

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
5-3-16

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

ST. JOSEPH TOWER ASSISTED LIVING
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF162

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: ST. JOSEPH TOWER ASSISTED LIVING
ADDRESS: 2205 SOUTH 10TH STREET, OMAHA, NE 68108

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.

LICENSURE UNIT

APR 27 2016



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

RECEIVED Expiration Date 04/30/2016

Table with 2 columns: Renewal Fees, Amount. Rows: 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: ST. JOSEPH TOWER ASSISTED LIVING
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF162
TELEPHONE NUMBER: (402) 952-5000
FAX NUMBER: (402) 952-5117
ADMINISTRATOR: JESSICA KLAASMEYER
EMAIL: info@stjosephtower.com

2016 APR 28 A 10:32
REDD HILLS ACCOUNTING

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 110

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 No X

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: ST. JOSEPH TERRACE APARTMENTS LLC
MAILING ADDRESS: 13637 NICHOLAS STREET OMAHA, NE 68154

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.

James BO'Brien
Boyd Lauritsen
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

4-25-16
4/25-16
DATE



SAINT JOSEPH TOWER
Assisted Living

April 20, 2016

To Whom It May Concern:

The owners are as follows:

James O'Brien
13637 Nicholas Street
Omaha, Nebraska 68154
402-496-2998

Stephen Coffey
2141 South 63rd Street
Omaha, Nebraska 68106
402-960-4686

Boyd Lauritsen
15942 Patrick Avenue
Omaha, Nebraska 68116
402-965-9255

Kind Regards,



Jessica Klaasmeyer
Executive Director



NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: ST JOSEPH TOWER ASSISTED LIVING - ASSISTED-LIVING FACILITY

Location: 2205 South 10th Street, Omaha, NE 68108

Date Issued: April 30, 2015 Certificate No.: 2015-155

Maximum Occupancy: - 110 Beds - Persons

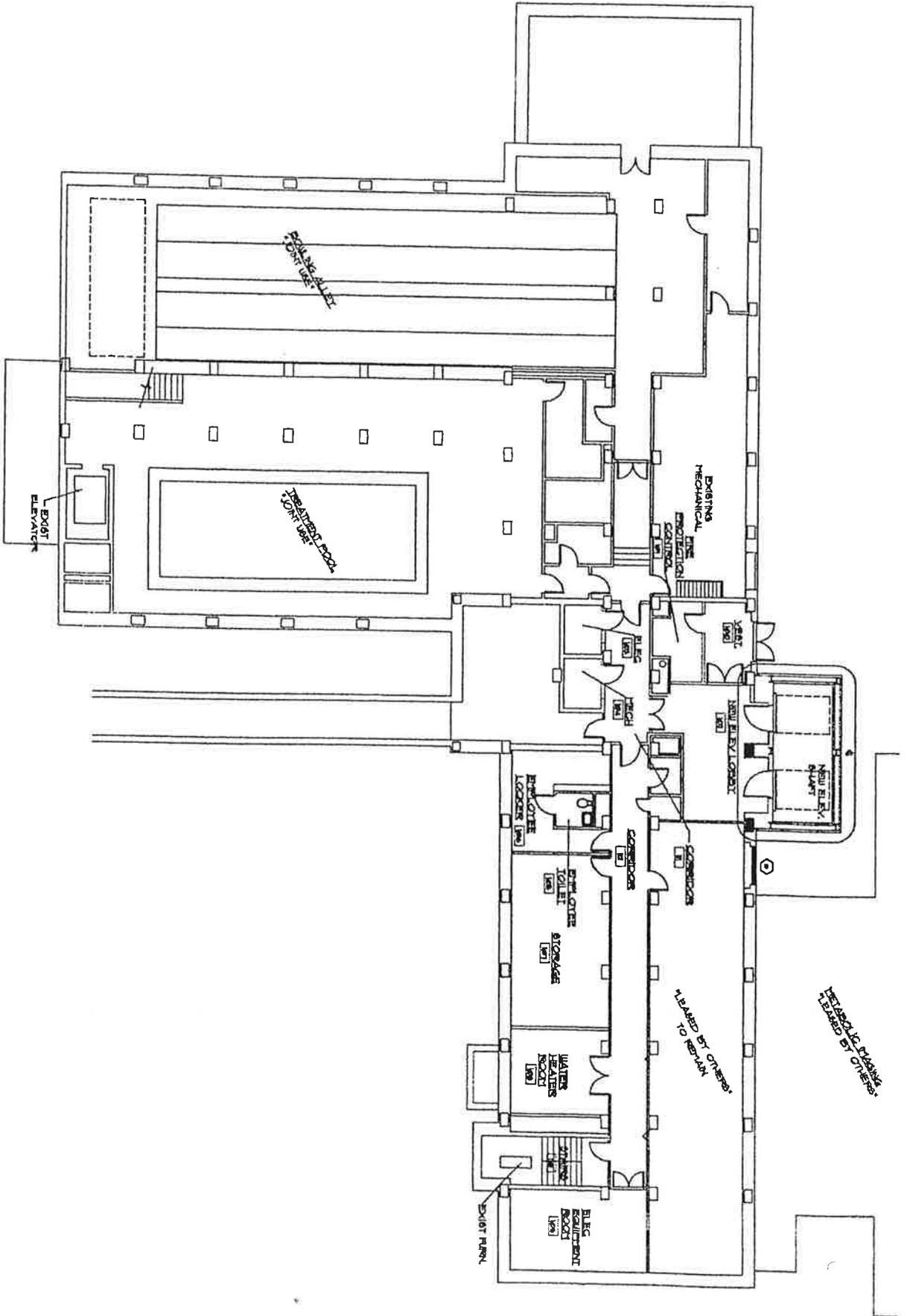
Inspected By: Captain Chris Hopkins #694

Approved By:



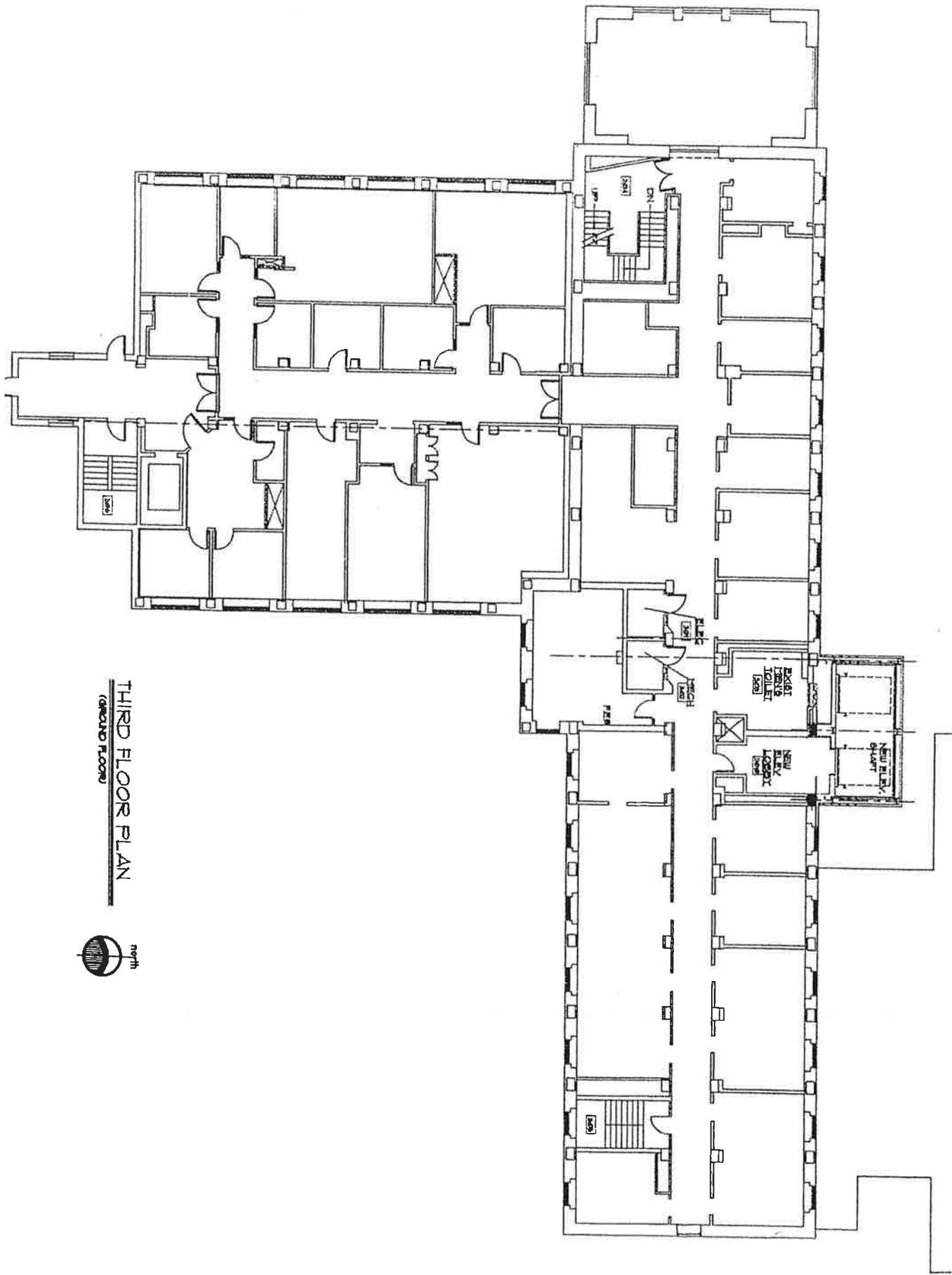
POST IN A PROMINENT PLACE

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



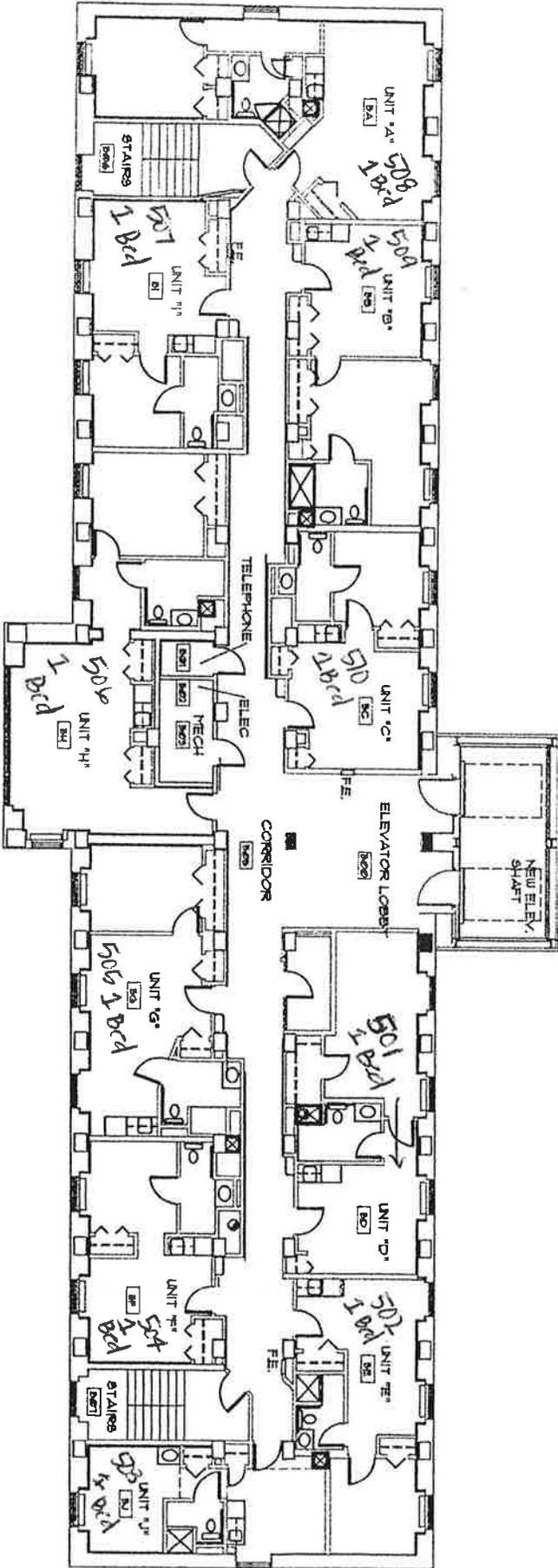
FIRST FLOOR PLAN
(SUB-BASMENT)





THIRD FLOOR PLAN
(GROUND FLOOR)

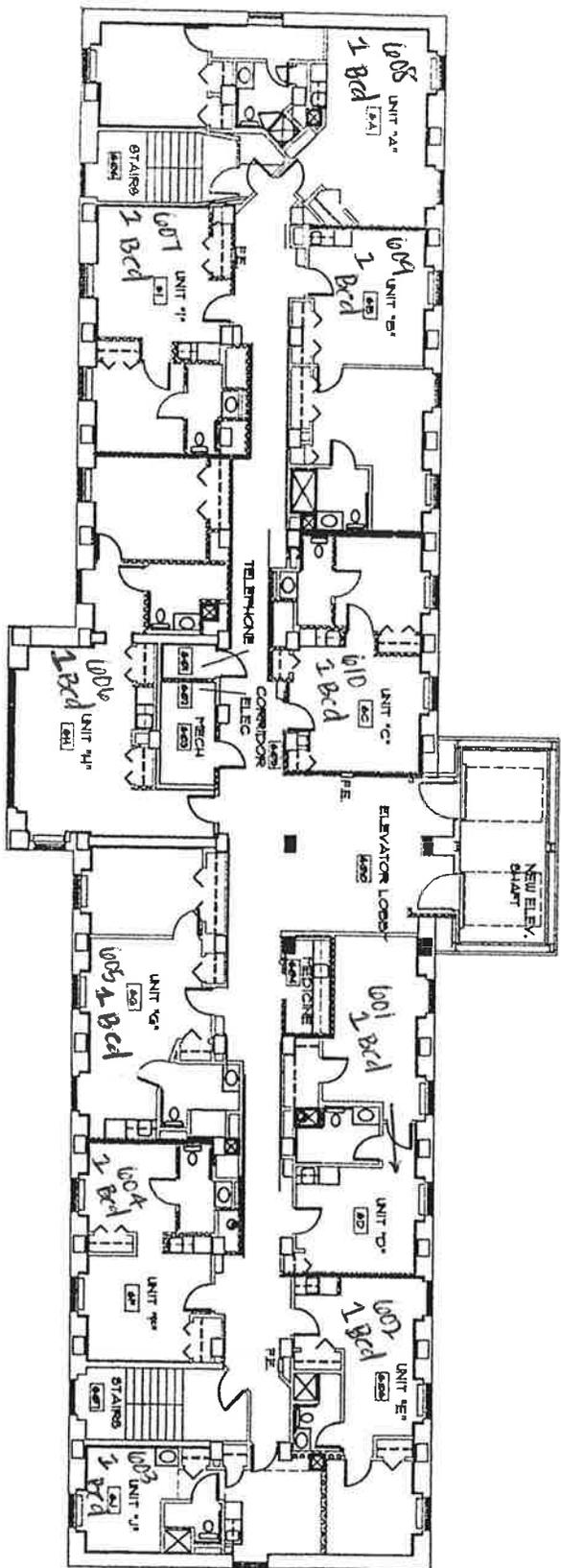




FLOOR PLAN - LEVELS 5

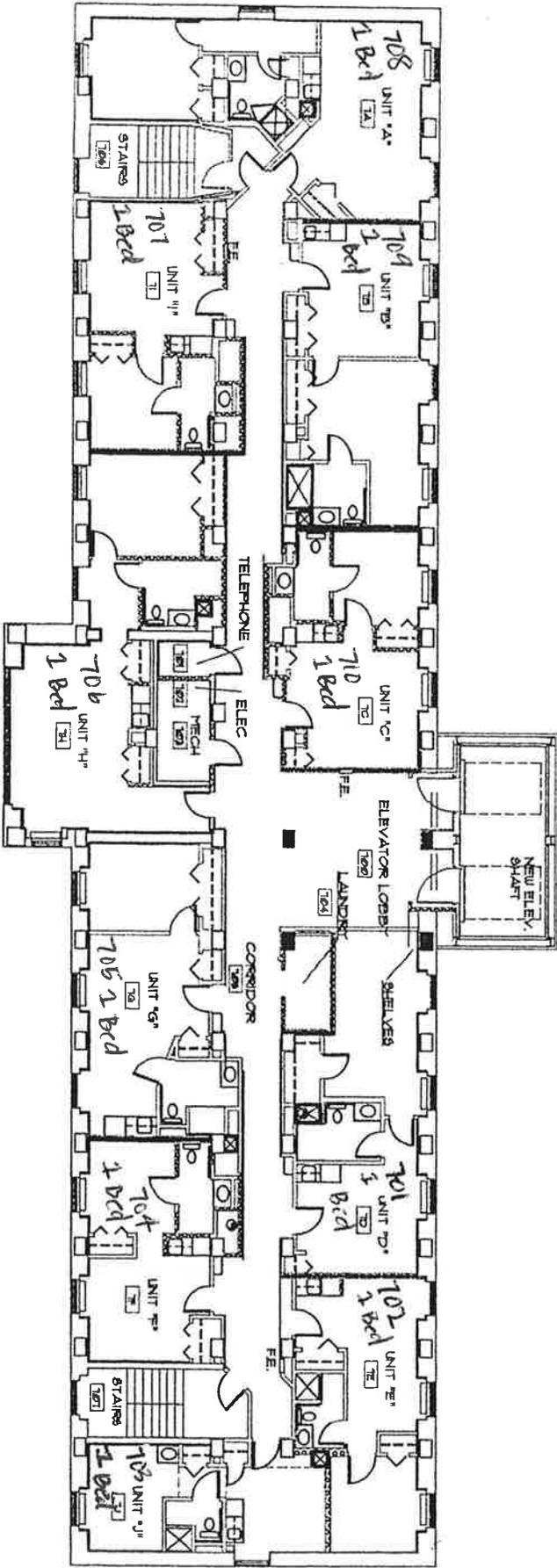
SCALE: 1/8" = 1'-0"





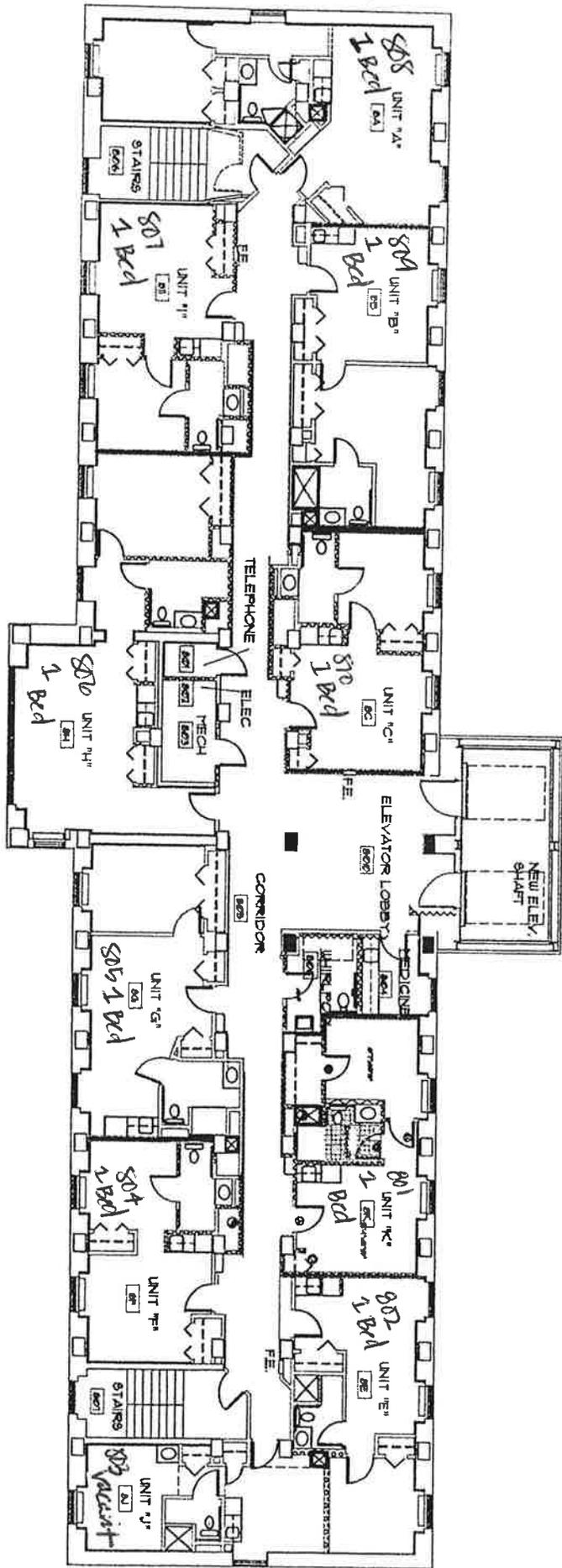
TYPICAL FLOOR PLAN - LEVELS 6
(LEVEL 6)





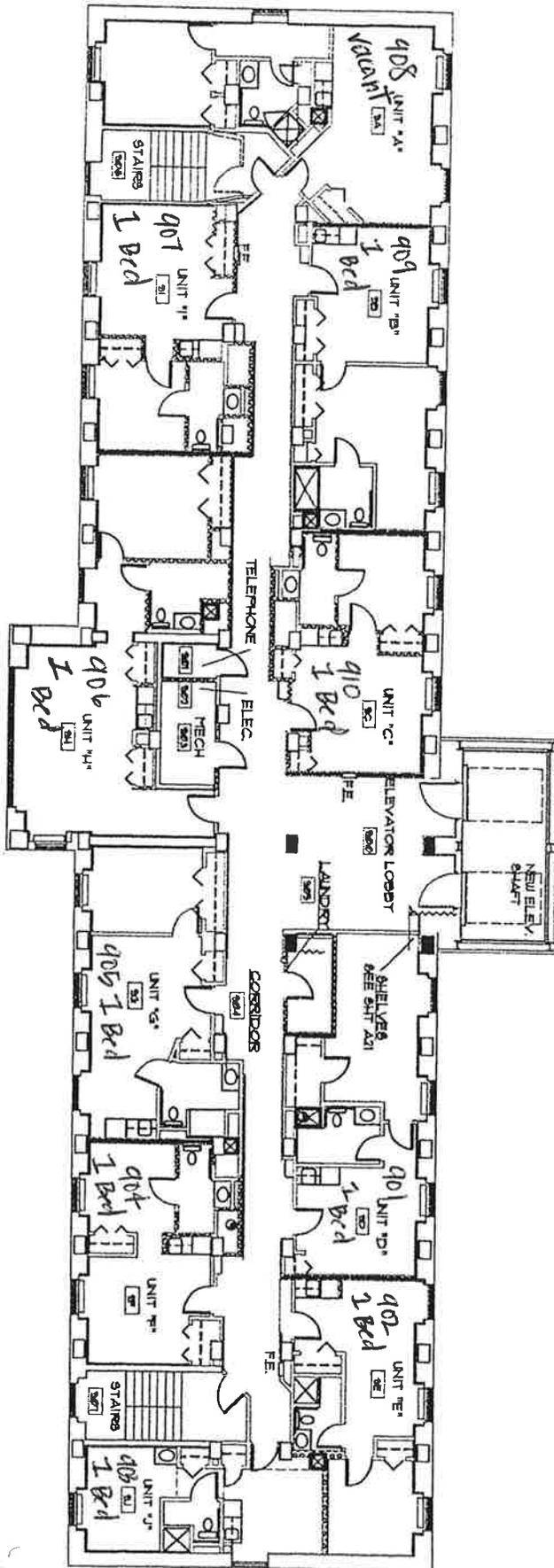
FLOOR PLAN - LEVELS 7
(LEVEL 4)





TYPICAL FLOOR PLAN - LEVELS 8
(LEVEL B)

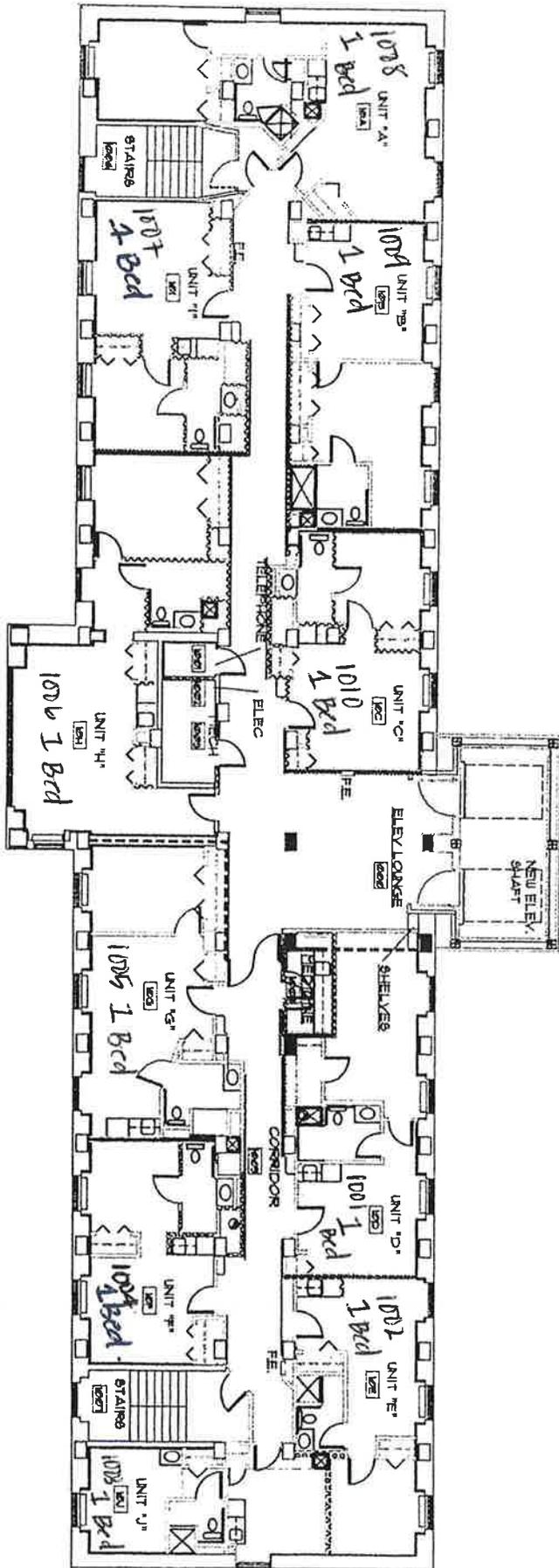




FLOOR PLAN - LEVELS 9

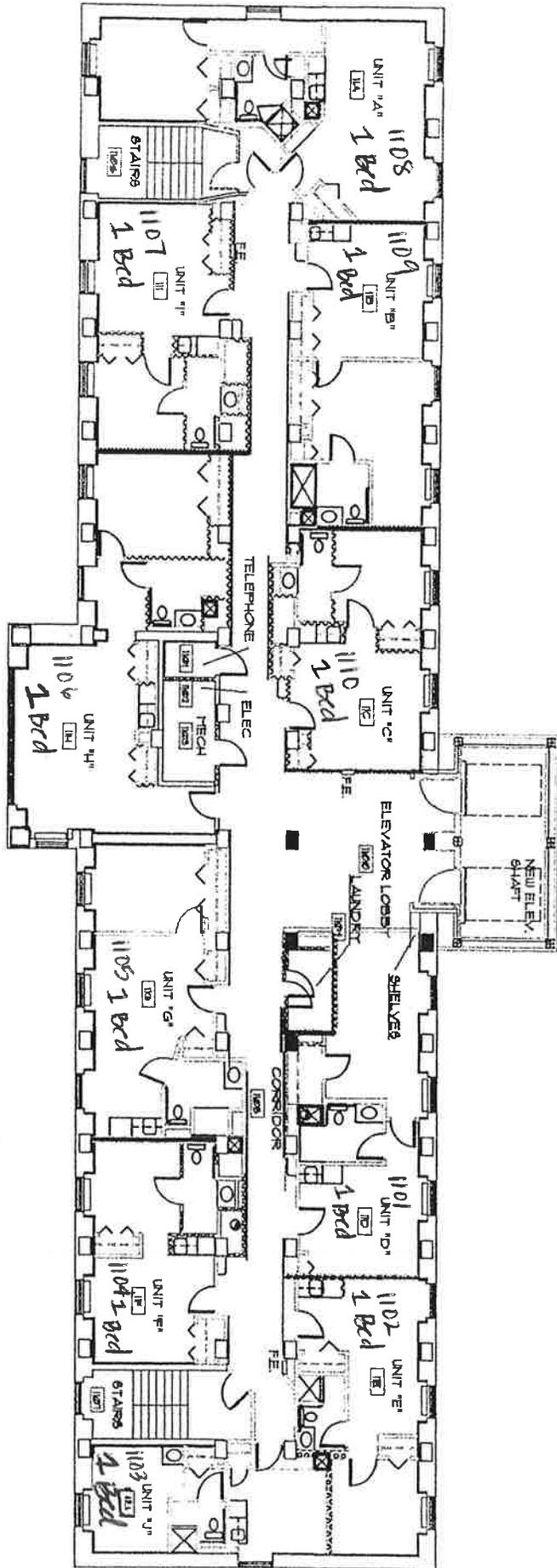
(LEVEL 9)





FLOOR PLAN - LEVEL 10
(LEVEL 1)

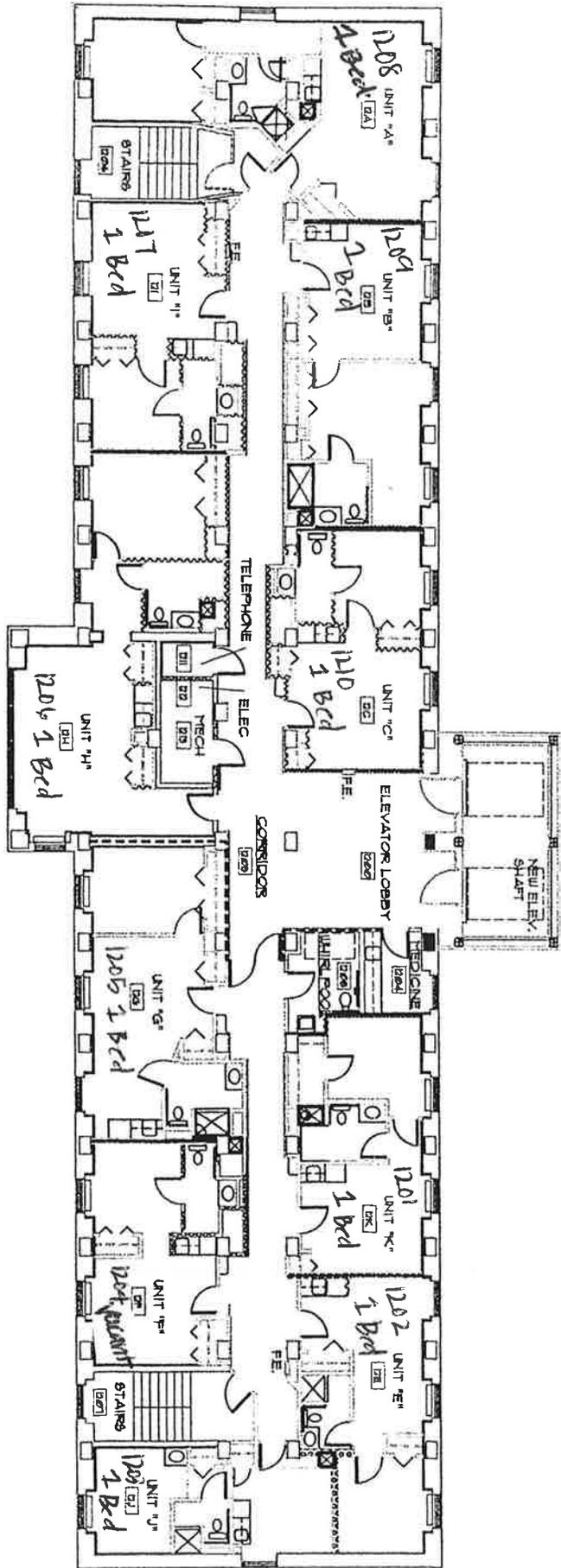




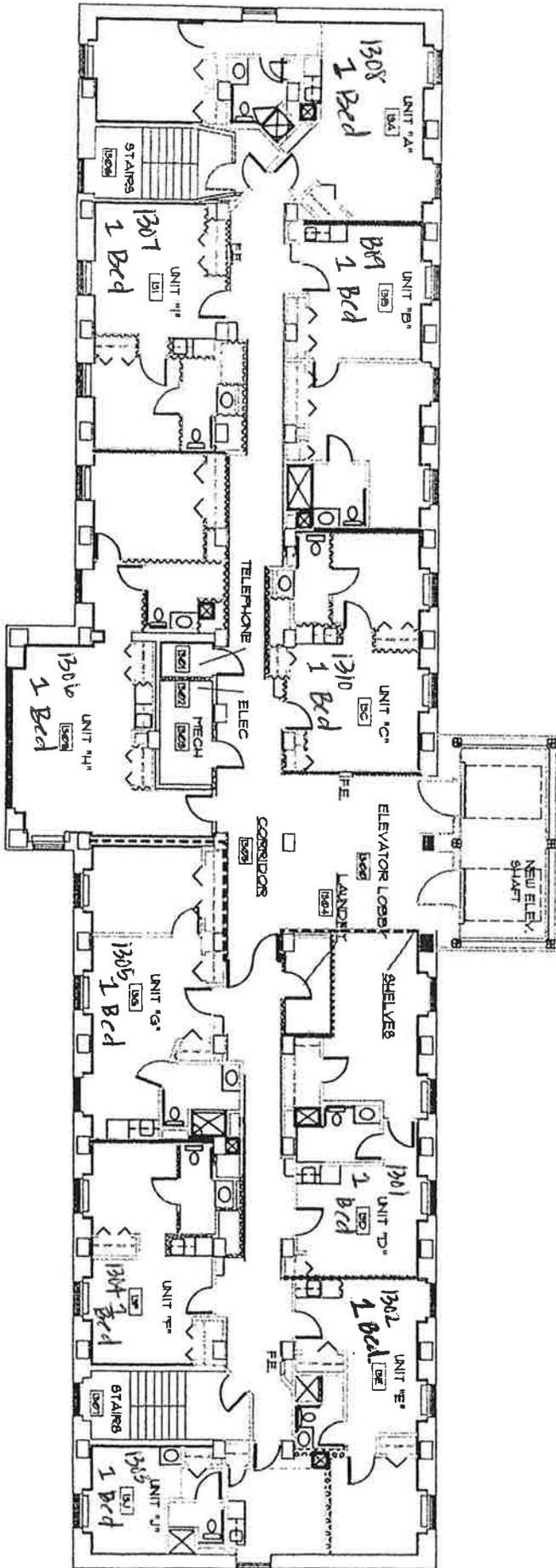
FLOOR PLAN - LEVEL II

(LEVEL 8)



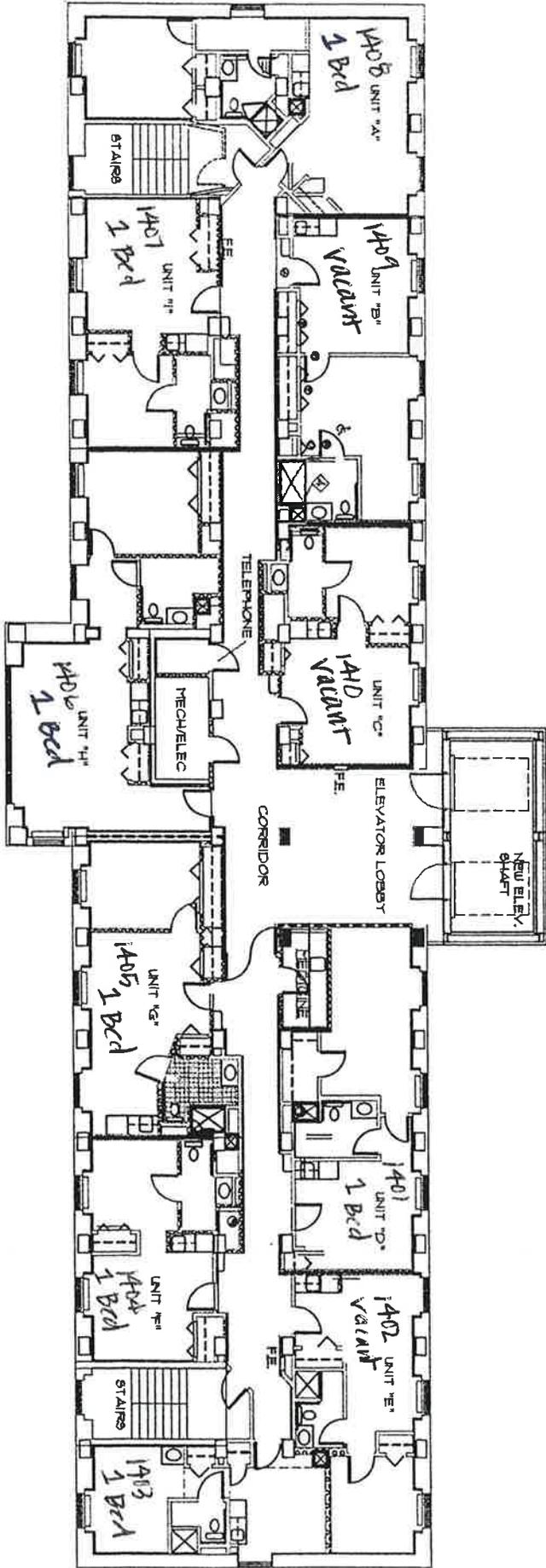


FLOOR PLAN - LEVELS 12
(LEVEL 9)



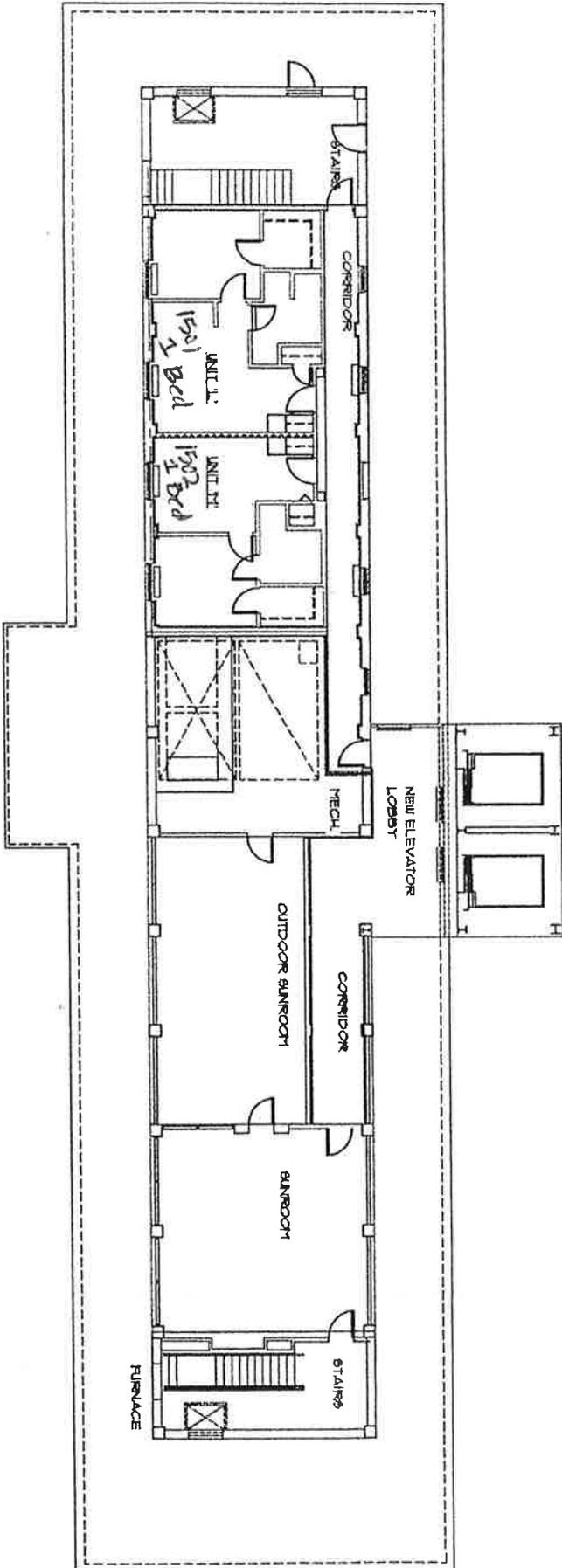
FLOOR PLAN - LEVEL 9, 13

(LEVEL 10)



FLOOR PLAN - LEVEL 14
(LEVEL 1)





FLOOR PLAN - LEVEL 15

(LEVEL PENTHOUSE)

