

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

3/21/16 dg

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

**OXBOW LIVING CENTER**

MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Lic # ALF329



**[Redacted Signature]**  
Courtney R. 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: OXBOW LIVING CENTER**

**ADDRESS: 1617 BILLS DRIVE, ASHLAND, NE 68003**

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.

2-19-15

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

MAR 14 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:  
 OXBOW LIVING CENTER  
 1617 BILLS DRIVE  
 ASHLAND, NE 68003
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF329  
 TELEPHONE NUMBER: (402) 944-3400  
 FAX NUMBER: (402) 944-3044  
 ADMINISTRATOR: INA CARROLL, R.N.  
 EMAIL: admin@oxbowliving.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 75

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: ASHLAND ASSISTED LIVING, LLC  
 (Legal Name of Individual or Business Organization)

MAILING ADDRESS: 1617 BILL'S DR  
ASHLAND, NE 68003

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

Jason Lange  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Maryhyanne Bollen  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

RECD HHS ACCOUNTS  
 2016 MAR 17 A  
 3-9-16  
 DATE  
 3-9-16  
 DATE

Ashland Assisted Living, LLC

DBA Oxbow Living Center

*Ownership / Control*

William Sapp

102 Noble Drive

Ashland, NE 68003

Wayne Richard

1664 White Plains CT

Naperville, IL 60563

MJ Senior Housing, LLC (Jason Lange, 19209 Taylor Circle, Elkhorn, NE 68022 & MaryLynne Bolden, 2826 Brentwood Dr, Fremont, NE 68025)

2649 N Broad Street

Fremont, NE 68025

Kevin Ziegenbein

685 County Rd E

Ashland, NE 68003

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402816

Name of Facility: **Oxbow Living Center**  
Type of Facility: **Assisted Living**  
Location: **1617 Bills Dr., Ashland**  
Maximum Occupancy: **75 Beds**  
Date Issued: **2/19/2015**

Approved By:

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

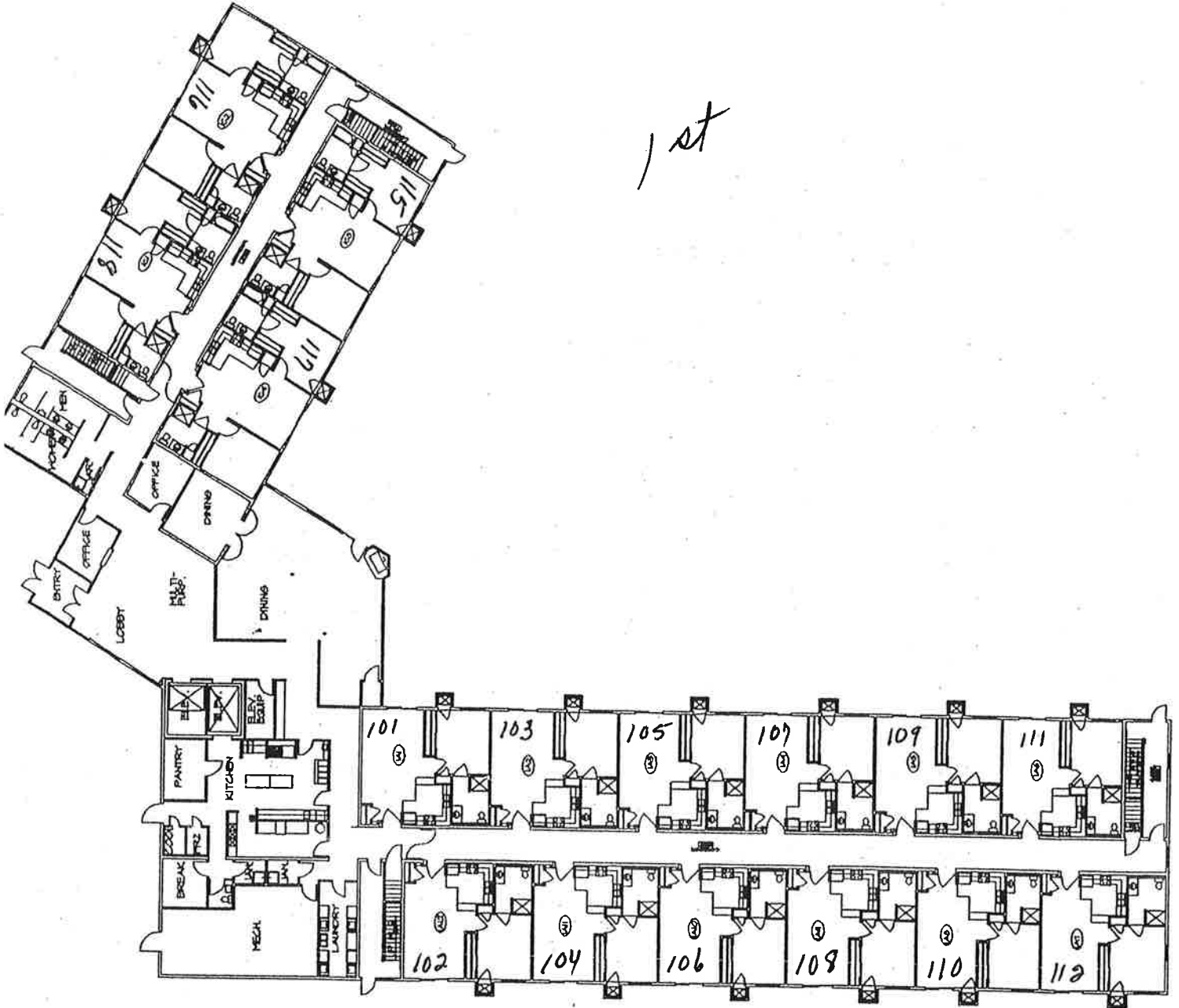
**State Fire Marshal**



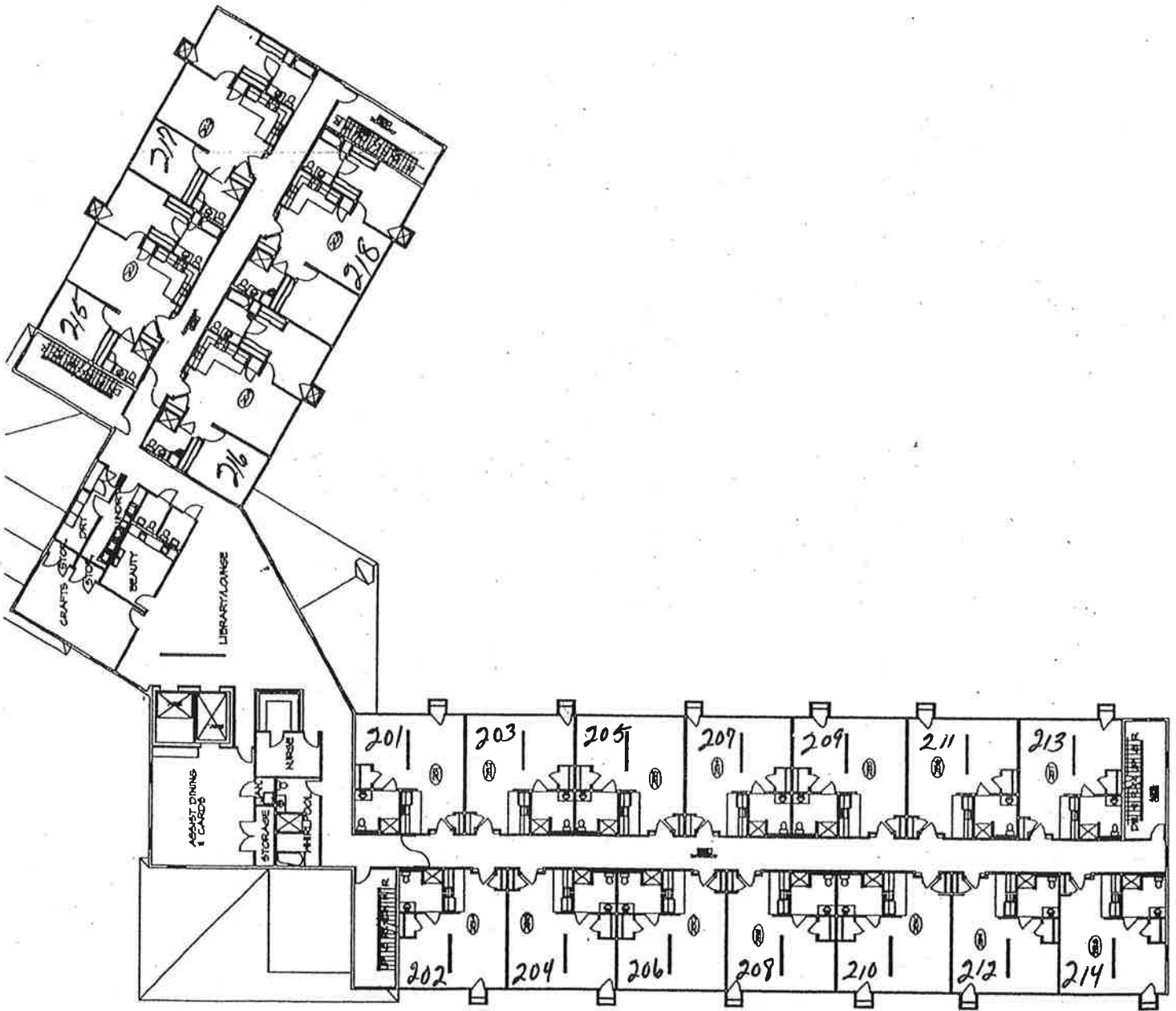
## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit. 3

1st



2ND  
FLOOR



3<sup>rd</sup> Floor

