

**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/LS
4-21-16



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

LINDEN ESTATES
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF029

EXPIRES
04/30/2017



COURTNEY R. THOMPSON, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: LINDEN ESTATES

ADDRESS: 3700 WEST PHILIP AVE, NORTH PLATTE, NE 69101

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.

3-30-15



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

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:

LINDEN ESTATES
3700 WEST PHILIP AVE
NORTH PLATTE, NE 69101

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

LICENSE NO: ALF029

TELEPHONE NUMBER: (308) 534-8808

FAX NUMBER: (308) 534-8818

ADMINISTRATOR: CASSANDRA SUNDSTROM, R.N.

EMAIL: administrator-npe@vhsmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 57

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: _____

REC'D DHHS ACCOUNTING
2016 APR -5 A 11:15

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY:

MANOR OF NORTH PLATTE, INC

(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 3700 WEST PHILLIP AVE
NORTH PLATTE, NE 69101

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) _____

(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.

Jack D. Vetter
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Todd D. Vetter
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

03.29.16
DATE

03.28.16
DATE

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North Platte Fire Department

Bureau of Fire Prevention

CERTIFICATE OF OCCUPANCY

Name of Facility Linden Estates

Location 3700 West Philip, North Platte, NE 69101

Date Issued 3/30/2015 Certificate No. RD 1091

Maximum Occupancy 57 Persons

POST IN PROMINENT PLACE

VALID FROM DATE OF ISSUE OR UPON ANY CHANGE IN OCCUPANCY
OR OWNERSHIP.

Yellow Copy - To Be Presented To The State Licensing Agency If Necessary.

**Vetter Related Corporations
Directors, Officers and Shareholders
as of January 1, 2016**

Directors and Officers for all the following companies can be notified in writing: C/O Vetter Health Services, Inc., 20220 Harney Street, Elkhorn, NE 68022 or by telephone at 1-402-895-3932.

Vetter Holding, Inc.

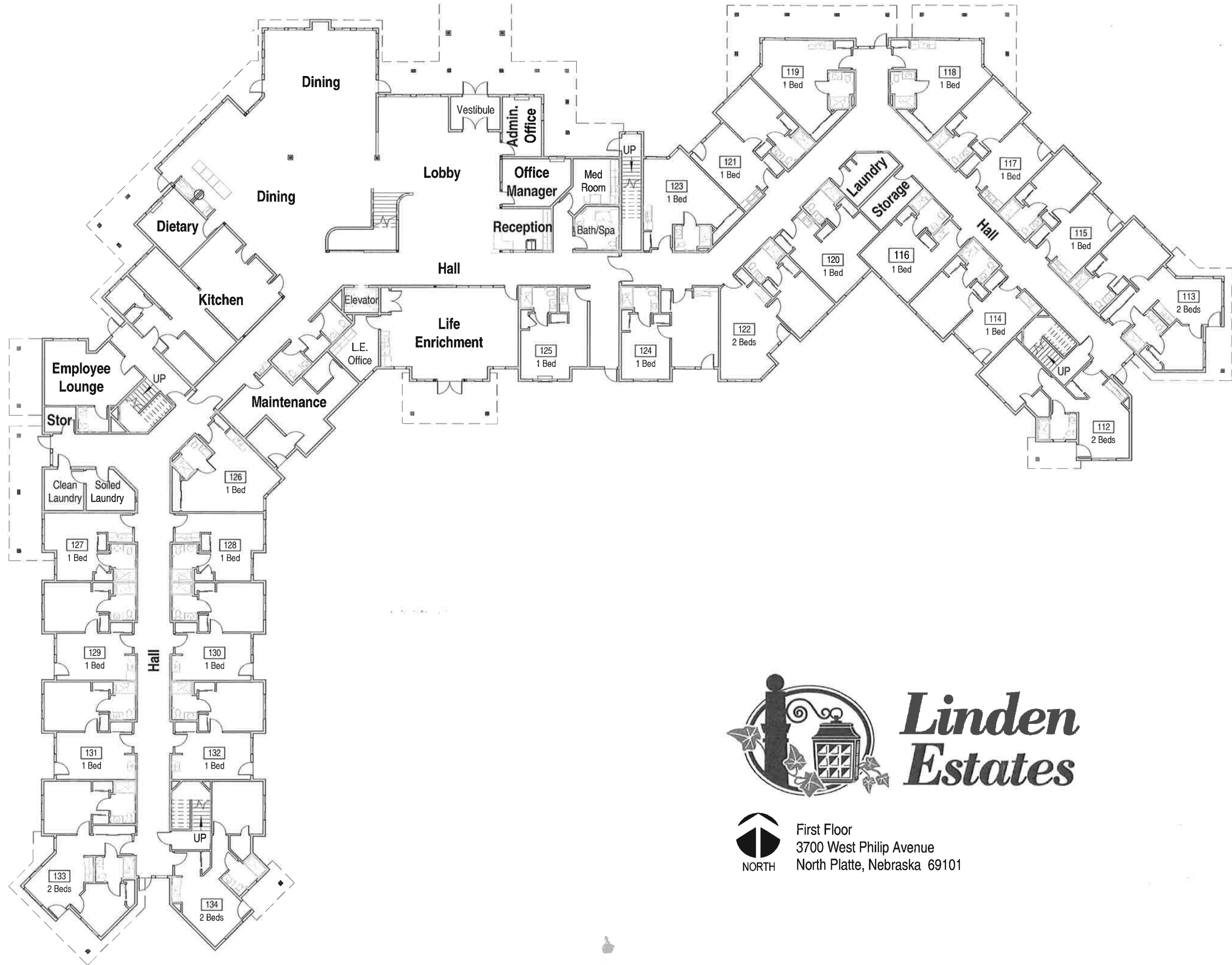
<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholders</u>
Jack D. Vetter	Jack D. Vetter.....President	Jack D. Vetter
Eldora D. Vetter	Eldora D. Vetter..... Vice President	Eldora D. Vetter
Denith D. Vetter	Eldora D. Vetter.....Treasurer	Denith D. Vetter
Vicki L. Vetter	Eldora D. Vetter..... Secretary	Tina Vetter
Todd D. Vetter	Todd D. Vetter.....Assistant Secretary	Vicki L. Vetter
	Joani Schelm.....Chief Financial Officer	Todd D. Vetter
		Lucille Vetter
		The Vetter Foundation

Wholly Owned Subsidiaries of Vetter Holding, Inc.: All corporations except Vetter Health Services.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....President	Vetter Holding, Inc.
Eldora D. Vetter	Eldora D. Vetter..... Vice President	
	Eldora D. Vetter..... Treasurer	
	Eldora D. Vetter.....Secretary	
	Todd D. Vetter.....Assistant Secretary	
	Joani Schelm..... Chief Financial Officer	

Vetter Health Services, Inc.:

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter..... Chair of the Board & CEO	Vetter Holding, Inc.
Eldora D. Vetter	Glenn Van Ekeren.....President	
	Eldora D. Vetter.....Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.Assistant Secretary	
	Todd D. Vetter..... Secretary	
	Mitchell S. Elliott.....Chief Development Officer	
	Patrick Fairbanks.....Chief Operations Officer	
	Joani Schelm.....Chief Financial Officer	
	Rhonda Flanigan.....Chief People Officer	
	Shari Terry.....Chief Quality Officer	



**Linden
Estates**



NORTH

First Floor
3700 West Philip Avenue
North Platte, Nebraska 69101

Linden
Estates



Second Floor
3700 West Phillip Avenue
North Platte, Nebraska 69101

