

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

4-7-16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
CAMBRIDGE COURT MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF024
EXPIRES 04/30/2017	 COURTNEY R. VILLIERS, RPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: CAMBRIDGE COURT

ADDRESS: 4107 CENTRAL AVENUE, KEARNEY, NE 68847

This is to verify that your ASSISTED-LIVING FACILITY 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.

4-14-15

LICENSURE UNIT

MAR 28 2016

Department of Health & Human Services  
**DHHS**  
NEBRASKA  
STATE OF NEBRASKA  
Department of Health and Human Services  
Division of Public Health - Licensure Unit  
P.O. Box 94986, Lincoln, NE 68509-4986

RECEIVED  
Expiration Date  
04/30/2016

Make Payment to DHHS LU	
Renewal Fees:	
1 - 10 beds:	\$950
11 - 20 beds:	\$1450
21 - 50 beds:	\$1650
51 or more:	\$1950

**Assisted-Living Facility Licensure Renewal Application**

**IDENTIFYING INFORMATION**

1. NAME AND ADDRESS OF FACILITY:  
CAMBRIDGE COURT  
4107 CENTRAL AVENUE  
KEARNEY, NE 68847
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF024  
TELEPHONE NUMBER: (308) 237-3773  
FAX NUMBER: (308) 234-9832  
ADMINISTRATOR: CHERYL WHITE  
EMAIL: ccinfo@ba.org

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\_\_\_\_\_  
\_\_\_\_\_

REC'D DHSS ACCOUNTING  
2016 MAR 30 A 8:55

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3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY \_\_\_\_\_

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 48

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders \_\_\_\_\_ Number of Beds
- Other -- Please Specify \_\_\_\_\_ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes  No   
Name of Accreditation Organization: \_\_\_\_\_

**OWNERSHIP INFORMATION**

7. OWNERSHIP OF FACILITY: BETHESDA FOUNDATION  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 15475 GLENEAGLE DRIVE  
COLORADO SPRINGS, CO 80921

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Governmental (Check one)  State,  District,  County,  City or Municipal
- Other (Please Specify) non-profit

(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.

Larry W Smith  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Dana L. Roesler  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

3/16/16  
DATE

3/12/16  
DATE

*Please respect the confidentiality of this information!*

Bethesda Foundation      15475 Gleneagle Drive,      100% Owner  
Colorado Springs, CO 80921

List of names and addresses of Bethesda Foundation's Officers: (1/27/16)

<u>Director</u>	<u>Position</u>	<u>Address</u>	<u>% of Ownership</u>
Don A. Morgan	Director	16825 NE 120 <sup>th</sup> Terrace Kearney, MO 64060	0%
Mark Pluimer	Director	14505 Westchester Drive Colorado Springs, CO 80921	0%
Dale Turner	Director	11974 Black Hills Drive Peyton, CO 80831	0%
Don Beard	Director	736 Prospect Drive Montrose, CO 81403	0%

<u>Officers</u>	<u>Position</u>	<u>Address</u>	<u>% of Ownership</u>
Dana Rasic	President, Board Chairman	1222 Greenland Forrest Drive Monument, CO 80132	0%
Daniel C. Vagle	Vice Chairman	15270 Copperfield Drive Colorado Springs, CO 80921	0%
Nathan Merrill	Secretary Treasurer	14720 Pristine Drive Colorado Springs, CO 80921	0%
Larry Smith	Vice President	665 Portland Road Monument, CO 80132	0%
Tom Workman	Assistant Secretary	11404 West Dodge Road Omaha, NE 68154	0%
Sean Rice	Assistant Secretary	14166 Petrel Drive Colorado Springs, CO 80921	0%

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# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 403034

Name of Facility: Cambridge Court Assisted Living

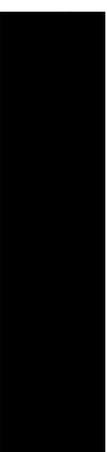
Type of Facility: Assisted Living

Location: 4107 Central Ave., Kearney

Maximum Occupancy: 48 Beds

Date Issued: 4/14/2015

Approved By:



Inspected By: 8716 Todd Wright  
Deputy State Fire Marshal

State Fire Marshal

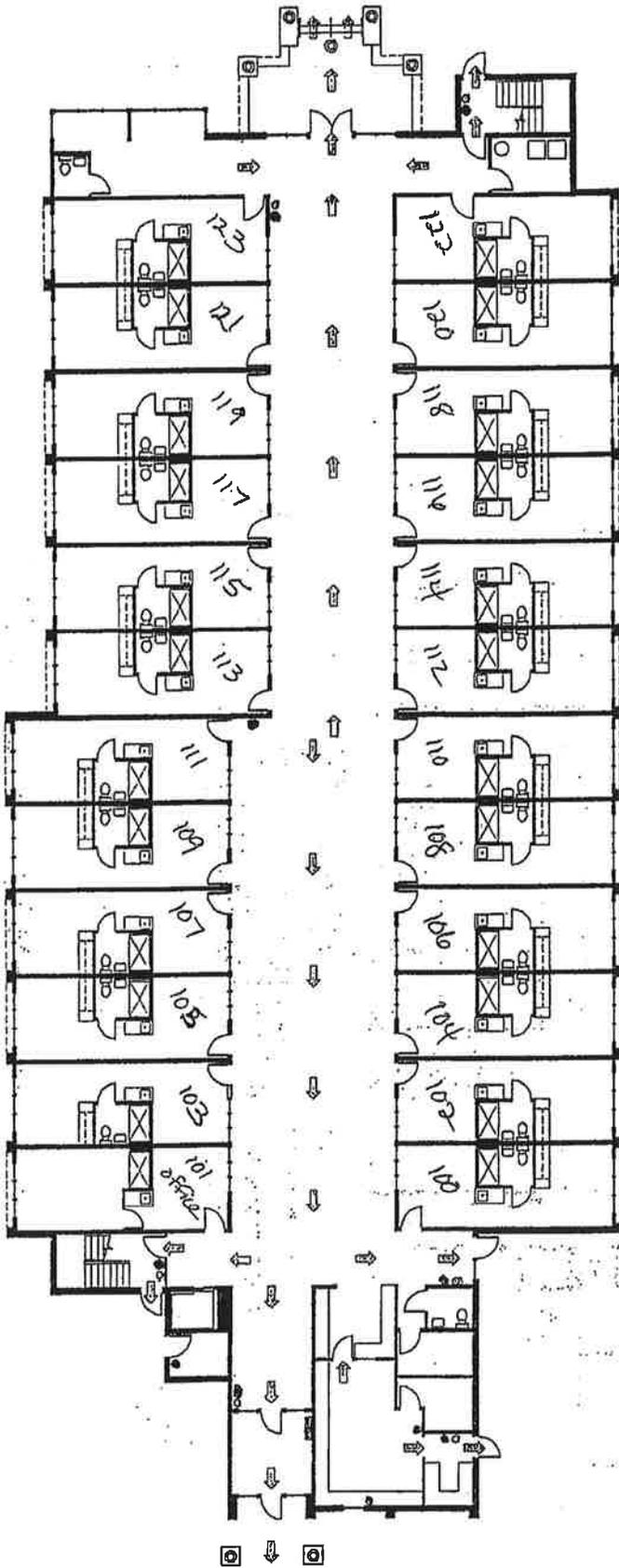


## POST IN PROMINENT PLACE



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

# CAMBRIDGE COURT EMERGENCY ESCAPE ROUTES & FIRE EQUIPMENT LOCATION PLAN

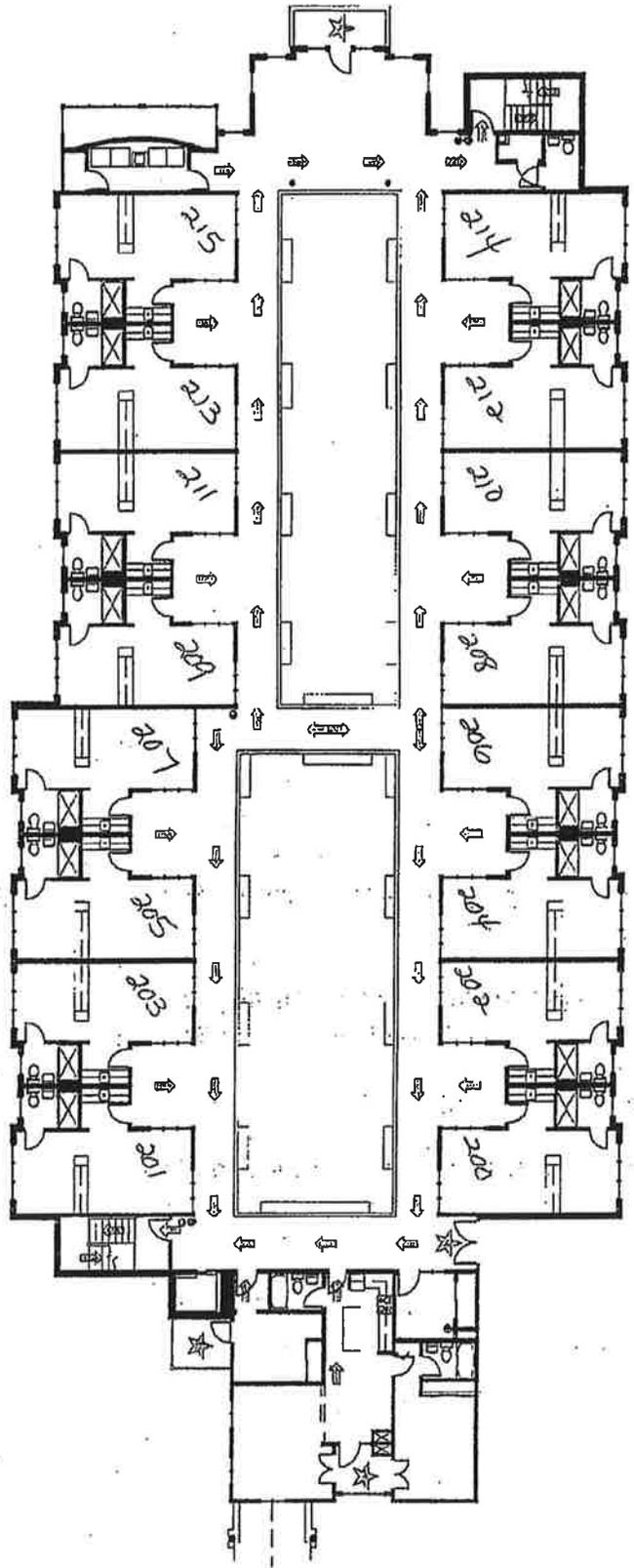


## FIRST FLOOR PLAN

### KEY

- ➡ ESCAPE ROUTE
- FIRE EXTINGUISHERS
- FIRE ALARM PULL
- ◻ FIRE ALARM CONTROL PANEL

# CAMBRIDGE COURT EMERGENCY ESCAPE ROUTES & FIRE EQUIPMENT LOCATION PLAN



## SECOND FLOOR PLAN

- KEY**
- ESCAPE ROUTE
  - FIRE EXTINGUISHERS
  - FIRE ALARM PULL
  - ★ SECOND FLOOR ASSISTED EMERGENCY EXIT (BY FIRE/RESCUE PERSONNEL ONLY)