

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
4-15-16


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

HOLDREGE MEMORIAL HOMES, INC

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Lic # ALF110




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: HOLDREGE MEMORIAL HOMES, INC

ADDRESS: 1320 11TH AVENUE, HOLDREGE, NE 68949

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.

3-10-16



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

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:
HOLDREGE MEMORIAL HOMES, INC
1320 11TH AVENUE
HOLDREGE, NE 68949

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

LICENSE NO: ALF110
TELEPHONE NUMBER: (308) 995-8631
FAX NUMBER: (308) 995-8636
ADMINISTRATOR: KEVIN MORIARTY, ADMIN
EMAIL: administrator@holdregehomes.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 46

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: _____

LICENSURE UNIT
APR 08 2016
RECEIVED

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HOLDREGE MEMORIAL HOMES, INC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 1320 11TH AVENUE
HOLDREGE, NE 68949

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) _____

2016 APR 15 10:41
REC'D HHS LICENSING
COUNTING

(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.

Margaret Kring
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

2/25/16
DATE

Leonard Anderson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/25/16
DATE

**Holdrege Memorial Homes, Inc. and
Holdrege Memorial Homes Foundation
Board of Directors
2015-2016**

Karen Stute, President
1019 Miller Street
Holdrege, NE 68949

Leonard Anderson, Vice President
11981 734 Road
Funk, NE 68940

Kyle Anderson, Treasurer
11407 739 Road
Holdrege, NE 68949

Margaret Kring, Secretary
506 Lake St.
Funk, NE 68940

Cinde Wendell
73976 Road 434
Smithfield, NE 68976

Barb Allen
1119 Brown Street
Holdrege, NE 68949

Lisa Havens
1007 Arthur Street
Holdrege, NE 68949

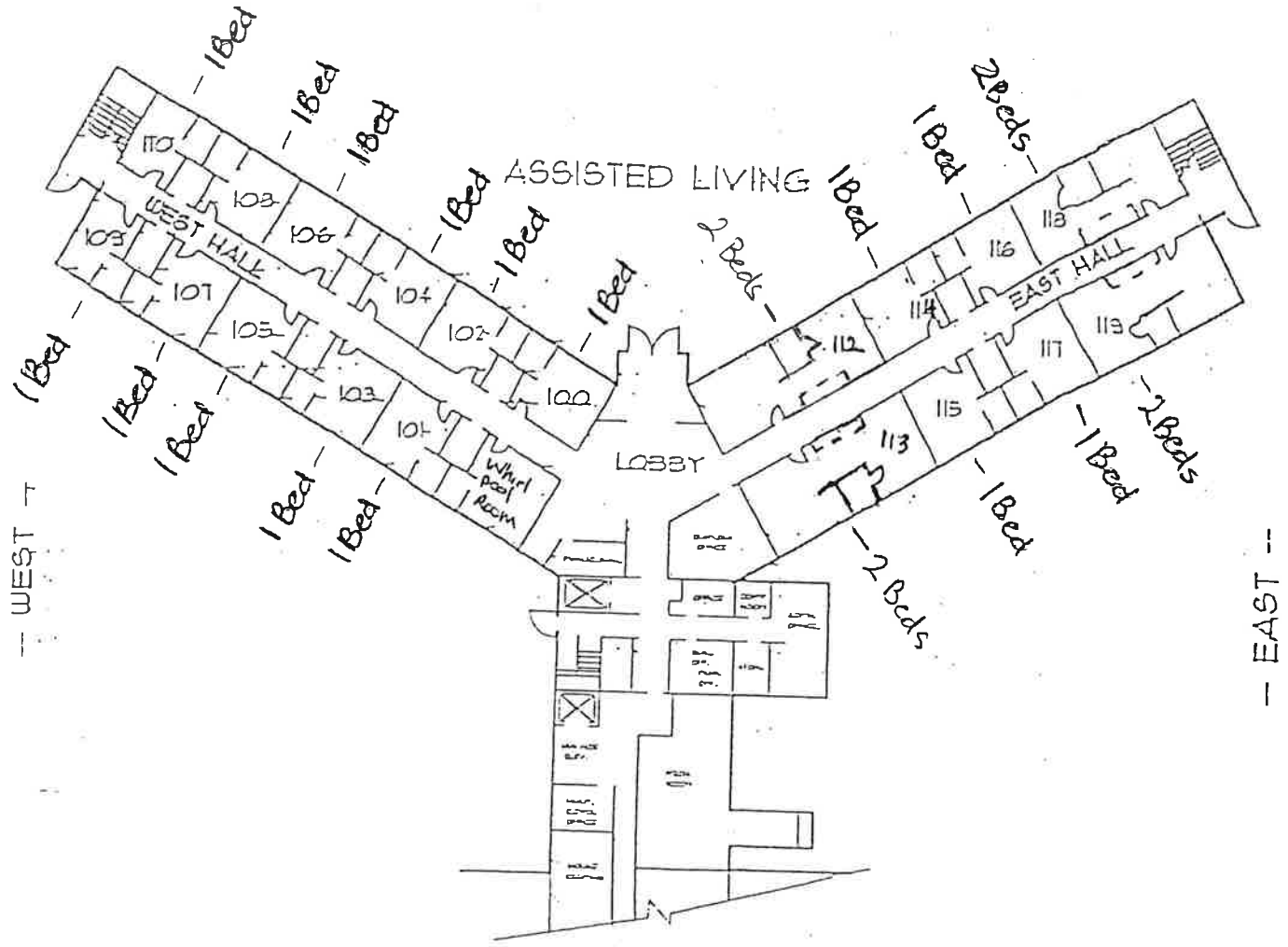
Lorraine Schoen
72204 A Road
Oxford, NE 68967

Betty Dahlgren
317 Medina Avenue
Bertrand, NE 68927

Wayne Sass
1011 East Avenue
Holdrege, NE 68949

Reed McClymont
1209 Hancock Street
Holdrege, NE 68949

- NORTH -



- WEST -

- EAST -

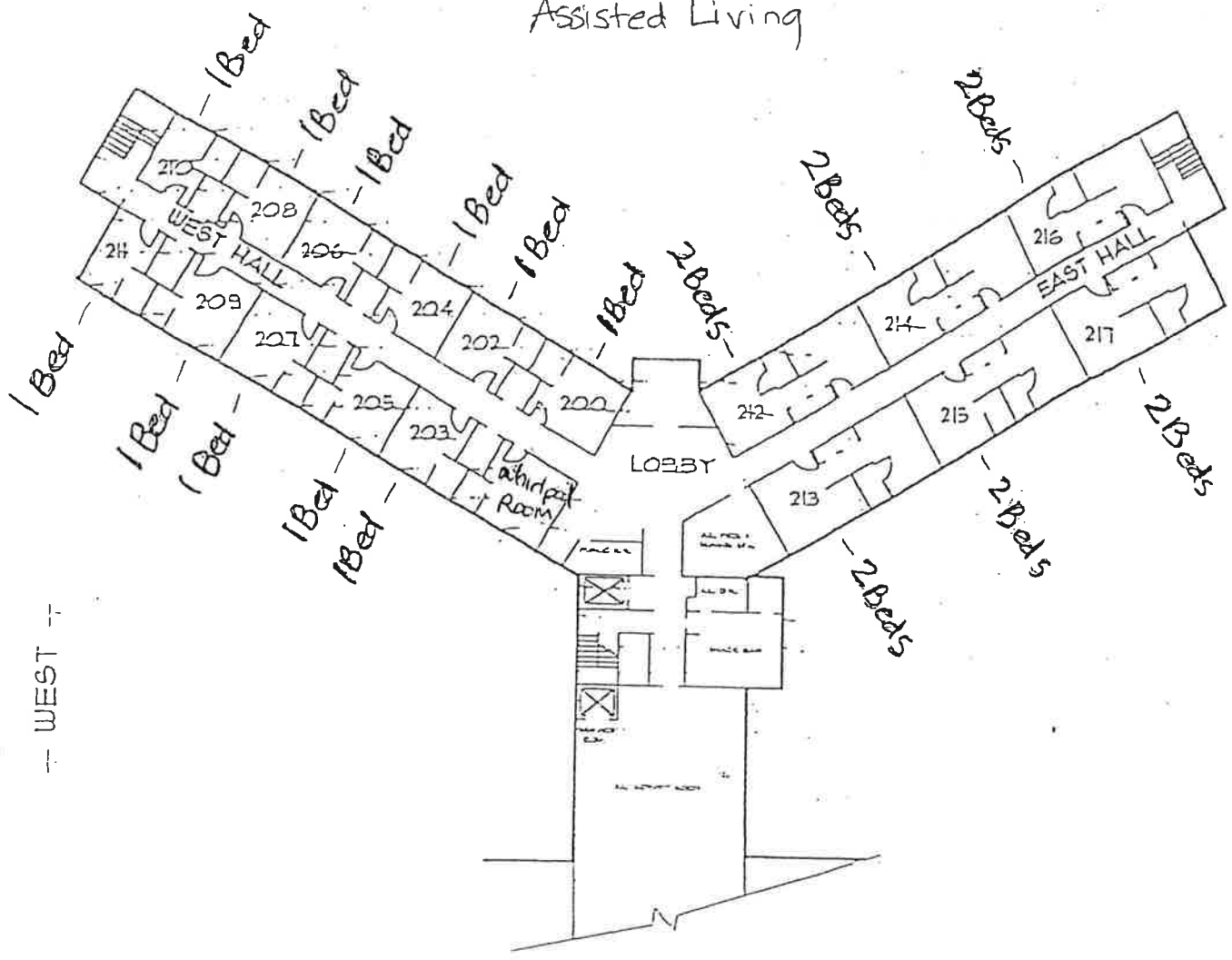
1st. FLOOR

- SOUTH -

HOLDREGE MEMORIAL HOMES

- NORTH -

Assisted Living



-- WEST --

-- EAST --

- SOUTH -

2nd FLOOR

HOLDREGE MEMORIAL HOMES

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403353

Name of Facility: **Holdrege Memorial Homes ALF**
Type of Facility: **Assisted Living**
Location: **1320 - 11th Ave Holdrege**
Maximum Occupancy: **46 Beds**
Date Issued: **3/10/2016**

Approved By:

Inspected By: **8716 Todd Wright**
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.