

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 dy

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

MIDWEST HOMESTEAD OF KEARNEY
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF173

EXPIRES
04/30/2017

 [Redacted Signature]

Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: MIDWEST HOMESTEAD OF KEARNEY
ADDRESS: 4205 6TH AVENUE, KEARNEY, NE 68847

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.

4-1-15

LICENSURE UNIT

MAR 21 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

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:
MIDWEST HOMESTEAD OF KEARNEY
4205 6TH AVENUE
KEARNEY, NE 68847

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

LICENSE NO: ALF173
TELEPHONE NUMBER: (308) 234-5600
FAX NUMBER: (308) 236-6663
ADMINISTRATOR: STACIE BRUEGGEMAN
EMAIL: KearneyAdministration@homestead-assistedlivi

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 44

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: MIDWEST HOMESTEAD OF KEARNEY OPERATIONS, LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 4205 6TH AVENUE
KEARNEY, NE 68845

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) _____

REC'D HHS LICENSING

2016 MAR 23 A 8:17

(check one)	
<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> 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 A. Klausman
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Floyd C. Eaton Jr.
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/25/16
DATE

3-8-16
DATE

**MIDWEST HOMESTEAD OF KEARNEY OPERATIONS, LLC
MEMBERS:**

<u>Name & Address</u>	<u>Title</u>	<u>Percent</u>
James Klausman 4425 SW Stoneybrook St Topeka, KS 66610	President, Member	50%
Floyd Charles Eaton, Jr. 6225 South Point Dr. Auburn, KS 66402	Vice Pres., Member	50%

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402966

Name of Facility: Midwest Homestead of Kearney

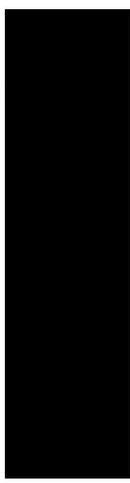
Type of Facility: Assisted Living

Location: 4205 6th Ave., Kearney

Maximum Occupancy: 44 Beds

Date Issued: 4/1/2015

Approved By:



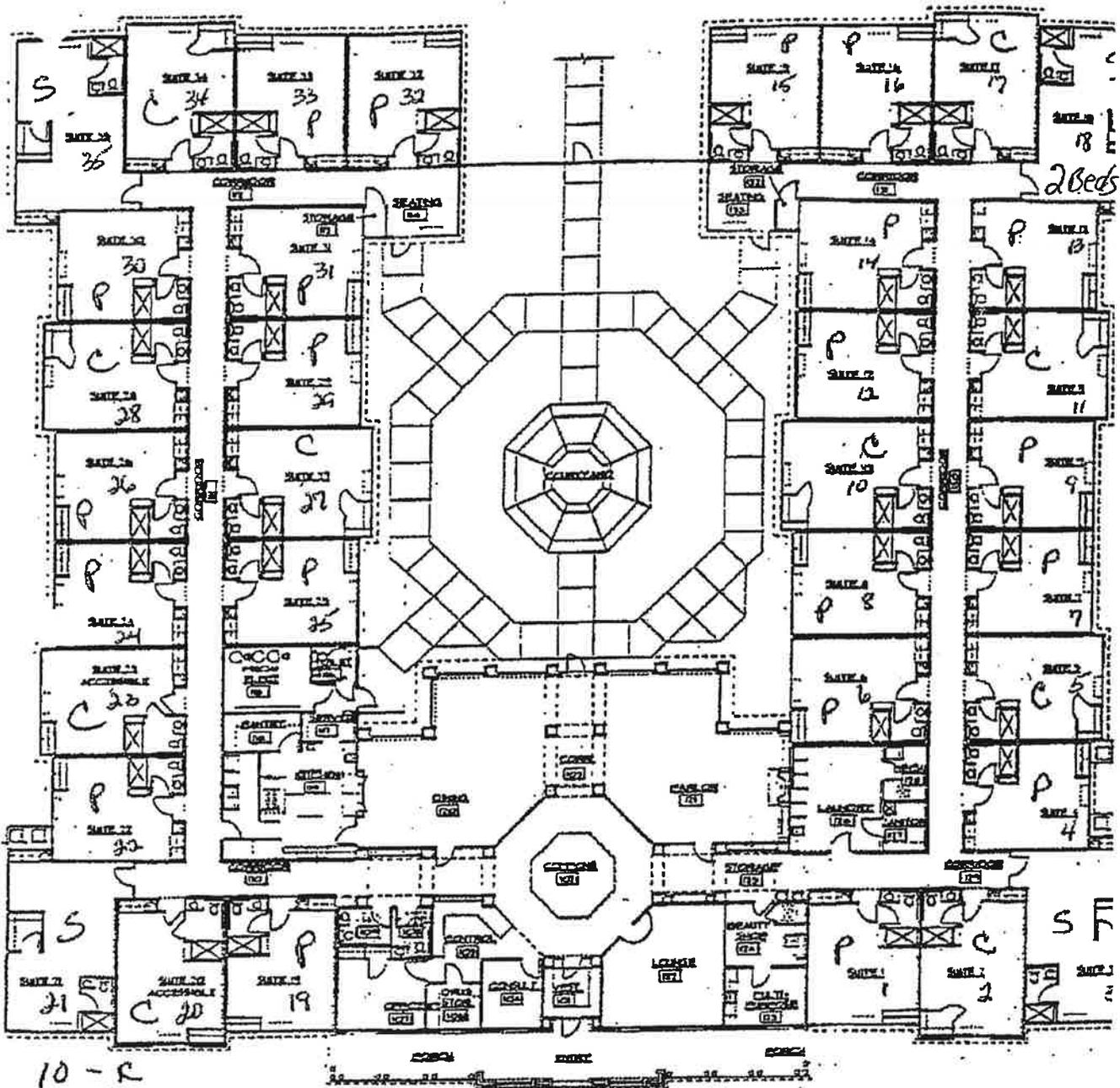
Inspected By: 8718 Todd Wright
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

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



FLOOR PLAN
 NOT TO SCALE
 AREA: 7134 Sq. Ft.

The Homestead
 Assisted Living Residence

Primrose: Wall closet
 Columbine: Corner closet
 Sunflower: Walk-in closet

JEFFERSON ASSOCIATES
 ARCHITECTS
 1001 11th St. N.
 Minneapolis, MN 55403