

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

2/23/14 DJ

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
THE LEGACY MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF174
EXPIRES 04/30/2017	  Courtney A. Pringle, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: THE LEGACY

ADDRESS: 5600 PIONEERS BLVD, 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

LICENSURE UNIT

FEB 19 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:
THE LEGACY
5600 PIONEERS BLVD
LINCOLN, NE 68506
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

- LICENSE NO: ALF174
TELEPHONE NUMBER: (402) 436-3000
FAX NUMBER: (402) 436-3013
ADMINISTRATOR: T.J. NIEHAUS
EMAIL: legacyadministrator@legacyretirement.com
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 50
5. SPECIFY SPECIAL POPULATIONS: (Please check)
- Special Care Unit for Alzheimer's or Dementia or Related Disorders _____ Number of Beds *W*
- 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: THE LEGACY LIMITED PARTNERSHIP LTD
(Legal Name of Individual or Business Organization)
- MAILING ADDRESS: 8101 'O' STREET
LINCOLN, NE 68510
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) _____

2016 FEB 22 11:18
REC'D HHS LICENSING

(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.

GREG JOYCE
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE *J*

2. 16-16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE



LEGACY
RETIREMENT COMMUNITIES

www.legacyretirement.com

LICENSURE UNIT

FEB 19 2016

RECEIVED

February 16, 2016

Nebraska Health and Human Services
Regulations and Licensure, Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-4986

RE: The Legacy Ownership Information for Assisted Living License Renewal

Owner Information: Janet C. Joyce
1300 Aldrich Rd.
Lincoln, NE 68510

Greg Joyce
8121 Stockwell Street
Lincoln, NE 68506

Respectfully submitted,

[REDACTED]
T.J. Niehaus
The Legacy, Executive Director

Elegant and Affordable

The Legacy

5600 Pioneers
Lincoln, NE 68506
402-436-3000

Legacy Terrace

5700 Fremont
Lincoln, NE 68507
402-464-5700

Legacy Estates

7200 Van Dorn
Lincoln, NE 68506
402-484-8888



BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

Name of Facility: THE LEGACY

Location: 5600 PIONEERS BLVD

Health Type: Res B&C

Restrictions:

Permit Number: L1300019

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 50

Fire Inspector

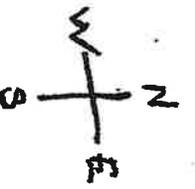
Chief Fire Inspector

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

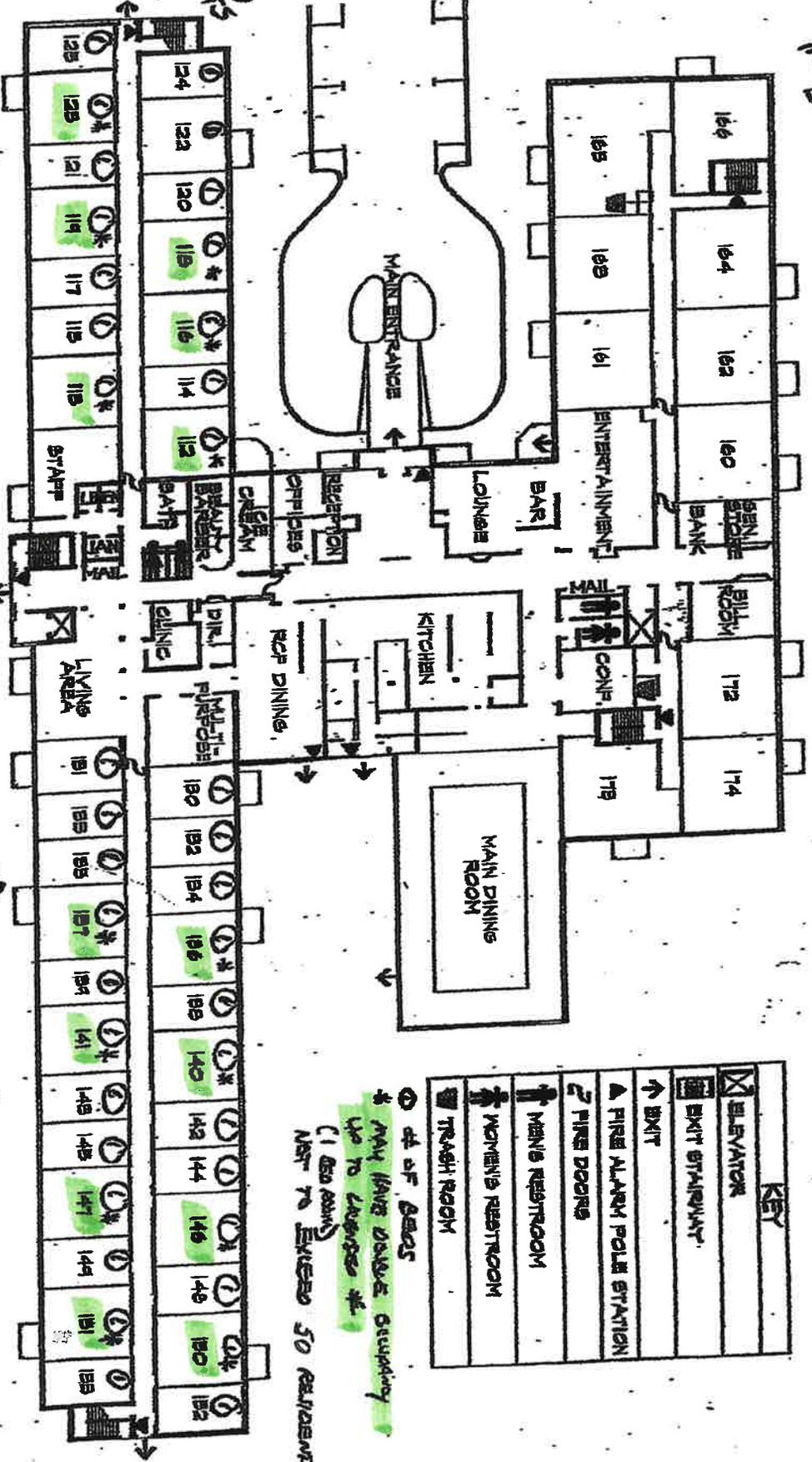
BLD_FP_Health_Certificate_MO



INDEPENDENT APPTS.
LIVING

ASSISTED
LIVING APPTS

FIRST LEVEL FLOOR PLAN



KEY	
	ELEVATOR
	EXIT STAIRWAY
	EXIT
	FIRE ALARM PULL STATION
	FIRE DOORS
	MEN'S RESTROOM
	WOMEN'S RESTROOM
	TRASH ROOM

⊙ # OF BEDS
 * MAY HAVE DOUBLE OCCUPANCY
 up to 2 changes #
 (1 BED ROOM)
 NOT TO EXCEED 50 RESIDENTS TOTAL

(NOT TO SCALE)

ENTRANCE

LIVING AREA

STAFF

BATH

BREAKFAST

RECEPTION

OFFICES

CREAM

RECP DINING

KITCHEN

LOUNGE

BAR

ENTERTAINMENT

GEN. STORE

BANK

BILLING ROOM

CONF.

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