



**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  
4-21-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>GRANDVIEW ASSISTED LIVING FACILITY</b> MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF213
<b>EXPIRES</b> 04/30/2017	  Courtney R. Phillips, NPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

**FACILITY NAME: GRANDVIEW ASSISTED LIVING FACILITY**

**ADDRESS: 827 NORTH 19TH STREET, ORD, NE 68862**

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.

2-18-15

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

APR 01 2016

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:  
GRANDVIEW ASSISTED LIVING FACILITY  
827 NORTH 19TH STREET  
ORD, NE 68862
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO: ALF213  
TELEPHONE NUMBER: (308) 728-3967  
FAX NUMBER: (308) 728-7958  
ADMINISTRATOR: MELINDA ROWSE  
EMAIL: grandvieword@yahoo.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
- 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: GRAND LIVING ALTERNATIVES, INC.  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 827 NORTH 19TH STREET  
ORD, NE 68862

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)
<input checked="" type="checkbox"/> Profit <input type="checkbox"/> Non Profit

REC'D HHS  
COUNTING  
2016 APR -  
11:11

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.

DAKE ZADINA  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

James Novotny  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

2/26/16  
DATE

2/26/16  
DATE

**Charles & Christy Abel**  
PO Box 215  
North Loup, NE 68859

**Don & Deb Blaha**  
PO Box 248, 2920 Cedar  
Ord, NE 68862

**Max & Janine \***  
Cruikshank  
80325 468<sup>th</sup> Ave.  
Ord, NE 68862-5325

**Rhonda Miller**  
52589 840<sup>th</sup> Rd.  
Elgin, NE 68636

**Roger & Bonnie  
McCartney**  
800 South 23<sup>rd</sup> Street  
Ord, NE 68862

**Richard & Tracy Ries**  
81519 480<sup>th</sup> Ave  
Ord, NE 68862

**Gene Uden**  
4021 Sandalwood Drive  
Grand Island NE, 68803

**Patricia Glos**  
Box 67  
Bethune, CO 80805

**Dorothy Andreesen \***  
206 South 20th St.  
Ord, NE 68862

**Dale & Janie Zadina \***  
47832 Mill Rd  
Ord, NE 68862

**Edward Dan Dolan**  
9218 Fairwood Court  
Kansas City, MO 64138-  
4215

**Claralee Krajnik**  
827 N. 19<sup>th</sup> St.  
Ord, NE 68862

**Troy & Lisa Nielsen**  
46 Summer Haven Lake  
Kearney, NE 68847

**Dan & Luella Spilinek \***  
47592 Tower Rd.  
Ord, NE 68862

**Bill Ziegler**  
48104 823 Rd  
Ericson, NE 68637

**James Zigler**  
45859 825<sup>th</sup> Rd.  
Burwell, NE 68823

**Charles & Jean Blaha**  
1740 M Street  
Ord, NE 68862

**Elaine & Vernon Copsey**  
42911 E North Loup Road  
Brewster, NE 68821

**Dale & Noretta Hixon**  
84150 500<sup>th</sup> Ave.  
Ewing, NE 68735-5379

**Bruce & Marion  
Lammers**  
1920 R Street  
Ord, NE 68862

**Jim & Kay Novotny \***  
81307 465 Ave  
Comstock, NE 68828

**Jim & Sis Trotter \***  
PO Box 158  
Arcadia, NE 68815

\* Board Members

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402917

Name of Facility: **Grandview Assisted Living Facility**  
Type of Facility: **Assisted Living**  
Location: **827 N 19th Street, Ord**  
Maximum Occupancy: **50 Beds**  
Date Issued: **2/18/2015**



Approved By:

**State Fire Marshal**



Inspected By: **8718 Don Fast**  
**Deputy State Fire Marshal**

## POST IN PROMINENT PLACE



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

Department and Health and Human Services  
Licensure Department  
PO Box 94986  
Lincoln, NE 68509-4986

Credentialing Department:

In reference to question 8, all of the apartments are large enough to accommodate two people per regulatory square footage. There is one apartment occupied by two people. We are currently licensed for 50 beds.

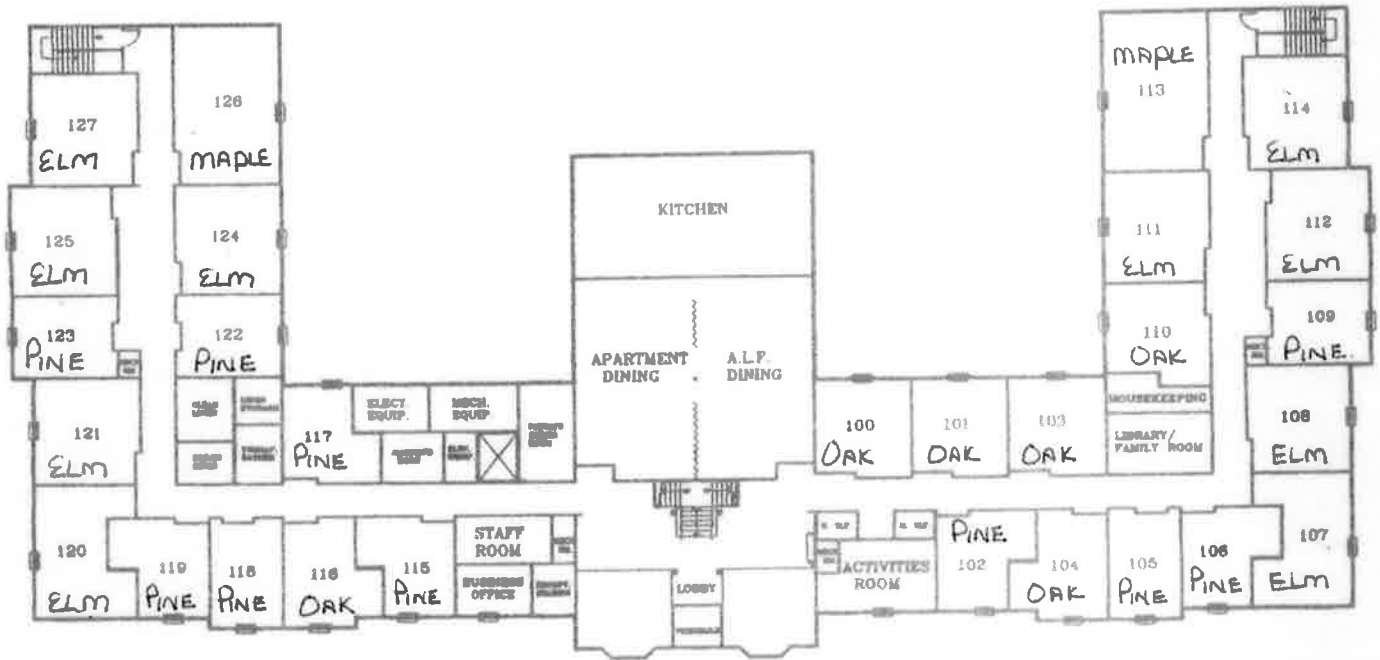
Thank you,



Melinda Rowse,  
Administrator

# FIRST FLOOR

Assisted Living



# SECOND FLOOR

Independent Living

