

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


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

PRAIRIE WINDS
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF139

EXPIRES
04/30/2017



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

Cut on heavy line and place on license.

FACILITY NAME: PRAIRIE WINDS

ADDRESS: 603 WEST 6TH STREET, DONIPHAN, NE 68832

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.



STATE OF NEBRASKA
 Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986, Lincoln, NE 68509-4986

LICENSURE UNIT

MAY 26 2016

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:

PRAIRIE WINDS
 603 WEST 6TH STREET
 DONIPHAN, NE 68832

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

LICENSE NO: ALF139
 TELEPHONE NUMBER: (402) 845-4500
 FAX NUMBER: (402) 845-4502
 ADMINISTRATOR: JOYCE CANTRELL
 EMAIL: pwadministrator@hamilton.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 35

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: QUALITY LOVING CARE, LLC
 (Legal Name of Individual or Business Organization)

MAILING ADDRESS: 603 W 6TH
DONIPHAN, NE 68832

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

2016 MAY 31
 REC'D DHSS ACCOUNTING
 11 17

CERTIFICATION

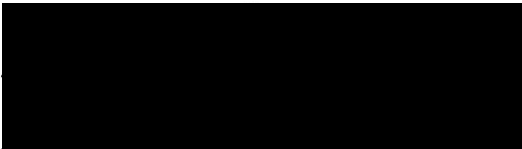
I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply 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.

Joyce Cantrell
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Jon Smith
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT



SIGNATURE

5-18-16
 DATE

5-23-16
 DATE

Prairie Winds Assisted Living

Owned by Quality Loving Care LLC

Share Holders who own and direct assisted living are:

Deb Halm, S	2, 2604 West Cottage, Grand Island, NE 68803, % of Interest 14.28
Joyce Cantrell,	, 32 Kuester Lake, Grand Island, NE 68801, % of Interest 14.28
Roger Happold,	, 103 West 6th Rd, Doniphan, NE 68832, % of Interest 14.28
Judy Lautenschlager, S	, 11525 South Hwy 281, Doniphan, NE 68832, % of Interest 14.28
Laveda Rathman, :	, 502 West Lowry Rd, Doniphan, NE 68832, % of Interest 14.28
Jon Smith,	308 Renee Ave. Doniphan, NE 68832, % of Interest 14.28
Gene Uden, :	4021 Sandalwood, Grand Island, NE 68803, % of Interest 14.28

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402959

Name of Facility: **Prairie Winds Assisted Living**
Type of Facility: **Assisted Living**
Location: **603 W 6th St., Doniphan**
Maximum
Occupancy: **35 Beds**
Date Issued: **4/20/2015**

Inspected By: **8748 Mark Manchester**
Deputy State Fire Marshal

Approved By:


State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

PRAIRIE WINDS

DONIPHAN, NEBRASKA

NORTH
FLOOR PLAN
NOT TO SCALE

