



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

3/24/16dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
MEADOWLARK POINTE ASSISTED LIVING MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF309
<b>EXPIRES</b> 04/30/2017	  Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: MEADOWLARK POINTE ASSISTED LIVING

ADDRESS: 2300 AVENUE O, COZAD, NE 69130

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.

3-18-15

LICENSURE UNIT

MAR 18 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:  
MEADOWLARK POINTE ASSISTED LIVING  
2300 AVENUE O  
COZAD, NE 69130

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO: ALF309  
TELEPHONE NUMBER: (308) 784-4100  
FAX NUMBER: (308) 784-4115  
ADMINISTRATOR: CINDY SCHNEIDER  
EMAIL: cynthias@cozadhealthcare.com

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

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 38

5. SPECIFY SPECIAL POPULATIONS: (Please check) u

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: COZAD HOSPITAL DISTRICT  
(Legal Name of Individual or Business Organization)  
MAILING ADDRESS: PO BOX 108, 300 EAST 12TH STREET  
COZAD, NE 69130

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

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.

Alan Jo Svajgr  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT  
Linda R. Benjamin  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

2-29-16  
DATE  
2-29-16  
DATE

REC'D H...  
2016 MAR 22  
A 11:48



# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 402937

Name of Facility: Meadowlark Pointe Assisted Living

Type of Facility: Assisted Living

Location: 2300 Avenue O, Cozad

Maximum Occupancy: 38 Beds

Date Issued: 3/18/2015

Approved By:

Inspected By: 8733 Mike Hoeft  
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.



# *Meadowlark Pointe*

COZAD COMMUNITY HEALTH SYSTEM  
MEADOWLARK POINTE ASSISTED LIVING  
March 2016

## BOARD OF DIRECTORS

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Cozad NE 69130

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