

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

3/29/16 dj

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

ORCHARD PARK
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF123

EXPIRES
04/30/2017

 
Courtney M. Young, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: ORCHARD PARK

ADDRESS: 3110 SOUTH 48TH STREET, LINCOLN, NE 68506

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.

1-1-16



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

LICENSURE UNIT
MAR 18 2016
RECEIVED

- NAME AND ADDRESS OF FACILITY:
ORCHARD PARK
3110 SOUTH 48TH STREET
LINCOLN, NE 68506
- PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
- TOTAL NUMBER OF BEDS TO BE RELICENSED: 50
- 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
- ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No
Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: ORCHARD PARK, INC
(Legal Name of Individual or Business Organization)
MAILING ADDRESS: 3110 S 48TH
LINCOLN, NE 68506
- 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.

Virgil L. Carner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Janet M. Carner
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Janet M. Carner

SIGNATURE

3-4-16
DATE
3-4-16
DATE

REC'D
2016 MAR
ACCOUNTING
A 11:48

Domestic Corporation Occupation Tax Report 2016-2017

This is your receipt showing submission of Corporate Occupation Tax Fees to the Nebraska Secretary of State. Please print this page for your records.

Entity Name and Principal Office Address

ORCHARD PARK, INC.
3110 S 48TH
LINCOLN, NE 685060000
SOS Account Number
0505552

Date Filed

09/28/1979

Account Status

Active

Entity Type

Domestic Corp

QUALIFYING STATE:

Registered Agent and Office Address

VIRGIL L. CARNER
6141 S. 93RD
LINCOLN, NE 68526

Officer Information

PRESIDENT

VIRGIL L CARNER
6141 S. 93RD ST
LINCOLN, NE 68526

SECRETARY

JANET M CARNER
6141 S. 93RD ST
LINCOLN, NE 68526

TREASURER

JANET M CARNER
6141 S. 93RD ST
LINCOLN, NE 68526

Director Information

Director

JANET M CARNER
6141 S. 93RD ST
LINCOLN, NE 68526

Director

MICHAEL T CARNER
1429 MERRILL ST
TRENTON, MO 64683



BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

Name of Facility: ORCHARD PARK

Location: 3110 S 48TH ST

Health Type: Res B&C

Restrictions:

Permit Number: L1300021

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 50

Fire Inspector

Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

BLD_FP_Health_Certificate_MO

