

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

KD/LS
4/26/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
THE VILLA AT CROWN POINTE MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services ALZHEIMERS UNIT	Lic # ALF337
EXPIRES 04/30/2017	 [Redacted Signature] Courtney R. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: THE VILLA AT CROWN POINTE

ADDRESS: 2820 SOUTH 80TH STREET, OMAHA, NE 68124

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.

6 22-15



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:

THE VILLA AT CROWN POINTE
2820 SOUTH 80TH STREET
OMAHA, NE 68124-3266

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

LICENSE NO: ALF337
TELEPHONE NUMBER: (402) 391-7555
FAX NUMBER: (402) 391-8203
ADMINISTRATOR: SUMMER SARGENT
EMAIL: crownpointnotifications@capitalseniorliving.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 160

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: CAPITAL SENIOR MANAGEMENT 2, INC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 14160 DALLAS PARKWAY, SUITE 300
DALLAS, TX 75254-4383

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

2016 APR - 5 A 11:21
READ THIS FIRST

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.

David Brickman
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Gloria Holland
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

3.19.16
DATE

3.23.16
DATE

Crown Pointe

Capital Senior Management 2, Inc.

Directors:

Lawrence A. Cohen

David R. Brickman

Officers:

Keith N. Johannessen, President

David R. Brickman, Vice President and Secretary

Lisa L. Holloway, Vice President

Gloria M. Holland, Vice President

Carey P. Hendrickson, Vice President and Controller

Glen H. Campbell, Vice President, Asset Management

Margaret Kleinmann, Vice President

Capital Senior Living Corporation

Directors:

James A. Moore

Lawrence A. Cohen

Keith N. Johannessen

Philip A. Brooks

Kimberly S. Herman

E. Rodney Hornbake

Jill M. Krueger

Ronald A. Malone

Michael W. Reid

Officers:

Lawrence A. Cohen, Chief Executive Officer and Vice Chairman

Keith N. Johannessen, Chief Operating Officer and President

Carey P. Hendrickson, Senior Vice President and Chief Financial Officer

David R. Brickman, Senior Vice President, Secretary and General Counsel

David W. Beathard, Senior Vice President - Operations

Gregory P. Boemer, Vice President - Operations

Joseph G. Solari, Vice President - Corporate Development

Gary E. Fernandez, Vice President – National Marketing

Robert F. Hollister, Controller - Property

Gloria M. Holland, Vice President - Finance

Glen H. Campbell, Vice President - Asset Management

Christopher H. Lane, Vice President - Financial Reporting

Address for all directors and officers listed above:
14160 Dallas Parkway, Suite 300
Dallas, Texas 75254-4383

**CAPITAL SENIOR LIVING CORPORATION
 SHAREHOLDERS OWNING 5% OR MORE
 AS OF MARCH 16, 2016**

Shareholder	Address	Percentage
Radix Partners LLC *EIN:	80 Broad Street, Suite 2502 New York, NY 10004 - 3321	Approximately 5.74% - Indirect stockholder of Capital Senior Living Corporation
Arbiter Partners Capital Management LLC *EIN:	11 East 44 th Street, Suite 700 New York, NY 10017 - 0061	Approximately 7.78% - Indirect stockholder of Capital Senior Living Corporation

*EIN is unknown since they are a shareholder of a public company



NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: THE VILLA AT CROWN POINTE - ASSISTED-LIVING FACILITY

Location: 2820 South 80th Street, Omaha, NE 68124

Date Issued: June 22, 2015 Certificate No.: 2015-158

Maximum Occupancy: - 160 Beds - Persons

Inspected By: Captain Chris Hopkins #694

Approved By: 

POST IN A PROMINENT PLACE

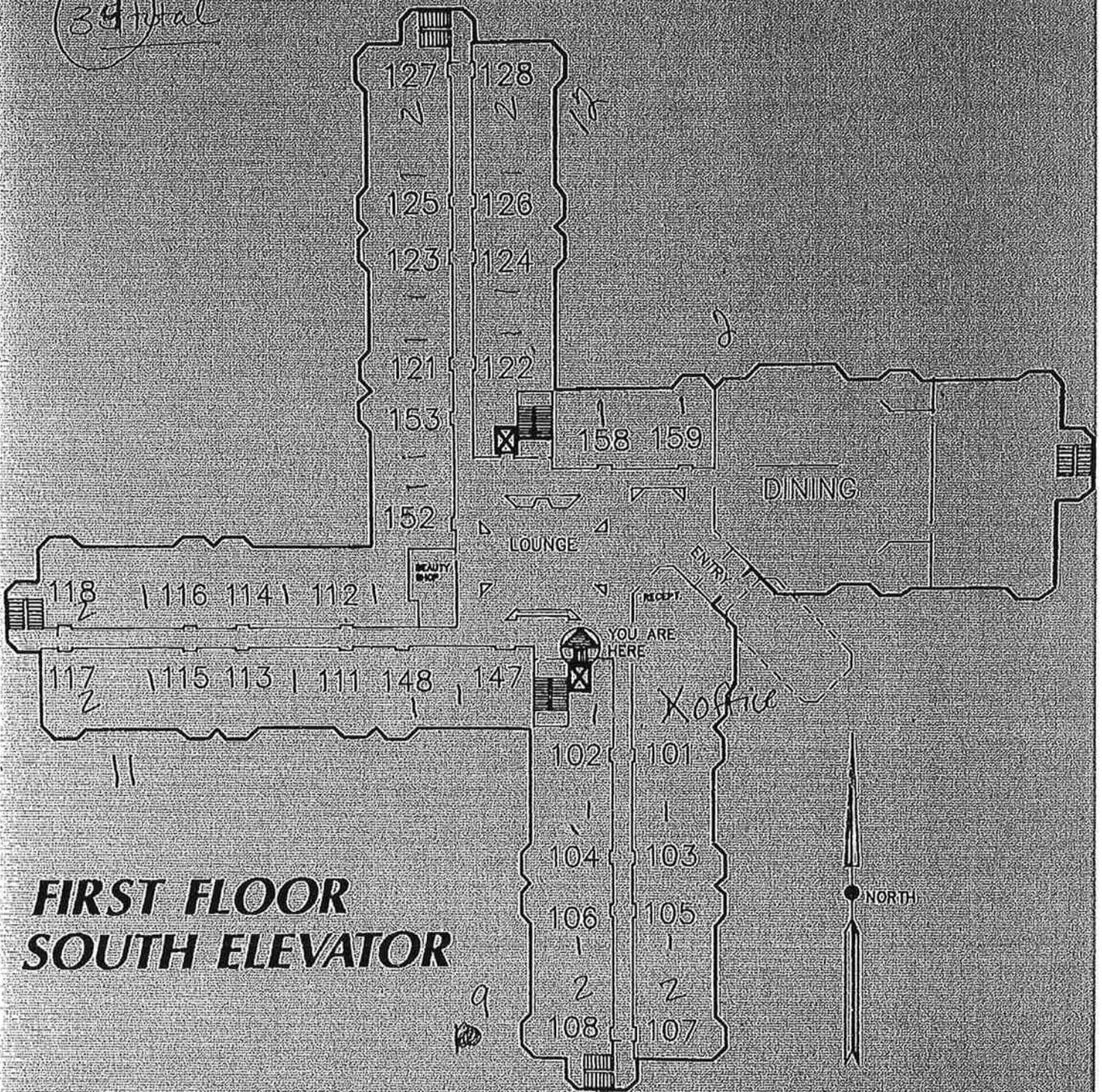
Copy to be presented to the State Licensing Agency if necessary.

31 total



GROUND LEVEL
SOUTH ELEVATOR

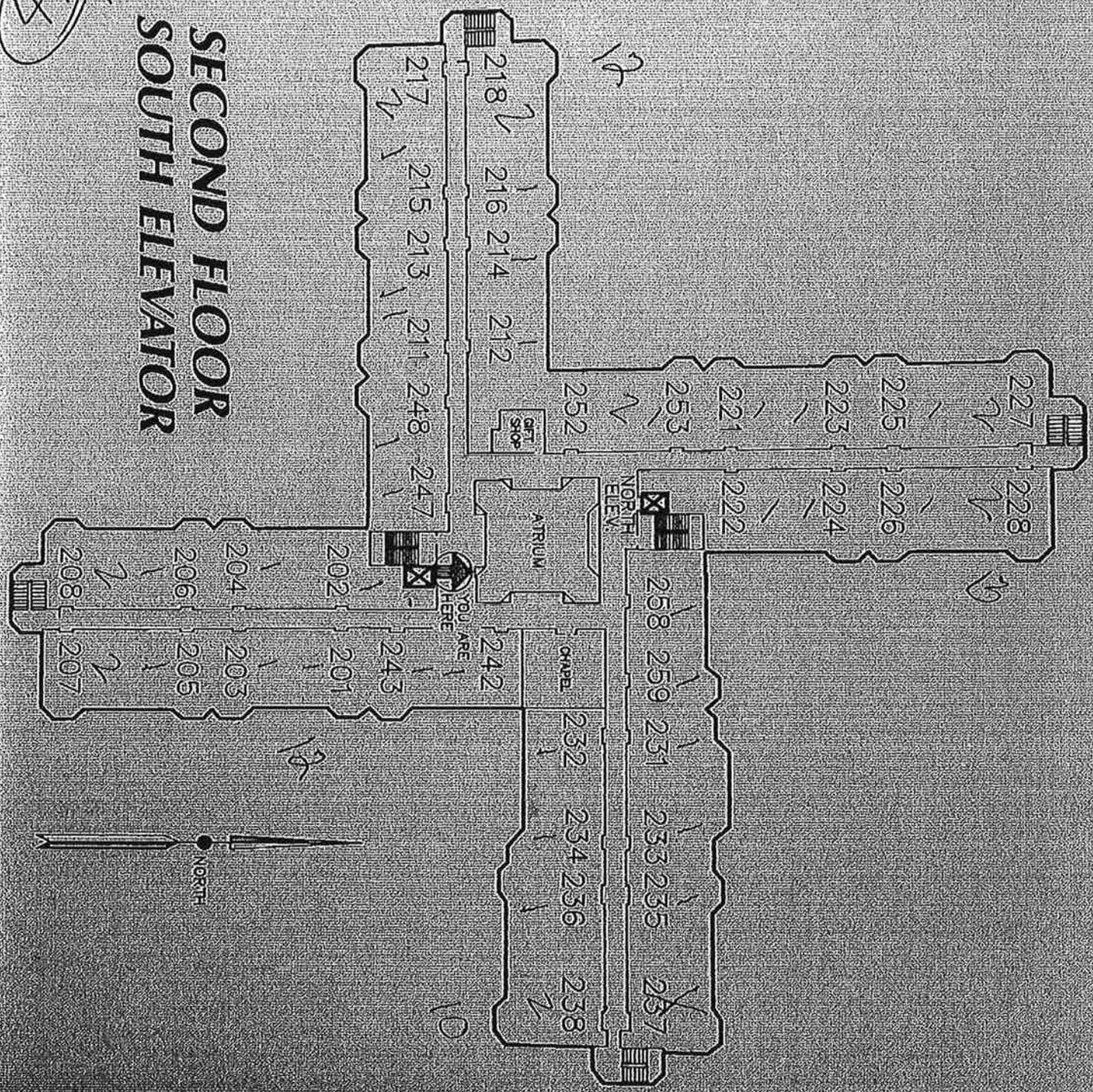
34 total



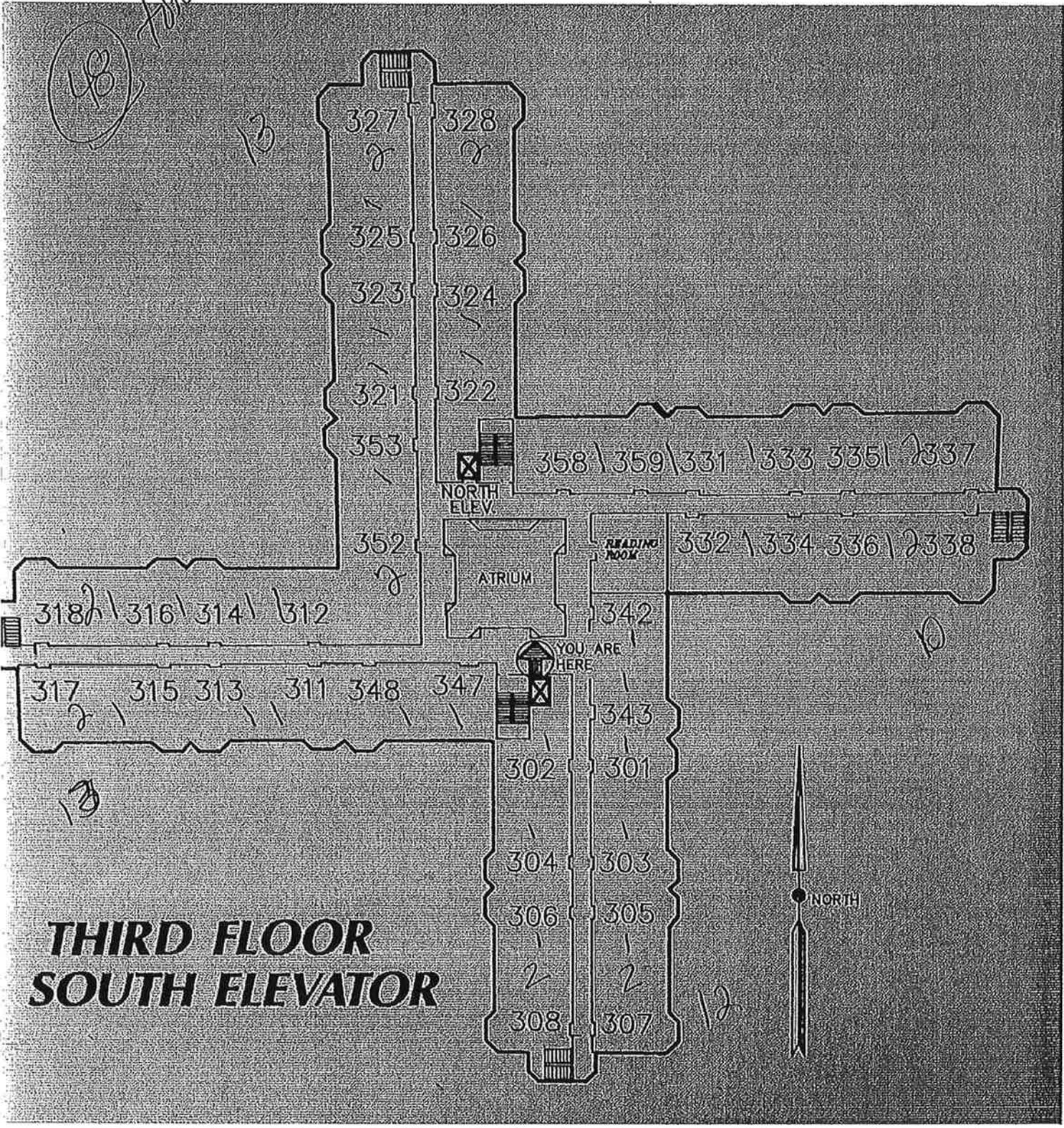
**FIRST FLOOR
SOUTH ELEVATOR**

47 total

SECOND FLOOR SOUTH ELEVATOR



48 Total



**THIRD FLOOR
SOUTH ELEVATOR**