

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

**PRIMROSE RETIREMENT COMMUNITY OF GRAND ISLAND**

MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY  
Lic # ALF296

   
Courtney A. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

**EXPIRES**  
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: PRIMROSE RETIREMENT COMMUNITY OF GRAND ISLAND

ADDRESS: 3990 W CAPITAL AVENUE, GRAND ISLAND, NE 68803

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.

3.24.15

LICENSURE UNIT



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

APR 15 2016

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:  
 PRIMROSE RETIREMENT COMMUNITY OF GRAND ISLAND  
 3990 W CAPITAL AVENUE  
 GRAND ISLAND, NE 68803

LICENSE NO: ALF296  
 TELEPHONE NUMBER: (308) 381-4100  
 FAX NUMBER: (308) 382-9577  
 ADMINISTRATOR: TOM BROWN  
 EMAIL: grandisland@primrosetirement.com

2. PREFERRED MAILING ADDRESS (FACILITY ADDRESS) FOR THE FACILITY AND FOR THE FACILITY TO RECEIVE NOTICES FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES:  
 c/o: PRIMROSE RETIREMENT COMMUNITY OF GRAND ISLAND  
 GRAND ISLAND  
 C/O TSM MANAGEMENT, LLC  
 PO BOX 1359  
 ABERDEEN SD 57401



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

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 42

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: TSM MANAGEMENT, LLC  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 815 N 2ND STREET  
ABERDEEN, SD 57402

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 DHHS LICENSING  
2016 APR 19 10:50

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.

Brian Morgan  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

BT Schaeffer  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT



SIGNATURE

4-12-2016  
DATE

4-12-2016  
DATE

PRIMROSE RETIREMENT COMMUNITIES, LLC  
815 N. 2ND ST.  
PO BOX 1359  
ABERDEEN, SD 57402-1359

PHONE (605) 226-3300  
company@primroseretirement.com

WWW.PRIMROSERETIREMENT.COM

April 21, 2016

Nebraska Department of Health and Human Services

To Whom It May Concern,

In January of 2012, a change in the ownership application was applied for. In reviewing that original document, I see there was an error with in the federal employer identification number.

The application has the tax identification number listed as 20-018063. Grand Island Retirement, LLC's (which was the former owner) tax identification number was in fact 20-0138063. In an attempt to correct the error, the incorrect number was crossed out and the correct TSM Management, LLC tax identification number 45-3941300 was written in the blank.

Please make the necessary changes to our account and let us know if there is anything else we need to do to rectify this situation.

Thank you

William J. Schaufbauer, II  
Vice President  
TSM Management, LLC



PRIMROSE®

TSMC Management, LLC  
dba: Primrose Retirement Community of Grand Island  
3990 W Capital Ave  
Grand Island, NE 68803

**Ownership/Control**

James L. Thares - President

William J. Schaeffbauer, II – Vice President

Mark W. McNeary – Secretary

Brian Morgan – Treasurer

# GRAND ISLAND CITY FIRE PREVENTION

## CERTIFICATE OF OCCUPANCY

Name of Facility PRIMROSE RETIREMENT OF GRAND ISLAND

Location 3990 West Capital, Grand Island, Nebraska

Date Issued 03/24/2015 Certificate No. 23

Maximum Occupancy assisted living - 42 people



Inspected by:  **DIVISION CHIEF - Delegated Authority**

### POST IN PROMINENT PLACE



