

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

4-14-16dj

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

NYE SQUARE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF114

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: NYE SQUARE

ADDRESS: 655 WEST 23RD STREET, FREMONT, NE 68025

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.

3-10-15



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:
 NYE SQUARE
 655 WEST 23RD STREET
 FREMONT, NE 68025
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF114
 TELEPHONE NUMBER: (402) 721-9224
 FAX NUMBER: (402) 753-6133
 ADMINISTRATOR: ~~JODI LANGHORST~~ *Gail Little-Osberg* *cc kb*
 EMAIL: dhhs@nyesquare.com

LICENSURE UNIT

MAR 28 2016

RECEIVED

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 50
5. SPECIFY SPECIAL POPULATIONS: (Please check)
- Special Care Unit for Alzheimer's or Dementia or Related Disorders _____ Number of Beds *w*
- 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: NYE SQUARE LIMITED PARTNERSHIP
 (Legal Name of Individual or Business Organization)

MAILING ADDRESS: 655 WEST 23RD STREET
FREMONT, NE 68025

8. BUSINESS ORGANIZATION: (Check one):
- Sole Proprietorship
- Partnership *Yes*
- Limited Partnership
- Corporation
- Limited Liability Company *NO*
- 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.

Russell Peterson
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Jennifer Peterson
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

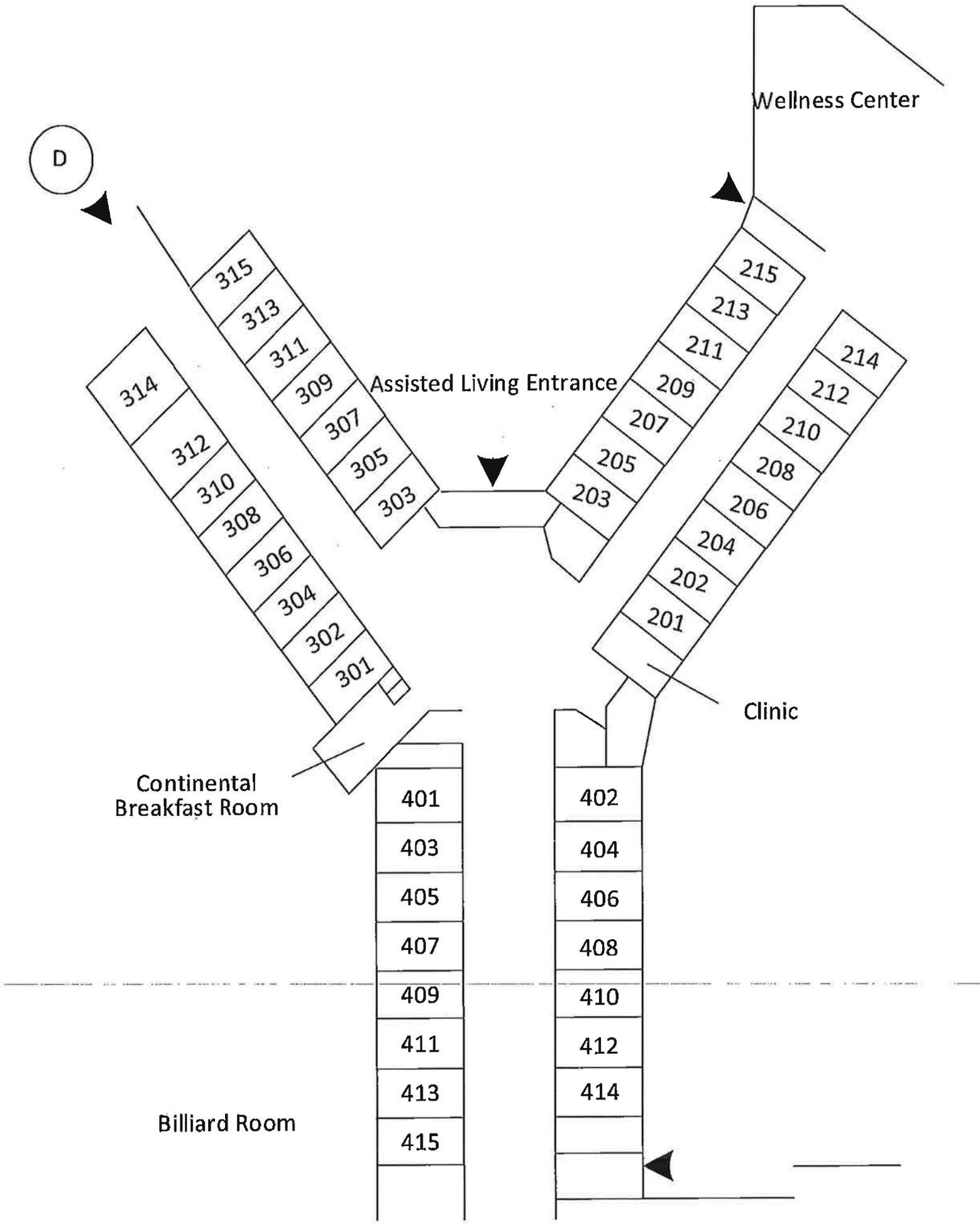
SIGNATURE

2-24-16
 DATE

2-24-16
 DATE

REC
 2016
 MAR 28 9:02
 ACCOUNTING

Corporation Name	Type	EIN #	Date Organized	Ownership	Date of Birth	Soc Sec #	Type
Fremont Care Center, Inc. d/b/a Nye Pointe & d/b/a Nye Legacy	S-Corp	[REDACTED]	6/8/1998	.5% - Russell V. Peterson .5% - Jennifer Peterson 49.5% Russell V. Peterson, Jr. Irrevocable Trust 49.5% Jennifer J. Peterson, Jr. Irrevocable Trust			SNF
Nye Meadows, Inc d/b/a The Meadows	S-Corp	[REDACTED]	7/31/2013	50% - Russell Peterson, Jr. 50% - Jennifer Peterson (wife)			ALF/Independent
Nye Square Ltd Partnership d/b/a Nye Wellness Center	Partnership	[REDACTED]	5/24/1988	5% Limited Partner - Russell V. Peterson 5% Limited Partner - Jennifer Peterson 90% - General Partner - Peterson Group, Inc. Peterson Group Ownership as follows: 10.43% - Russell V. Peterson, Jr. 10.03% - Jennifer Peterson (wife) 2.5% - Mackenzie Ockuly (Daughter) 2.5% - Anna Peterson (Daughter) 2.5% - Katherin Peterson (Daughter) 2.5% - Blake Peterson (Son) 34.77% Russell V. Peterson, Jr. Irrevocable Trust 34.77% Jennifer J. Peterson, Jr. Irrevocable Trust			ALF/Independent Outpatient Therapy PT/OT/ST
RVP Enterprises, Inc. d/b/a Regency Square	S-Corp	[REDACTED]	7/3/1995	50% - Russell Peterson, Jr. 50% - Jennifer Peterson (wife)			SNF/ALF
Gateway Properties, Inc. d/b/a Gateway Senior Living d/b/a Gateway Vista	S-Corp	[REDACTED]	2/22/2006	50% - Russell Peterson, Jr. 50% - Jennifer Peterson (wife)			ALF/SNF



NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402942

Name of Facility: **Nye Square Assisted Living**

Type of Facility: **Assisted Living**

Location: **655 W 23rd St., Fremont**

Maximum
Occupancy: **50 Beds**

Date Issued: **3/10/2015**

Approved By:

Inspected By: **8713 Alan Viox**
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.