

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

KDLS
4-21-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
THE WATERFORD AT WILLIAMSBURG MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF183
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: THE WATERFORD AT WILLIAMSBURG
ADDRESS: 3940 PINE LAKE ROAD, LINCOLN, NE 68516

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.

H-16

LICENSURE UNIT



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

APR 18 2016
Expiration Date
04/30/2016

RECEIVED

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: THE WATERFORD AT WILLIAMSBURG
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
LICENSURE NO: ALF183
TELEPHONE NUMBER: (402) 423-0000
FAX NUMBER: (402) 423-1601
ADMINISTRATOR: CHRISTY MERRITT
EMAIL: administrator@thewaterford.net
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 44
5. SPECIFY SPECIAL POPULATIONS: (Please check)
6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: THE WATERFORD GROUP, INC.
MAILING ADDRESS: 1901 SW 5TH STREET, SUITE 100
LINCOLN, NE 68522
8. BUSINESS ORGANIZATION: (Check one):
Sole Proprietorship
Partnership
Limited Partnership
Corporation
Limited Liability Company
Governmental
Other (Please Specify)

2016 APR 19 10:57
REC'D: DHSS #

(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.

Dan Klein, Jr.

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Dan A. Klein

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

DATE

03-04-16

DATE



THE Waterford

AT WILLIAMSBURG
Assisted Living

Names & addresses of individual owners managing The Waterford at Williamsburg:

The Waterford Group, Inc.

Dan A. Klein

1901 SW 5th Street, Suite 100

Lincoln, NE 68522

Daniela A. Klein, Jr.

1901 SW 5th Street, Suite 100

Lincoln, NE 68522



BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

Name of Facility: THE WATERFORD AT WILLIAMSBURG

Location: 3940 PINE LAKE RD

Health Type: Res B&C

Restrictions:

Permit Number: L1300058

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 50

Fire Inspector

Chief Fire Inspector

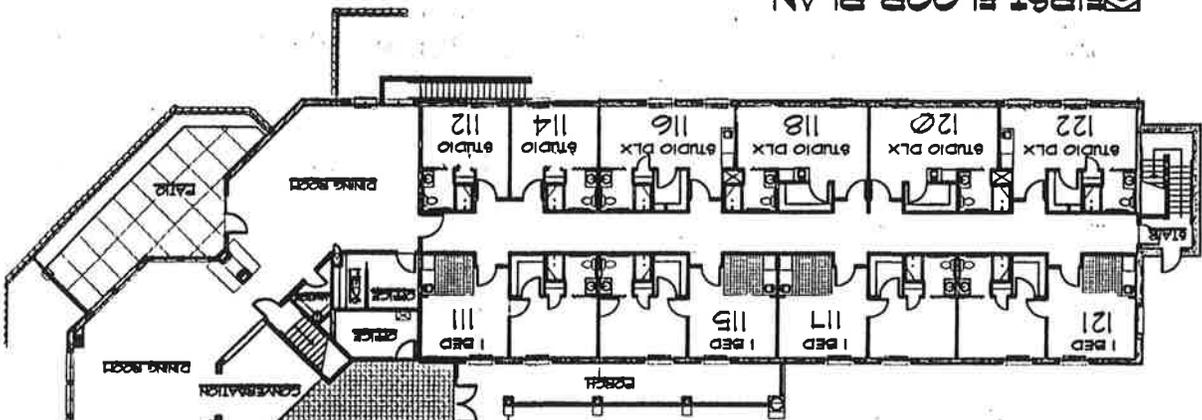
This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

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

FIRST FLOOR PLAN



SECOND FLOOR PLAN

