

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/KS  
4-28-16

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

**REMINGTON HEIGHTS**

MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY  
Lic # ALF147

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: REMINGTON HEIGHTS

ADDRESS: 12606 WEST DODGE ROAD, OMAHA, NE 68154

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.

5-15-15

APR 13 2016



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

4/30/2016

Make payment to DHHS

Renewal Fees:

1-10 beds: \$950  
11-20 beds: \$1450  
21-50 beds: \$1850  
51 or more beds: \$1950

**ASSISTED-LIVING FACILITY LICENSURE RENEWAL APPLICATION**

**IDENTIFYING INFORMATION**

- 1. NAME AND ADDRESS OF FACILITY:  
Remington Heights  
12606 West Dodge Road  
Omaha, NE 68154
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF147  
ADMINISTRATOR: ~~Brian Curtis~~ Kathy Boroff, RN Executive Director  
TELEPHONE NUMBER: 402-493-5807  
FAX NUMBER: 402-493-3967

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_ (If not Individual)
  - 4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 79
  - 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: \_\_\_\_\_

REC'D HHS ACCOUNTING  
2016 APR 15 A 10:48

**OWNERSHIP INFORMATION**

- 7. OWNERSHIP OF FACILITY: Remington Heights Retirement Investors LLC  
(Legal Name of Individual or Business Organization)
- MAILING ADDRESS: 3570 Keith Street, NW  
Cleveland, TN 37312
- 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)	
<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Non Profit

**CERTIFICATION**

I/we have read the Rules and Regulation 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.

Forrest L. Preston, Member

AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) SIGNATURE

Cindy S. Cross, Assistant Secretary

AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) SIGNATURE

*[Redacted Signature]*  
Cindy S. Cross, Assistant Secretary 4/7/2016

## DHHS Health Care Facilities

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**From:** Boroff, Kathy J. <kjboroff@centurypa.com>  
**Sent:** Friday, April 22, 2016 9:01 AM  
**To:** DHHS Health Care Facilities  
**Subject:** RE: Remington Heights Renewal info needed

Or a generic email is [remingtonheightsretirement.com](mailto:remingtonheightsretirement.com)

**From:** DHHS Health Care Facilities [mailto:DHHS.HealthCareFacilities@nebraska.gov]  
**Sent:** Friday, April 22, 2016 8:51 AM  
**To:** Boroff, Kathy J. <kjboroff@centurypa.com>  
**Subject:** Remington Heights Renewal info needed

The assisted-living facility renewal application has been received and reviewed. The following is needed to complete the renewal process:

Generic Email Address: For future planning to move to a paperless survey system, a generic email address is needed. This email address should be able to be **accessed by more than one person at your facility** and be a generic email address that **will not change with personnel changes**. An example would be [Administration@net.com](mailto:Administration@net.com) or [ABCNursingHome@AOL.com](mailto:ABCNursingHome@AOL.com). Do NOT use a person's name in the email address.

**\*\*\*\*\* The generic email that we have on file is '[rescare-remheights@centurypa.com](mailto:rescare-remheights@centurypa.com)' and when we tried to email to that address it has come back undeliverable.**

This information is necessary before the application is considered complete. If you have any questions or need additional information, please contact our office. Thank you!

Karen Drews  
402 471-0527

Office of Long Term Care Facilities – Licensure Unit  
Division of Public Health – DHHS  
PO Box 94986, 301 Centennial Mall South  
Lincoln NE 68509-4986  
P (402) 471-3324 F (402) 471-0555





# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: REMINGTON HEIGHTS - ASSISTED-LIVING FACILITY

Location: 12606 West Dodge Road, Omaha, NE 68154

Date Issued: May 15, 2015 Certificate No.: 2015-169

Maximum Occupancy: - 79 Beds - Persons

Inspected By: Captain David Mausbach #592

Approved By:

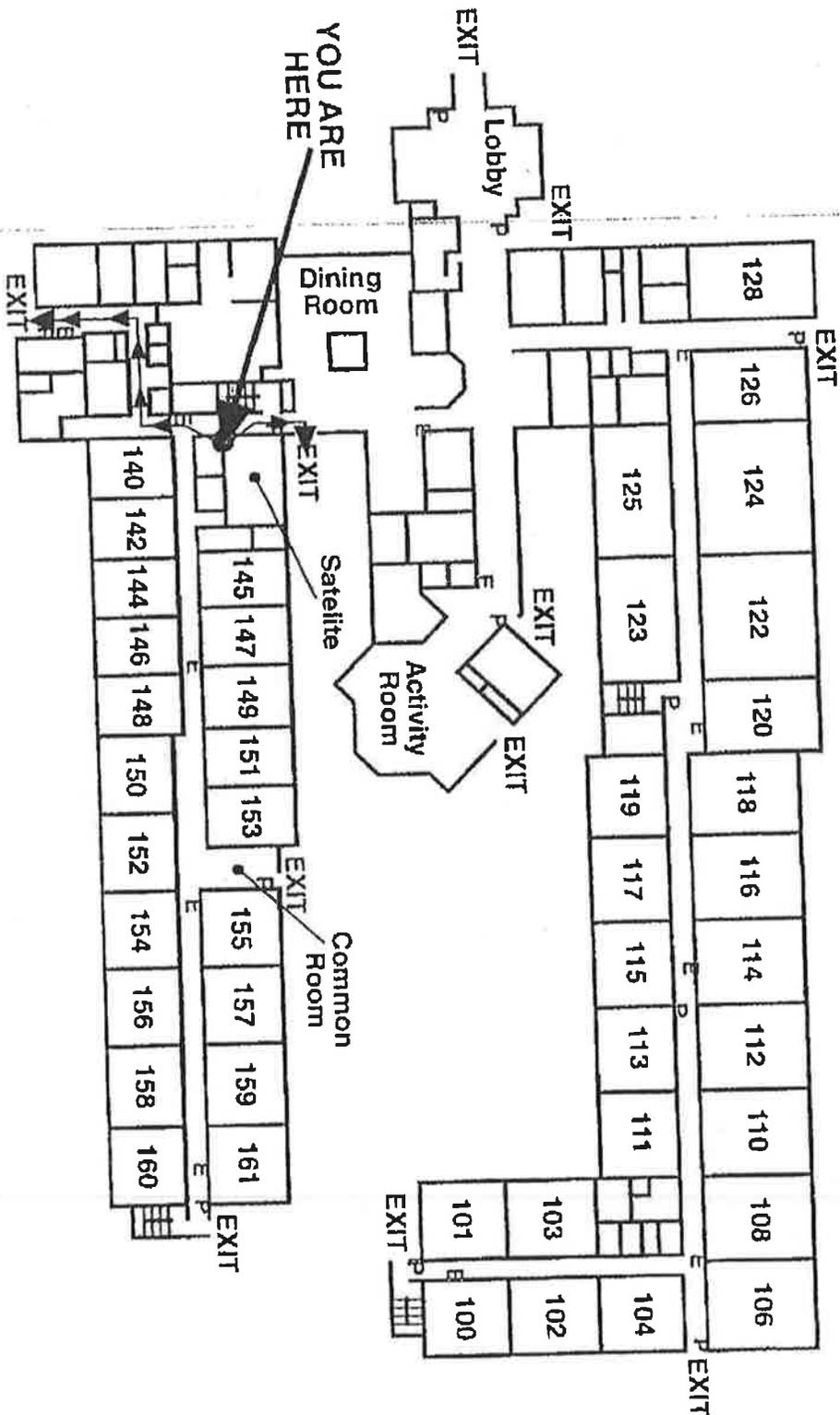
# POST IN A PROMINENT PLACE

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

# Remington Heights Retirement Community

## First Floor

### Evacuation Routes



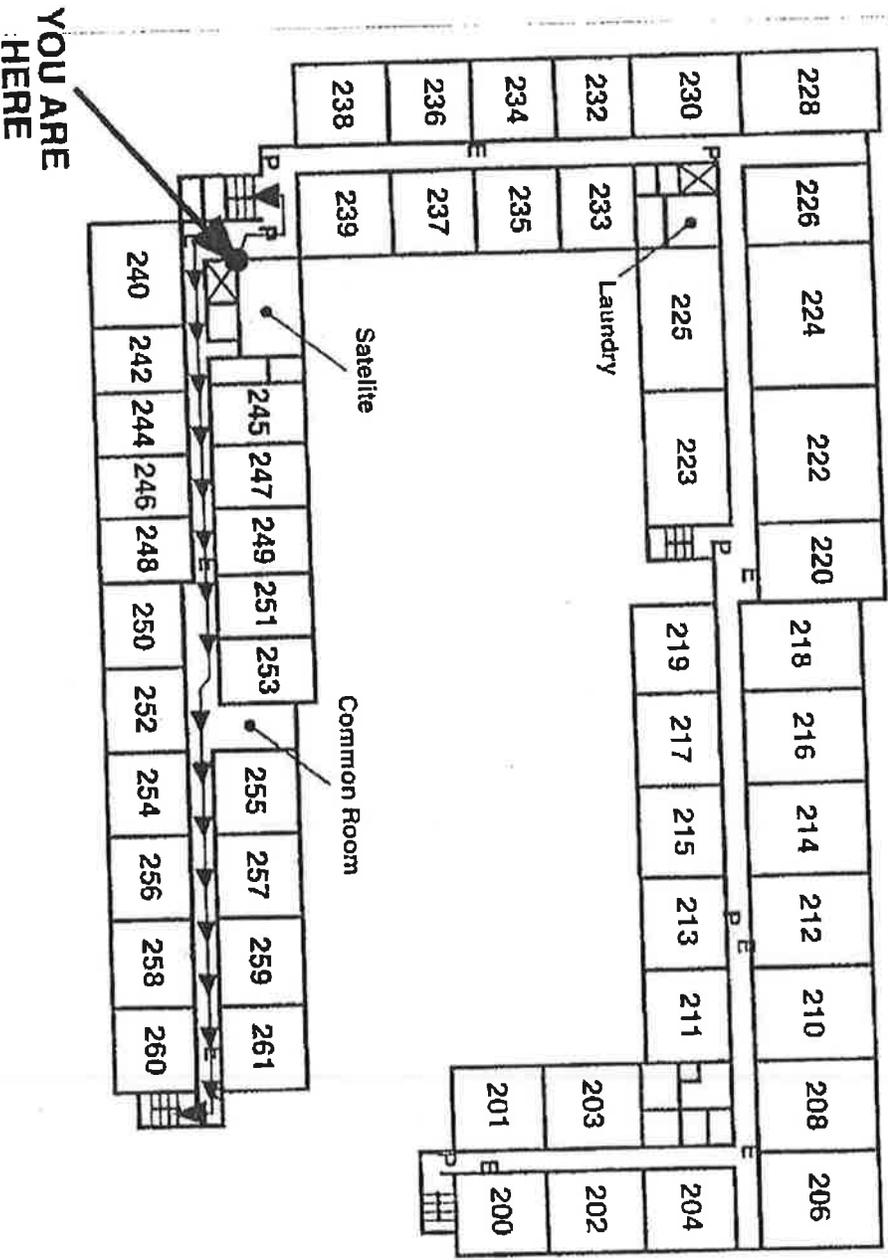
**LEGEND**

- Evacuation Route
- E Fire Extinguisher
- P Pull Alarm

# Remington Heights Retirement Community

## Second Floor

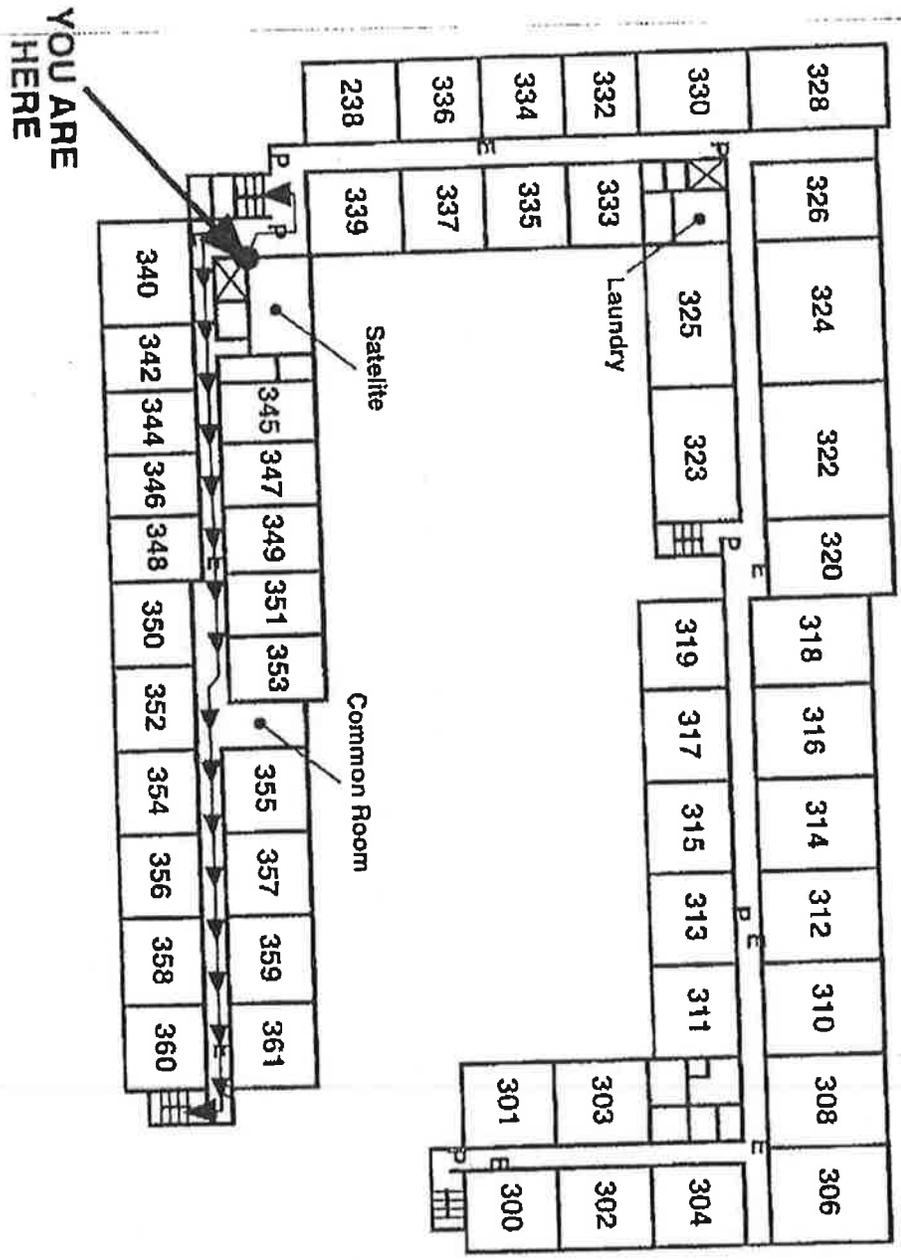
### Evacuation Routes



**LEGEND**

- ← Evacuation Route
- E Fire Extinguisher
- P Pull Alarm

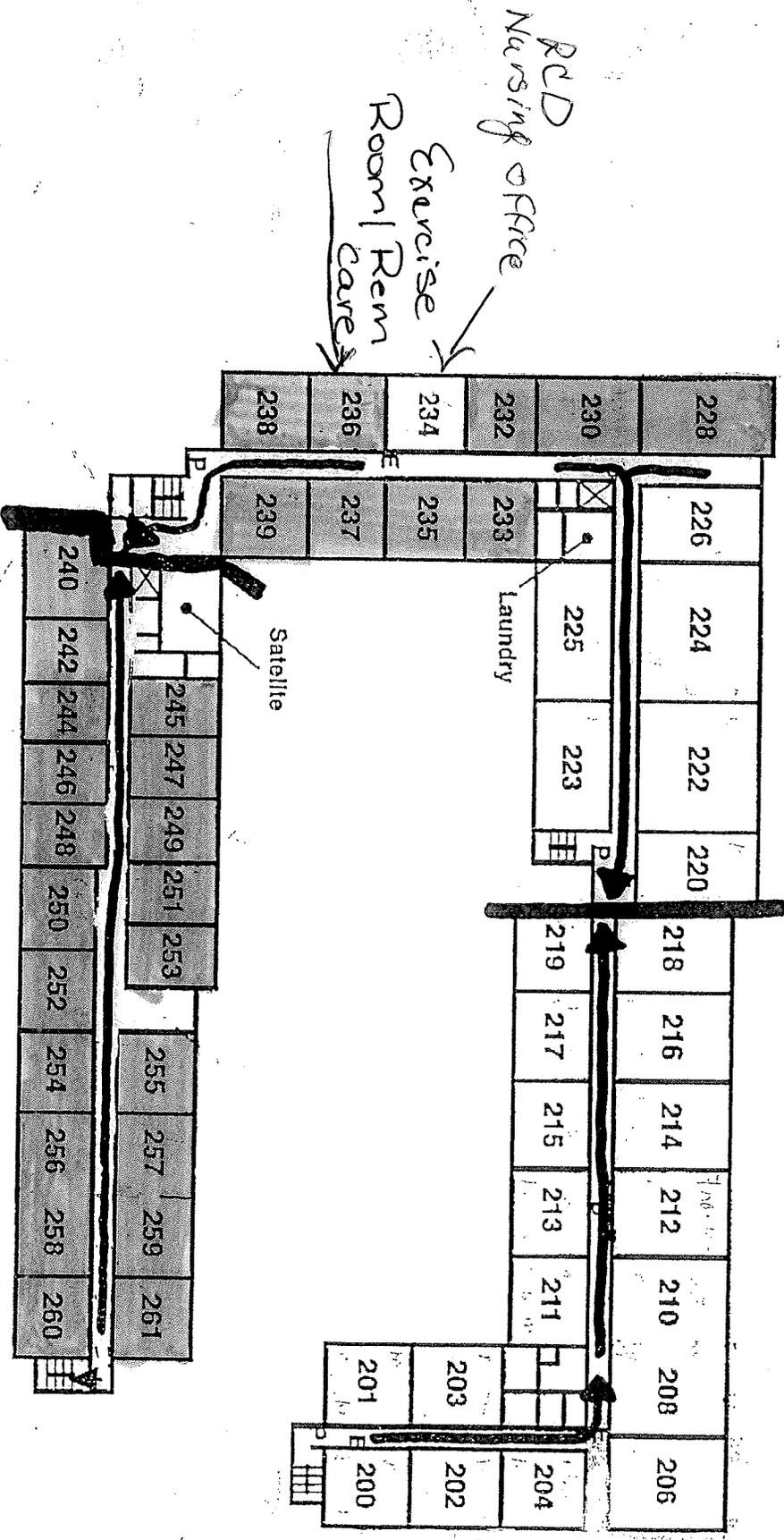
# Remington Heights Retirement Community Third Floor Evacuation Routes



**LEGEND**

- Evacuation Route
- E Fire Extinguisher
- P Pull Alarm

# Remington Heights Retirement Community Second Floor Evacuation Routes



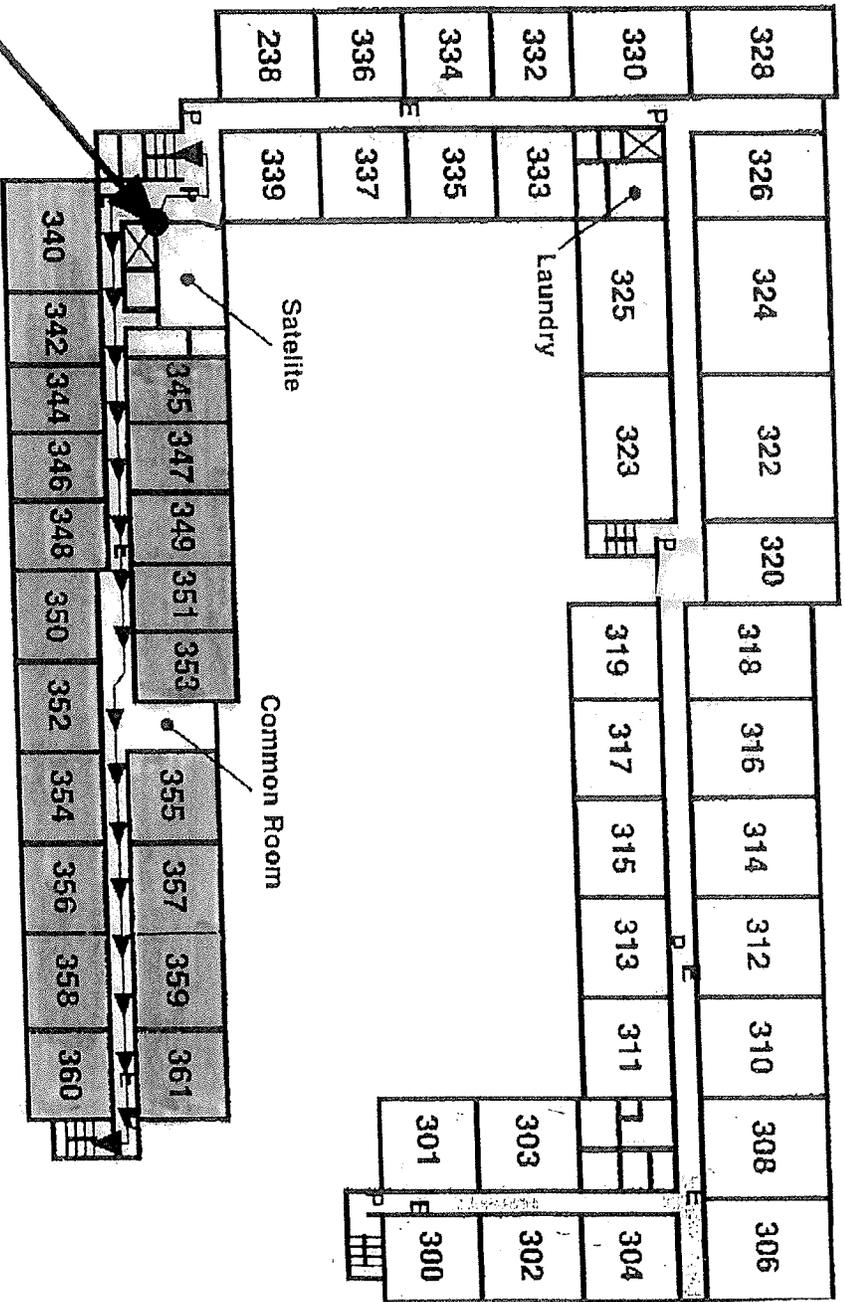
RCD  
Nursing Office

Exercise  
Room  
Rem  
care

Assisted living  
apartments

**LEGEND**  
Evacuation Route

# Remington Heights Retirement Community Third Floor Evacuation Routes



*Assisted living  
Apartments*

**YOU ARE  
HERE**

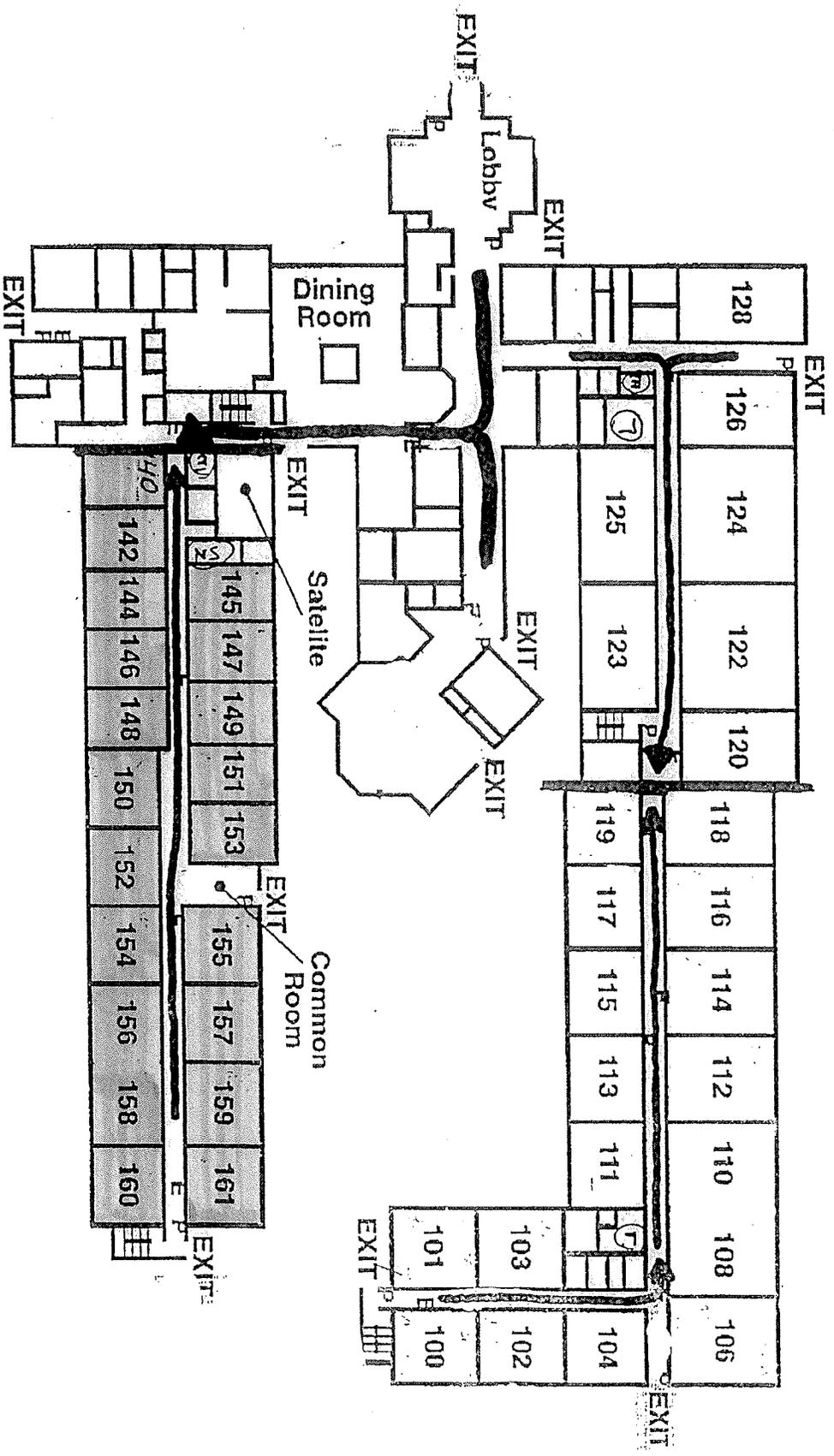
**LEGEND**

- ▶ Evacuation Route
- E Fire Extinguisher
- P Pull Alarm

# Remington Heights Retirement Community

## First Floor

### Evacuation Routes



*Assisted Living  
Apartments*

**LEGEND**

- Evacuation Route
- Fire Extinguisher
- Pull Alarm

HHSS R&L, CREDENTIALING DIVISION  
**BED COUNT FORM**

FACILITY		LOCATION		LICENSED CAPACITY	DATE
Remington Heights		Omaha		64 beds	2-22-16
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:	
1st Floor 140	0	-	-	Will be the spa / whirlpool room	
142	AL	1	0		
144	AL	1	0		
145	AL	1	0		
146	AL	1	1		
147	AL	1	1		
148	AL	1	1		
149	AL	1	1		
150	AL	1	1		
152	AL	1	0		
153	AL	1	1		
154	AL	1	1		
155	AL	1	1		
156	AL	1	2		
157	AL	1	0		
159	AL	1	1		
160	AL	1	2		
161	AL	1	1		
2nd Floor 228	AL	1	1		
230	AL	1	0		
232	AL	1	1		
233	AL	1	1		

- Instructions:
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
  2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. DO NOT INCLUDE labor room beds if used exclusively for that purpose.
  3. Explain any over capacity, citing bed location.

HHSS R&L, CREDENTIALING DIVISION  
**BED COUNT FORM**

FACILITY		LOCATION	LICENSED CAPACITY	DATE
Remington Heights		Omaha	64	2-22-16
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)		
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:
		(64)		
234	AL	1	0	
235	AL	1	0	
237	AL	1	1	
238	AL	1	0	
239	AL	1	1	
240	AL	1	0	
242	AL	1	<del>0</del> <sup>KB</sup> 1	
244	AL	1	1	
245	AL	1	0	
246	AL	1	0	
247	AL	1	1	
248	AL	1	1	
249	AL	1	1	
250	AL	1	0	
251	AL	1	1	
252	AL	1	0	
253	AL	1	1	
254	AL	1	0	
255	AL	1	<del>0</del> <sup>KB</sup> 1	
256	AL	1	1	
257	AL	1	1	
258	AL	1	1	

- Instructions:
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
  2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. DO NOT INCLUDE labor room beds if used exclusively for that purpose.
  3. Explain any over capacity, citing bed location.

HHSS R&L, CREDENTIALING DIVISION  
**BED COUNT FORM**

FACILITY		LOCATION		LICENSED CAPACITY	DATE
Remington Heights		Omaha		64	2-22-16
WING/FLOOR		CERTIFICATION (HOSP, SNF, NF, SNF/NF, ICF, LIC)			
ROOM #	LICENSED BEDS	BEDS SET UP	BEDS OCCUPIED	REMARKS:	
<sup>260</sup> 250	AL	1	0	Fitness Room	
261	AL	1	1		
236	AKB	-	-		
<sup>3rd Floor</sup> 340	AL	1	0		
342	AL	1	1		
344	AL	1	1		
345	AL	1	1		
346	AL	1	1		
347	AL	1	0		
348	AL	1	1		
349	AL	1	1		
350	AL	1	0		
352	AL	1	0		
353	AL	1	1		
354	AL	1	0		
355	AL	1	0		
356	AL	1	<del>0</del> 1		
357	AL	1	0		
358	AL	1	1		
359	AL	1	0		
360	AL	1	0		
361	AL	1	0		

- Instructions:
1. When differences appear in licensed capacity, beds set up and certified beds, explain in remarks.
  2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. DO NOT INCLUDE labor room beds if used exclusively for that purpose.
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