

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

4-14-16dj


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

THE NEBRASKA MASONIC HOME

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Lic # ALF306




Courtney R. Krollings, MPA
Chief Executive Officer
Department of Health and Human Services

EXPIRES
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: THE NEBRASKA MASONIC HOME

ADDRESS: 1300 AVENUE D, PLATTSMOUTH, NE 68048

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.

5.28.15

LICENSURE UNIT

MAR 28 2016



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

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:
THE NEBRASKA MASONIC HOME
1300 AVENUE D
PLATTSMOUTH, NE 68048
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF306
 TELEPHONE NUMBER: (402) 296-7300
 FAX NUMBER: (402) 296-3855
 ADMINISTRATOR: MARY VRBKA
 EMAIL: stateinfo@nemh.net

REC'D HHS ACCOUNTING
 2016 MAR 30 A 9:06

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
- 4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 76
- 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: THE NEBRASKA MASONIC HOME
 (Legal Name of Individual or Business Organization)
 MAILING ADDRESS: 1300 AVENUE D
PLATTSMOUTH, NE 68048

- 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) SOL C Corporation

(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.

Philip A. Lorenzen
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Gary W. Reddell
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

03-26-2016
DATE
2-26-2016
DATE

**THE NEBRASKA MASONIC HOME
BOARD OF TRUSTEES
2016**

President

John M. McHenry
PO Box 82426
Lincoln, NE 68501

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1500 Woodmen Tower
Omaha, NE 68102

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North Bend, NE 68649

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P.O. Box 157
South Sioux City, NE 68776

Ron Brasel
5712 South 85 Circle
Omaha, NE 68127

David L. Knutson
Farmers National Company
11516 Nicholas St., Suite 100
Omaha, NE 68154

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1012 South 93 Court
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2111 S. 146th Circle
Omaha, NE 68144-2116

Bruce A. Baker
2510 Deer Trail
Hastings, NE 68901-7497

Robert Maline
1151 East Skyline Drive
North Platte, NE 69101

John T. Parsons
1512 Beechwood Ave.
Papillion, NE 68133

Dwight E. Smith
16950 Road 16
Chappell, NE 69129

Mary P.Vrbka, Executive Director of The Nebraska Masonic Home
1300 Avenue D
Plattsmouth, NE 68048

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403327

Name of Facility: **The Nebraska Masonic Home Assisted Living**

Type of Facility: **Assisted Living**

Location: **1300 Avenue D Plattsmouth**

Maximum

76 Beds

Occupancy:

Date Issued: **5/28/2015**

Approved By:



Inspected By: **8747 Jason McClun**
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.

1/8/2016

ASSISTED LIVING

Total Bed Count - 76

Apartments

Rooms	#
215	2
216	2
217	2
300	1
301	2
302	2
303	2
304	2
306	2
307	2
308	2
309	2
310	2
315	2
316	2
317	2
400	1
401	2
402	2
403	2
404	2
406	2
407	2
408	2
409	2
410	2
415	2
416	2
417	2
Total Bed	56

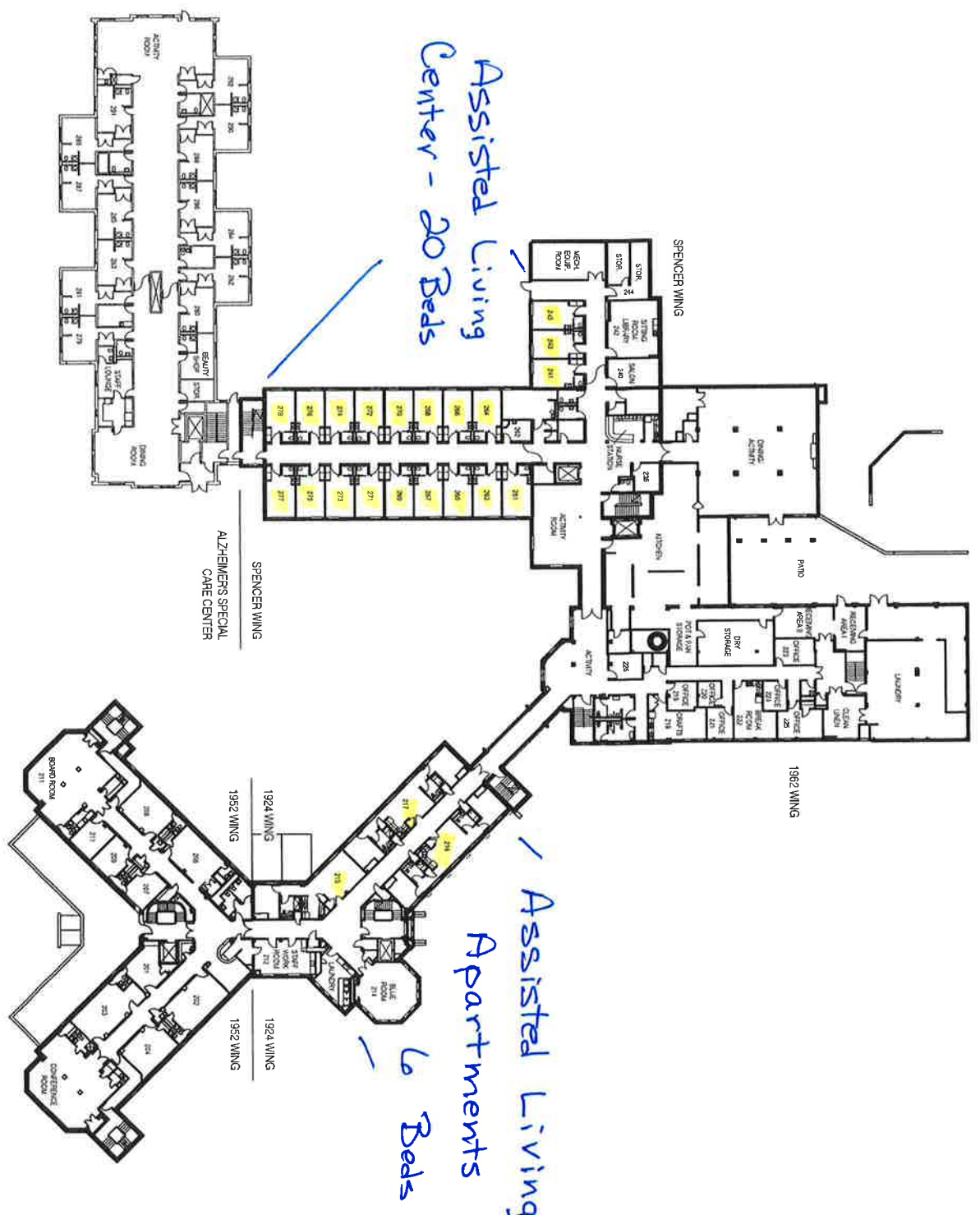
Center

Rooms	#
241	1
243	1
245	1
261	1
263	1
264	1
265	1
266	1
267	1
268	1
269	1
270	1
271	1
272	1
273	1
274	1
275	1
276	1
277	1
278	1
Total Bed	20

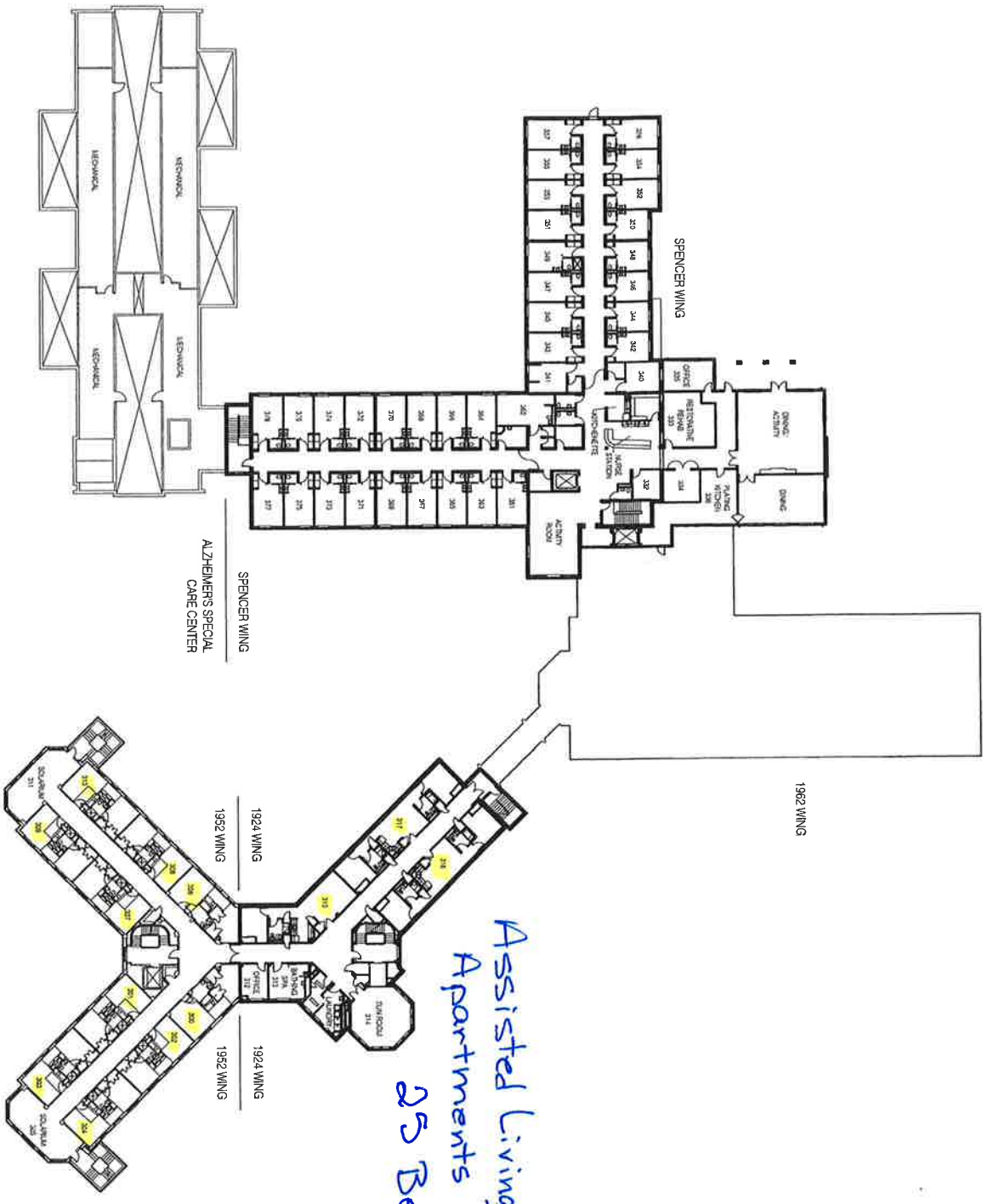
56 beds Assisted Living Apt/Units (29 rooms)

20 beds Assisted Living Center (20 rooms)

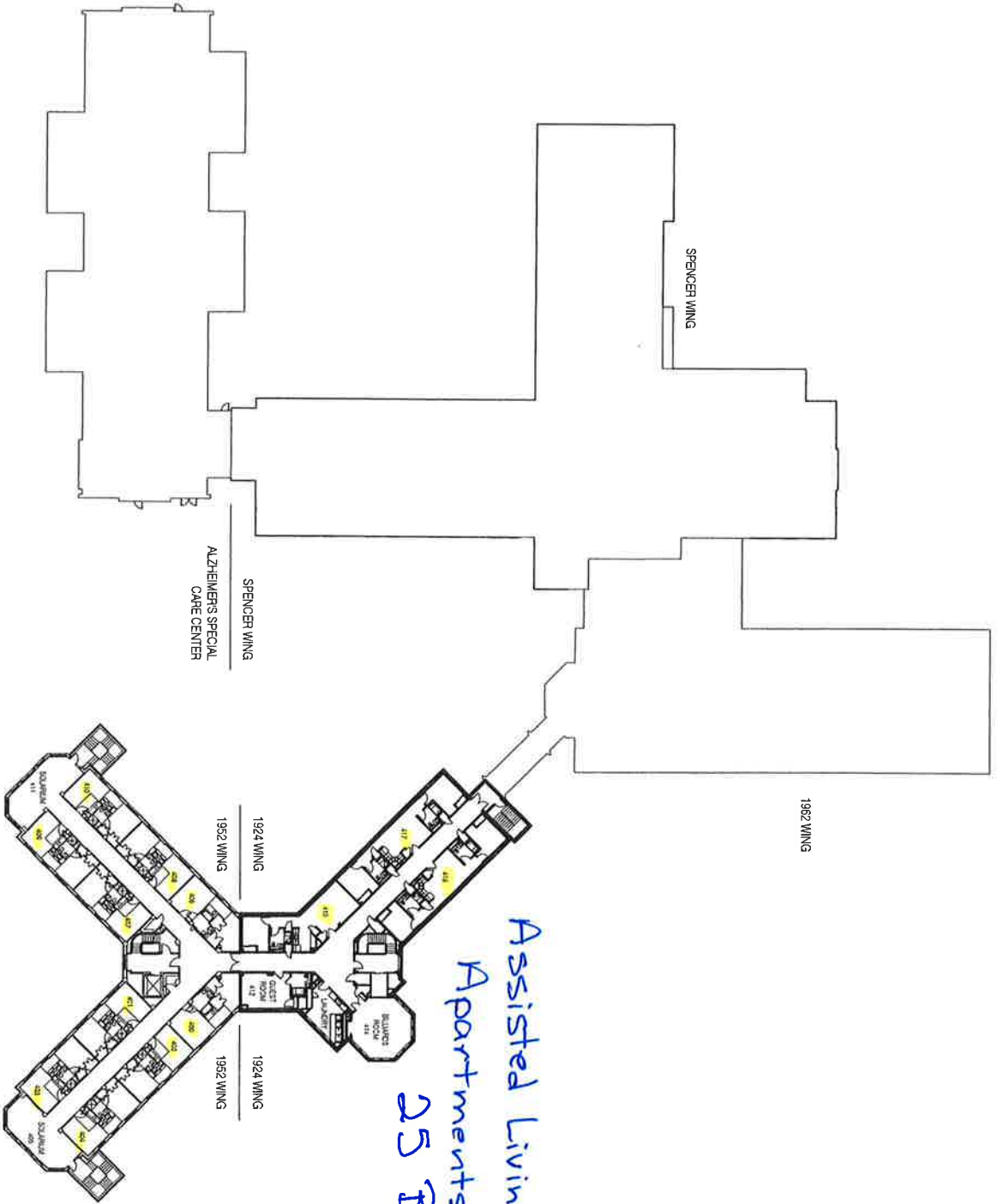
76 beds total Assisted Living



SECOND FLOOR PLAN
1" = 50'-0"



THIRD FLOOR PLAN
 1" = 50'-0"



FOURTH FLOOR PLAN
1" = 50'-0"