

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

KD/LS
5-3-16

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

LEBENSRAUM ASSISTED LIVING
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services: AGED/DISABLED MED WVR Lic # ALF095

EXPIRES
04/30/2017


SEAL


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

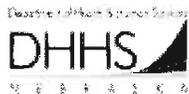
Cut on heavy line and place on license.

FACILITY NAME: LEBENSRAUM ASSISTED LIVING
ADDRESS: 118 SOUTH INGALLS STREET, GRAND ISLAND, NE 68803

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



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

APR 27 2016

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

RECEIVED

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

LEBENSRAUM ASSISTED LIVING
118 SOUTH INGALLS STREET
GRAND ISLAND, NE 68803

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

LICENSE NO: ALF095
TELEPHONE NUMBER: (308) 382-9066
FAX NUMBER: (308) 395-8822
ADMINISTRATOR: JOYCE CANTRELL
EMAIL: jcdhadmin@hamilton.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 33

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders
Other -- Please Specify

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: J.C.D.H., INC.
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 118 INGALLS
GRAND ISLAND, NE 68803

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 APR 28
RECD HHS ACCOUNTING

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.

Joyce Cantrell
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Deb Halm
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

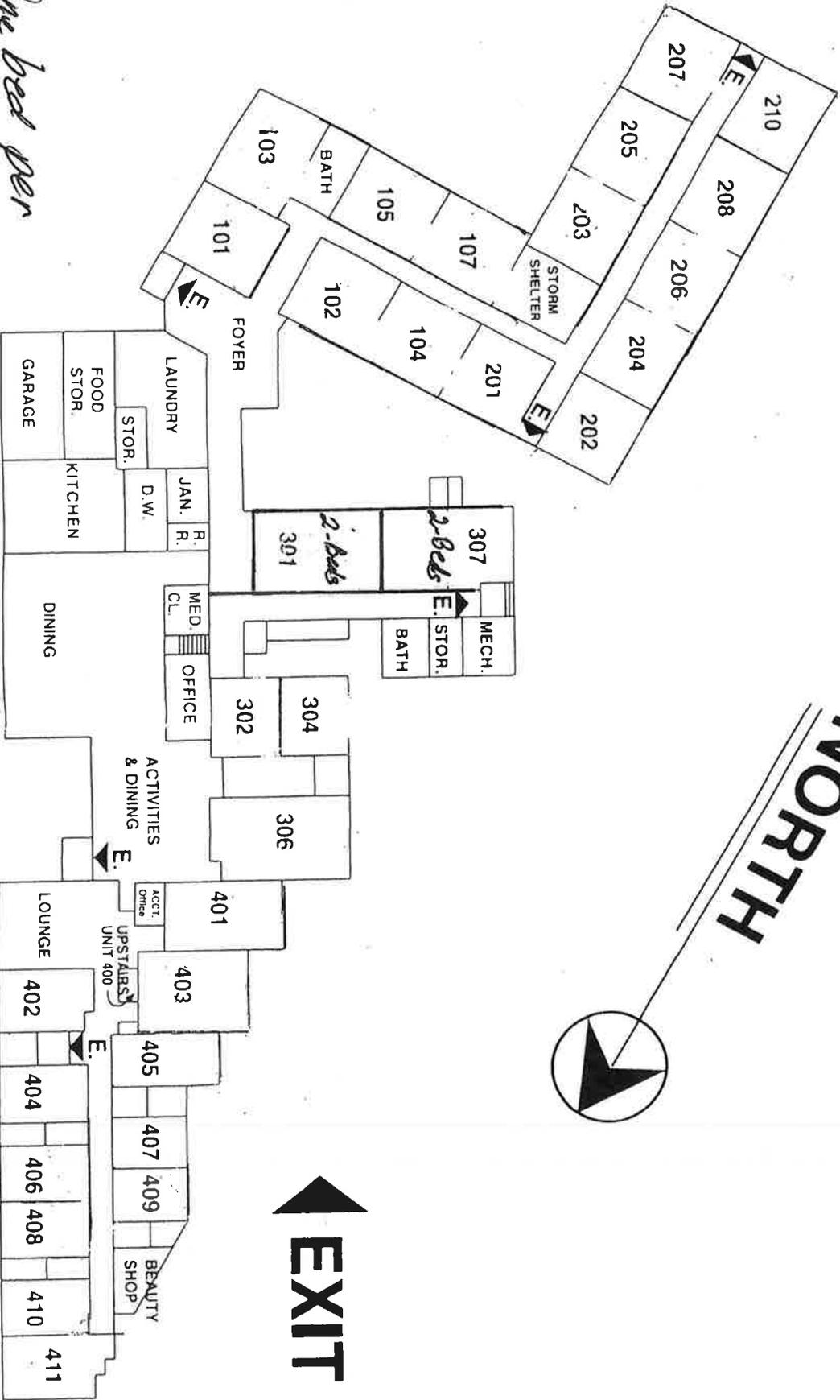
[Redacted Signature]

SIGNATURE

4-20-16
DATE

4-20-16
DATE

Building Plan



*One bed per
Room except
Rooms 301 & 307 are double bedrooms*

JCDH INC Ownership is:

Joyce E. Cantrell 32 Kuester Lake, Grand Island, NE 68801 SS#507-68-5743 50% owner

Deb Halm, 2604 Cottage Street. Grand Island, Ne 68803 SS#504-74-0852 50% owner

GRAND ISLAND CITY FIRE PREVENTION

CERTIFICATE OF OCCUPANCY

Name of Facility LEBENSRAUM

Location 118 South Ingalls Street, Grand Island, Nebraska

Date Issued 02/10/2015 Certificate No. 2

Maximum Occupancy assisted living - 33 people



Inspected by: [REDACTED]

DIVISION CHIEF - Delegated Authority

POST IN PROMINENT PLACE