

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

2/26/16 dy

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

CHRISOMA WEST ASSISTED LIVING

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Lic # ALF030



Chief Executive Officer
Department of Health and Human Services

EXPIRES
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: CHRISOMA WEST ASSISTED LIVING

ADDRESS: 1927 W 4TH AVENUE, HOLDREGE, NE 68949

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.

4-3-15

LICENSURE UNIT

FEB 22 2016



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

- NAME AND ADDRESS OF FACILITY:
CHRISOMA WEST ASSISTED LIVING
1927 W 4TH AVENUE
HOLDREGE, NE 68949
- PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

- LICENSE NO: ALF030
- TELEPHONE NUMBER: (308) 995-2086
- FAX NUMBER: (308) 995-3995
- ADMINISTRATOR: LINDA AMSTUZ, ADMIN
- EMAIL: administrator@chrisoma.com
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY _____
- TOTAL NUMBER OF BEDS TO BE RELICENSED: 30
- 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
- ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No
Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: CHRISTIAN HOMES, INC.
(Legal Name of Individual or Business Organization)
MAILING ADDRESS: 1923 W 4TH AVENUE
HOLDREGE, NE 68949
- 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

- the owner, if the applicant is an individual or partnership,
- two of its members, if the applicant is a limited liability company,
- two of its officers, if the applicant is a corporation, or
- the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Steve Bergstrom
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Charles Reeser
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2-18-16
DATE

2/18/16
DATE

RECEIVED
DHHS ACCOUNTING
2016 FEB 24 P 12:00

Dr.
Mark
Adam
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Rev.
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Midwest District- EFCA
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Dr.
Kevin
Carnes ****
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Manhattan, KS 66502
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kevin.d.carnes@gmail.com

Board Officers:

* Chairman
** Vice-Chairman
*** Secretary

Ex-Officio Member: ****

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402971

Name of Facility: **Chrisoma West Assisted Living**

Type of Facility: **Assisted Living**

Location: **1927 W 4th Ave., Holdrege**

Maximum
Occupancy: **30 Beds**

Date Issued: **4/3/2015**

Approved By:



State Fire Marshal

Inspected By: **8716 Todd Wright**
Deputy State Fire Marshal



POST IN PROMINENT PLACE

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