

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

3/21/16 dy


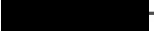
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

NEW CASSEL RETIREMENT CENTER
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF112

EXPIRES
04/30/2017

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

Cut on heavy line and place on license.

FACILITY NAME: NEW CASSEL RETIREMENT CENTER
ADDRESS: 900 NORTH 90TH STREET, OMAHA, NE 68114

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.

4-20-15

LICENSURE UNIT

MAR 14 2016



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

RECEIVED 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:
NEW CASSEL RETIREMENT CENTER
900 NORTH 90TH STREET
OMAHA, NE 68114

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

LICENSE NO: ALF112
TELEPHONE NUMBER: (402) 393-2277
FAX NUMBER: (402) 393-3784
ADMINISTRATOR: GLENDA HALLBERG - Julie Sebastian *ackd*
EMAIL: Administration@newcassel.org

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 276

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: NEW CASSEL, INC.
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 900 NORTH 90TH STREET
OMAHA, NE 68114

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)	
<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> 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 Sebastian, CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

Glenda Hallberg, VP
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

RECEIVED
DHHS ACCOUNTING
MAR 17 A 8:38
2-23-16
2-23-16

**Board of Directors
For New Cassel Inc.
2016**

<p><u>(Vice Chair)</u> <u>Berger, Ann Malone</u> <u>(Tom)</u></p>	<p style="text-align: center;"><u>Preferred Mailing Address</u></p> <p style="text-align: center;">Associate Dean for Research 985330 NE Med Center Omaha, NE 68198-5330 Phone: (402) 559-4957 Fax: (402) 559-8188 aberger@unmc.edu</p>	<p style="text-align: center;"><u>(Home Address)</u></p> <p style="text-align: center;">5320 Nicholas Street Omaha, NE 68132-2147 402-556-8101 aberger@unmc.edu</p>
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<p><u>Hodapp, Sr. Lee Agnes</u></p>	<p style="text-align: center;"><u>(Home Address)</u></p> <p style="text-align: center;">3560 E. 16th Street Fremont, NE 68025 (402) 727-7542 hodapp_laeyahoo.com</p>	<p style="text-align: center;">Vocation Minister</p> <p style="text-align: center;">School Sisters of St. Francis 3560 E. 16th Street Fremont, NE 68025 (402) 727-7542</p>
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<p><u>Holdenried, John R.</u> <u>(Treasurer)</u></p>	<p style="text-align: center;">Baird Holm LLP Attorney/Partner 1700 Farnam Street Suite 1500 Omaha, NE 68102 (402) 636-8201 Phone (402) 344-0588 Fax jholdenried@bairdholm.com</p>	<p style="text-align: center;"><u>(Home Address)</u></p> <p style="text-align: center;">503 South Happy Hollow Blvd. Omaha, NE 68106 (402) 553-4921 jholdenried@bairdholm.com</p>
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<p>Sister Kathleen Kluthe</p>	<p style="text-align: center;"><u>(Home Address)</u></p>	
	<p style="text-align: center;">9029 Burt Street Apt. 205 Omaha, NE 68114 (414) 364-5900 kkluthe@sssf.org</p>	

Fr. Craig Loecker	Pastor St. Leo Catholic Church 1920 N. 102nd Street Omaha, NE 68114 (402) 397-0407 FAX: 402-397-2887 fatherloecker@yahoo.com	
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Maiers, Matthew (Nancy)	Senior Manager KPMG, LLP 1212 N. 96th Street Omaha, NE 68114 (402) 661-8750 FAX: 1-866-236-3868 mmaiers@kpmg.com	Home Address 2513 N. 157th Street Omaha, NE 68116 (402) 630-0571 matthew.maiers@yahoo.com
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<u>Chair</u> <u>Morrissey, Jerry</u> (Colleen)	Rapid Graphics & Signs President 4442 South 84th Street Omaha, NE 68127 (402) 597-3606 Fax: (402) 597-3610	(Home Address) 6031 Bridal Path Omaha, NE 68152 (402) 554-1768 jerry@rapidsignsomaha.net
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<u>Secretary</u> <u>Parker, Mary</u> (Tim)	(Home Address) 2227 N. 113 Street Omaha, NE 68164 (402) 203-7554 (Cell) mary.parker@nebraska.gov	ENOA Eastern NE Office on Aging Foster Grandparent/Senior Companion Program Coord. 4223 Center Street (402) 444-6536 Fax: (402) 444-6503 mary.parker@nebraska.gov
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<u>Rossi, Richard E.</u> <u>PhD</u>	Assoc. VP/Student Svcs. Creighton University 2500 California Plaza Omaha, NE 68178 (402) 280-2354 FAX: (402) 280-1275 rrossi@creighton.edu	(Home Address) 3211 North 125th St. Omaha, NE 68164 (402) 496-8973 rrossi@tconl.com
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<p><u>Julie Sebastian</u> <u>PRESIDENT</u></p>	<p>New Cassel Retirement Center 900 North 90th Street Omaha, NE 68114 (402) 390-5302 Fax: (402) 393-3784 jsebastian@newcassel.org</p>	<p>(Home Address) 1820 N. 53rd Street Omaha, NE 68104 Cell: (402) 290-1171</p>
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<p><u>Glenda Hallberg</u> VP/Operations</p>	<p>New Cassel Retirement Center 900 N. 90th Street Omaha, NE 68114 (402) 390-5303 Fax: (402) 393-3784 glenda@newcassel.org</p>	<p>Cell: (402) 679-7173</p>
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<p><u>Ron Hanzlicek</u> CFO</p>	<p>New Cassel Retirement Center 900 N. 90th Street Omaha, NE 68114 (402) 390-5305 Fax: (402) 393-3784 rhanz@newcassel.org</p>	<p>Cell: (402) 592-2858</p>
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<p><u>Carol Gardner</u> Recording Secretary</p>	<p>New Cassel Retirement Center 900 N. 90th Street Omaha, NE 68114 (402) 390-5304 Fax: (402) 393-3784 cgardner@newcassel.org</p>	
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S. Katherine Chuston, OSF Director of Sponsorship Services U.S. Province	1545 S. Layton Blvd. Milwaukee, WI 53215-1924	414-385-5245 414-217-5993 Cell <u>kchuston@sssf.org</u> usp.sssf.org
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NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: NEW CASSEL RETIREMENT CENTER - ASSISTED-LIVING FACILITY

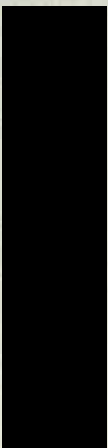
Location: 900 North 90th Street, Omaha, NE 68114

Date Issued: April 20, 2015 Certificate No.: 2015-140

Maximum Occupancy: - 276 Beds - Persons

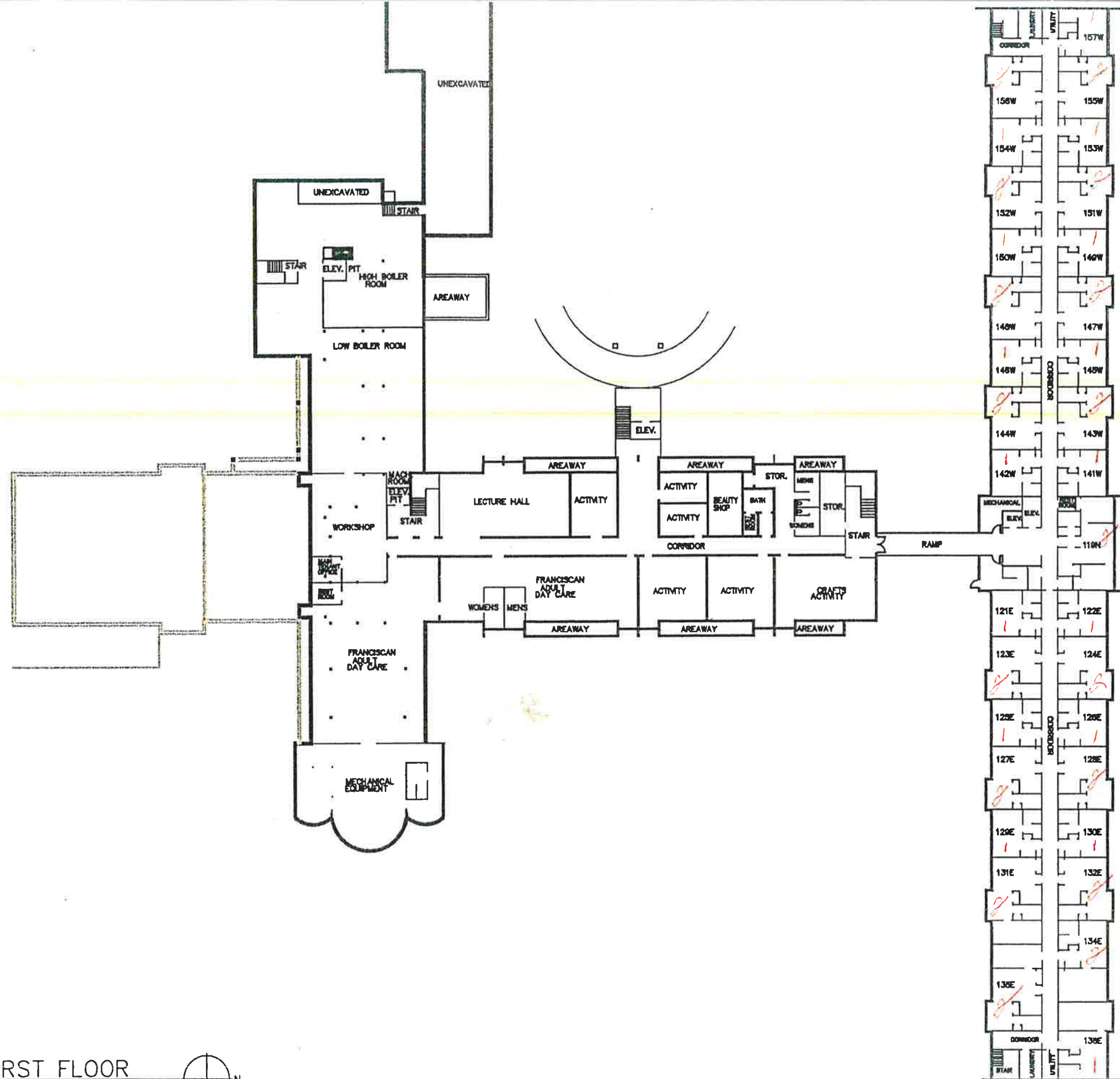
Inspected By: Captain Michael L. Green #566

Approved By:



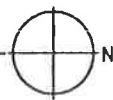
POST IN A PROMINENT PLACE

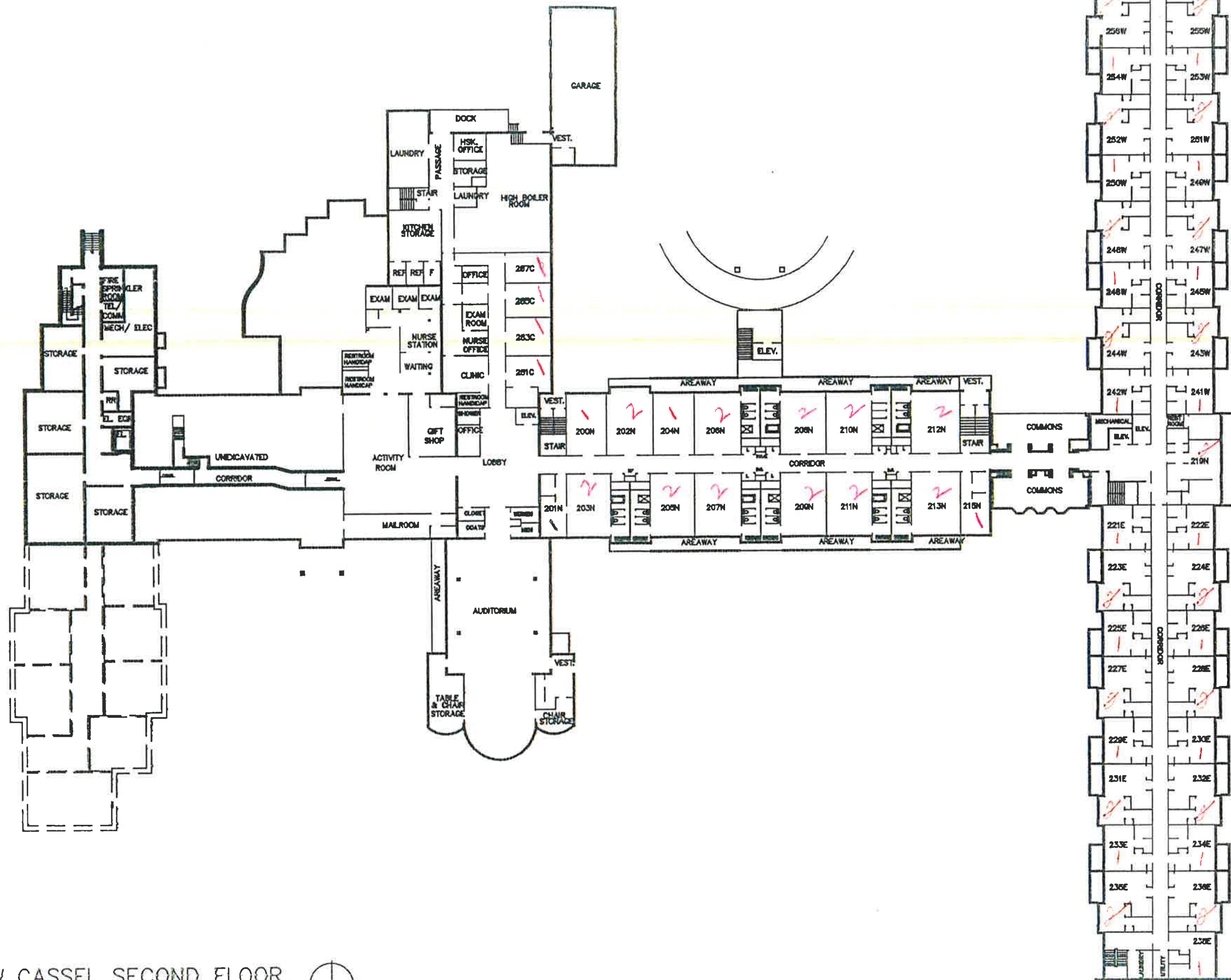
Copy to be presented to the State Licensing Agency if necessary.



NEW CASSEL FIRST FLOOR

No Scale

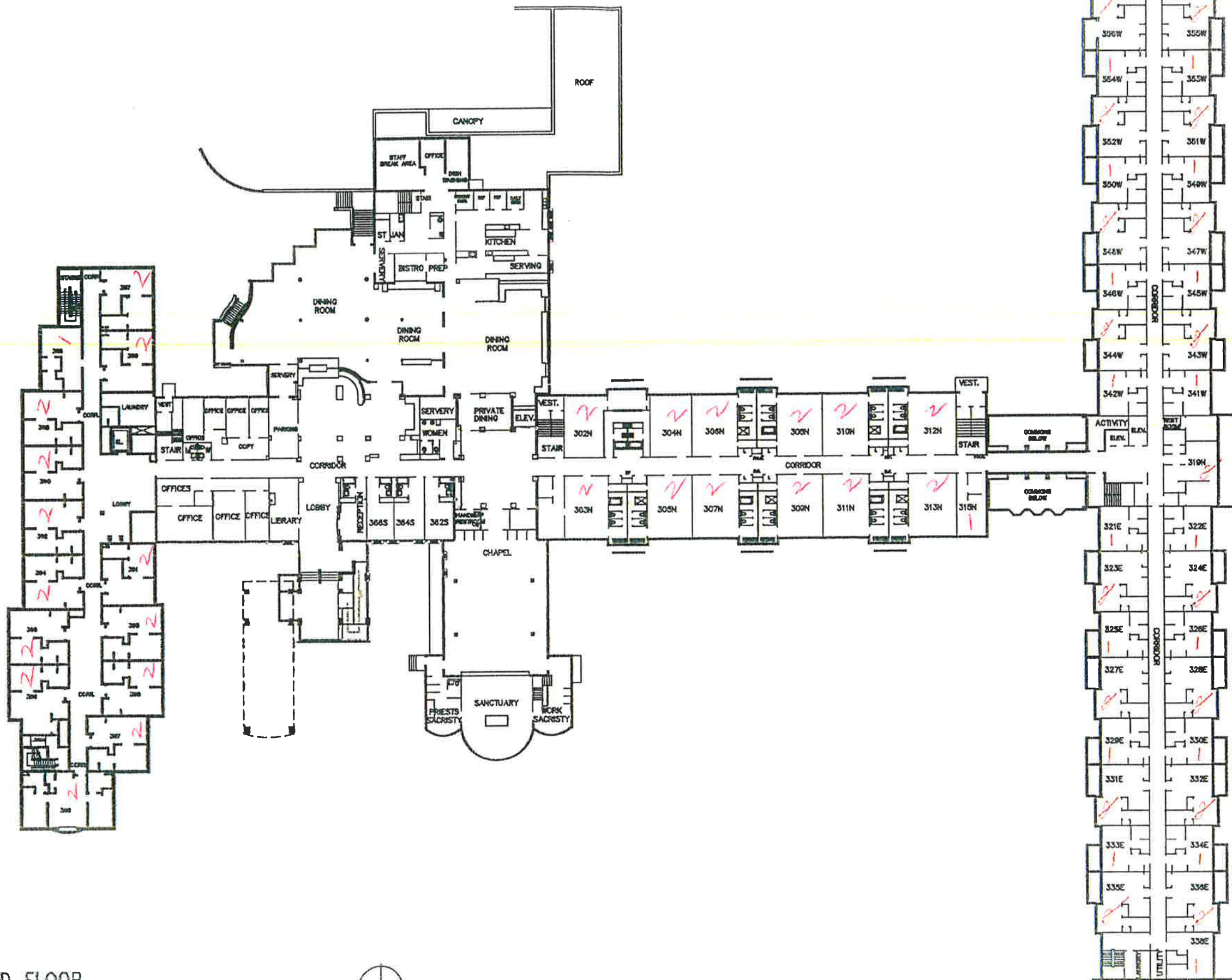




NEW CASSEL SECOND FLOOR

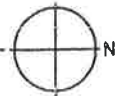
No Scale

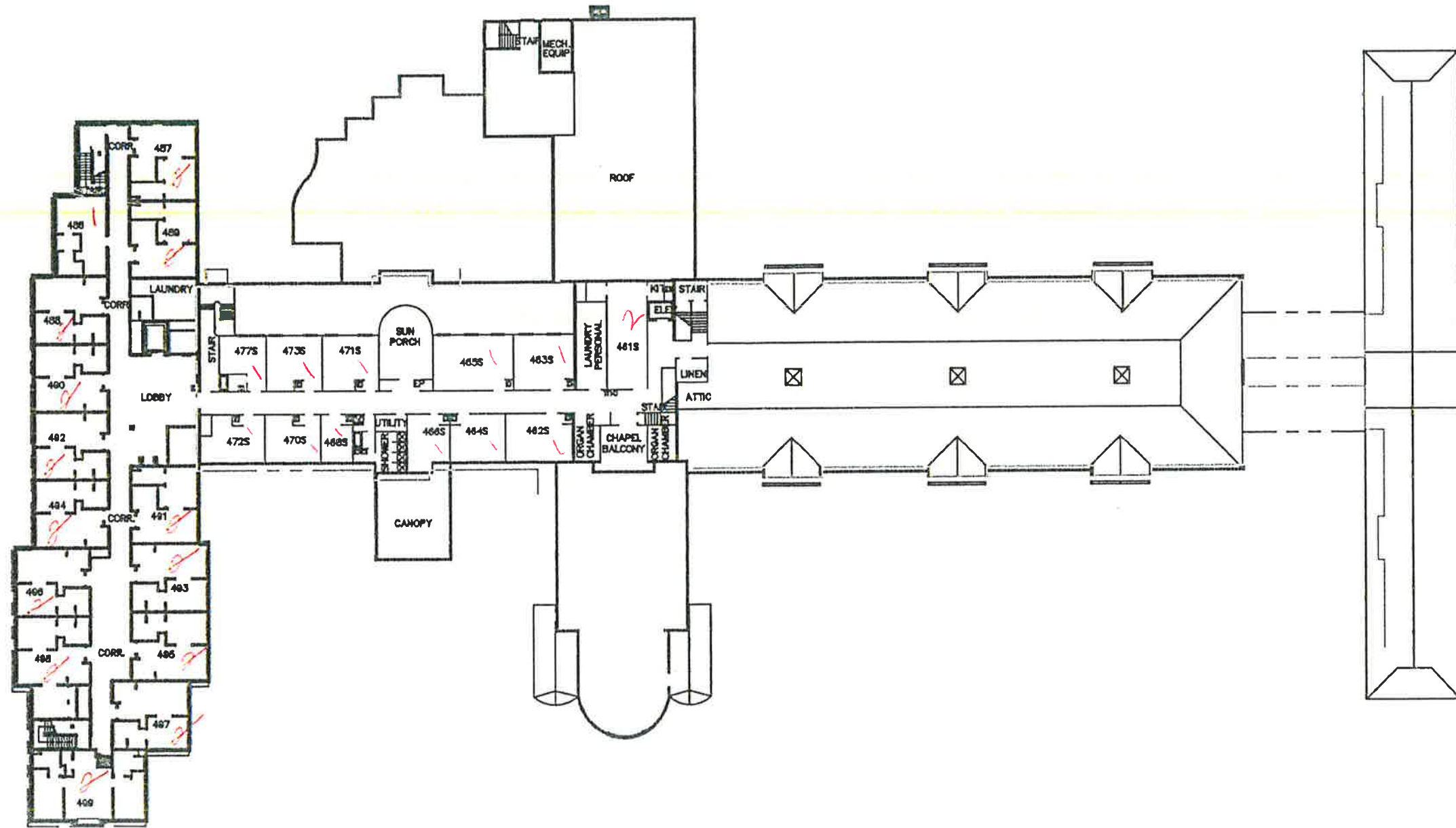




THIRD FLOOR

No Scale





NEW CASSEL FOURTH FLOOR

No Scale

