

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

3/29/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
HERITAGE RIDGE RETIREMENT COMMUNITY MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services ALZHEIMERS UNIT AGED/DISABLED MED WVR	Lic # ALF336
EXPIRES 04/30/2017	  Courtney R. Whitton, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: HERITAGE RIDGE RETIREMENT COMMUNITY

ADDRESS: 1502 FORT CROOK ROAD SOUTH, BELLEVUE, NE 68005

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.

MAR 10 2016

Make Payment to DHHS LU



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

RECEIVED

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:
HERITAGE RIDGE RETIREMENT COMMUNITY
1502 FORT CROOK ROAD SOUTH
BELLEVUE, NE 68005

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

c/o: HERITAGE RIDGE RETIREMENT COMMUNITY
11717 BURT STREET, SUITE 102
OMAHA NE 68154

REC'D DHHS ACCOUNTING
2016 MAR 14 A 10:39

LICENSE NO: ALF336
TELEPHONE NUMBER: (402) 932-1881
FAX NUMBER: (402) 916-5500
ADMINISTRATOR: KIM CUNDALL
EMAIL: hmsnotifications@hmscare.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 115

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders
- Other -- Please Specify _____

20 Number of Beds
_____ 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: HERITAGE RIDGE LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 11717 BURT STREET, SUITE 102
OMAHA, NE 68154

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.

Farham Khan
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Wate Underwood
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

3/3/16
DATE
3/3/16
DATE

HERITAGE RIDGE LLC

HERITAGE HOLDINGS LP – 100%

HERITAGE PARTNERS LLC – GENERAL PARTNER

FARHAN KHAN – 50%

11717 BURT STREET, SUITE 102, OMAHA, NE 68154

NATE UNDERWOOD – 50%

11717 BURT STREET, SUITE 102, OMAHA, NE 68154



**BELLEVUE FIRE INSPECTOR
CERTIFICATE OF OCCUPANCY**



Name of Facility Heritage Ridge

Location 1502 Fort Crook Road South, Bellevue, NE 68005

Date Issued 06/02/2015

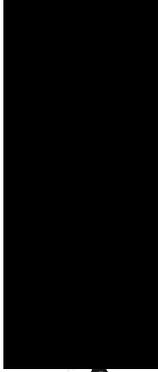
Certificate No. 2596

Maximum Occupancy 115 Beds

Persons

Inspected by Thomas Quinlan

Approved By
Fire Inspector

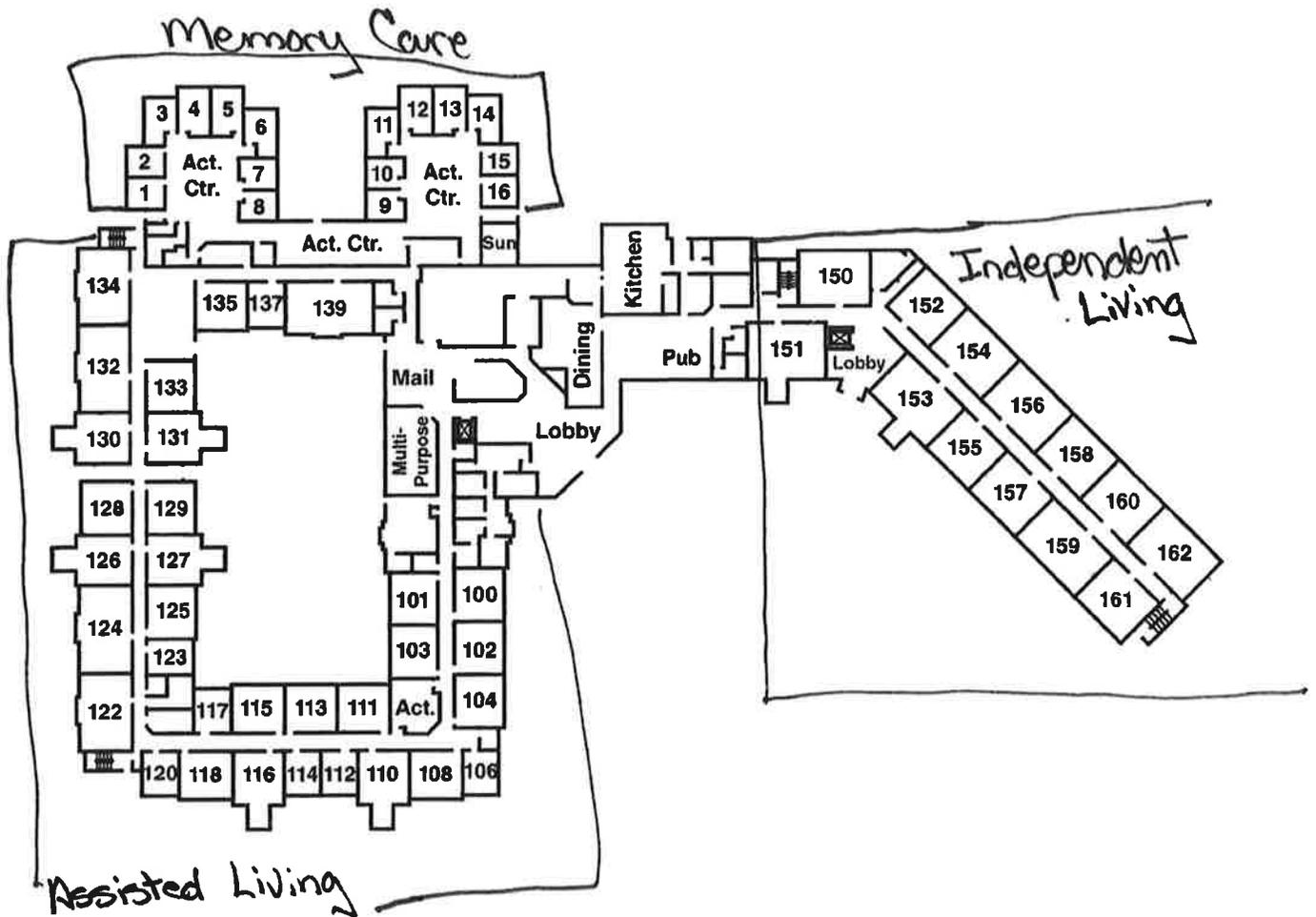


POST IN PROMINENT PLACE

VALID FROM DATE OF ISSUE OR UPON ANY CHANGE IN OCCUPANCY OR OWNERSHIP

Copy to be presented to the state licensing agency if necessary

Heritage Ridge



Heritage Ridge



Heritage Ridge

Memory Support Assisted Living Disclosure Statement

PHILOSOPHY AND MISSION STATEMENT:

Heritage Ridge will provide care and support services for individuals with memory loss, dementia, Alzheimer's and related disorders in a safe and secure home-like environment that enables the residents to function at their maximum potential with an emphasis on dignity, autonomy and personal integrity.

ADMISSION CRITERIA:

All inquiries for Heritage Ridge will be subject to a prescreening process by the Director of Healthcare or designee to ensure that each individual resident's needs are met by Heritage Ridge's associates. The following are requirements for occupancy to Heritage Ridge memory support areas.

1. All residents of Heritage Ridge will have an established diagnosis of Alzheimer's or related dementia disorder.
2. No resident will be admitted or retained that requires complex nursing interventions; unless the resident's POA for health care agrees to arrange for these services from an outside agency and accepts financial responsibility for such services.
3. The resident must not have behavior difficulties that present a danger to themselves, to other residents or that disrupt the overall operations of the community.
4. Must be able to have incontinence issues handled by a developed incontinence management program.
5. May need assistance with activities of daily living (dressing, grooming, personal hygiene, meals, activities, etc.).
6. All residents will have a written order from their physician stating they are clinically stable and appropriate for assisted living residence.
7. Heritage Ridge does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.
8. Medicaid Waiver is not accepted for payment in the Memory Support Community.

Initiated: _____ Revised: 1/1/16 Reviewed: _____



DISCHARGE/TRANSFER CRITERIA:

This community reserves the right to discharge any residents whose needs cannot be met or their condition does not meet the criteria for placement in Heritage Ridge. The resident's POA will be given a 30-day written notice when discharge from the community is planned, unless immediate discharge is appropriate to ensure the safety of the resident in question, the safety of other residents, or to meet the needs of acute medical conditions. Every effort will be made to ensure the safety and comfort of the resident, as well as the comfort of the family. Heritage Ridge will provide alternate dining environments, dining with an associate, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge. The final decision regarding discharge from the community will be made by the Executive Director. Heritage Ridge's associates will assist the family with alternate choices. Discharge will be necessary when the following changes occur.

1. When the resident needs complex nursing interventions and the family does not wish to provide for such services through an outside agency.
2. When the resident's behavior becomes unmanageable through behavior modification or through the use of medication. Every attempt will be made to manage behaviors without medications.
3. When incontinence issues cannot be managed through an incontinence management program.
4. When the resident is no longer able to feed themselves and maintain adequate nutritional level.
5. When the resident's physician determines that the resident's care requires the need for 24-hour skilled nursing.
6. At the request of the resident's POA.

SERVICE AGREEMENT:

All residents are assessed prior to admission to identify care and service needs which are utilized to develop an individualized Resident Service Agreement. The Resident Service Agreement and other related documents include personal information, likes and preferences, physical, emotional and spiritual needs. The agreement identifies who is responsible for specific tasks. This agreement is included in the Resident's chart at all times.

Heritage Ridge recognizes the importance of family involvement and is open 24 hours a day to the families of our residents. The following procedure identifies how our Resident Service Agreement is initiated and modified:

1. At the time of admission a Resident Service Agreement will be completed and placed on the resident chart.
2. At any time a change has been noted, the Director of Healthcare Services or designees, will update the Resident Services Agreement, review the Resident Services Agreement with the POA and obtain a signature from the POA on the Agreement.

Initiated: _____ Revised: 1/1/16 Reviewed: _____



3. At any time the resident's POA wishes to change any item on the Resident Service Agreement, this will be completed by the Director of Healthcare Services and the Executive Director.
4. The frequency of the services provided will be listed on the Resident Service Agreement.
5. The level of care plan and service agreement will be updated annually or as needed for changes in the resident condition that may occur.

ASSOCIATES TRAINING:

Heritage Ridge recognizes the importance of specially-trained associates required to meet the needs of individuals with Alzheimer's and related dementias. Each associate of Heritage Ridge will be given adequate orientation and training, which will enable them to meet the needs of each resident. Associate orientation of all direct-care associates will include, but is not limited to:

1. Resident Rights
2. Resident Service Agreements
3. Emergency Procedures
4. Advance Directives
5. Resident Special Care Needs
6. Abuse, Neglect, and Misappropriation of Money or Property
7. Disaster Preparedness
8. Care for Individuals with Dementia
9. Infection Control Practices and OSHA Standards
10. Dementia/Alzheimer's Disease Process
11. Portraits™ Training

Along with the initial training, all direct care associates will receive education throughout their employment at Heritage Ridge. The training will be available monthly, and as needed, to update associates in caring for residents with dementia. Training will be available at the community, as well as any related workshops that can be arranged outside the community. Heritage Ridge is committed to ensuring that all associates have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

PHYSICAL ENVIRONMENT:

Heritage Ridge was created and designed to be a low stimulus, home-like atmosphere. The community has private and shared companion rooms with a bathroom. The common areas have a kitchen, laundry and life-memory recreation areas for resident enjoyment and socialization. The community has an outside fence-enclosed courtyard that allows our residents to independently ambulate outdoors, while maintaining their safety.

Initiated: _____ Revised: 1/1/16 Reviewed: _____



THERAPEUTIC RECREATION:

All activity programming for Heritage Ridge will be designed to meet the interest and life styles as well as promote the physical, mental, spiritual, and psychosocial well-being of each resident. All residents will have the option to participate in the Portraits™ program. All activities provided are age appropriate for the geriatric population. Heritage Ridge recognizes the importance of consistent schedules needed for individuals with dementia; however, it is equally important not to make the schedule unchangeable. All residents are allowed to function at their own pace and to participate in activities of their choice. Activities of daily living may be used as their activities for the day, if that is what they can manage, or what they choose. Each resident is evaluated to ensure their therapeutic recreation needs are being met.

FAMILY INVOLVEMENT:

Heritage Ridge recognizes the importance of and encourages family involvement at a level that is comfortable to each family. The following are areas that the community would like each family member to participate in:

1. Resident Service Agreement
2. Portraits™ Profile & Development
3. Activity/Recreation Programs
4. Meals
5. Any other areas they feel comfortable participating in.

This community will provide the following to each resident's family or member of the community who requests it:

1. Information and support concerning the Alzheimer's/dementia disease process and how to respond to their loved one's behavior.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.

LEVEL OF CARE	COST PER MONTH		
	January 1, 2015		
	<i>Studio</i>	<i>Studio Deluxe</i>	<i>Companion</i>
Level I: 0-19 points	\$5195.00	\$5495.00	\$3995.00
Level II: 20-39 points	\$5795.00	\$6095.00	\$4795.00
Additional Care: over 39 points	Costs will be determined based upon services provided.		

Initiated: _____ Revised: 1/1/16 Reviewed: _____



If an apartment is held for a resident while he/she is out of the community for any reason or length of time, the cost per month will remain the same as that which is being charged to the resident at that time.

Responsible Party Signature

Date

Initiated: _____ Revised: 1/1/16 Reviewed: _____



College View

LEVEL OF CARE	COST PER MONTH	
	January 1, 2015	
	Studio	Companion
Level I: 0-19 points	\$5095.00	\$3695.00
Level II: 20-39 points	\$5695.00	\$4595.00
Additional Care: over 39 points	Costs will be determined based upon services provided at \$45 per point above 39.	

Heritage Pointe and Meridian Gardens

LEVEL OF CARE	COST PER MONTH		
	January 1, 2015		
	Studio	Studio Deluxe	Companion
Level I: 0-19 points	\$5195.00	\$5495.00	\$3995.00
Level II: 20-39 points	\$5795.00	\$6095.00	\$4795.00
Additional Care: over 39 points	Costs will be determined based upon services provided at \$45 per point above 39.		

Heritage Ridge

LEVEL OF CARE	COST PER MONTH		
	January 1, 2015		
	Studio	Studio Deluxe	Companion
Level I: 0-19 points	\$5195.00	\$5495.00	\$3995.00
Level II: 20-39 points	\$5795.00	\$6095.00	\$4795.00
Additional Care: over 39 points	Costs will be determined based upon services provided at \$45 per point above 39.		

Legacy

LEVEL OF CARE	COST PER MONTH		
	January 1, 2015		
	Studio	Studio Deluxe	Companion
Level I: 0-19 points	\$5250.00	\$6250.00	\$3895.00
Level II: 20-39 points	\$5750.00	\$6750.00	\$4595.00
Additional Care: over 39 points	Costs will be determined based upon services provided at \$45 per point above 39.		

Shalimar Gardens

LEVEL OF CARE	COST PER MONTH		
	January 1, 2015		
	Studio	Studio Deluxe	Companion
Level I: 0-19 points	\$5095.00	\$5295.00	\$3995.00
Level II: 20-39 points	\$5695.00	\$5895.00	\$4795.00
Additional Care: over 39 points	Costs will be determined based upon services provided at \$45 per point above 39.		

Sterling Ridge

LEVEL OF CARE	COST PER MONTH		
	January 1, 2015		
	Studio	Studio Deluxe	Companion
Level I: 0-19 points	\$5450.00	\$6450.00	\$3895.00
Level II: 20-39 points	\$5950.00	\$6950.00	\$4795.00
Additional Care: over 39 points	Costs will be determined based upon services provided at \$45 per point above 39.		

Jobman, Donna

From: Rose Bochnicek <rbochnicek@heritage-communities.com>
Sent: Thursday, March 24, 2016 9:17 AM
To: Jobman, Donna
Subject: RE: Memory Care Pricing Structure

Yes – below is an overview of our point structure:

The following services are quantified on a point system based on the amount of time it takes to perform the needed service. Each point is the equivalent of 5 minutes of staff time. Example: Assistance with dressing in the morning = 3 points (15 minutes of time). The points for each service are in the service agreement template.

Definition of Services:

- A. Health Services and Coordination: Services provided to the resident by the health care associate at the facility to include, but are not limited to: weight and blood pressure checks, medication reviews, health concern counseling, physician orders and appointment coordination, third-party health service coordination. (Monthly weight and blood pressure checks are provided in routine cares to every resident.)
- B. Other/Outside Services: Will identify any services provided by an outside agency. To include contact person and address of each agency.
- C. Assistance with Medications: Services provided to the resident to ensure resident safety during administration of medications. These services include, but are not limited to: yearly medication review for residents who do self-administration of medications; associates administering medications to residents unable or unwilling to self-administer medications.
- D. Special Assistance; Assistance with Treatments; Preparation of Treatments and Additional Activities: Services provided to the resident that provide for special assistance and additional activities. These services include, but are not limited to: oversight for patient who self-administers treatments or additional activities (i.e. nebulizer treatments; accu-checks); assistance with administration of treatments or additional activities (i.e. nebulizer treatments, accu-checks, extra monitoring for diabetes, etc.) and special monitoring of resident by facility associates (i.e. 2-hour checks, individual assistance for social activities). (These services are dictated by individual state regulation of Assisted Living facilities).
- E. Toileting: Services provided to the resident to include, but are not limited to, assistance by a single associate member with bowel and bladder care.
- F. Bathing, Hygiene, Grooming: Services provided to the resident to include, but are not limited to: assistance by a single associate with bathing, assistance with teeth/denture hygiene, hair and shaving assistance, whirlpool bathing.
- G. Dressing: Services provided to the resident to include, but are not limited to: assistance with clothing choices, assistance with clothing changing, assistance with application of undergarments, socks, buttons, snaps, sock and shoes, TED hose, braces, prosthesis, etc.
- H. Transfer: Services provided to the resident to include, but are not limited to: transfer from bed to standing position, transfer from standing to sitting position, transfer from sitting to standing position, transfer from toilet, moving to bed, transfer from wheelchair to regular chair, with one associate assisting.
- I. Mobility: Services provided to the resident to include, but are not limited to by a single associate to walk with assistance device (i.e. cane, walker, gait belt), assistance by pushing wheelchair, assistance with scooter.
- J. Safety: Assistance needed in case of an emergency and fire drill preparation. Will outline individualized health/safety needs for resident i.e. oxygen safety evacuation assist.

- K. Eating and Food Preparation: Services provided to the resident by associate to include, but are not limited to: preparation of special diets, cutting of food, use of thickening substance, assistance to be seated at chairs from ambulation devices or wheelchairs, increased monitoring/observation for choking.
- L. Orientation, Behaviors: Services provided to the resident to include, but are not limited to: each resident is oriented to time, place and person, ensure each resident is directed appropriately to activities and daily routines, to provide re-direction for a resident who may be confused.
- M. Business Management: Services provided to the resident by an associate to include, but are not limited to, assistance with bill-paying, letter-writing, phone use, assistance with long-term care insurances, etc.
- N. Housekeeping: Routine resident apartment cleaning and bed linen and towel laundry is done weekly. Extra housekeeping may be completed by an associate if resident requests.
- O. Laundry: Resident flat linens are routinely laundered by an associate one time per week. Extra services provide for resident's personal laundry to be done by an associate.
- P. Transportation: Services provided for resident transportation needs to include, but are not limited to, excess medical practitioner visits, one-on-one assistance to get in and out of the van, one-on-one assistance for shopping, outings and appointments.
- Q. Pet Care: Services provided need to include, but are not limited to, pet name, care required, person responsible for care, frequency of care. Also need person identified to provide care for pet if resident is hospitalized or transferred.
- R. Social Activities: Services include but are not limited to monitoring of social interactions for inappropriate verbal or physical behaviors that require re-direction and physical assistance and individual one-on-one assistance with social activities. Also included are residents preferences for social interaction.
- S. Other: Including, but not limited to, exceptions to service agreement, resident's specific hopes, dreams, desires.

Rose Bochnicek
Office Administrator
 Heritage Communities
 11717 Burt Street, Suite 102
 Omaha, NE 68154
 Office: 402-933-2561
 Fax: 402-933-2673
heritage-communities.com



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From: Jobman, Donna [mailto:Donna.Jobman@nebraska.gov]
Sent: Wednesday, March 23, 2016 4:50 PM
To: Rose Bochnicek <rbochnicek@heritage-communities.com>
Subject: RE: Memory Care Pricing Structure

Hi Rose,

Do you have the list that constitutes the number of points for the types of care/services provided?

Donna Jobman, Staff Assistant II