



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

3/3/16 ds

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
WILBER CARE CENTER MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF195
EXPIRES 04/30/2017	  Courtney A. Womack, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: WILBER CARE CENTER

ADDRESS: RR 1 BOX 5, 611 NORTH MAIN, WILBER, NE 68465

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.

4-6-15

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

FEB 29 2016

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

RECEIVED

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
WILBER CARE CENTER
RR 1 BOX 5, 611 NORTH MAIN
WILBER, NE 68465

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

LICENSE NO: ALF195
TELEPHONE NUMBER: (402) 821-2331
FAX NUMBER: (402) 821-2568
ADMINISTRATOR: BARBARA DREYER
EMAIL: administrator@wilbercare.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 68

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders
Other -- Please Specify

REC'D DHSS ACCOUNTING
2016 MAR -1 A 9:09

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: CITY OF WILBER
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 611 NORTH MAIN
WILBER, NE 68465

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)
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.

Roger L. Chrang
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

2/18/16
DATE

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402969

Name of Facility: **Wilber Care Center Assisted Living**

Type of Facility: **Assisted Living**

Location: **611 N Main St Wilber**

Maximum Occupancy: **68 Beds**

Date Issued: **4/6/2015**

Approved By:

Inspected By: **8701 Pat Merrick**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE



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

WILBER CARE CENTER

BOARD MEMBER

Chris Linhart-President
123 N Franklin
Wilber, Ne. 68465
821-2308 (Home)
826-2144 (Work)
826-7452 (Cell)

Joyce Wusk-Secretary
Box 255
Wilber, Ne. 68465
821-2240 (Home)
821-2823 (Work)

Mike Barrett
701 West 6th St.
Wilber, Ne 68465
821-2476 (Home)
448-2285 (work)

Scott Albert
Box 654
Wilber, Ne. 68465
821-2814 (Home)
641-7084 (Work)

Stephanie Hroch
421 West 6th ST.
Wilber, Ne. 68465
821-2464 (Home)

Chris Linhart 2018
Mike Barrett 2014
Stephanie Hroch 2015
Joyce Wusk 2016
Scott Albert 2017

CITY COUNCIL

Roger Chrans
101 West 3rd St
Wilber, Ne. 68465
821-2821 (Home)
499-5261 (Cell-Work)
429-2706 (Cell Personal)

Tim Lempka
307 N Franklin
Wilber, Ne. 68465
821-3325 (Home)

Randy Sasek
PO Box 382
Wilber, Ne. 68465
821-2136 (Home)
821-2231 (Work)

Kent Linhart
123 N Franklin
Wilber, Ne. 68465
821-2308 (Home)

