

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

4-7-16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
HICKORY VILLA MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF080
EXPIRES 04/30/2017	  Courtney K. Vitale, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: HICKORY VILLA

ADDRESS: 7315 HICKORY 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.

LICENSURE UNIT

4-30-15



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

MAR 28 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:
HICKORY VILLA
7315 HICKORY STREET
OMAHA, NE 68124

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

LICENSE NO: ALF080
TELEPHONE NUMBER: (402) 392-0767
FAX NUMBER: (402) 392-2371
ADMINISTRATOR: CECIL WISSINK
EMAIL: hvinfo@ba.org

2016 MAR 30 A 8:51
REC'D DHHS ACCOUNTING

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 60

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: _____

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: BETHESDA FOUNDATION
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 15475 GLENEAGLE DRIVE
COLORADO SPRINGS, CO 80921

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) non-profit

(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.

[Redacted]
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Dana L. Rasick
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Larry W. Smith
SIGNATURE
[Redacted]
SIGNATURE
3/16/16
DATE
3/16/16
DATE

*Please respect the **confidentiality** of this information!*

Bethesda Foundation 15475 Gleneagle Drive, 100% Owner
Colorado Springs, CO 80921

List of names and addresses of Bethesda Foundation's Officers: (1/27/16)

<u>Director</u>	<u>Position</u>	<u>Address</u>	<u>% of Ownership</u>
Don A. Morgan	Director	16825 NE 120 th Terrace Kearney, MO 64060	0%
Mark Pluimer	Director	14505 Westchester Drive Colorado Springs, CO 80921	0%
Dale Turner	Director	11974 Black Hills Drive Peyton, CO 80831	0%
Don Beard	Director	736 Prospect Drive Montrose, CO 81403	0%

<u>Officers</u>	<u>Position</u>	<u>Address</u>	<u>% of Ownership</u>
Dana Rasic	President, Board Chairman	1222 Greenland Forrest Drive Monument, CO 80132	0%
Daniel C. Vagle	Vice Chairman	15270 Copperfield Drive Colorado Springs, CO 80921	0%
Nathan Merrill	Secretary Treasurer	14720 Pristine Drive Colorado Springs, CO 80921	0%
Larry Smith	Vice President	665 Portland Road Monument, CO 80132	0%
Tom Workman	Assistant Secretary	11404 West Dodge Road Omaha, NE 68154	0%
Sean Rice	Assistant Secretary	14166 Petrel Drive Colorado Springs, CO 80921	0%



NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: HICKORY VILLA - ASSISTED-LIVING FACILITY

Location: 7315 Hickory Street, Omaha, NE 68124

Date Issued: April 30, 2015 Certificate No.: 2015-149

Maximum Occupancy: - 60 Beds - Persons

Inspected By: Captain Chris Hopkins #694

Approved By: [REDACTED]

POST IN A PROMINENT PLACE

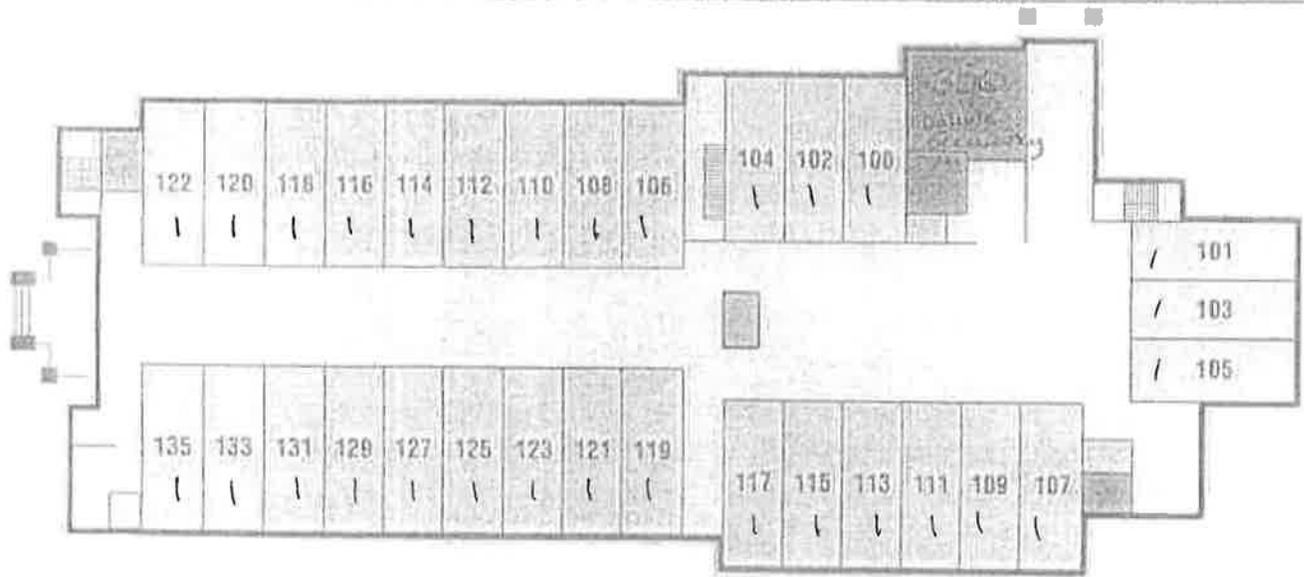
Copy to be presented to the State Licensing Agency if necessary.

Hickory Villa

ASSISTED LIVING

First Floor

Room Chart



Hickory Villa

ASSISTED LIVING

Second Floor

Room Chart

