

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

**OFF BROADWAY APARTMENTS**  
MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Services  
AGED/DISABLED MED WVR

Lic # ALF120

**EXPIRES**  
04/30/2017

**SEAL**  
Christy A. Thomas, MPA  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: OFF BROADWAY APARTMENTS

ADDRESS: 403 SOUTH 1ST AVENUE, BROKEN BOW, NE 68822

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.

copy made ahead of time 7/25/16



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:  
OFF BROADWAY APARTMENTS  
403 SOUTH 1ST AVENUE  
BROKEN BOW, NE 68822

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

LICENSE NO: ALF120  
TELEPHONE NUMBER: (308) 872-2522  
FAX NUMBER: (308) 872-2783  
ADMINISTRATOR: ADRIENNE WALZ  
EMAIL: obapartments@qwestoffice.net

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
- Other - Please Specify \_\_\_\_\_ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-008? Yes  No   
Name of Accreditation Organization: \_\_\_\_\_

#### OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: OFF BROADWAY APARTMENTS, INC  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 403 SOUTH 1ST AVENUE  
BROKEN BOW, NE 68822

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.

WESLEY PROVINOR, President  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-24-16  
DATE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-24-16  
DATE

3-12-15

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

FEB 26 2016 Expiration Date  
04/30/2016

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RECEIVED

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Name of Accreditation Organization: \_\_\_\_\_

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BROKEN BOW, NE 68822

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 Corporation  
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 Governmental (Check one)  State,  District,  County,  City or Municipal  
 Other (Please Specify) \_\_\_\_\_

(check one)	
<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Non Profit

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WESLEY PROVINCER  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-24-16  
DATE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-24-16  
DATE

Lois E (Reg) Keller

2-24-16  
A 9:01  
BUSINESS ACCOUNTING

A. STOCKHOLDERS WHO OWN 5% OR MORE:

Dorothy Brown Family Trust  
P.O. Box 667  
Broken Bow, NE 68822

5%

Lois "Peg" Keller  
840 Buffalo Run Rd  
Broken Bow, NE 68822

5%

Wes Province

Cathy Province

511 North 13<sup>th</sup> Ave.  
Broken Bow, NE 68822

5%

Paul Stec

Deb Stec

3706 Avenue C  
Kearney, NE 68847

5%

---

D. Persons, business, etc. with an ownership of control interest that have 5% or more in any other Nebraska Medicaid Provider.

Ray Brown Investment Trust  
██████████

Quality Living Care LLC  
Doniphan, NE 68832

5%

Ray Brown Investment Trust  
██████████

Grand Living ALT, Inc.  
Ord, NE 68862

5%

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 402993

Name of Facility: **Off Broadway Apartments**  
Type of Facility: **Assisted Living**  
Location: **403 S 1st Street, Broken Bow**  
Maximum Occupancy: **50 Beds**  
Date Issued: **3/12/2015**

Approved By:

Inspected By: **8733 Mike Hoeft**  
**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.

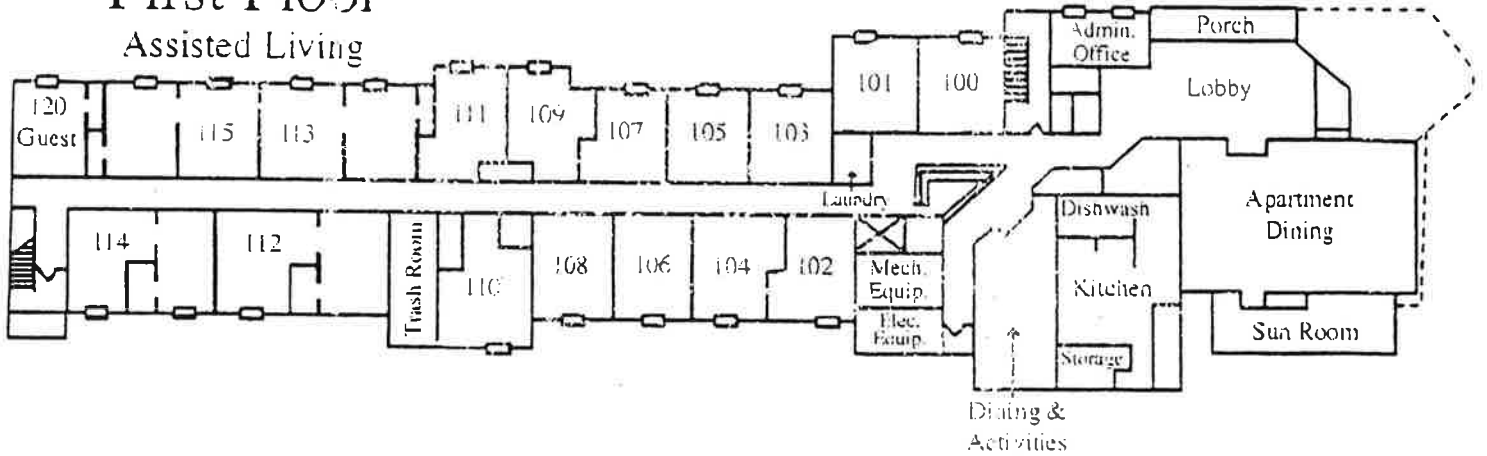
# Off Broadway

## Floor Plan

See additional inserts for individual room layouts

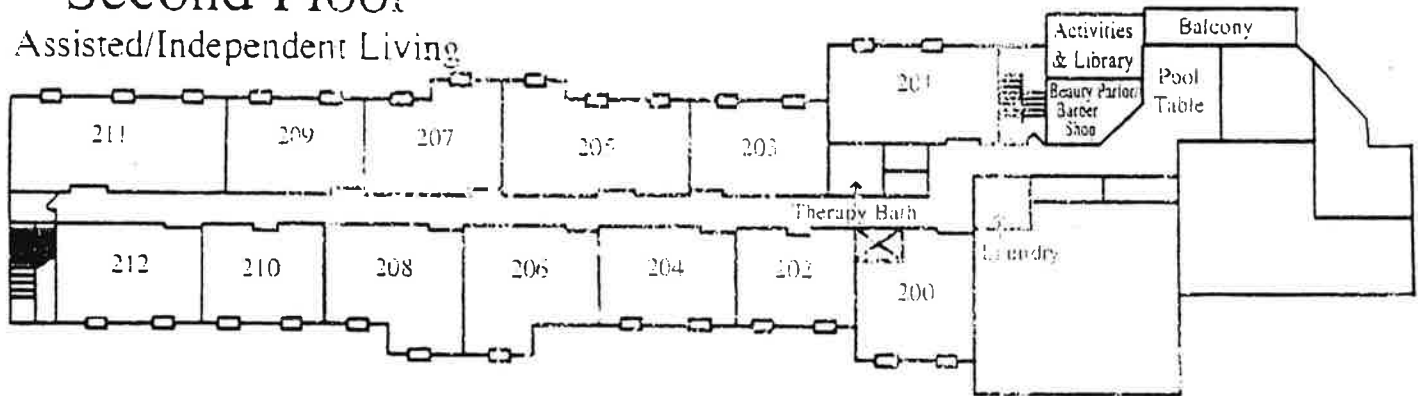
### First Floor

Assisted Living



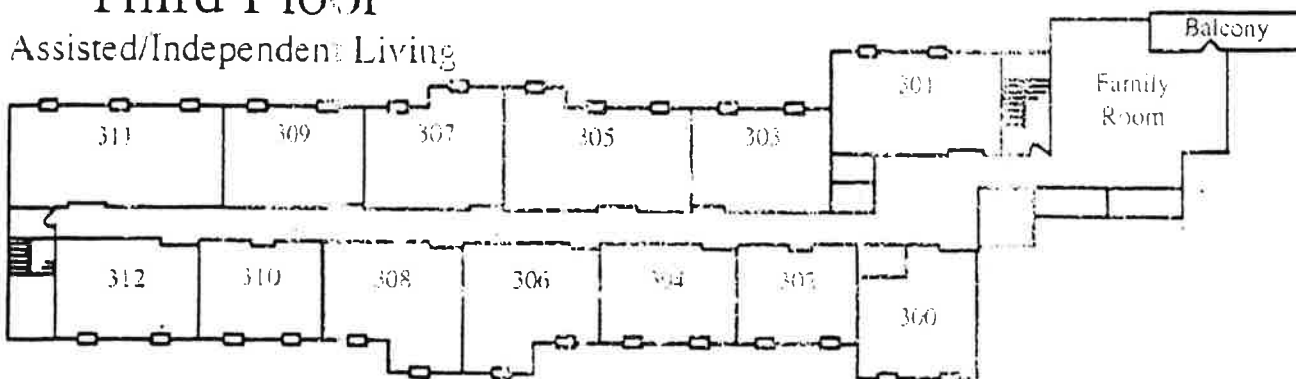
### Second Floor

Assisted/Independent Living



### Third Floor

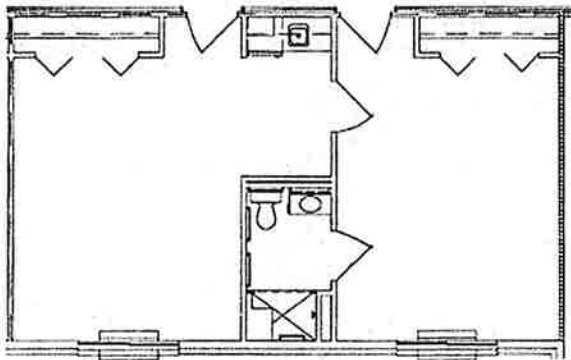
Assisted/Independent Living



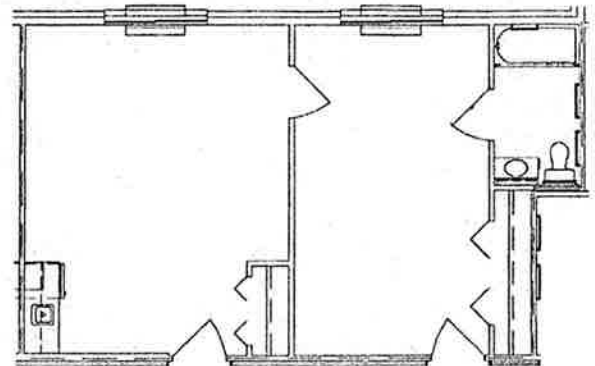
# *Assisted Living*

## *One Bedroom Deluxe Apartments*

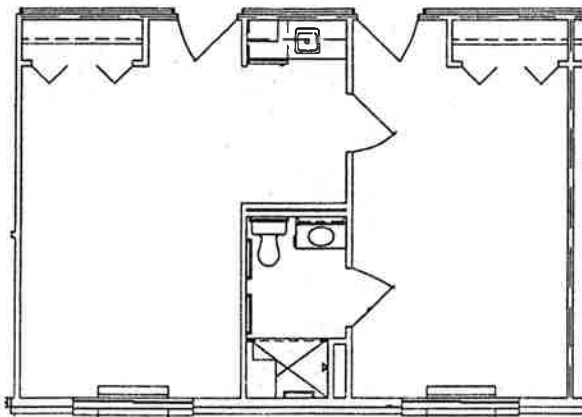
*\*Newly Remodeled\**



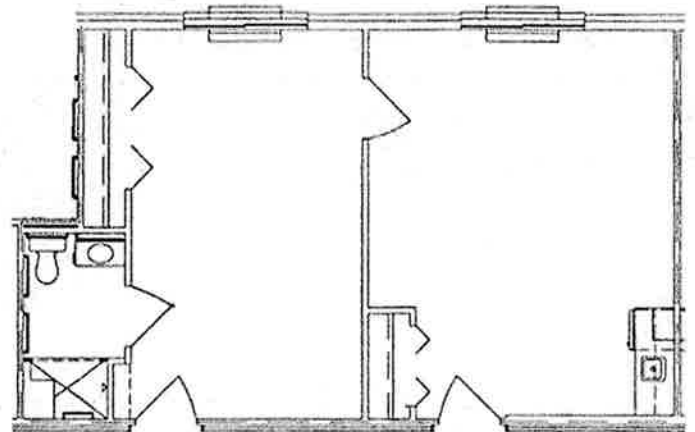
One Bedroom - 623 Sq. Ft.  
Room 112



One Bedroom - 584 Sq. Ft.  
Room 113



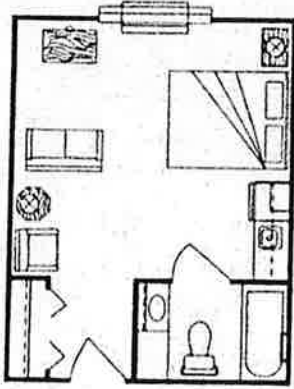
One Bedroom - 531 Sq. Ft.  
Room 114



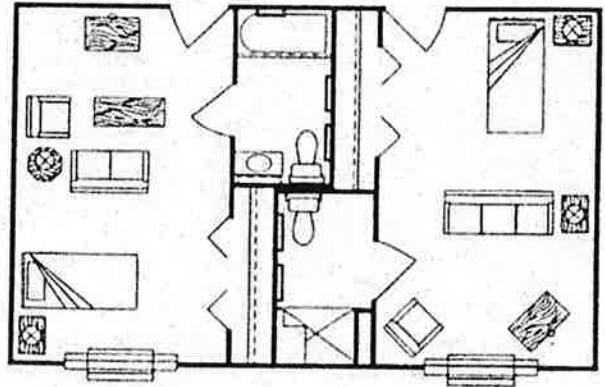
One Bedroom - 584 Sq. Ft.  
Room 115

# : Assisted Living

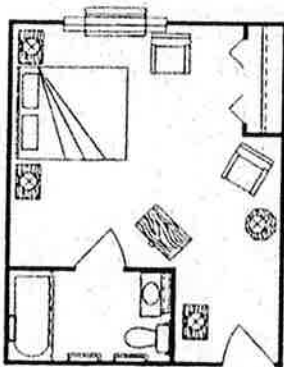
## Suites



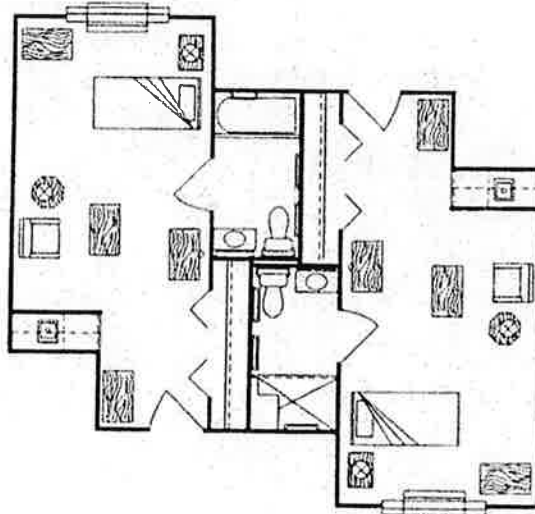
One Bedroom - 303 Sq. Ft.  
Rooms 103, 105, 106 & 108



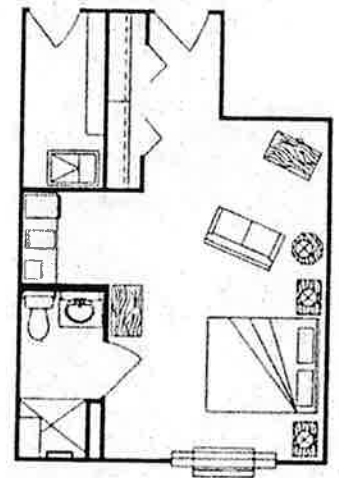
One Bedroom - 304 Sq. Ft.  
Rooms 102, 104 & 107



One Bedroom - 318 Sq. Ft.  
Rooms 100 & 101



One Bedroom - 328 Sq. Ft.  
Rooms 109 & 111



One Bedroom - 426 Sq. Ft.  
Room 110