



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
4-28-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
HERITAGE CROSSINGS MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF234
EXPIRES 04/30/2017	  Courtney A. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: HERITAGE CROSSINGS

ADDRESS: 501 NORTH 13TH STREET, GENEVA, NE 68361

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.

3-9-15



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

4/30/2011

Make payment to DHHS
Renewal Fees:
1-10 beds: \$950
11-20 beds: \$1450
21-50 beds: \$1650
51 or more beds: \$1950

ASSISTED-LIVING FACILITY LICENSURE RENEWAL APPLICATION

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY:
HERITAGE CROSSINGS
501 NORTH 13TH STREET
GENEVA, NE 68361
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF234
ADMINISTRATOR: (402) 759-3194
TELEPHONE NUMBER: (402) 759-3140
FAX NUMBER: LINNEA DETRICK

LICENSURE UNIT
APR 01 2016
RECEIVED

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____ (If not Individual)
- 4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 30
- 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: MANOR OF GENEVA, INC
(Legal Name of Individual or Business Organization)
MAILING ADDRESS: 501 N 13TH STREET
GENEVA, NE 68361

- 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

2016 APR -5 11:11
RECEIVED
LICENSURE UNIT

CERTIFICATION

I/we have read the Rules and Regulation 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.

Jack D. Vetter
AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) SIGNATURE

03.29.16
DATE

Todd D. Vetter
AUTHORIZED REPRESENTATIVE (TYPE OR PRINT) SIGNATURE

DATE

03.28.16
DATE

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402879

Name of Facility: **Heritage Crossings Assisted Living**

Type of Facility: **Assisted Living**

Location: **501 N 13th Street, Geneva**

Maximum

43 Beds

Occupancy:

3/9/2015

Date Issued:

Approved By:

Inspected By: **8701 Pat Merrick**

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.

**Vetter Related Corporations
Directors, Officers and Shareholders
as of January 1, 2016**

Directors and Officers for all the following companies can be notified in writing: C/O Vetter Health Services, Inc., 20220 Harney Street, Elkhorn, NE 68022 or by telephone at 1-402-895-3932.

Vetter Holding, Inc.

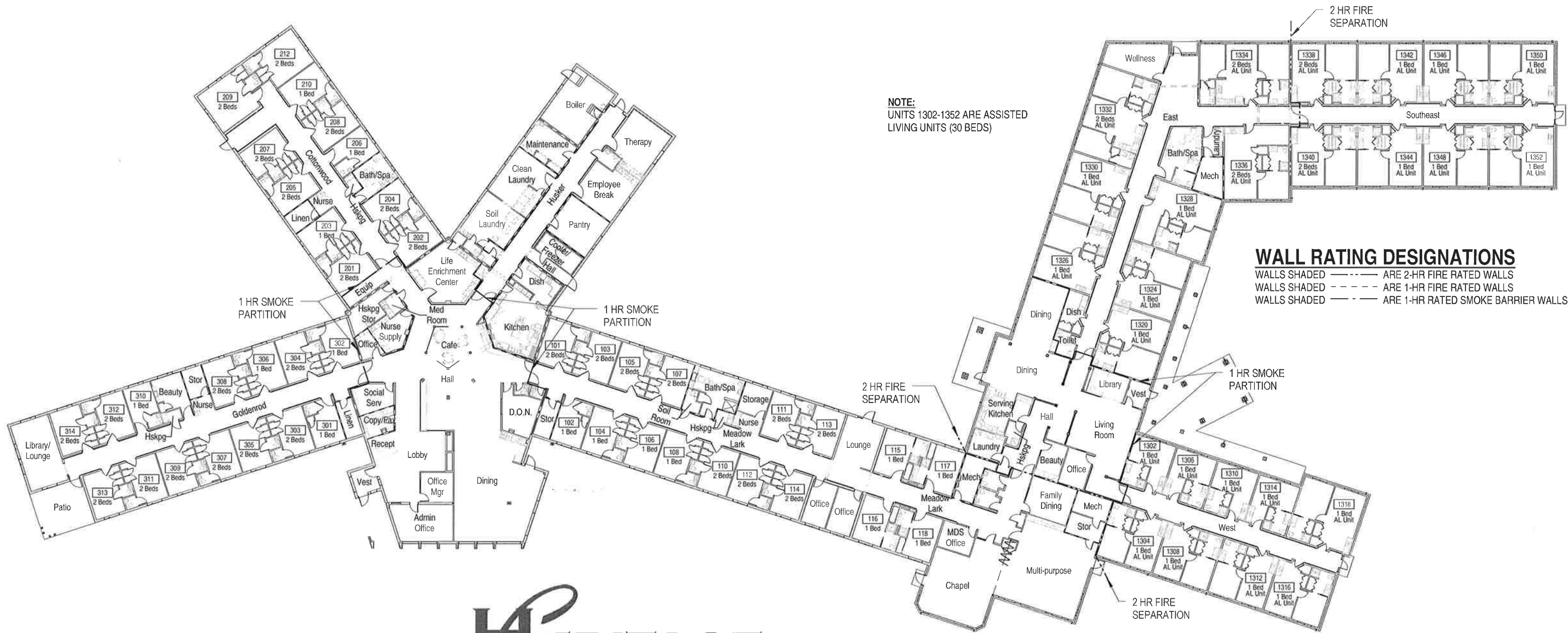
<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholders</u>
Jack D. Vetter	Jack D. Vetter.....President	Jack D. Vetter
Eldora D. Vetter	Eldora D. Vetter.....Vice President	Eldora D. Vetter
Denith D. Vetter	Eldora D. Vetter.....Treasurer	Denith D. Vetter
Vicki L. Vetter	Eldora D. Vetter.....Secretary	Tina Vetter
Todd D. Vetter	Todd D. Vetter.....Assistant Secretary	Vicki L. Vetter
	Joani Schelm.....Chief Financial Officer	Todd D. Vetter
		Lucille Vetter
		The Vetter Foundation

Wholly Owned Subsidiaries of Vetter Holding, Inc.: All corporations except Vetter Health Services.

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter.....President	Vetter Holding, Inc.
Eldora D. Vetter	Eldora D. Vetter.....Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Secretary	
	Todd D. Vetter.....Assistant Secretary	
	Joani Schelm..... Chief Financial Officer	

Vetter Health Services, Inc.:

<u>Board of Directors</u>	<u>Officers</u>	<u>Shareholder(s)</u>
Jack D. Vetter	Jack D. Vetter..... Chair of the Board & CEO	Vetter Holding, Inc.
Eldora D. Vetter	Glenn Van Ekeren.....President	
	Eldora D. Vetter.....Vice President	
	Eldora D. Vetter.....Treasurer	
	Eldora D. Vetter.....Assistant Secretary	
	Todd D. Vetter..... Secretary	
	Mitchell S. Elliott.....Chief Development Officer	
	Patrick Fairbanks.....Chief Operations Officer	
	Joani Schelm.....Chief Financial Officer	
	Rhonda Flanigan.....Chief People Officer	
	Shari Terry.....Chief Quality Officer	



NOTE:
 UNITS 1302-1352 ARE ASSISTED
 LIVING UNITS (30 BEDS)

WALL RATING DESIGNATIONS
 WALLS SHADED ----- ARE 2-HR FIRE RATED WALLS
 WALLS SHADED - - - - - ARE 1-HR FIRE RATED WALLS
 WALLS SHADED - - - - - ARE 1-HR RATED SMOKE BARRIER WALLS

HERITAGE
Crossings

 NORTH

501 North 13th Street
 Geneva, Nebraska 68361