

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

3/11/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
THE LEXINGTON ASSISTED LIVING CENTER MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF226
EXPIRES 04/30/2017	  Christy A. Womack, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: THE LEXINGTON ASSISTED LIVING CENTER

ADDRESS: 5550 PIONEERS BOULEVARD, LINCOLN, NE 68506

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.

1-1-1b



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:
THE LEXINGTON ASSISTED LIVING CENTER
5550 PIONEERS BOULEVARD
LINCOLN, NE 68506
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
- LICENSE NO: ALF226
TELEPHONE NUMBER: (402) 486-4400
FAX NUMBER: (402) 486-4383
ADMINISTRATOR: CANDICE HERZOG, ADMIN
EMAIL: administrator@thelexington.com
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 104
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: _____

LICENSURE UNIT
MAR 01 2016
RECEIVED

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: THE LINCOLN ALF, LTD
(Legal Name of Individual or Business Organization)
- MAILING ADDRESS: 521 MADISON STREET
DENVER, CO 80206
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

REC'D MISS A...
2016 MAR - 8
A 10:51

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.

OATFIELD W. WHITNEY III
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

2/17/2016

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

DATE

Partnership:

Oatfield W. Whitney, III
521 Madison Street
Denver, CO 80206

RoseMarie Whitney
521 Madison Street
Denver, CO 80206

Kenneth Davis
307 Habitat Bay
Windsor, CO 80550



BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

Name of Facility: LEXINGTON ASSISTED LIVING.

Location: 5550 PIONEERS BLVD

Health Type: Res B&C

Restrictions:

Permit Number: L1300029

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 104

Fire Inspector

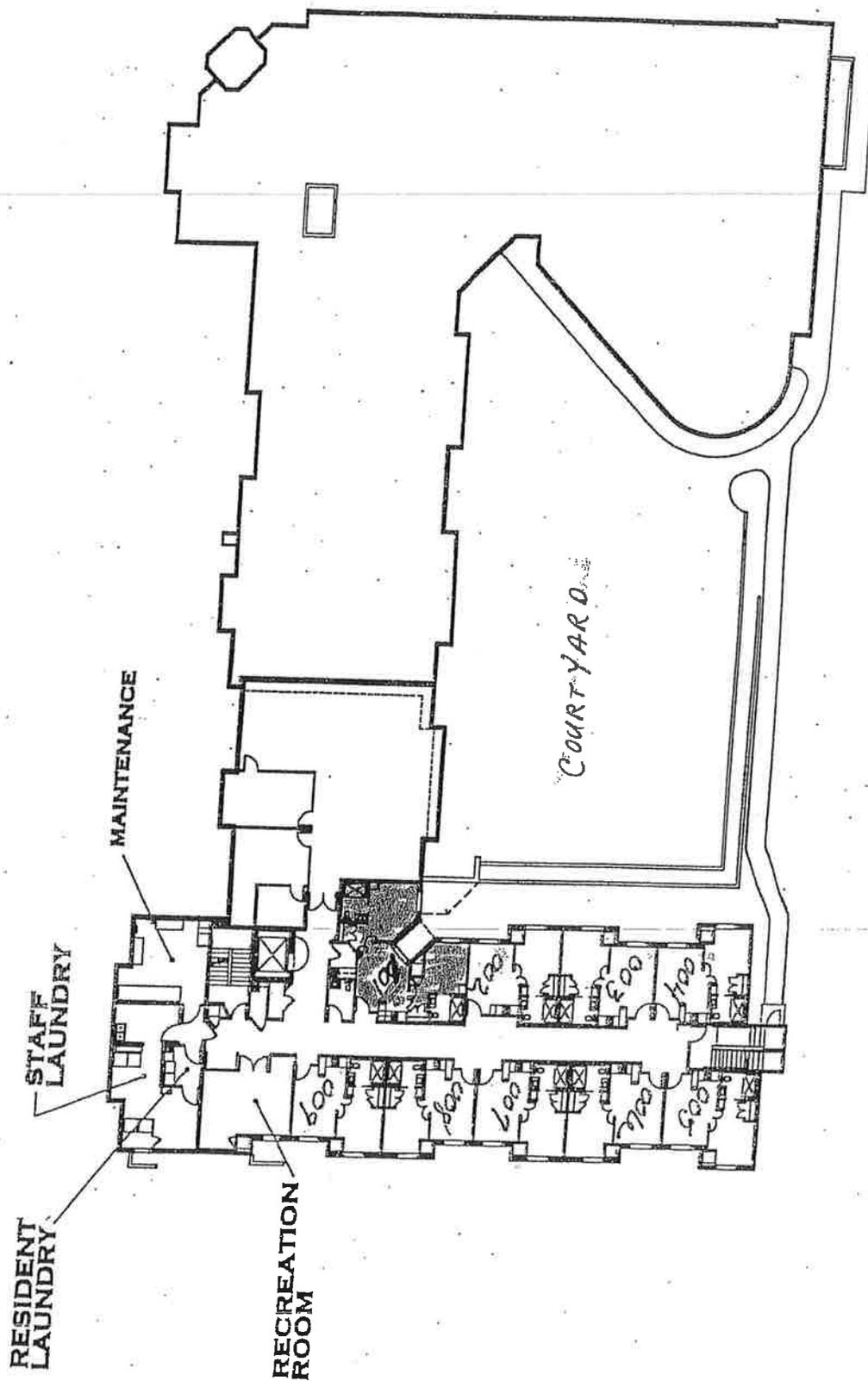
Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

Garden Level

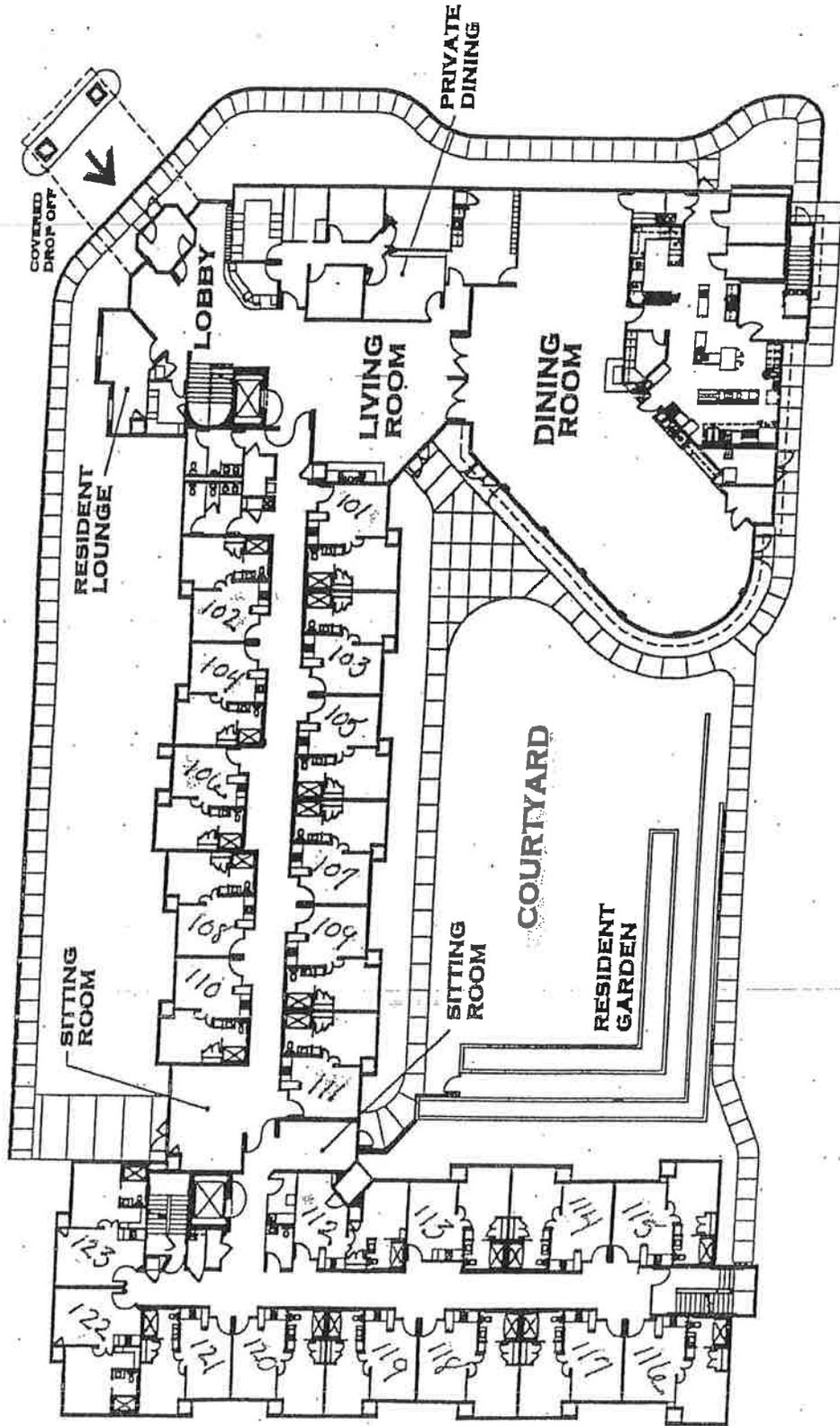


The *LEXINGTON* Assisted Living Center



First Level

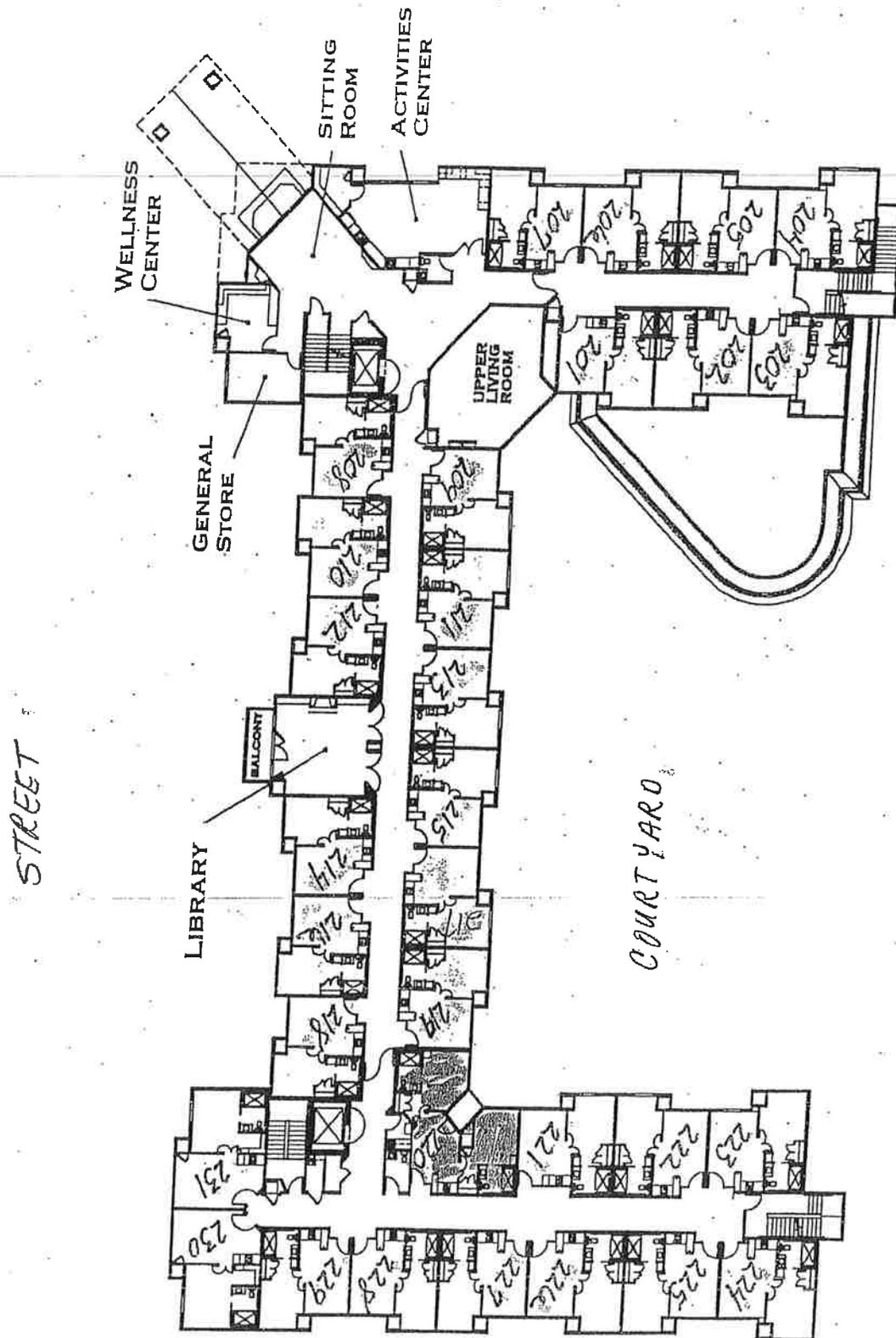
STREET



The *LEXINGTON* Assisted Living Center

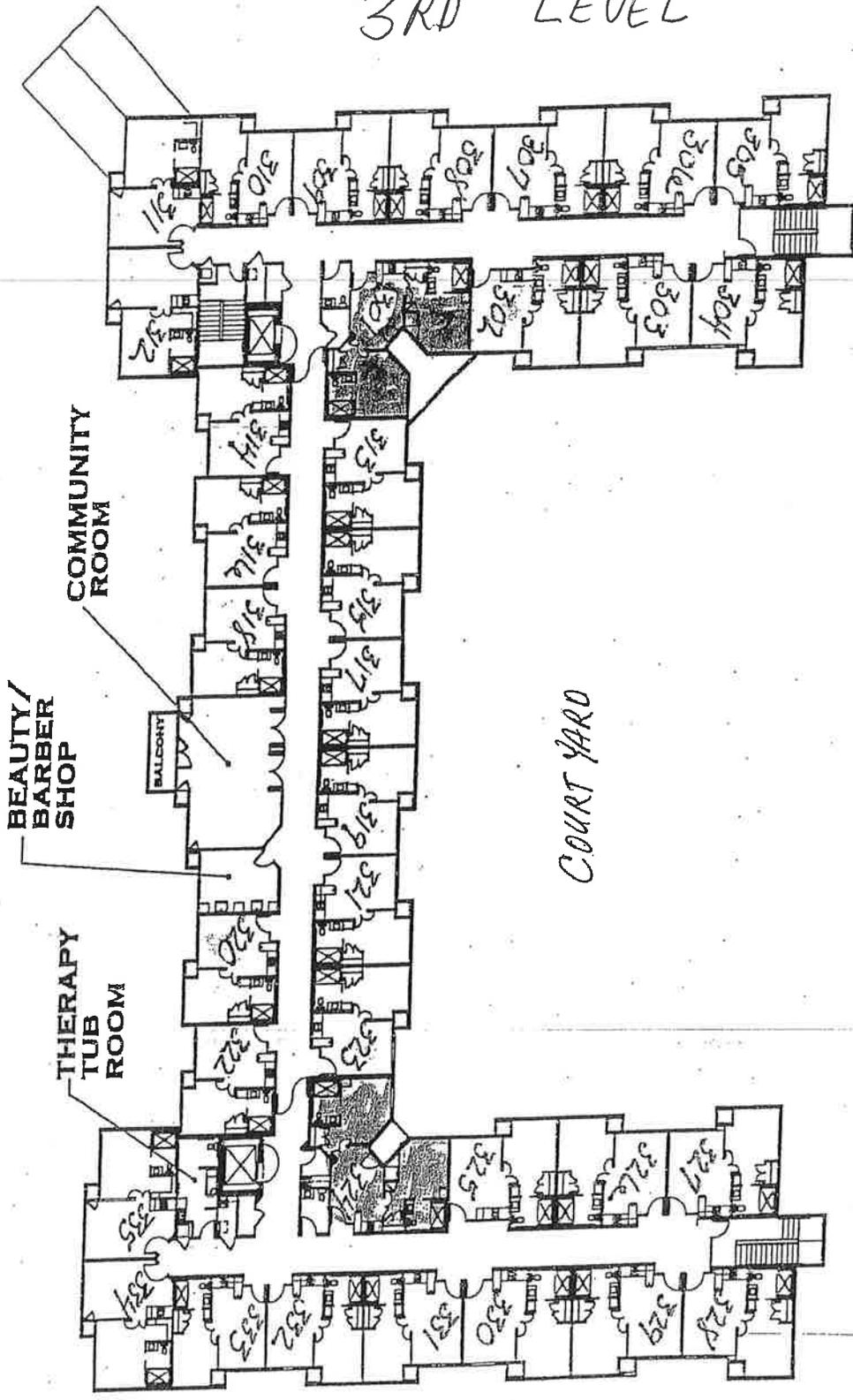


Second Level



3RD LEVEL

STREET



The LEXINGTON Assisted Living Center

