIN STREET
PO BOX 327
WEST POINT, NEBRASKA 68788-0327

PHONE: 402-372-2466
FAX: 402-372-2908

July 23, 2018

The property located at 540 E. Washington Street, West Point, Nebraska, the legal description of which is as follows:

Out Lot A of Addition "B" to the City of West Point, Cuming County, Nebraska,

is zoned R-2 Residential Single Family District under the Zoning Regulations of the City of West Point. In said district the special use permits allow for nursing homes. Franciscan Care Services, LLC dba St. Joseph's Hillside Villa was granted a special use permit for a skilled nursing home facility.

Sincerely,


Tom Goulette
City Administrator
Zoning Administrator



NEBRASKA STATE FIRE MARSHAL

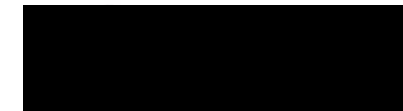
OCCUPANCY PERMIT

Certificate Number: 404675

Name of Facility: **St. Joseph's Hillside Villa**
Type of Facility: **Nursing Homes**
Location: **540 E Washington St West Point**
Maximum Occupancy: **54 Beds**
Date Issued: **12/12/2018**

Inspected By: **8720 Kyle Woodgate**
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.

