



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

3/10/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
GOLD CREST RETIREMENT CENTER MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF066
<b>EXPIRES</b> 04/30/2017	  Courtney A. Young, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: GOLD CREST RETIREMENT CENTER

ADDRESS: 200 LEVI LANE, ADAMS, NE 68301

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.

11-25-14

LICENSURE UNIT



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

MAR 07 2016

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

- 1. NAME AND ADDRESS OF FACILITY:  
GOLD CREST RETIREMENT CENTER  
200 LEVI LANE  
ADAMS, NE 68301
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF066  
 TELEPHONE NUMBER: (402) 988-7115  
 FAX NUMBER: (402) 988-2087  
 ADMINISTRATOR: JEFF FRITZEN  
 EMAIL: info@goldcrest.net

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY
- 4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 35

- 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 HHS ACCOUNTING  
2016 MAR - 8 A 11:23

#### OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: COFFMAN-LEVI CHARITABLE TRUST, INC  
(Legal Name of Individual or Business Organization)  
MAILING ADDRESS: 200 LEVI LANE  
ADAMS, NE 68301

- 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.

Julie E. Kealy  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT  
Max Gramann  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE  
 \_\_\_\_\_  
 DATE

Name	Address	City	State	Zip	Title
Julie Kealy	7500 N. Hampton Rd.	Lincoln	NE	68506	Secretary
Wes Siefkes	6766 S. Buckeye Rd	Adams	NE	68301	Board Member
Ron Sutter	415 N 21St	Beatrice	NE	68310	Board Member
Chris Gramann	PO Box 106	Adams	NE	68301	Board Member
Max Gramann	PO Box 106	Adams	NE	68301	President

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402706

Name of Facility: **Gold Crest Retirement Assisted Living**  
Type of Facility: **Assisted Living**  
Location: **200 Levi Lane, Adams**  
Maximum Occupancy: **35 Beds**  
Date Issued: **11/25/2014**

Approved By:

Inspected By: **8748 Mark Manchester**  
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.

Gold Crest

Assisted Living

419 2	420 2
417 2	418 2
415 2	416 2
413 2	414 2
411 2	412 2
409 2	410 2
407 2	408 2
405 1	406 2
403 1	404 1
401 1	402 1