

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

3/17/16 dj



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

**CROSSROADS AT ALLIANCE**  
MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Services  
AGED/DISABLED MED WVR

Lic # ALF048

**EXPIRES**  
04/30/2017

   
Courtney R. Phillips, MBA  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: CROSSROADS AT ALLIANCE  
ADDRESS: 150 WEST 24TH STREET, ALLIANCE, NE 69301

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.

3-26-15



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:  
CROSSROADS AT ALLIANCE  
150 WEST 24TH STREET  
ALLIANCE, NE 68301
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF048  
 TELEPHONE NUMBER: (308) 762-1615  
 FAX NUMBER: (308) 762-1621  
 ADMINISTRATOR: FELISHIA HOAGLAND, ADMIN  
 EMAIL: crossroads@thelegacies.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 40

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: \_\_\_\_\_

LICENSURE UNIT  
MAR 07 2016  
RECEIVED

#### OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MADISON SENIOR LIVING MANAGEMENT, LLC  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 3452 E FOOTHILL BLVD, STE. 200  
PASADENA, CA 91107

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

2016 MAR - 9  
REC'D: HISS ADMINISTRATING  
A-10-11

#### 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.

Gary Langsdorfen, Manager  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Amy White-Tanabe  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2/16/16  
DATE

2/22/16  
DATE

Amy,

Below is a list of entities and the decision makers for each for the renewal:

- 1) Property Owner – North American Senior Properties, LP – 3452 E. Foothill Blvd., Ste. 220, Pasadena, CA 91107
  - a. Control of Owner:
    - i. Gary Langendoen – 3579 E. Foothill Blvd., #248, Pasadena, CA 91107
    - ii. Luke McCarthy – 2428 Ridgeway Road, San Marino, CA 91108
- 2) Master Lessee/Property Operator – Madison Senior Living Management, LLC – 3452 E. Foothill Blvd., Ste. 220, Pasadena, CA 91107
  - a. Control of Lessee:
    - i. Gary Langendoen – 3579 E. Foothill Blvd., #248, Pasadena, CA 91107
    - ii. Luke McCarthy – 2428 Ridgeway Road, San Marino, CA 91108

Please let me know if this is sufficient for the State.

Thank you,

Matt Arnold

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# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402964

Name of Facility: **Crossroads At Alliance ALF**

Type of Facility: **Assisted Living**

Location: **150 W 24th St., Alliance**

Maximum Occupancy: **40 Beds**

Date Issued: **3/26/2015**

Approved By:



State Fire Marshal

Inspected By: **8706 Pat Gould**

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.

# CROSSROADS Assisted Living

