



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

2/22/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>FAIRBURY ASSISTED LIVING FACILITY DBA CEDARWOOD</b> MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF281
<b>EXPIRES</b> 04/30/2017	  Courtney M. Fretwell, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: FAIRBURY ASSISTED LIVING FACILITY DBA  
CEDARWOOD

ADDRESS: 828 22ND STREET, FAIRBURY, NE 68352

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.

3-4-15



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

FEB 18 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:  
FAIRBURY ASSISTED LIVING FACILITY DBA CEDARWOOD  
828 22ND STREET  
FAIRBURY, NE 68352
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF281  
 TELEPHONE NUMBER: (402) 729-6100  
 FAX NUMBER: (402) 729-6101  
 ADMINISTRATOR: DEBRA SUTTON, R.N.  
 EMAIL: Cedarwood@jchc.us

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 65

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: \_\_\_\_\_

REC'D HHS ACCOUNTING  
2016 FEB 19 A 11:38

#### OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: JEFFERSON COMMUNITY HEALTH CENTER & BRYANLGH HE  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: PO BOX 277, 2200 N "H" STREET  
FAIRBURY, NE 68352

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 type="checkbox"/> Profit	<input checked="" type="checkbox"/> 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.

Chad Jurgens  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Chance Klasek  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

  
 SIGNATURE

2-15-16  
 DATE

2-15-16  
 DATE

Cedarwood Assisted Living  
Board of Directors  
Current as of 2/15/16

	<b>Office</b>	<b>Director</b>	<b>Address</b>	<b>City</b>
A)	Chairman	Homer Ward	1705 K Street	Fairbury, NE 68352
	Vice Chair	Bryce Betke	19855 SW 128th St	Crete, NE 68333
	Secretary	Chance Klasek	2383 County Road 1400	Western, NE 68464
	Treasurer	Russell Gronewold	7832 So. 24th Court	Lincoln, NE 68512
		Carol Friesen	10560 W Wittstruck Rd	Crete, NE 68333
		Rick Stanton	PO Box 652	Fairbury, NE 68352
D)	President	Chad Jurgens	30563 SW 89th Rd	Beatrice, NE 68310

**Ownership:**

Cedarwood Assisted Living Facility is a joint venture of Bryan Health & Jefferson  
Community Health Center.

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402869

Name of Facility: Fairbury Assisted Living dba Cedarwood

Type of Facility: Assisted Living

Location: 828 - 22nd Street, Fairbury

Maximum  
Occupancy: 65 Beds

Date Issued: 3/4/2015

Approved By:

Inspected By: 8701 Pat Merrick  
Deputy State Fire Marshal

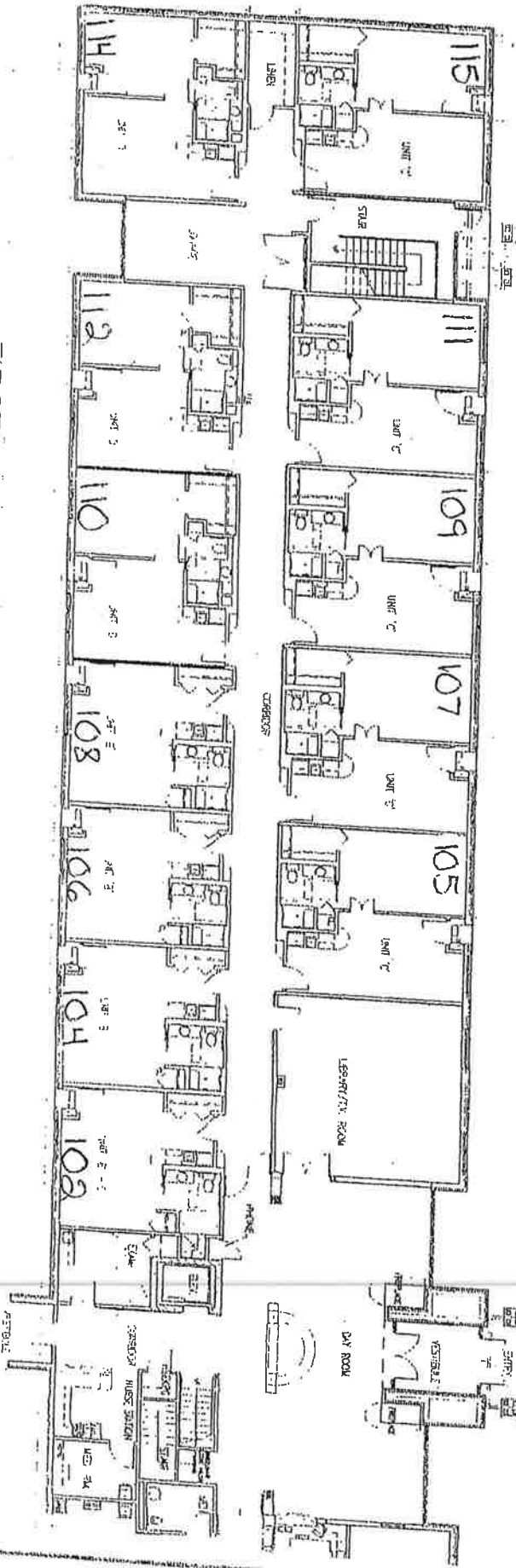
State Fire Marshal



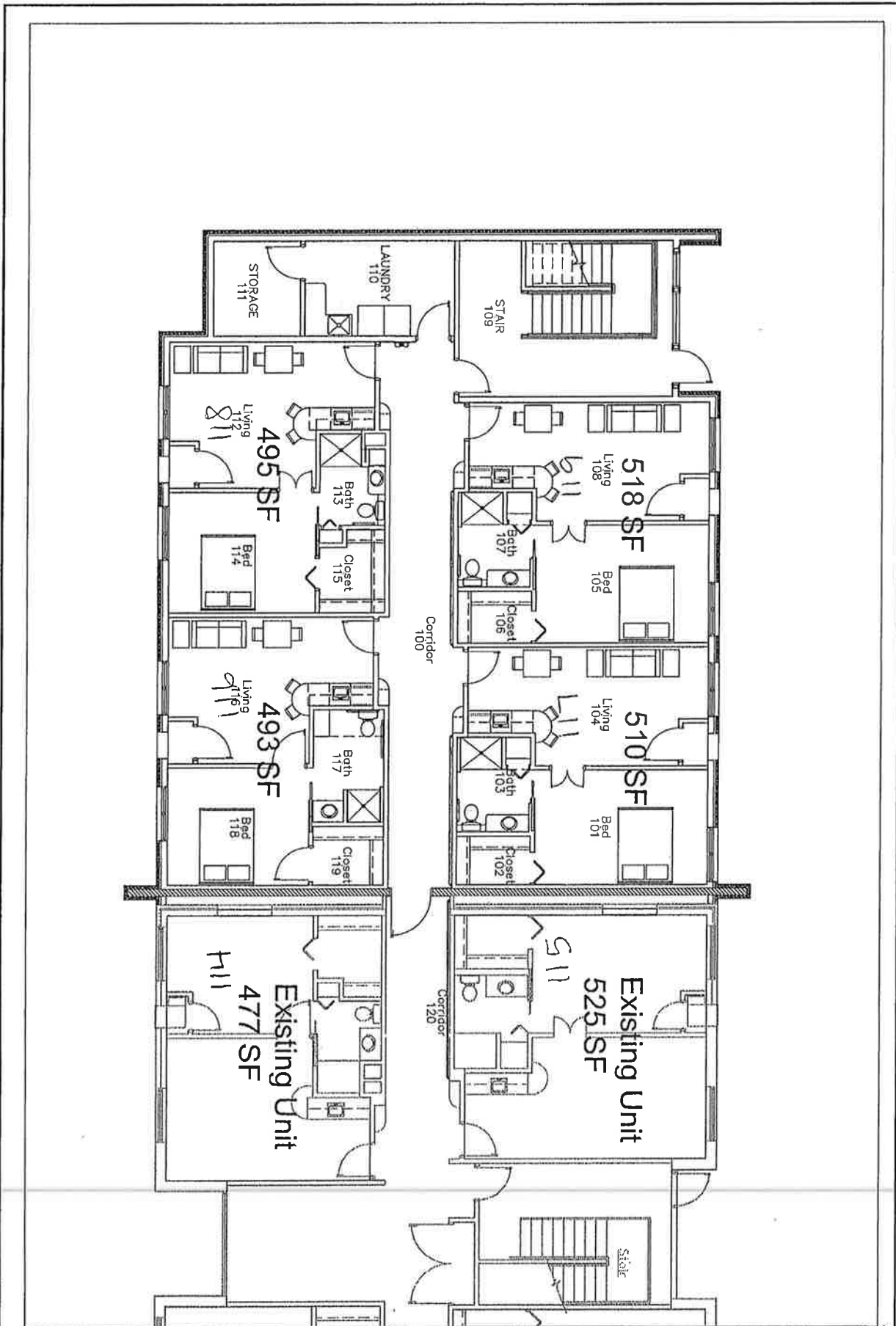
## POST IN PROMINENT PLACE

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

FIRST FLOOR - WEST WING



33 33



**First Floor - Unit Areas**  
Cedarwood Addition

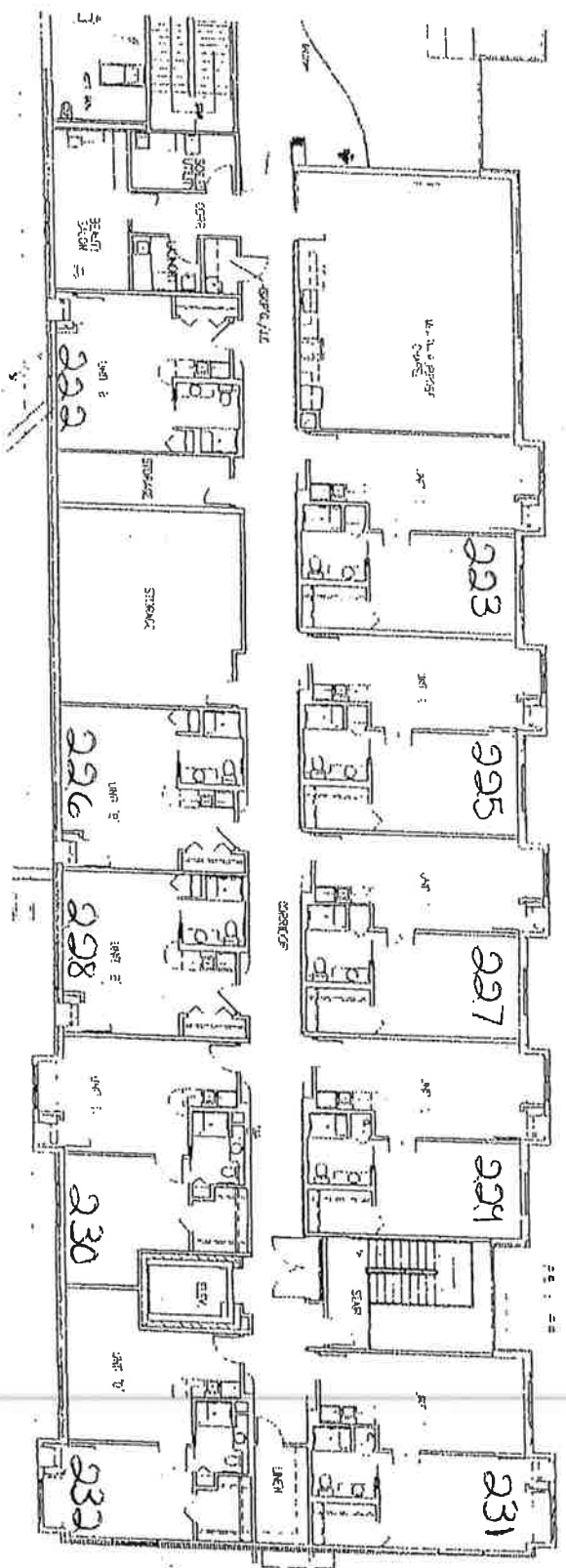


**Lincoln**  
1221 N. Street, Suite 600  
Lincoln, NE 68508  
Phone 402-474-8700  
Fax 402-474-8722

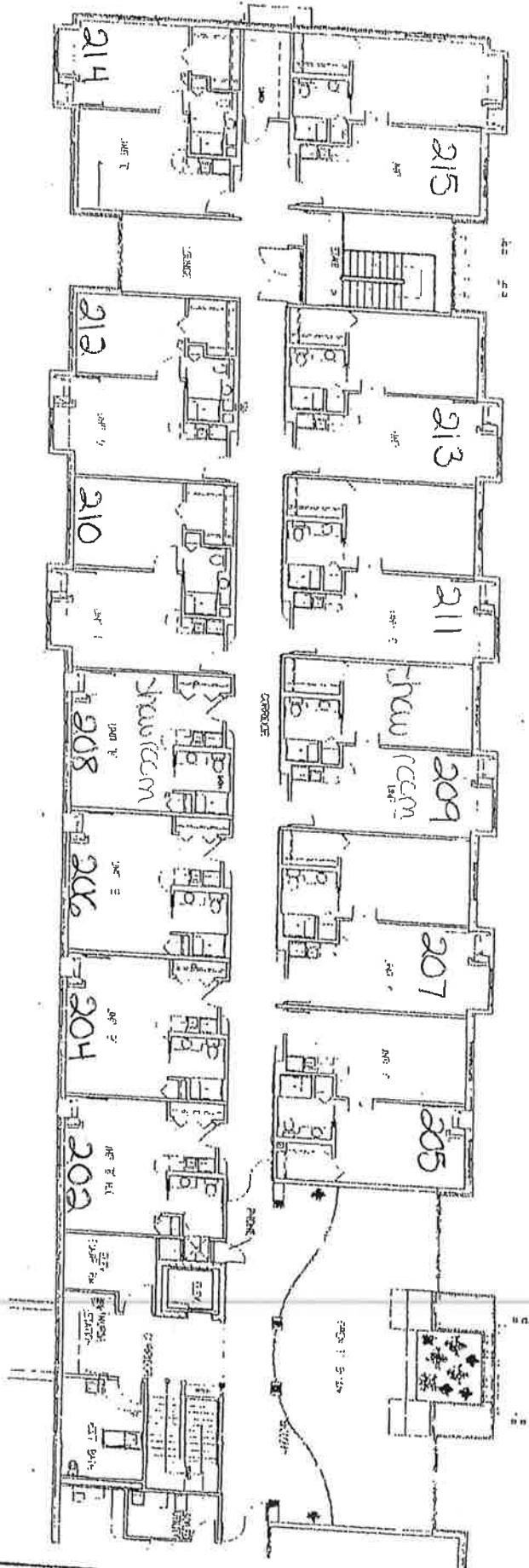
**Vermillion**  
15 East Main, Suite 201  
Vermillion, SD 57059  
Phone 605-824-1081



SECOND FLOOR - EAST WING



SECOND FLOOR - WEST WING



# Second Floor - Unit Areas

1221 N. OAK ST., SUITE 201  
 LINCOLN, NE 68508  
 PHONE: 402-478-7222  
 FAX: 402-478-7222  
 VERMILION  
 15 East Main, Suite 201  
 Vermilion, NE 68081  
 PHONE: 402-524-1081

