


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

3/8/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Hemingford Community Care Center MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 044003	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY BEHAVIORAL NEEDS	
EXPIRES 03/31/2017	 [Redacted Signature] Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Hemingford Community Care Center

ADDRESS: P O BOX 307, 605 DONALD AVENUE, HEMINGFORD, NE 69348

This is to verify that your SNF/NF DUAL CERT 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.

MAR 07 2016

FEB 22 2016

4-23-15



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU
Renewal Fees:
50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check Skilled Nursing Facility Nursing Facility Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Hemingford Community Care Center
P O BOX 307, 605 DONALD AVENUE
HEMINGFORD, NE 69348

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: 044003
TELEPHONE NUMBER: (308) 487-3301
FAX NUMBER: (308) 487-5447
ADMINISTRATOR: KRISTY BOLEK
DIRECTOR OF NURSING: ANGELA MCKEE, R.N.
E-Mail Address, if available: hccc@bbc.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 33

5. ACCREDITATION/CERTIFICATION: JCAHO Medicare Medicaid Other
Are you requesting deemed status? yes no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

Physical Therapy Alzheimers/Special Care Unit Speech Therapy
 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
BEHAVIORAL NEEDS

REC'D INFO ACCOUNTING
2016 FEB 23 A 11:18

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HEMINGFORD COMMUNITY CARE CENTER
(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 307
HEMINGFORD, NE 69348

8. 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 and 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 are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: 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.

Lori K. Danner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

James F Keegan
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

John Annen

2-16-16
DATE
2-16-16
DATE
3-4-16

[Redacted Signature]

4-23-15

FEB 22 2016



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DIVISION OF PUBLIC HEALTH
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If different from Current Services listed, please check changes.

- Physical Therapy
- Alzheimer's/Special Care Unit
- Speech Therapy
- Pediatric
- Respiratory
- Occupational Therapy
- Behavioral Needs

Current Services

- PHYSICAL THERAPY
- OCCUPATIONAL THERAPY
- SPEECH THERAPY
- BEHAVIORAL NEEDS

REC'D HHS ACCOUNTING
2016 FEB 23 A 11:18

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Lori K. Danner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

James F Keegan
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-16-16
DATE

2-16-16
DATE

Village of Hemingford !
Council Members

John Annen
P.O. Box 783
Hemingford, NE 69348
308-760-0402
john@bbc.net

Chairman

Jim Keegan
P.O. Box 224
Hemingford, NE 69348
308-760-4503
jbkeegan@bbc.net

Vice Chairman

Lori Dannar
P.O. Box 523
Hemingford, NE 69348
308-487-3888
dannars@bbc.net

Council member

* Ken Luce
323 Box Butte Ave.
Hemingford, NE 69348
308-760-1006
Kluce323@bbc.net

Council member

* Debra Planansky
P. O. Box 472
Hemingford, NE 69348
308-487-3565
debplanansky@icloud.com

Council member

Ronda Skinner
P.O. Box 395
Hemingford, NE 69348
308-487-3465 ofc 308-487-3462 fax
villageofhemingford@bbc.net
website: ci.hemingford.ne.us

Clerk Treasurer

760-1302

(

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403063

Name of Facility: Hemingford Community Care Center
Type of Facility: Nursing Home
Location: 605 Donald Ave., Hemingford
Maximum Occupancy: 33 Beds
Date Issued: 4/23/2015

Inspected By: 8706 Pat Gould
Deputy State Fire Marshal

Approved By:

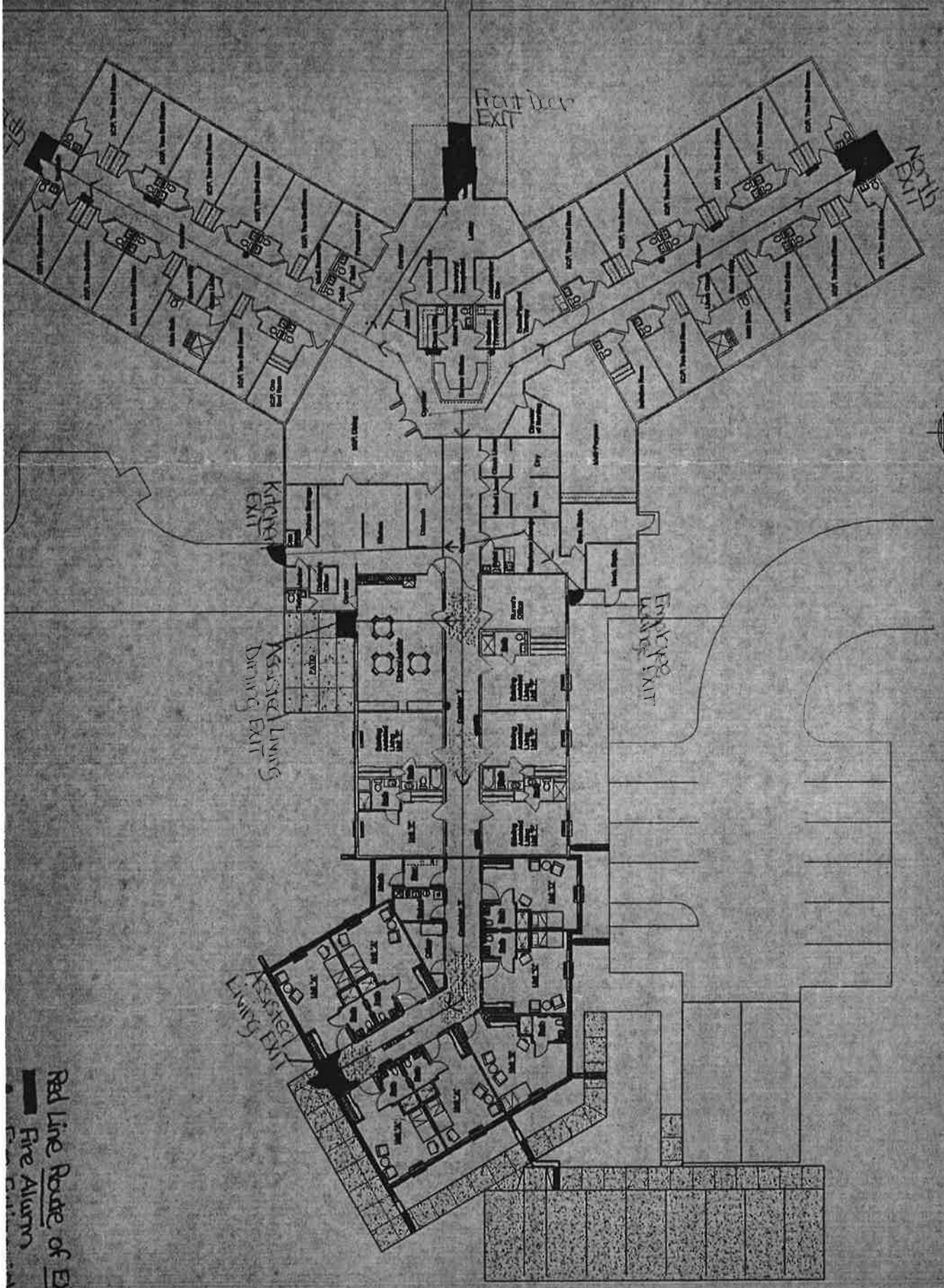


State Fire Marshal

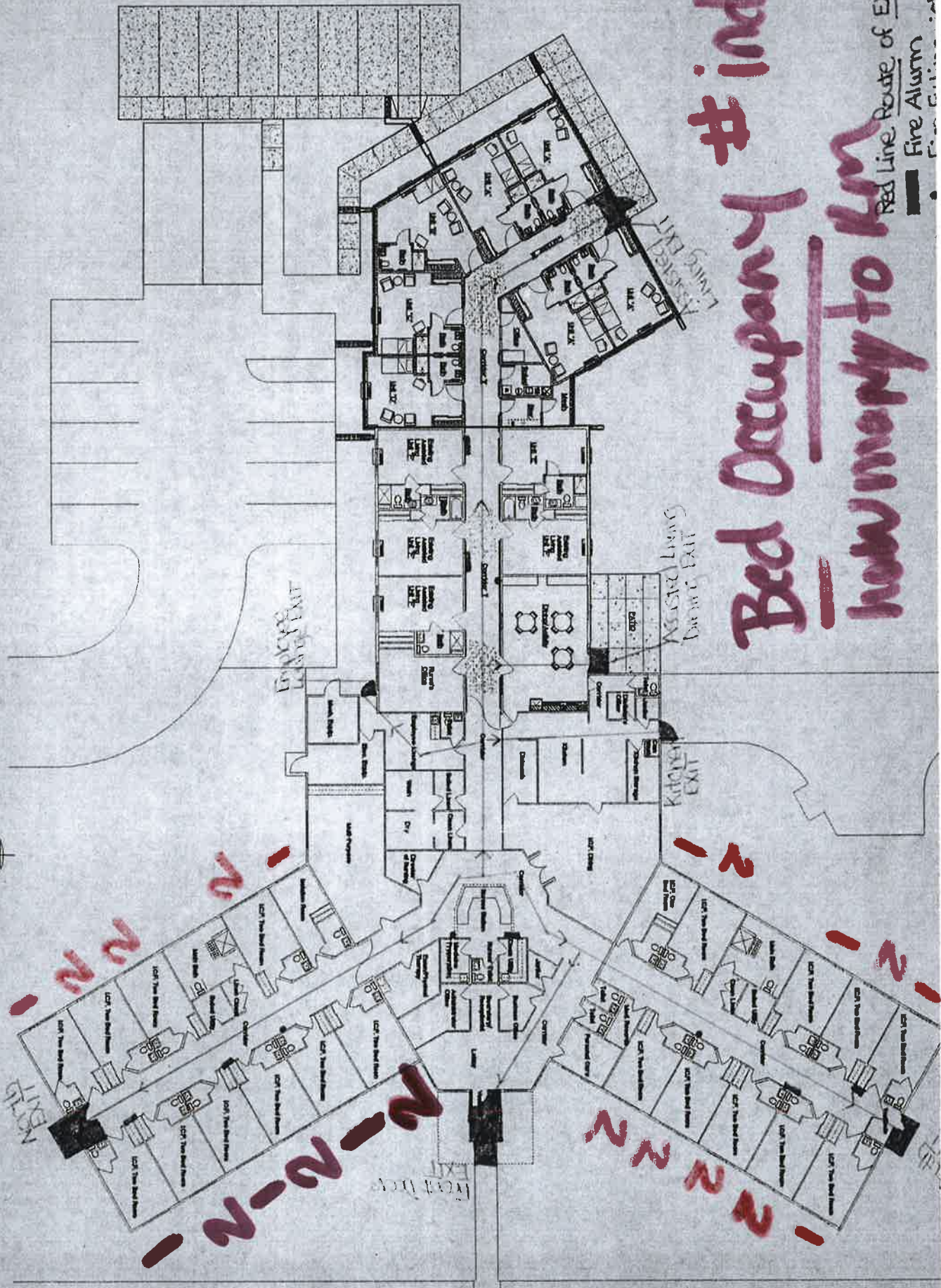


POST IN PROMINENT PLACE

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



Red Line Route of EXIT
 Fire Alarm



Red Line Route of EXIT
Fire Alarm