

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

3/22/16 dy

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

ORCHARD GARDENS
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF288

EXPIRES
04/30/2017

 
Seal of the Department of Health and Human Services
Christine N. Williams, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: ORCHARD GARDENS

ADDRESS: 1006 SOUTH MAYNE STREET, VALLEY, NE 68064

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.

3/17/15

LICENSURE UNIT

MAR 14 2016



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

RECEIVED

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:
ORCHARD GARDENS
1006 SOUTH MAYNE STREET
VALLEY, NE 68064
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF288
 TELEPHONE NUMBER: (402) 359-4884
 FAX NUMBER: (402) 359-4600
 ADMINISTRATOR: KRISTINA PRYOR
 EMAIL: OG@orchard-gardens.com

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
- 4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 64
- 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: DOUGLAS COUNTY HOUSING AUTHORITY
 (Legal Name of Individual or Business Organization)
 MAILING ADDRESS: 5404 N 107TH PLAZA
OMAHA, NE 68134

- 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) Public Housing Agency

(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.

Sheila Miller, CEO
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Kristina F Pryor RN
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

 SIGNATURE

3-2-16
 DATE
3-9-16
 DATE

2016
 RECEIVED
 ACCOUNTING
 APR 18 9:35

DOUGLAS COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS

CHAIRPERSON

Representing unincorporated Douglas County

Philip Wayne (NAHRO #)

16102 Bedford Ave.

Omaha, NE 68116

phil.biz@philipwayne.com

H: 933-1521 Cell: 630-6224

*** Term ending: May 23, 2019**

VICE CHAIRPERSON

Representing unincorporated Douglas County

Deanna Wagner (NAHRO #1108469)

Community Volunteer

2134 S. 106th St.

Omaha, NE 68124

dmwagner2@cox.net

C: 639-5428

***Term ending: March 9, 2021**

TREASURER

Representing Valley and Waterloo

Charles Sederstrom, III (NAHRO #1110261)

Principal, Finance1, LLC

H: 3510 North 252nd Street

Waterloo, NE 68069

Office: 1005 S. 76th Street, Suite 102,

Omaha, NE 68114, #4

chuck@finance1.us

Cell#: 510-5854

Office: 502-5441 Fax: 939-0050

*** Term ending: May 27, 2020**

SECRETARY

Representing Bennington

Matthew Wickham (NAHRO# 1129082)

Regional Controller

HDR, Inc.

17024 Military Road

Bennington, NE 68007

Matthew.Wickham@hdrinc.com

H: 238-9944

W: 290-4270

*** Term ending: May 23, 2019**

COMMISSIONER

Representing unincorporated Douglas County

Damien Foster

CPA

KRL Accounting & Tax, LLC

4310 N. 138th St.

Omaha, NE 68164

Damien@krlaccounting.com

H/W: 402-689-1785

***Term ending: June 8, 2018**

RESIDENT COMMISSIONER

Resident Commissioner

Henry P. Gubi

Inventory Control Employee

Enterprise Rent-a-Car

5489 N 108th St

Omaha, NE 68164

pgubi@hotmail.com

H: 402-415-7441

W: 402-731-6000

***Term Ending: February 21, 2020**

COMMISSIONER

Representing unincorporated Douglas county

Tom Stratman

V.P. of Acquisitions

Midwest Housing Equity Group

16426 Sherwood Ave.

Omaha, NE 68116

tstratman@mheginc.com

O: 402-334-8899

Cell: 402-203-5667

***Term Ending: June 8, 2018**

CHIEF EXECUTIVE OFFICER

Sheila Miller (NAHRO# 1057077)

5404 North 107th Plaza

Omaha, NE 68134

Sheila@douglascountyhousing.com

W: 444-6203 Ext #17 or 444-6227

Fax: 444-6600

Cell: 379-4173

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402898

Name of Facility: **Orchard Gardens**

Type of Facility: **Assisted Living**

Location: **1006 S Mayne St., Valley**

Maximum
Occupancy: **64 Beds**

Date Issued: **3/17/2015**

Approved By:

Inspected By: **8720 Matt Ruhrer**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

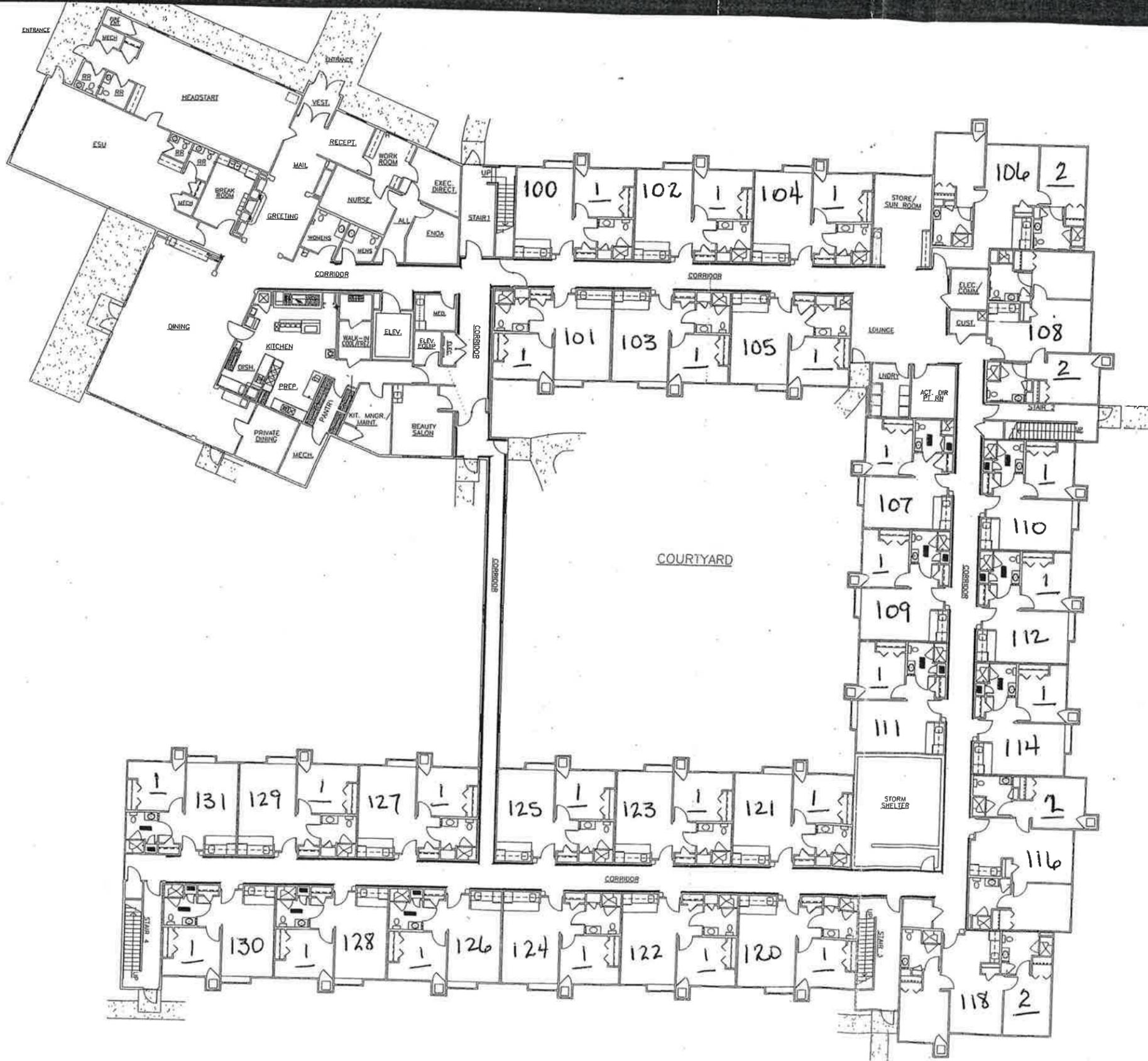


Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

COPY

FACILITY FLOOR PLANS

COPY



*Facility
Floor Plans*

FIRST FLOOR

Orchard
GARDENS

ASSISTED LIVING

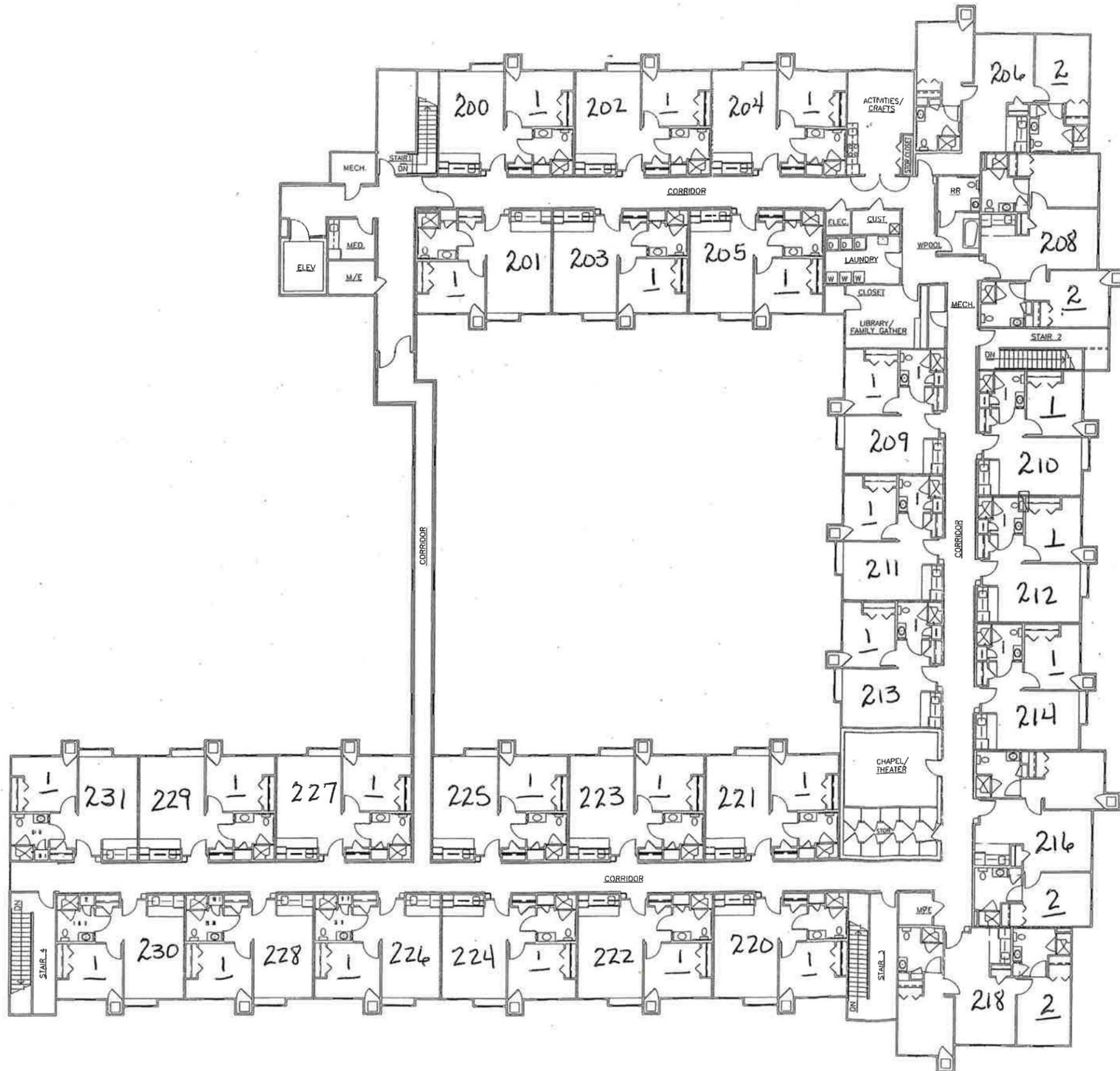
*Honoring the past.
Investing in the future.*

Locally owned and
managed by the
Douglas County
Housing Authority



COPY

COPY



Facility
Floor Plans

SECOND FLOOR

Orchard
GARDENS

ASSISTED LIVING

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