

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

**COUNTRY VIEW ASSISTED LIVING**  
MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Services  
AGED/DISABLED MED WVR

Lic # ALF210

**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: COUNTRY VIEW ASSISTED LIVING

ADDRESS: 811 EAST 14TH STREET, WAYNE, NE 68787

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.

3-17-15



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

Expiration Date  
04/30/2015

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:  
COUNTRY VIEW ASSISTED LIVING  
811 EAST 14TH STREET  
WAYNE, NE 68787

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

LICENSURE UNIT

MAR 21 2016

RECEIVED

LICENSE NO: ALF210  
TELEPHONE NUMBER: (402) 375-1922  
FAX NUMBER: (402) 375-1923  
ADMINISTRATOR: AMMON WOLFLEY Robert Pyper  
EMAIL: careagewayne@ensigngroup.net

ez kd

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 32

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

w

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: LINDAHL HEALTHCARE, INC  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 811 EAST 14TH STREET  
WAYNE, NE 68787

REC'D HHS ACCOUNTING  
2016 MAR 23 8:18

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.

Boon Burnam  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT  
Beverly Wittkind  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

3/9/16  
DATE  
3/9/16  
DATE

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

MAR 11 2016

Expiration Date
04/30/2015

Table with 2 columns: Renewal Fees, Amount. Rows: 1-10 beds: \$950, 11-20 beds: \$1450, 21-50 beds: \$1650, 51 or more: \$1950

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Assisted-Living Facility Licensure Renewal Application

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WAYNE, NE 68787

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LICENSE NO: ALF210
TELEPHONE NUMBER: (402) 375-1922
FAX NUMBER: (402) 375-1923
ADMINISTRATOR: AMMON WOLFLEY Robert Peyer
EMAIL: careagewayne@ensigngroup.net

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

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

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(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 811 EAST 14TH STREET
WAYNE, NE 68787

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Partnership
Limited Partnership
Corporation
Limited Liability Company
Governmental
Other (Please Specify)

(check one)
Profit Non Profit

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AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3/9/16
DATE
3/9/16
DATE

**COUNTRY VIEW ASSISTED LIVING**

**CORPORATE ORGANIZATION CHART**

**List of names and addresses of all persons in control of the facility.**

**LINDAHL HEALTHCARE, INC., DBA COUNTRY VIEW ASSISTED LIVING**

811 East 14<sup>th</sup> Street  
Wayne, NE 68787  
Phone: 402.375.1922

**Officers:**

Michael Clegg, President  
Beverly Wittekind, Secretary  
Soon Burnam, Treasurer  
Christopher Christensen, Director

**GATEWAY HEALTHCARE, INC. (100% SHAREHOLDER OF LINDAHL HEALTHCARE, INC.)**

27101 Puerta Real, Suite 450  
Mission Viejo, CA 92691  
Phone: 949-487-9500

**Officers:**

Michael Clegg, President  
Beverly Wittekind, Secretary  
Soon Burnam, Treasurer  
Christopher Christensen, Director

**THE ENSIGN GROUP, INC., (100% SHAREHOLDER OF GATEWAY HEALTHCARE, INC.)\***

27101 Puerta Real, Suite 450  
Mission Viejo, CA 92691  
Phone: 949-487-9500

**Officers:**

Christopher Christensen, President and CEO

\*The Ensign Group, In. (NASDAQ: ENSG) is a publicly-traded company and its shares may be acquired, held and disposed of by independent investors and institutions without concurrent notice to the Company. Although public investors may at times exceed the 5% threshold, the Company has no way of knowing the current amount of any public investor's holdings, and has only undertaken to disclose those 5% or more shareholders known to the Company and involved in its business.

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402931

Name of Facility: **Country View Assisted Living**

Type of Facility: **Assisted Living**

Location: **811 E 14th St., Wayne**

Maximum  
Occupancy: **32 Beds**

Date Issued: **3/17/2015**

Approved By:

Inspected By: **8722 Justin Kennel**  
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.

