

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

3/11/16 dy

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

WESTGATE ASSISTED LIVING

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY
Lic # ALF050




COURTNEY R. 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: WESTGATE ASSISTED LIVING

ADDRESS: 3030 SOUTH 80TH STREET, OMAHA, NE 68124

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.

FEB 29 2016

4-20-15



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

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: WESTGATE ASSISTED LIVING...
2. PREFERRED MAILING ADDRESS...
LICENSE NO: ALF050
TELEPHONE NUMBER: (402) 391-8566
FAX NUMBER: (402) 391-1033
ADMINISTRATOR: BRAD BUSCHOW, R.N.
EMAIL: licensing@5sqa.com
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: 0
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 80
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]

REC'D HHS ACCOUNTING
2016 MAR -2 A 11:51 AM

OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: FIVE STAR QUALITY CARE-NE, LLC
MAILING ADDRESS: 400 CENTRE STREET, NEWTON, MA 02458
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)
[] 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.

Richard A. Doyle - Treasurer & CFO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Bence J. Maskey Jr. - President & CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2/22/16
DATE

2/22/16
DATE

TABLE OF CORPORATE/OWNERSHIP STRUCTURE
for the property known as "Westgate Assisted Living", licensed under
"Five Star Quality Care-NE, LLC"

Five Star Quality Care, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Maryland Corporation
(100%)

FSQ, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Corporation
(100%)

Five Star Quality Care-NE, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Corporation
(100%)

Operator
Five Star Quality Care-NE, LLC
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Limited Liability Company
(100%)

**Ownership Control - Officers & Directors
for
Five Star Quality Care-NE, LLC
400 Centre Street
Newton, MA 02458
Phone: 617-796-8387 FAX: 617-219-1435**

Title	Name	Ownership Percentage
Officers		
President & Chief Executive Officer	Bruce J. Mackey Jr.	0.00%
Senior Vice President & Chief Operating Officer	R. Scott Herzig	0.00%
Treasurer & Chief Financial Officer	Richard A. Doyle	0.00%
Vice President, General Counsel & Assistant Secretary	Katherine E. Potter	0.00%
Corporate Secretary	Jennifer B. Clark	0.00%
Directors/Trustees		
Director	Barry M. Portnoy	0.00%
Director	Gerard M. Martin	0.00%
Five Star Quality Care-NE, Inc. [FID#: ██████████] is the 100% sole member of Five Star Quality Care-NE, LLC [FID#: ██████████]		



NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: WESTGATE ASSISTED LIVING - ASSISTED-LIVING FACILITY

Location: 3030 South 80th Street, Omaha, NE 68124

Date Issued: April 20, 2015 Certificate No.: 2015-141

Maximum Occupancy: - 80 Beds - Persons

Inspected By: Captain Chris Hopkins #694

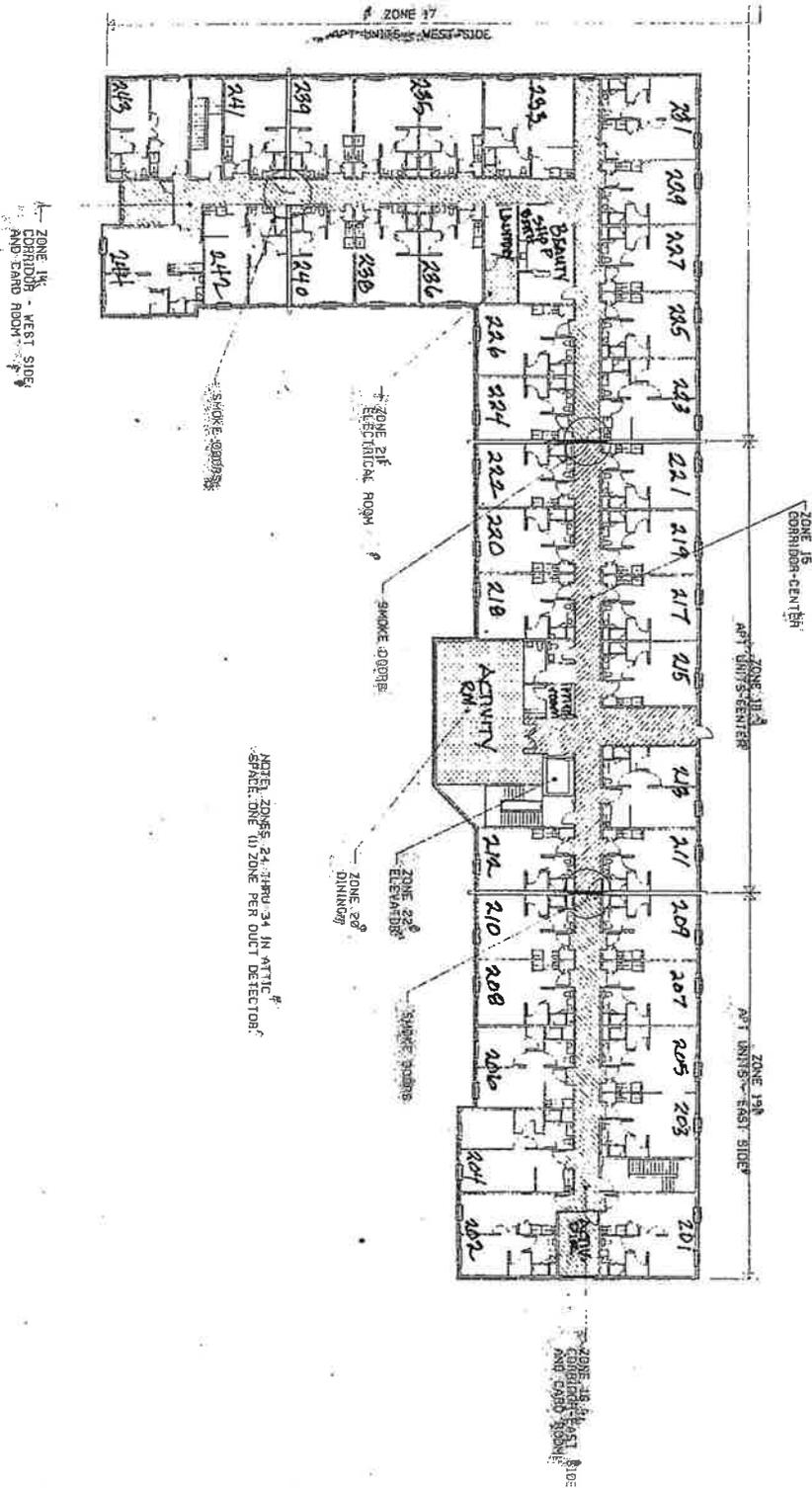
Approved By:

POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.



FIRE DETECTION ZONES - UPPER FLOOR PLAN.





FIRE DETECTION ZONES - LOWER FLOOR PLAN

