

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

ASSISTED LIVING AT TRINITY VILLAGE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF088

EXPIRES
04/30/2017

 
Courtney K. Priddy, CPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: ASSISTED LIVING AT TRINITY VILLAGE
ADDRESS: 522 WEST LINCOLN STREET, PAPIILLION, NE 68046

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.

3/2/16

LICENSURE UNIT

MAR 07 2016

Department of Health & Human Services
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

1. NAME AND ADDRESS OF FACILITY:
ASSISTED LIVING AT TRINITY VILLAGE
522 WEST LINCOLN STREET
PAPILLION, NE 68046

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

Immanuel
40 Chief Operations Officer
Assisted Living at Trinity Village
1044 N 115th Street, Ste 500
Omaha NE 68154

LICENSE NO: ALF088
TELEPHONE NUMBER: (402) 614-5500
FAX NUMBER: (402) 614-5503
ADMINISTRATOR: CHRISTINE DE LA VEGA, Director
EMAIL: TrinityVillageAL-DHHS@lhsi.org

REC'D DHHS ACCOUNTING
2016 MAR -8 A 11:28

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: _____

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: IMMANUEL RETIREMENT COMMUNITIES
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 6757 NEWPORT AVENUE, SUITE 200 *1044 N 115th St, Suite 500*
OMAHA, NE 68152 *68154*

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.

Eric N Gurley, Pres & CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT _____ SIGNATURE _____ DATE 2/17/16

Mark Schultz, CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT _____ SIGNATURE _____ DATE 2/19/16



2016 BOARD OF DIRECTORS

Officers:

David C. Mussman, Chair	Executive VP & General Counsel, West Corporation 11808 Miracle Hills Drive, Omaha, NE 68154
David A. Jacox, Vice Chair	Retired, President & CEO, Mosaic 12010 Washington Plaza, Omaha, NE 68137
Michael R. Williams, Secretary/Treasurer	Williams-Deras & Associates 10040 Regency Circle, Suite 345, Omaha, NE 68114
Eric N. Gurley, President & CEO (ex-officio, voting)	1044 North 115 th Street, Suite 500, Omaha, NE 68154
Mark Schulz, Chief Financial Officer	1044 North 115 th Street, Suite 500, Omaha, NE 68154

Directors:

Rev. Carmala J. Aderman	Senior Pastor, Luther Memorial Lutheran Church 6099 Western, Omaha, NE 68132
Rev. Dr. Dennis A. Anderson	Former Bishop, Nebraska Synod ELCA 9752 South 175 th Circle, Omaha, NE 68136
Rev. Dr. David L. deFreese	Vice President of Church Relations, Mosaic 4980 South 118 th Street, Omaha, NE 68137
George Grieb (ex-officio, non-voting)	Chair of Immanuel Affordable Board 530 South 118 th Street, Omaha, NE 68154
Suzanne L. Hruza, M.D.	Radiology Consultants of the Midwest, P.C. 13918 Gold Circle, Omaha, NE 68144
Robert E. "Rob" Johnson	President & CEO, Javlin Capital 1414 Harney Street, Omaha, NE 68102
Robert J. "Bob" Lanik	Retired, CEO, CHI Nebraska 6520 Ponderosa Circle, Lincoln, NE 68510
Bishop Brian D. Maas (ex-officio, voting)	Bishop, Nebraska Synod ELCA 6757 Newport Ave, Suite 200, Omaha, NE 68152
Bruce A. Plath	Senior Vice President, Private Banking Security National Bank 1120 South 101 st Street, Omaha, NE 68124
Mark G. Waterstraat	Chief Strategy Officer, Benaissance 11808 Grant Street, Suite 200, Omaha, NE 68164
Delight Wreed Byrd, RN, BSN, MS	Adjunct Faculty, Master of Healthcare Administration & Bachelor of Healthcare Mgmt Programs, Bellevue University 2227 North 151 st Street, Omaha, NE 68116

OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

Name of Facility: TRINITY VILLAGE ASSISTED LIVING

TYPE OF FACILITY: ASSISTED LIVING

LOCATION: 522 W. LINCOLN ST. PAPILLION, NE

MAXIMUM OCCUPANCY: 35

DATE ISSUED: 3/2/2016

INSPECTED BY: RICH UHL, FIRE MARSHAL PAPILLION FIRE DEPARTMENT

POST IN A PROMINANT PLACE



Papillion Fire Marshal

3/2/2016



Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

