

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  
4/26/16

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

**MARQUIS PLACE OF ELKHORN**  
MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Services  
ALZHEIMERS UNIT  
AGED/DISABLED MED WVR

Lic # ALF220

**EXPIRES**  
04/30/2017

Courney M. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: MARQUIS PLACE OF ELKHORN

ADDRESS: 20800 WEST MAPLE ROAD, ELKHORN, NE 68022

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.

5-12-15



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  
04/30/2016

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:  
MARQUIS PLACE OF ELKHORN  
20800 WEST MAPLE ROAD  
ELKHORN, NE 68022 - 5108
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF220  
TELEPHONE NUMBER: (402) 289-9229  
FAX NUMBER: (402) 289-9559  
ADMINISTRATOR: DARIN SEVERSON  
EMAIL: marquisplacemedicaid@capitalseniorliving.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 69

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders 24 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: CSL ELKHORN, LLC  
(Legal Name of Individual or Business Organization)  
MAILING ADDRESS: 14160 DALLAS PARKWAY, SUITE 300  
DALLAS, TX 76254 - 4383

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) \_\_\_\_\_

REC'D MISSOURI DIVISIONS  
2016 APR - 5  
11:23  
A

(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.

David Brickman  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Kevin Wilbur  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3-19-16  
DATE  
3-20-16  
DATE

**Marquis Place**

CSL Elkhorn, LLC

*Directors:*

None

*Officers:*

Lawrence A. Cohen, Chief Executive Officer

Keith N. Johannessen, President

David R. Brickman, Vice President and Secretary

Carey P. Hendrickson, Vice President and Controller

Michael W. Schumacher, Vice President

Kevin E. Wilbur, Vice President

Gloria M. Holland, Vice President

Capital Senior Living Properties, Inc.

*Directors:*

Carey P. Hendrickson

Gloria M. Holland

*Officers:*

Lawrence A. Cohen, Chief Executive Officer & President

David R. Brickman, Vice President and Secretary

Gloria M. Holland, Vice President

Glen H. Campbell, Vice President

Carey P. Hendrickson, Vice President and Controller

Capital Senior Living Corporation

*Directors:*

James A. Moore

Lawrence A. Cohen

Keith N. Johannessen

Philip A. Brooks

Kimberly S. Herman

E. Rodney Hornbake

Jill M. Krueger

Ronald A. Malone

Michael W. Reid

*Officers:*

Lawrence A. Cohen, Chief Executive Officer and Vice Chairman

Keith N. Johannessen, Chief Operating Officer and President

Carey P. Hendrickson, Senior Vice President and Chief Financial Officer

David R. Brickman, Senior Vice President, Secretary and General Counsel

David W. Beathard, Senior Vice President - Operations

Gregory P. Boemer, Vice President - Operations

Joseph G. Solari, Vice President - Corporate Development

Gary E. Fernandez, Vice President – National Marketing

Robert F. Hollister, Controller - Property  
Gloria M. Holland, Vice President - Finance  
Glen H. Campbell, Vice President - Asset Management  
Christopher H. Lane, Vice President - Financial Reporting

Address for all directors and officers listed above:  
14160 Dallas Parkway, Suite 300  
Dallas, Texas 75254-4383

**CAPITAL SENIOR LIVING CORPORATION  
 SHAREHOLDERS OWNING 5% OR MORE  
 AS OF MARCH 16, 2016**

Shareholder	Address	Percentage
Radix Partners LLC *EIN:	80 Broad Street, Suite 2502 New York, NY 10004 - 3321	Approximately 5.74% - Indirect stockholder of Capital Senior Living Corporation
Arbiter Partners Capital Management LLC *EIN:	11 East 44 <sup>th</sup> Street, Suite 700 New York, NY 10017 - 0061	Approximately 7.78% - Indirect stockholder of Capital Senior Living Corporation

\*EIN is unknown since they are a shareholder of a public company



# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: MARQUIS PLACE OF ELKHORN - ASSISTED-LIVING FACILITY

Location: 20800 West Maple Road, Elkhorn, NE 68022

Date Issued: May 12, 2015 Certificate No.: 2015-164

Maximum Occupancy: - 69 Beds - Persons

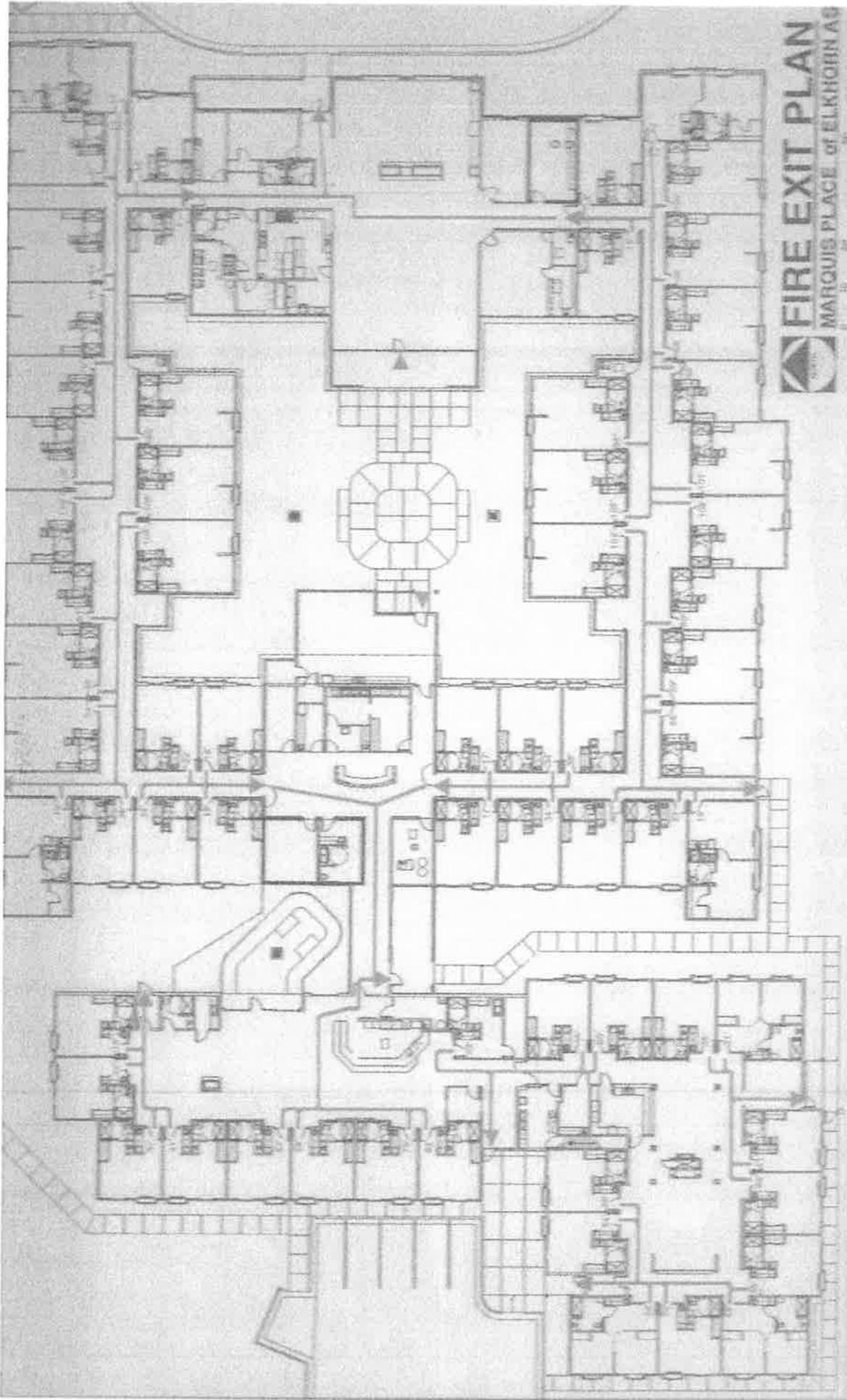
Inspected By: Captain David Mausbach #592

Approved By:



# POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.



**FIRE EXIT PLAN**  
MARQUIS PLACE of ELKHORN AG



**Marquis Place  
Disclosure Statement**

**Overall Philosophy and Mission Statement:**

Marquis Place will provide a home for those individuals who are no longer able to live independently as a result of age, illness, physical limitation, Alzheimer's disease, dementia, or a related disorder. Marquis Place's mission is to provide services and support for individuals and their family.

**Admission Criteria:**

Each individual resident's needs will be screened by the staff, to ensure those needs can be met by Marquis Place's staff. Following are requirements for occupancy in Marquis Place Assisted Living or the Special Care Unit:

1. The resident would benefit from having assistance with their activities of daily living.
2. The assisted living resident's everyday function is being affected by one or more of the following:
  - Needs daily assistance with one or more activities of daily living, including but not limited to: bathing, dressing, meal preparation, medication management, health condition monitoring.
  - 24 hour staff
  - Tailored care plans
  - Escort and transfer assistance
  - Incontinence care
  - Early or mild dementia care
  - Exercise programs

**Special Care Unit Criteria**

3. Residents of the Special Care Unit will have an established diagnosis of Alzheimer's or related dementia disorder.
4. The special care unit resident's everyday function is being affected by one or more of the following:
  - Short term memory loss
  - Disorientation to time, place, date
  - An increase in poor/decreased judgment and problems with abstract thinking
  - Unable to handle personal finances resulting in making inappropriate financial decisions.

- Difficulties communicating his/her immediate need
- Erratic sleep patterns
- Wanders and gets lost
- Agitation/nervousness in late afternoon

\*Demonstrating an inability to properly perform activities of daily living (ADL) and assistance is required with more than one ADL (bathing, dressing, grooming, toileting and incontinence care, mobility, eating, and behavior symptoms).

5. The individual does not have aggressive behaviors or “other” behaviors which represent a risk to the health and safety of other residents in the facility beyond that which the facility can reasonable accommodate by staff trained in dementia care.
6. If there is a history of continual falls, this must be noted and the frequency of these falls assessed.
7. The individual’s medical health is stable and pre-existing conditions are noted.

#### **Discharge / Transfer Criteria:**

Marquis Place reserves the right to discharge any resident who’s needs cannot be met or their condition does not meet the criteria for placement in Marquis Place. The resident’s responsible party will be given a thirty (30) day written notice when discharge from the facility is planned, unless immediate discharge is appropriate to ensure the safety of the resident, the safety of the other residents, or to meet the needs of acute medical conditions. The final decision regarding discharge from the facility will be the administrators. Discharge may be necessary when one or more of the following occur:

1. If the individual’s health become unstable or unpredictable;
2. If the individual has aggressive behaviors or “other” behaviors which represent a risk to the health and safety of other residents in the facility beyond that which the facility can reasonable accommodate by staff trained in dementia care; or
3. If the individual’s requires assistance with activities of daily living (ADL) (bathing, dressing, grooming, toileting and incontinence care, mobility, eating, and behavior symptoms), and health maintenance activities beyond with are authorized by an assisted living license.

#### **Resident Service Agreement:**

Marquis Place evaluates each resident at the time of admission and negotiates a written service agreement with the resident. Each resident will have a current service agreement in his or her chart at all times. Service agreement is initiated at the time of admission. Any time a change has been noted by the administrator or the administrator’s designee, the resident service agreement will be updated with input from the family and/or responsible party. Any

time the responsible party wishes to change any item or items in the service agreement, this will be done between the administrator or the administrator's designee and the responsible party. The frequency of services provided will be listed on the resident service agreement, and if there is an update to the service agreement, it will be shared immediately with the direct care staff pursuant to Marquis Place policy and procedure.

### **Staff Training and Continuing Education Practices:**

Marquis Place provides orientation and training to allow each staff member to meet the needs of each resident. Education will include four hours annually of topics pertaining to the form of care or treatment for the resident with dementia. The topics will include:

1. Resident rights;
2. Service agreements;
3. Advance directives;
4. Emergency procedures;
5. Resident special care needs;
6. Abuse, neglect, and misappropriation of money or property;
7. Disaster preparedness;
8. Care tactics;
9. Infection control;
10. OSHA standards; and
11. Dementia disease processes.

### **Physical Environment and Design Features:**

Marquis Place was created and designed to support the functioning of all residents. The special care unit was specifically designed for cognitively impaired adult residents. The design features include secured exits, group dining, visibility by staff, activities areas, room to wander, and quiet areas.

### **Resident Activities:**

The activity programming at Marquis Place is designed to meet the interest and lifestyles of each resident. Activities consist of music, exercise, crafts, sensory stimulation and the like. Residents are allowed to function at their own pace and to participate in only the activities they choose.

### **Family Involvement:**

Marquis Place recognizes the importance of, and encourages, family involvement. Families are asked to participate in preparation of the service agreement/plan of care, activity programs, meals, and other areas as may be appropriate. Family support programs such as education, encouragement, emotional support, and training, are available from Marquis Place

staff as needed to provide cares for the resident in accordance with the resident service agreement.

**Cost:**

Marquis Place Assisted Living has a rent and level of care charge based on a resident's level of care. The needs of the resident are evaluated prior to admission and the cost determined at that time then communicated to the resident prior to the resident signing a service agreement.

The charges may change after admission based on continued evaluations and discussions with the resident.

Marquis Place Special Care Unit has an all-inclusive charge.

Signature of Resident/legal representative: \_\_\_\_\_

Date: \_\_\_\_\_

All-Inclusive Memory Care Rate is \$4,760.00