

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
5-18-16


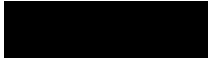
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

SENECA SUNRISE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF200

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: SENECA SUNRISE
ADDRESS: 710 GRAND AVENUE, RAVENNA, NE 68869

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.

MAY 13 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: SENECA SUNRISE, 710 GRAND AVENUE, RAVENNA, NE 68869
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF200
TELEPHONE NUMBER: (308) 452-4444
FAX NUMBER: (308) 452-7214
ADMINISTRATOR: LINDA ZINNEL, ADMIN
EMAIL: seneca4you@yahoo.com

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 60
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: SENECA SUNRISE LLC
(Mailing Address: 710 GRAND AVENUE, RAVENNA, NE 68869)

- 8. BUSINESS ORGANIZATION: (Check one):
Sole Proprietorship
Partnership
Limited Partnership
Corporation
X Limited Liability Company
Governmental (Check one) State, District, County, City or Municipal
Other (Please Specify)

2016 MAY 16 10:10 AM
REC'D - DHHS ADMIN DIVISION

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.

Sam Pfeiffer
Linda Zanne
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

5-10-16
5-10-16
DATE

Seneca Sunrise K-1 Addresses

Eileen Basnett
% Dennis Bassnett
52655 295th Road
Ravenna, NE 68869

Robert W Groeteke
624 Alba Ave
Ravenna, NE 68869

Brian Hunsberger
612 Kufus Ave
Ravenna, NE 68869

Larry & Joyce Petersen
1832 Pintail Lane
Central City, NE 68826

Pamela Treffer
P O Box 12
Ravenna, NE 68869

Oren & Joyce Vogt
48158 778th Road
Ravenna, NE 68869

Linda & Ron Zinnell
40275 370th Road
Ravenna, NE 68869

Kenneth Fisher
3730 Navaho Road
Ravenna, NE 68869

Jim Rasmussen
903 Milan Ave
Ravenna, NE 68869

LeRoy Wadzinski
156 Ponderosa Court
Grand Island, NE 68803

Uden Plumbing
%Gene Uden
709 S Ross Ave
Hastings, NE 68901

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402878

Name of Facility: **Seneca Sunrise Assisted Living**
Type of Facility: **Assisted Living**
Location: **710 Grand Avenue, Ravenna**
Maximum
Occupancy: **44 Beds**
Date Issued: **3/3/2015**

Inspected By: **8716 Todd Wright**
Deputy State Fire Marshal

Approved By:

State Fire Marshal



POST IN PROMINENT PLACE



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

**STATE OF NEBRASKA*STATE FIRE MARSHAL
246 SOUTH 14TH STREET
LINCOLN, NE 68508-1804**

Page 1 of 1

		Fee Sheet Number: 43085	
Facility Name SENECA SUNRISE ASSISTED LIVING		Occupant Street Address 710 GRAND AVENUE	
Operator & Phone number LINDA (308) 452-4444		City / Town RAVENNA, NE 68869	
Owner / Address / Phone number/Email SENECA SUNRISE (308) 452-4444		County BUFFALO	
		How Occupied EXISTING RESIDENTIAL BOARD AND CARE	
Occupant load 60 RESIDENTS	Date of Inspection 3/15/2016	Fee Card <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
ORDER			

Contact person/number : LINDA (308) 452-4444
 Initial inspection : MARCH 15, 2016
 Revisit inspection :
 Hours of operation : 0000-2400
 Plan review numbers : N/A

1) The above facility provides reasonable safety to life in case of fire, and upon payment of all required inspection fees will be APPROVED at that time.

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** _____

If you have questions on this Order, contact Deputy Wright by phone at 308-830-1219 or by Email at todd.wright@nebraska.gov

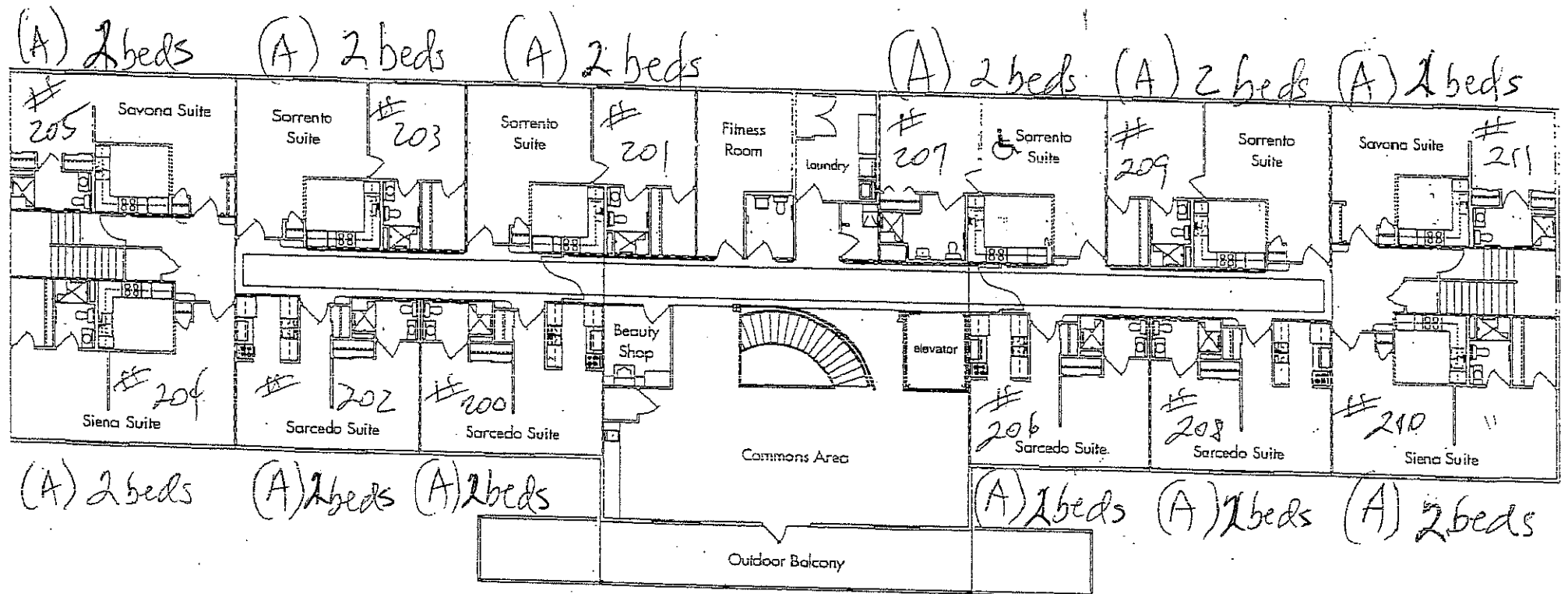
Witness my signature at Minden

Nebraska this 18th day of March 2016

By: Todd J. Wright
 Deputy State Fire Marshal # 8716

Seneca Sunrise

second floor



Seneca Sunrise West Addition

