

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  
4/21/16

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

**OMAHA SUPPORTIVE LIVING**

MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Lic # ALF122

EXPIRES  
04/30/2017



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

Cut on heavy line and place on license.

FACILITY NAME: OMAHA SUPPORTIVE LIVING

ADDRESS: 514-524 SOUTH 38TH AVENUE, OMAHA, NE 68105

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.

4-23-15

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

APR 14 2016

Expiration Date

04/30/2016

RECEIVED

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:

OMAHA SUPPORTIVE LIVING
514-524 SOUTH 38TH AVENUE
OMAHA, NE 68105

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

LICENSE NO: ALF122

TELEPHONE NUMBER: (402) 346-6585

FAX NUMBER: (402) 346-1233

ADMINISTRATOR: MOLLE SLAVEN Renee Besancenok

EMAIL: oslassistedliving@gmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 48

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
Name of Accreditation Organization:

REC'D DHHS ACCOUNTING
2016 APR 19 A 10:51

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: PROSPERITY PROPERTIES, INC

(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 514 S 38TH AVE
OMAHA, NE 68105

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
Partnership
Limited Partnership
Corporation
Limited Liability Company
Governmental
Other (Please Specify)

(check one)
X 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.

LISA A PINKERTH
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

4-11-2016
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

*OMAHA SUPPORTIVE LIVING*

514 S 38<sup>th</sup> Ave.  
Omaha, NE 68105  
(402) 346-6585

April 11, 2016

Dear Eve Lewis,

Effective immediately, Renee Besancon will be the new administrator of Omaha Supportive Living. Her social security number is [REDACTED]

Sincerely,

[REDACTED]

Lisa A. Pinkerton

Prosperity Properties Inc  
Tax ID #20-1387890

100% owned by Lisa Pinkerton - [REDACTED]

No other directors or Board members



# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: OMAHA SUPPORTIVE LIVING - ASSISTED-LIVING FACILITY

Location: 514-524 South 38th Avenue, Omaha, NE 68105

Date Issued: April 23, 2015 Certificate No.: 2015-144

Maximum Occupancy: - 48 Beds - Persons

Inspected By: Captain Chris Hopkins #694

Approved By:



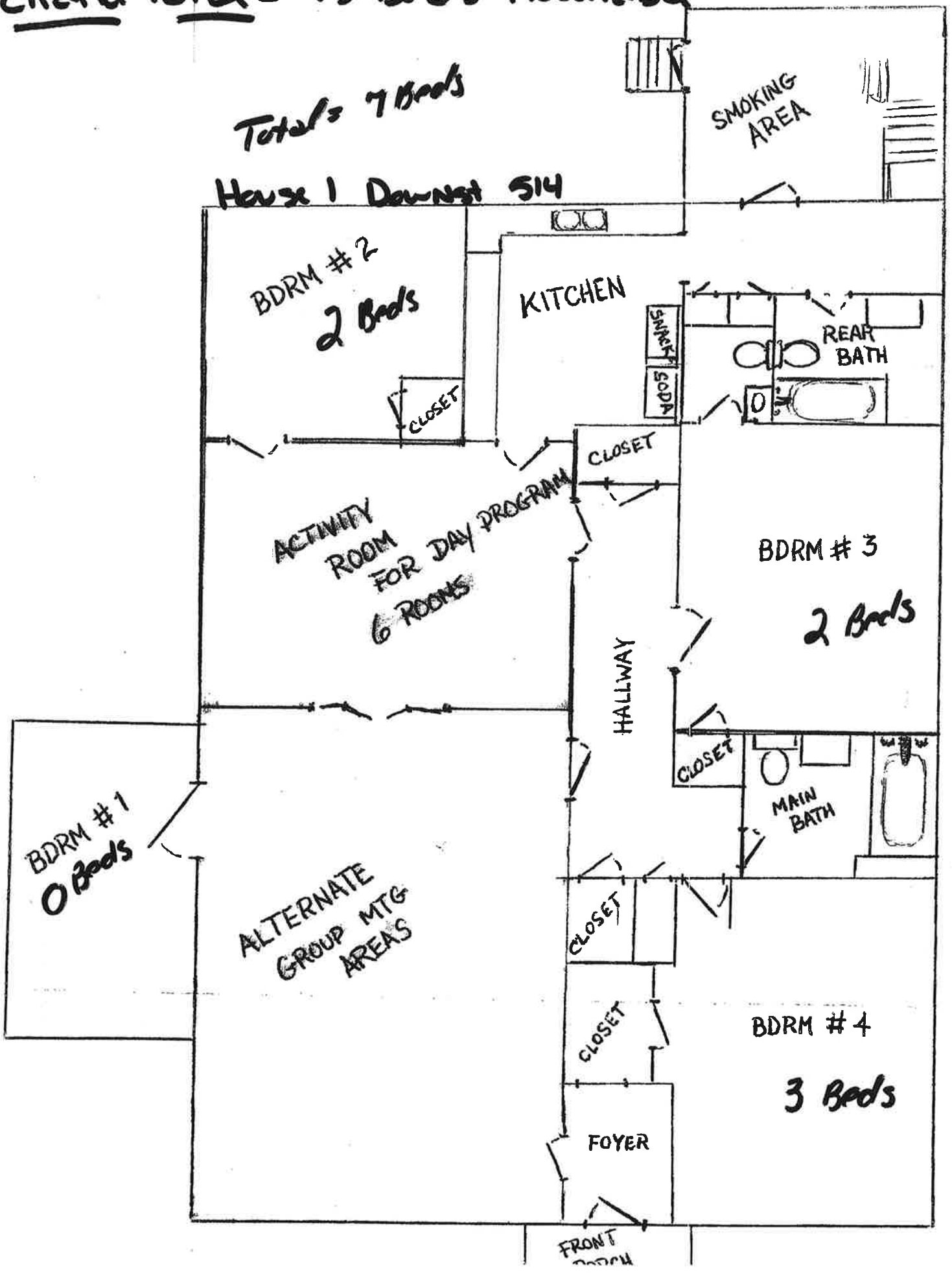
# POST IN A PROMINENT PLACE

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

Grand total = 45 Beds Available

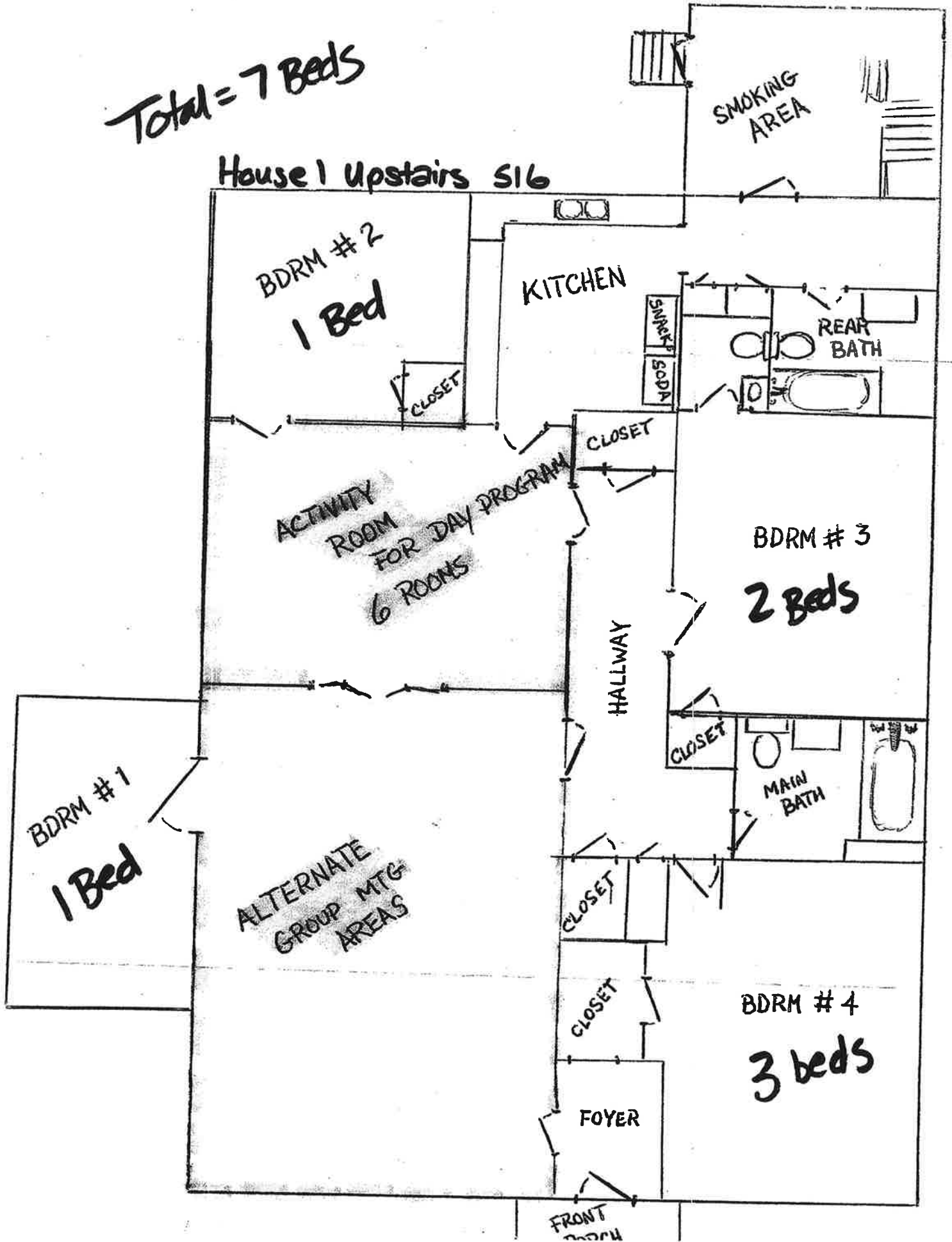
Totals 7 Beds

House 1 Downst 514



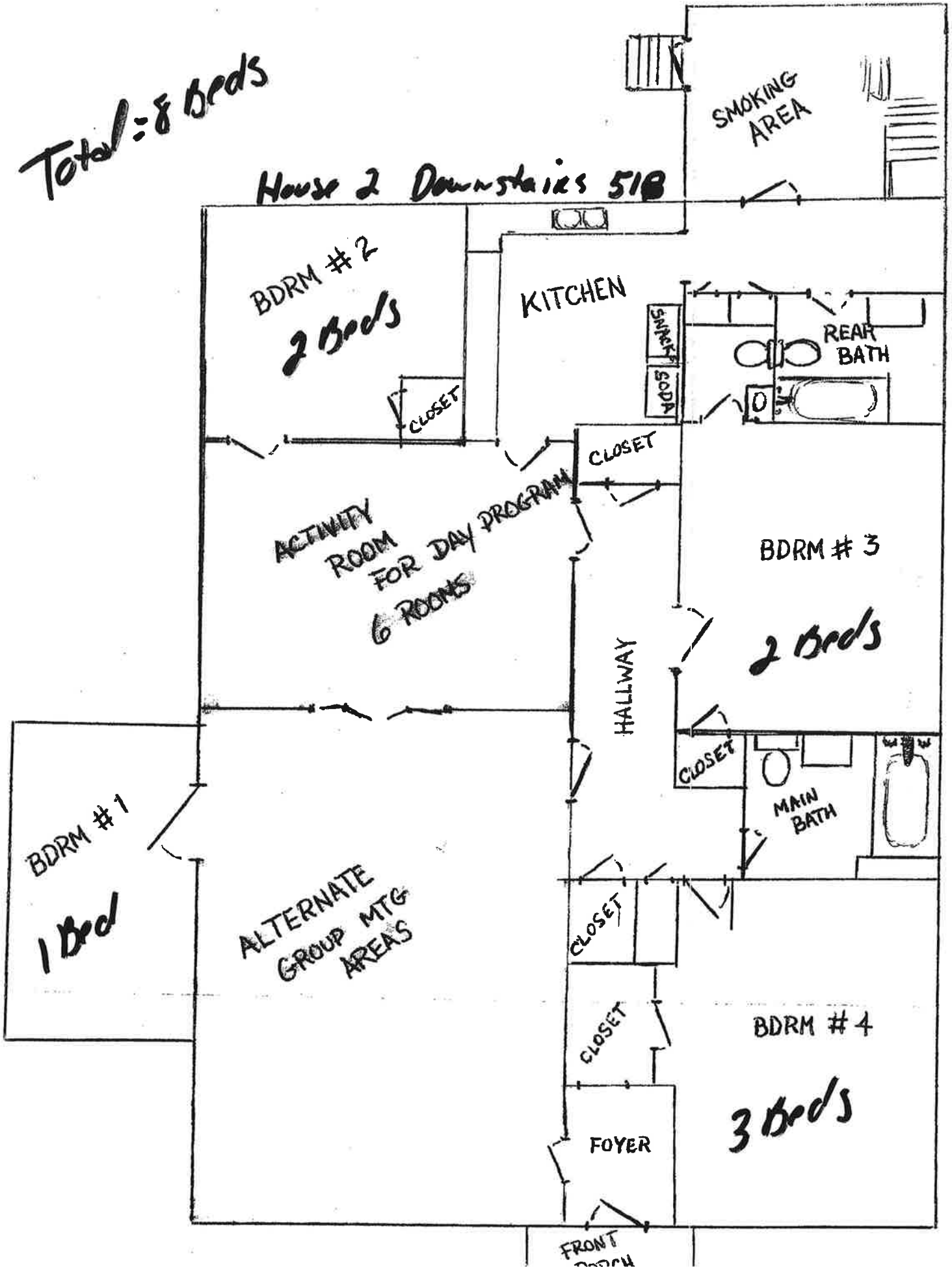
Total = 7 Beds

House 1 Upstairs S16



Total: 8 beds

House 2 Downstairs 51B



SMOKING AREA

BDRM # 2  
2 Beds

KITCHEN

REAR BATH

CLOSET

SNACK BAR  
SODA

ACTIVITY ROOM  
FOR DAY PROGRAM  
6 ROOMS

CLOSET

BDRM # 3

2 Beds

HALLWAY

CLOSET

MAIN BATH

BDRM # 1

1 Bed

ALTERNATE  
GROUP MTG  
AREAS

CLOSET

BDRM # 4

3 Beds

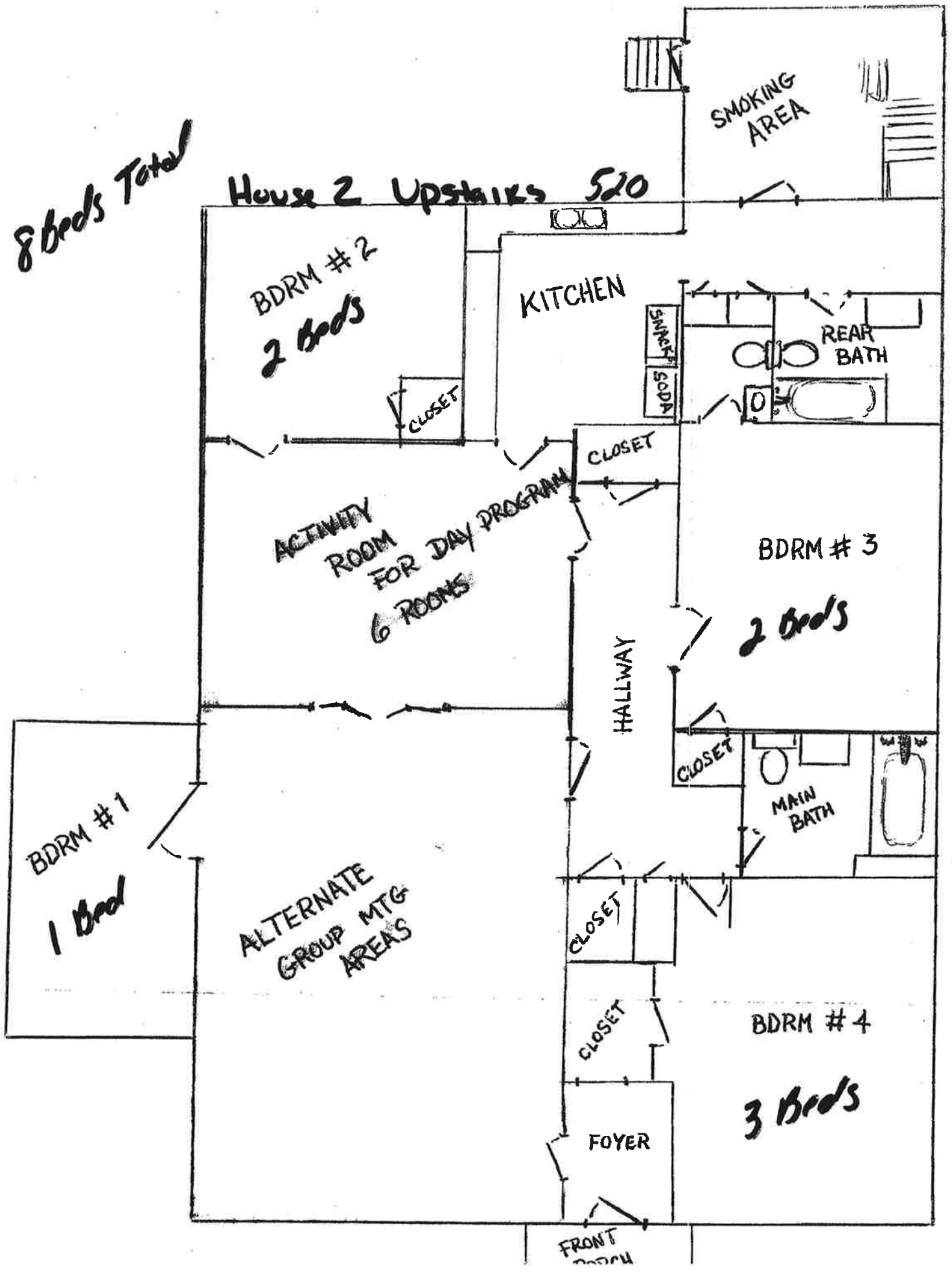
CLOSET

FOYER

FRONT PORCH

8 beds Total

House 2 Upstairs 520



SMOKING AREA

BDRM # 2  
2 beds

KITCHEN

REAR BATH

ACTIVITY ROOM FOR DAY PROGRAM  
6 ROOMS

BDRM # 3

2 beds

HALLWAY

BDRM # 1  
1 Bed

ALTERNATE GROUP MTG AREAS

MAIN BATH

BDRM # 4

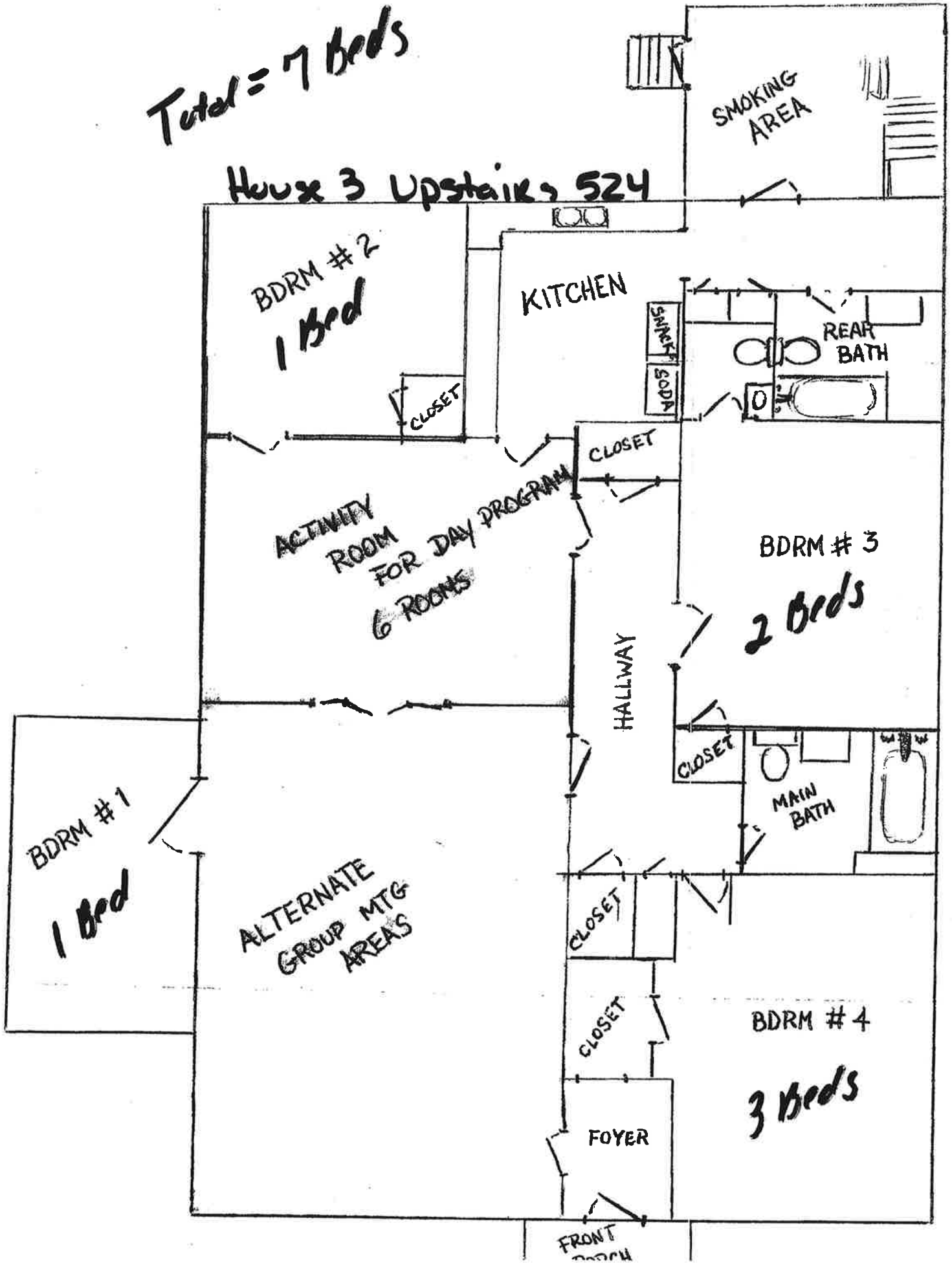
3 beds

FOYER

FRONT PORCH

Total = 7 beds

House 3 Upstairs 524



SMOKING AREA

BDRM # 2  
1 Bed

KITCHEN

REAR BATH

ACTIVITY ROOM FOR DAY PROGRAM  
6 ROOMS

BDRM # 3  
2 Beds

HALLWAY

BDRM # 1  
1 Bed

ALTERNATE GROUP MTG AREAS

MAIN BATH

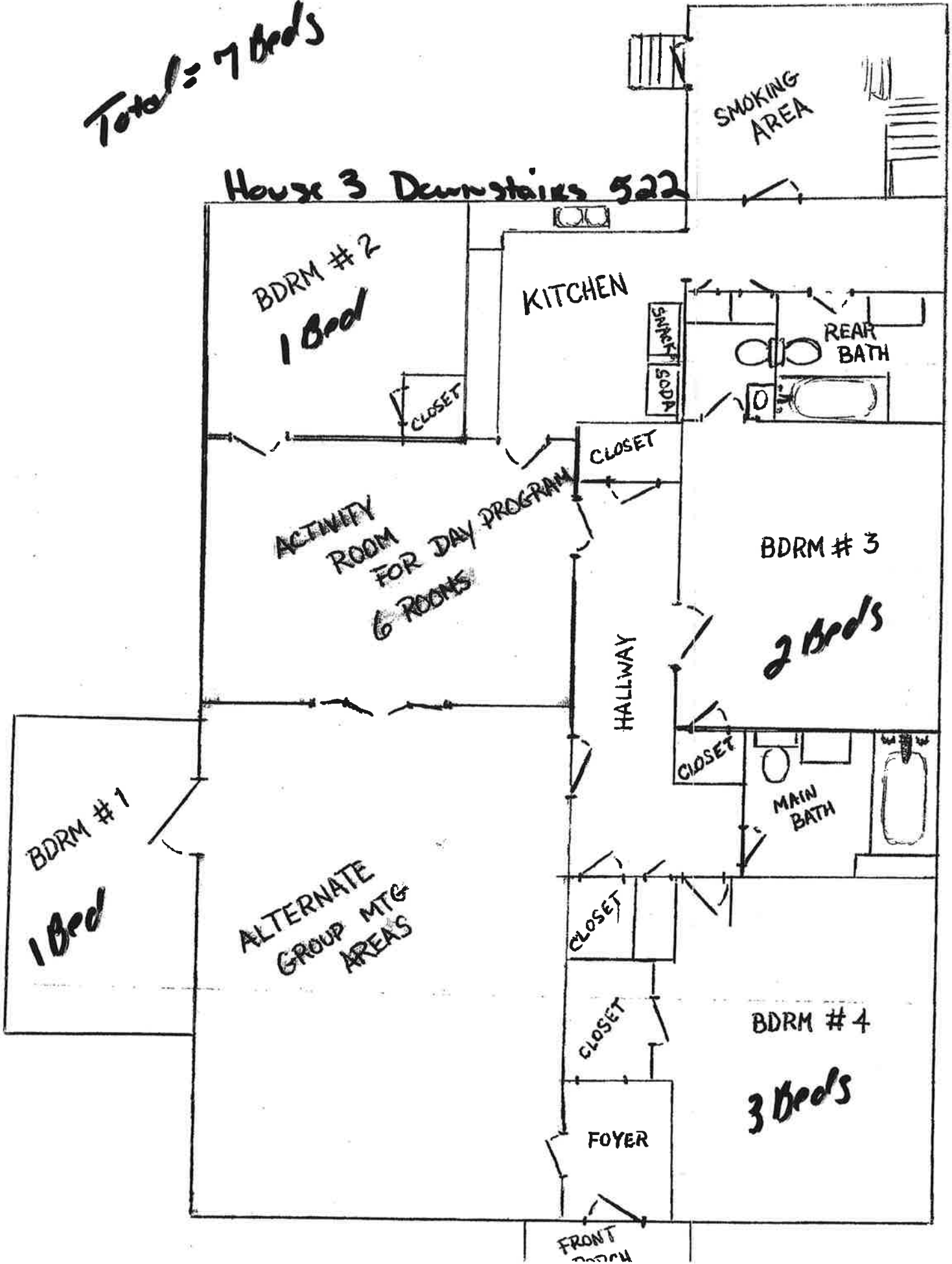
BDRM # 4  
3 Beds

FOYER

FRONT PORCH

Total = 7 beds

House 3 Downstairs 522



Total = 1 Bed

House 3 Lower Level

