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

3/11/16 dy

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

HAVELOCK MANOR
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF335

EXPIRES
04/30/2017

SEAL

[redacted]
Courtney [redacted], MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: HAVELOCK MANOR
ADDRESS: 6330 PLATTE AVENUE, LINCOLN, NE 68507

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.

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

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:
HAVELOCK MANOR
6330 PLATTE AVENUE
LINCOLN, NE 68507

LICENSURE UNIT
MAR 7 2016
RECEIVED

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

c/o: HAVELOCK MANOR
ATTN: GEANINE BORDOGNA
5301 CONCORD ROAD
LINCOLN NE 68507

2016 MAR -8 A 11:08
RECD HHSS ACCOUNTING

LICENSE NO: ALF335
TELEPHONE NUMBER: (402) 464-2222
FAX NUMBER: (402) 464-2225
ADMINISTRATOR: JANINE STEARNS - PETRACEK
EMAIL: info@havelockmanor.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 25

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: HAVELOCK MANOR LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 5301 CONCORD ROAD
LINCOLN, NE 68507

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.

Geanine Bordogna
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

2-29-16
DATE

_____
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

_____
SIGNATURE

_____
DATE

Havelock Manor

6330 Platte Ave

Lincoln, NE 68507

(402) 464-2222

(402) 464-2225

DHHS Licensure Unit

P.O. Box 94986

Lincoln, NE 68509

Renewal Application February 29, 2016

Email address: info@havelockmanor.com

Ownership/Control continues to be Geanine Bordogna the individual owner of Havelock Manor and she has 100% control of the facility and its ownership.

Geanine Bordogna Owner

5301 Concord Road

Lincoln, NE 68516

(402) 423-9263

She owns and controls 100% of Havelock Manor LLC

Occupancy Certificate: The state fire marshal certificate is enclosed

Schematic: Floor plan including the room numbers and beds of each room is enclosed

Any questions feel free to call me any time

[redacted]

Janine Stearns- Petracek , LPN Administrator

Director of Operations

BUREAU OF FIRE PREVENTION
CITY OF LINCOLN
OPERATIONAL PERMIT

Name of Facility: HAVELOCK MANOR LLC

Location: 6330 PLATTE AV

Health Type: Res B&C

Restrictions:

Permit Number: L1300150

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 25

[redacted]

Fire Inspector

[redacted]

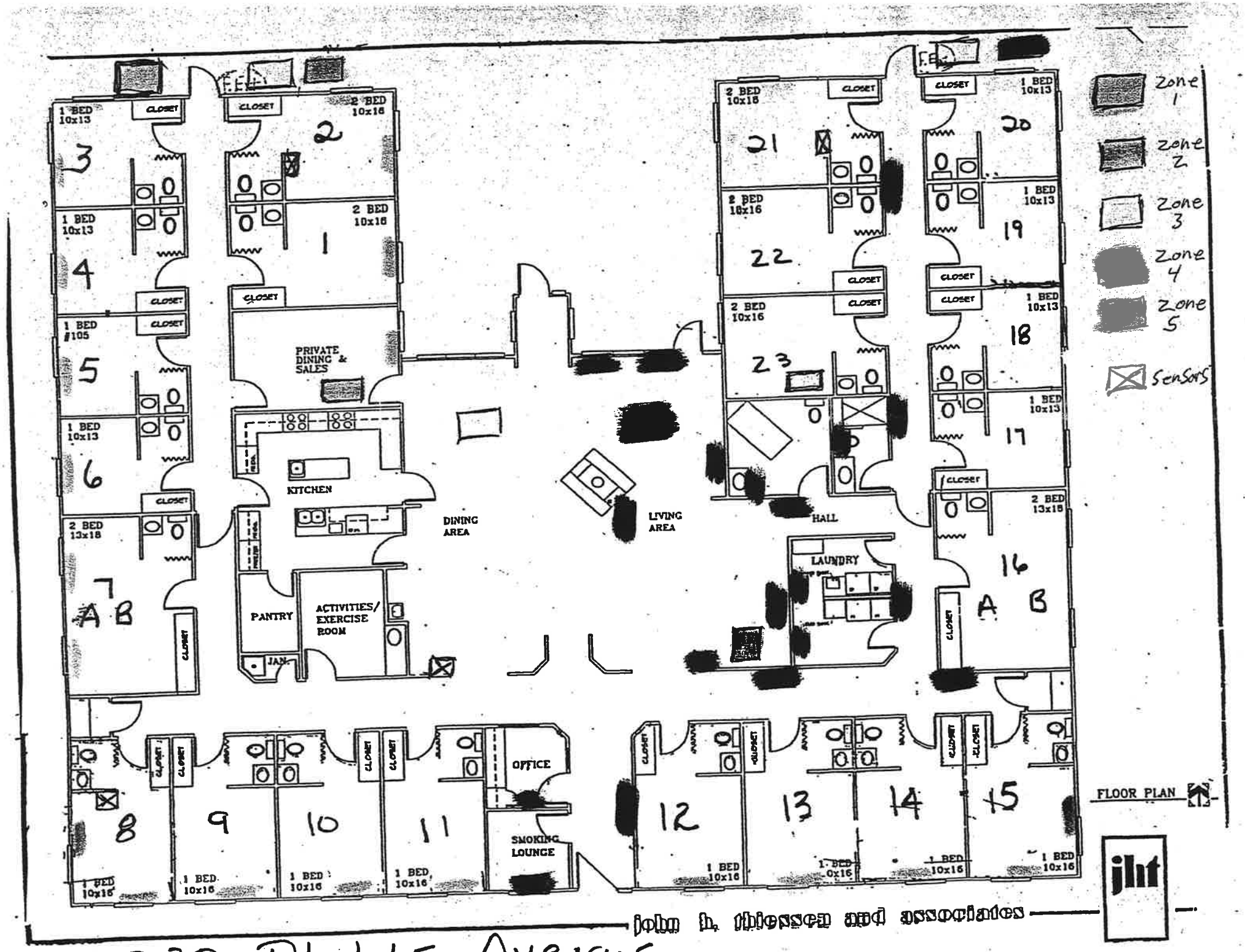
Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

BLD_FP_Health_Certificate_MO



john h. thiessen and associates

1330 Platte Avenue