

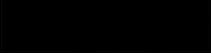
Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

KD/CS
4-26-16

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

CARTER PLACE

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY
Lic # ALF025

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

EXPIRES
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: CARTER PLACE
ADDRESS: 1028 JO ANN DRIVE, BLAIR, NE 68008

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.

3/15/16

LICENSURE UNIT

MAR 14 2016

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

Expiration Date
04/30/2016

RECEIVED

Table with 2 columns: Renewal Fees, Amount. Rows: 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: CARTER PLACE, 1028 JO ANN DRIVE, BLAIR, NE 68008
2. PREFERRED MAILING ADDRESS: c/o: CARTER PLACE, ENLIVANT - LEGAL DEPT, 330 N WABASH, SUITE 3700, CHICAGO IL 60611
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [Redacted]
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 36
5. SPECIFY SPECIAL POPULATIONS: (Please check)
6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes [] No [X]

OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: CARTER AID OPCO LLC
8. BUSINESS ORGANIZATION: (Check one)
[X] Limited Liability Company
[] 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.

Akhil Sharma
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Daniel Guilk
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

RECEIVED
2016
MAR 14 8:40
ACCOUNTING

3/11/16
DATE
3/11/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403355

Name of Facility: **Carter Place**
Type of Facility: **Assisted Living**
Location: **1028 Jo Ann Drive Blair**
Maximum Occupancy: **36 Beds**
Date Issued: **3/15/2016**

Approved By:

Inspected By: **8743 James Sloup**
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.



March 24, 2016

VIA E-MAIL

State of Nebraska
Department of Health and Human Services
P.O. Box 94986
Lincoln, NE 68509-4986
ATTN: Donna Jobman

RE: Letter Explaining FEIN Changes on ALF Renewal Applications

Ms. Jobman,

I am writing on behalf of each of the Licensees and Facilities listed below:

Facility	Licensee	Previously Listed FEIN	Updated FEIN
Cottonwood Place	Cottonwood AID OPCO LLC		
Carter Place	Carter AID OPCO LLC		
Greene Place	Greene AID OPCO LLC		
Morton Place	Morton AID OPCO LLC		
Pathfinder Place	Pathfinder AID OPCO LLC		

When each Licensee applied for its ALF license, it utilized the FEIN number of its parent company (61-1710973 for Master Tenant (CMBS) AID OPCO LLC or 35-2474680 for Master Tenant (NON-CMBS) AID OPCO LLC). Since these initial license applications were filed, each Licensee has applied for, and obtained, its own FEIN number. Therefore, the updated FEINs listed above reflect the FEIN that are now assigned to each individual Licensee. We ask that you please update your record accordingly.

I apologize if this has led to any confusion. Please note that no change of ownership has occurred.

Should you have any questions or concerns, please contact me by direct line at (312) 725-7041 or by e-mail at jkresl@enlivant.com.

Sincerely,

John Kresl
Corporate Counsel

White Senior Living Homes™

330 N. Wabash Suite 3700 | 312-725-7000
Chicago, Illinois 60611 | 312-332-5300 f
Enlivant.com

STATE OF NEBRASKA – STATE FIRE MARSHAL

246 South 14th Street
Lincoln, NE 68508-1804

ORDER FORM

V-010106

ORDER NUMBER..... 8743
DATE OF INSPECTION..... 12/7/2015
OWNER..... Carter House
OCCUPANT..... Carter House
ADDRESS..... 1028 Joann Drive
CITY/TOWN..... Blair
COUNTY..... Washigton
HOW OCCUPIED..... Existing Residential Board & Care/Large

FEE CARD YES NO

REVISIT DATE

ORDER

Ref: Order Form dated - 3/24/15 by Deputy Alan Viox

The corrections from Order written on 3/24/15 have been competed and the facility provides reasonable safety to life in case of fire at the time of inspection and is approved for occupancy.

If you have questions on this Order, contact the District B State Fire Marshal Office at 402.395.2164.
Or mail at: State Fire Marshal Office, District B Office , 438 West Market , Albion, NE , 68620-1241

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the Nebraska State Fire Marshal as mandated by Sections 81-502 to 81-541.01
It is the duty of the owner or person in charge of the above-named facility or location to immediately take measures to bring the facility into compliance with state regulations.

ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE:

Any damage proximately caused by a failure to remedy the above listed deficiencies shall be deemed to be the sole responsibility of the owner or person in charge by virtue of this notification and order.

Witness my electronically typed name at Columbus, Nebraska, this day of December 8, 2015.

By:



Phone Number: 402-395-2164

DEPUTY STATE FIRE MARSHAL

* Updated occupancy permit to be sent upon receipt.

Ownership/Control Attachment
Carter Place

Intermediate AID Co, LLC

FEIN: [REDACTED]

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

UPREIT AID CO, LLC

FEIN: [REDACTED]

<u>Officers</u>	<u>Title</u>	<u>Managers</u>
Ronald Cami	Vice President	Kelvin Davis
Clive Bode	Treasurer	Avi Banyasz
Jack Richard Callison, Jr.	Authorized Officer	Jeff Smith
Akhil Sharma	Authorized Officer	Frank Johnson
Daniel Marshall Guill	Authorized Officer	James Williams
		Donald McNamara
		Denise Coll
		Jack Richard Callison, Jr.

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Parent AID OPCO TRS, LLC

FEIN: [REDACTED]

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Ownership/Control Attachment
Carter Place

Master Tenant (NON-CMBS) AID OPCO LLC

FEIN: [REDACTED]

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

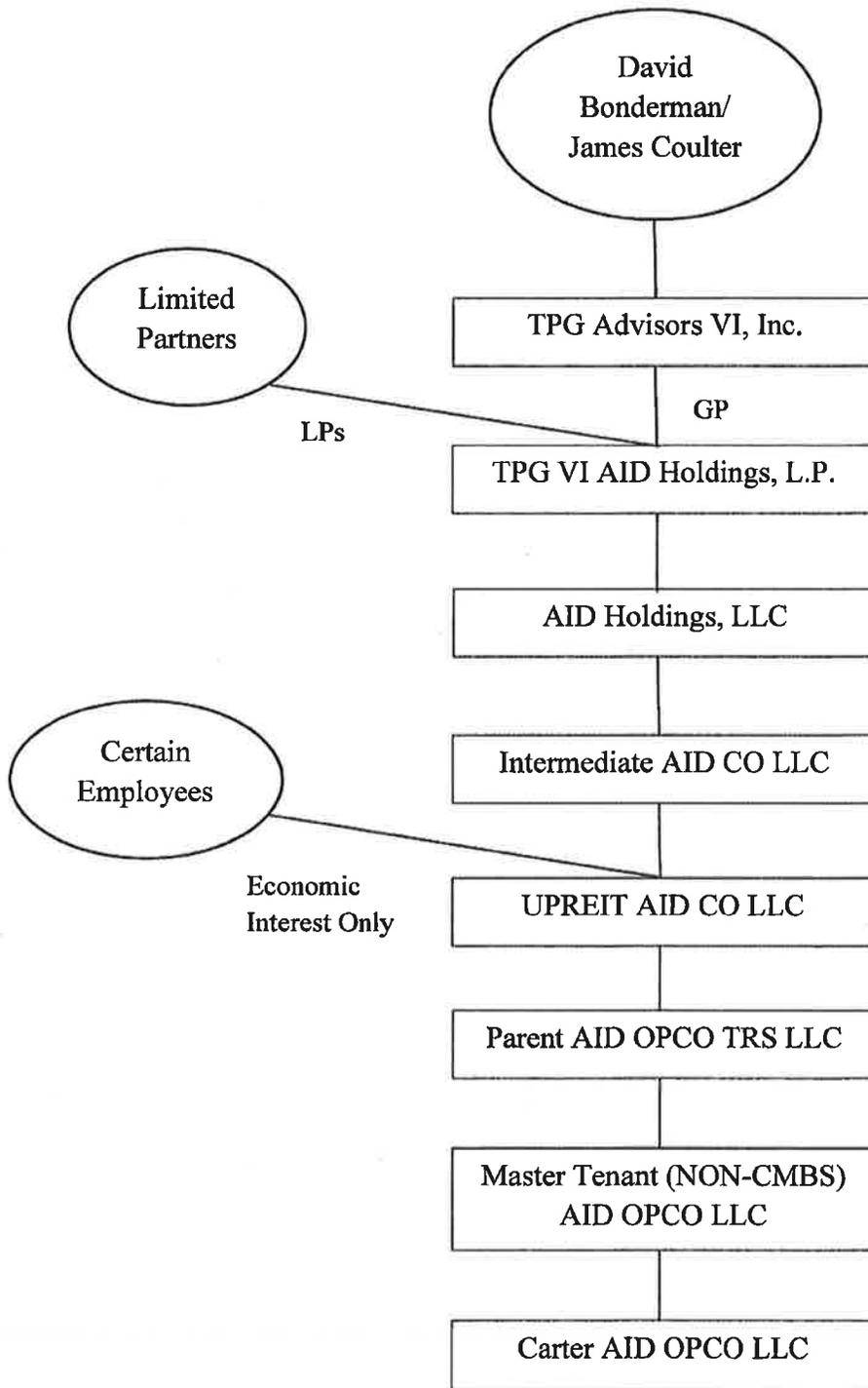
Carter AID OPCO LLC

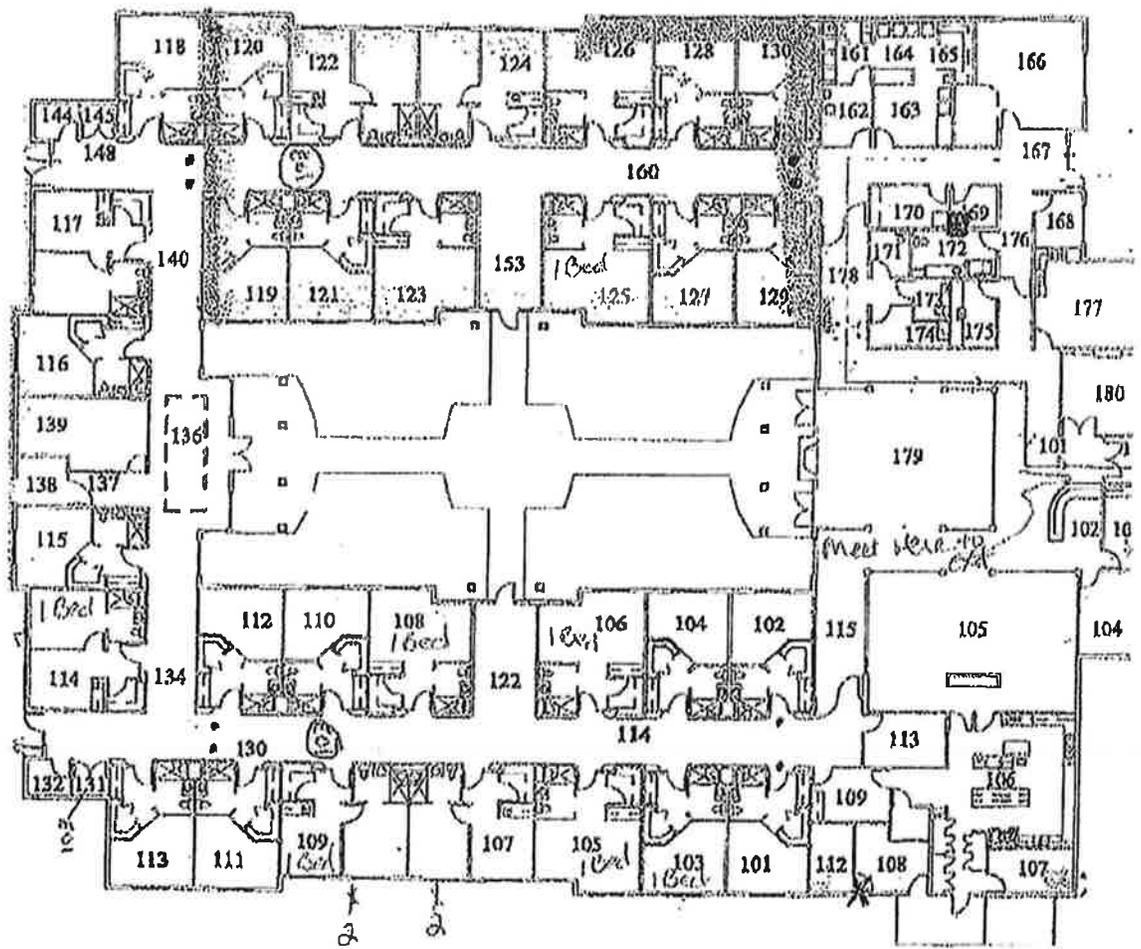
FEIN: [REDACTED]

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Ownership/Control Attachment
Carter Place





Carter Place - Blair, Nebraska