

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

*CHOW # DBA Name Change  
Eff 7-1-16*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Hillcrest Shadow Lake</b> MEETS STATUTORY REQUIREMENTS AS NURSING FACILITY (LIC)	
Services PHYSICAL THERAPY	Lic # NH0023
<b>EXPIRES</b> 3/31/2017	  <small>Courtesy M. Whipple, MPA Chief Executive Officer Department of Health and Human Services</small>

Cut on heavy line and place on license.

FACILITY NAME: Hillcrest Shadow Lake

ADDRESS: 1507 E GOLD COAST ROAD, PAPHILLION, NE 68046

This is to verify that your 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.

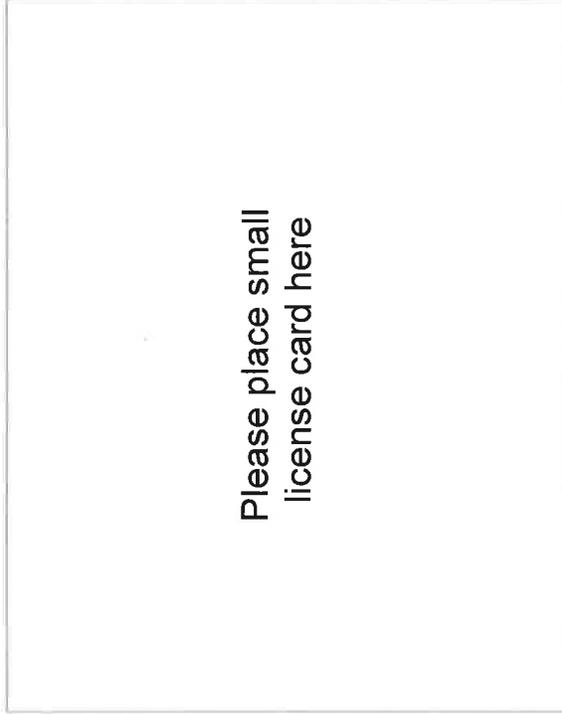
# State of Nebraska

## Department of Health and Human Services Division of Public Health

Lincoln, Nebraska

ISSUES LICENSE NO. NH0023 to HILLCREST SHADOW LAKE LLC to operate a NURSING FACILITY (LIC) located at 1507 E GOLD COAST ROAD , PAPILLION, 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: July 01, 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 July 07, 2016.



Courtney N. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

May be displayed on the licensed premises.



July 6, 2016

Susan Newell, Administrator  
Hillcrest Shadow Lake  
1507 E Gold Coast Road  
Papillion, NE 68046

Dear Ms. Newell:

The Department of Health and Human Services, Division of Public Health hereby issues Skilled Nursing Facility License #NH0023 to Hillcrest Shadow Lake located at 1507 E Gold Coast Road, Papillion, Nebraska 68046. This issuance is based on your request for a new license due to a change of ownership and a facility DBA name change from Huntington Park Care Center to Hillcrest Shadow Lake. The effective date for this license is July 1, 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 replace the previous license and 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 Skilled Nursing Facility license.

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

You may direct any questions about this license to Eve Lewis, RN-C, Program Manager who can be reached by telephone at (402) 471-3324 or in writing at 301 Centennial Park South, Lincoln, NE 68301.

Sincerely,

Courtney N. Phillips, MPA  
Chief Executive Officer  
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

MAY 18 2016

RECEIVED

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 Shadow Lake      AREA CODE (402)      PHONE NUMBER 339-6010  
 ADDRESS: 1507 E Gold Coast Road, Papillion, NE 68046      AREA CODE      FAX NUMBER  
 (STREET ADDRESS, CITY, ZIP)

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

3. ADMINISTRATOR: Susan Newell      (IF NOT INDIVIDUAL)      DIRECTOR OF NURSING: Harmony Widuan

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: 115

6. PLANNED OCCUPANCY DATE: 07/01/2016

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 \_\_\_\_\_

REC'D HHS ACCOUNTING 2016 MAY 20 A 10:31

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: Hillcrest Shadow Lake 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)

Sole Proprietorship       Profit       Non Profit

Partnership

Limited Partnership

Corporation

Limited Liability Company

Governmental     State,  District,       County,       City or Municipal

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 \_\_\_\_\_ Brendan L. Bishop      5/6/16  
 AUTHORIZED REPRESENTATIVE      DATE

Sign Here \_\_\_\_\_ Jolene Roberts      5-6-16  
 AUTHORIZED REPRESENTATIVE      DATE

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 403032

Name of Facility: **Huntington Park Care Center**  
Type of Facility: **Nursing Home**  
Location: **1507 Gold Coast Rd., Papillion**  
Maximum  
Occupancy: **115 Beds**  
Date Issued: **4/8/2015**

Approved By:

Inspected By: **8725 Susen Lindner**  
**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.





August 10, 2016

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  
301 Centennial Mall South, Nebraska State Office Building, 3<sup>rd</sup> Floor  
Lincoln, NE 68509-4986

**RE: Hillcrest Shadow Lake**

Dear Ms. Lewis:

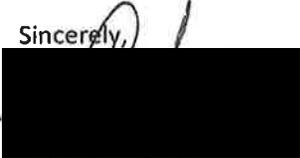
Please let this letter serve as written notice of my recent phone conversation with Donna Jobman in your office in which we informed her of our decision that were only applying for a new Medicaid number.

We do not currently plan to apply for a new Medicare number and ceased all Medicare services at the Hillcrest Shadow Lake (*f/k/a Huntington Park Care Center*) facility located at 1507 E Gold Coast Road, Papillion, Nebraska as of our purchase date on July 1, 2016. We will verify with the Sellers that they took all necessary action to provide proper notification of the termination of services under the former Medicare number for Huntington Park Care Center.

As you are already aware, we have submitted our application for the new Medicaid number with a requested effective date of **July 1, 2016**. If there is anything we can do to expedite the review and approval process to obtain our new Medicaid number, please let us know.

Otherwise, if you have any other questions or need further information, please contact me at (402) 682-4800 or [hhsproviderinfo@hillcresthealth.com](mailto:hhsproviderinfo@hillcresthealth.com).

Sincerely,



Timothy J. Irwin  
Vice President of Facility Operations



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JUL 06 2016

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July 1, 2016

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  
301 Centennial Mall South, Nebraska State Office Building, 3<sup>rd</sup> Floor  
Lincoln, NE 68509-4986

**RE: Purchase of Huntington Park Care Center**

Dear Ms. Lewis:

This letter serves as notice to you that the transfer of the bed license and real estate has been completed between Huntington Park Care Center and Hillcrest Shadow Lake, LLC. This transaction has been discussed with you, and there have been email exchanges between your office and Hillcrest leading us to understand that this notice is the last requirement for your office to issue a new license for the facility.

The transaction is effective July 1, 2016. Please issue the new license to Hillcrest Shadow Lake LLC, 1507 E Gold Coast Road, Papillion, Nebraska 68046. Please send the license to Kris Maples, Hillcrest Health Services, 1902 Harlan Drive, Suite A, Bellevue, NE 68005.

I appreciate all of your help in completing this transaction. If you have any other questions or need further information, please contact Kris Maples at (402) 682-4165 or email her at [hhsproviderinfo@hillcresthealth.com](mailto:hhsproviderinfo@hillcresthealth.com).

Sincerely,

A black rectangular redaction box covers the signature area.

Jolene Roberts  
President/CEO

LICENSURE UNIT

JUL 5 2016

RECEIVED



**Capstone Management, LLC**  
**8515 Douglas Ave Suite #15**  
**Urbandale, Iowa 50322**  
**515-223-6064 (office) 515-226-1244 (fax)**

July 2, 2016

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  
301 Centennial Mall South, Nebraska State Office Building, 3<sup>rd</sup> Floor  
Lincoln, NE 68509-4986

**RE: Sale of Huntington Park Care Center to Hillcrest Shadow Lake**

Dear Ms Lewis;

This letter serves as notice to you that the transfer of the bed license and real estate has been completed between Huntington Park Care Center and Hillcrest Shadow Lake, LLC.

This transaction was effective July 1, 2016. Please issue the new license to Hillcrest Shadow Lake LLC, 1507 E Gold Coast Road, Papillion, Nebraska 68046, and send to Kris Maples, Hillcrest Health Services, 1902 Harlan Drive, Suite A, Bellevue, NE 68005.

I appreciate all of your help in completing this transaction.

Sincerely,

  
Linda Juckette  
President & CEO