

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  
4/21/16

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

**ESPRIT OF WHISPERING RIDGE OMAHA**  
MEETS STATUTORY REQUIREMENTS AS  
ASSISTED-LIVING FACILITY

Services  
ALZHEIMERS UNIT

Lic # ALF345

EXPIRES  
04/30/2017



  
Courtney K. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: ESPRIT OF WHISPERING RIDGE OMAHA

ADDRESS: 1755 EMMET STREET, OMAHA, NE 68116

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.

3-8-16

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

APR 07 2016

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

RECEIVED

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:  
ESPRIT OF WHISPERING RIDGE OMAHA  
17555 EMMET STREET  
OMAHA, NE 68116

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

c/o: ESPRIT OF WHISPERING RIDGE OMAHA  
3530 LEXINGTON AVENUE NORTH  
SHOREVIEW MN 55126

LICENSE NO: ALF345  
TELEPHONE NUMBER: (402) 932-7300  
FAX NUMBER: (402) 932-7303  
ADMINISTRATOR: JEAN HARTNETT  
EMAIL: Esprit.Nala@ecumen.org

REC'D DHSS ACCOUNTING  
2016 APR - 8 A 11:12

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

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 130

5. SPECIFY SPECIAL POPULATIONS: (Please check)

Special Care Unit for Alzheimer's or Dementia or Related Disorders 48 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: ESPRIT MEMORY CARE OF NEBRASKA, LLC  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 1300 WEST 57TH STREET  
SIOUX FALLS, SD 57108

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.

Steven Westra  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Holly Brunick  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

4/1/16  
DATE

4-1-16  
DATE



**Ecumen-Esprit Whispering Ridge Management**

**Shelley Kendrick**

VP of Operations  
3530 Lexington Avenue N  
Shoreview MN 55126  
651.766.4300

**Pamela Klingfus**

Regional Director  
3530 Lexington Avenue N  
Shoreview MN 55126  
651.766.4300

**Hegg Companies-Esprit Ownership Group**

**Steve Westra**

1300 West 57th Street, Suite 100  
Sioux Falls, SD 57108  
605.336.2111

**Paul Hegg**

1300 West 57th Street, Suite 100  
Sioux Falls, SD 57108  
605.336.2111

**Peter Hegg**

1300 West 57th Street  
Suite 100  
Sioux Falls, SD 57108  
605.336.2111

17555 Emmet Street | Omaha, NE 68116  
ph: 402-932-7300 | fax: 402-932-7303

Assisted Living | Memory Care

[www.espritwhisperingridge.com](http://www.espritwhisperingridge.com)

# Esprit of Whispering Ridge Omaha

## Memory Care Disclosure

### Philosophy:

We are committed to treating all our residents, staff and families with dignity and respect. We are committed to helping those with dementia and/or memory loss disorders maintain their independence as long as possible and live their life to the fullest. We are committed to meeting each resident's individual needs by offering services and expanding our resources to provide diverse care. We are dedicated and committed to enhance life, promote dignity and provide a safe, secure and stable home for our residents, their families and our staff.

### Admission Criteria:

Prior to admission to Esprit of Whispering Ridge Omaha Memory Care, a Registered Nurse will perform a cognitive, clinical and lifestyle assessment to identify the abilities and special needs of each prospective resident. Based on the assessment, an individualized plan of care is written and staff oriented to each resident's individual needs. The plan of care is reviewed and updated on a semi-annual basis or as the resident's condition changes.

The residents of Esprit of Whispering Ridge Omaha Memory Care will be:

- Diagnosed with Alzheimer's or a dementia related diagnosis or require a higher level of staff support
- Ability to function must be consistent with the services and care offered at the Community.
- Behavior of all residents must be appropriate for a Memory Care setting and conducive to personal/public safety as determined by the Administrator.
- Medically stable as determined by Registered Nurse
- Cannot exhibit behavior that is verbally offensive or physically abusive to other residents, staff or visitors.
- Require a secured living environment

### Criteria for Continued Stay/Discharge:

The residents of Esprit of Whispering Ridge Omaha Memory Care will be:

- Medically stable as determined by Registered Nurse
- Able to function adequately within the facility without threat of harm to self or others.
- Does not disrupt the home's stability and normal operations.
- Cannot exhibit behavior that is verbally offensive or physically abusive to other residents, staff or visitors.
- Health is not a hazard to other residents or to the staff. A periodic medical checkup may lead to another screening, which may require you placement elsewhere.

### Staffing:

Staff is in the building 24 hours/day. All employees receive are trained to provide the health-related services they deliver and additional training in special techniques for working with residents with memory loss along with challenging disruptive behaviors. Employees are trained to recognize escalating behavior and what interaction to use to "get ahead" of the behaviors and implement a strategy for helping the resident return to a calm state. All employees hired by Esprit of Whispering Ridge Omaha are required to pass a criminal background check and urine drug screen. Esprit of Whispering Ridge Omaha employs unlicensed personnel, Certified Nursing Assistants, Licensed Practical Nurses and Registered Nurses.

Duties and responsibilities include, but are not limited to the following:

Respect for human life

Focus on resident's strengths and allow resident to be who they are

Patience, concern, compassion and flexibility

Willingness to help each other and be a team player

Attend to all physical and psychosocial needs by listening, visiting and providing emotional support

Utilize the resident care plan to determine and deliver individual needs

Focus on personalized one-to-one interaction such as a walk, visiting or watching a movie versus scheduled group activities

Employees are trained by an RN and other leadership team members in various areas to ensure quality of care and service delivery. Some of those areas include the following:

- All tasks delegated by the Registered Nurse including medication administration and assistance with ADL's
- Specialized training on Alzheimer's disease and dementia related disorders
- Developing proactive sensory skills to recognize and manage individuals escalating behavior of individuals
- Meeting nutritional needs
- Vulnerable Adult Act
- Resident Bill of Rights
- Emergency procedures

## Physical Environment

Esprit of Whispering Ridge Omaha is committed to providing a clean and safe environment for all residents while promoting independence. Each Memory Care Suite has a private bathroom, bedroom and living room area. The memory care community will reflect security, fun interventions and a loving acceptance of each resident regardless of their abilities. Security features include but are not limited to a locked gate system attached to our fenced in courtyard allowing freedom to enjoy the outdoors. Locked cabinets containing medication, medical supplies and cleaning supplies provides a safe environment for all. A beauty/barber shop is also available. Our comfortable common areas allow for a relaxing atmosphere for all residents to enjoy.

## Activities:

Staff and residents enjoy a variety of fun activities and events that focus on the resident's previous lifestyle, hobbies and interests. Residents attend group activities when resident shows interest. Activities focus on the "moment" of the resident and staff enters into the resident's world. We always encourage socialization and reminiscence.

## Family Involvement:

We promote and encourage family involvement in our resident's plan of care. Families are encouraged to seek connections with each other and facilitate enjoyable relationships. family outings, socializing and reminiscing. Memory Care staff give daily support to our families through listening or offering helpful advice.

## Fee Schedule:

Services included in the monthly fee via Three Levels of Care include but are not limited to the following:

- Bathing Assistance
- Bathroom Assistance
- Dressing and Grooming assistance
- Three meals a day plus snacks
- Unlimited Laundry
- Housekeeping service weekly
- Escorts to and from meals and activities
- Comfort Checks
- Monthly vital signs and weight
- Medication Management and Administration
- 24-hour on site staff/supervision
- Secured building and courtyard

Additional Services are available at an additional charge

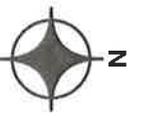
My signature below indicates that I have reviewed and received the Esprit of Whispering Ridge Omaha Memory Care disclosure.

\_\_\_\_\_  
Responsible Party Signature

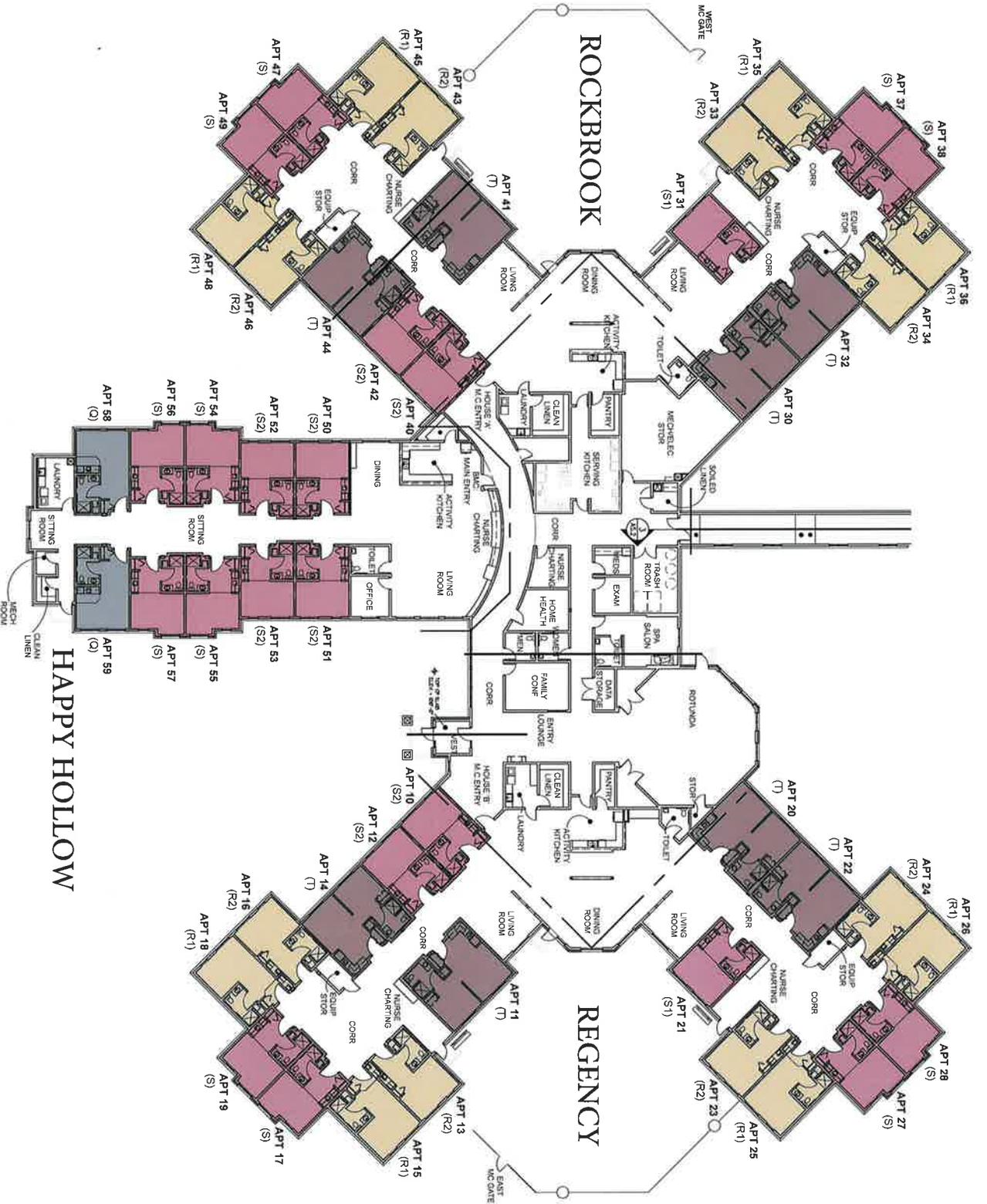
\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date



# MEMORY CARE



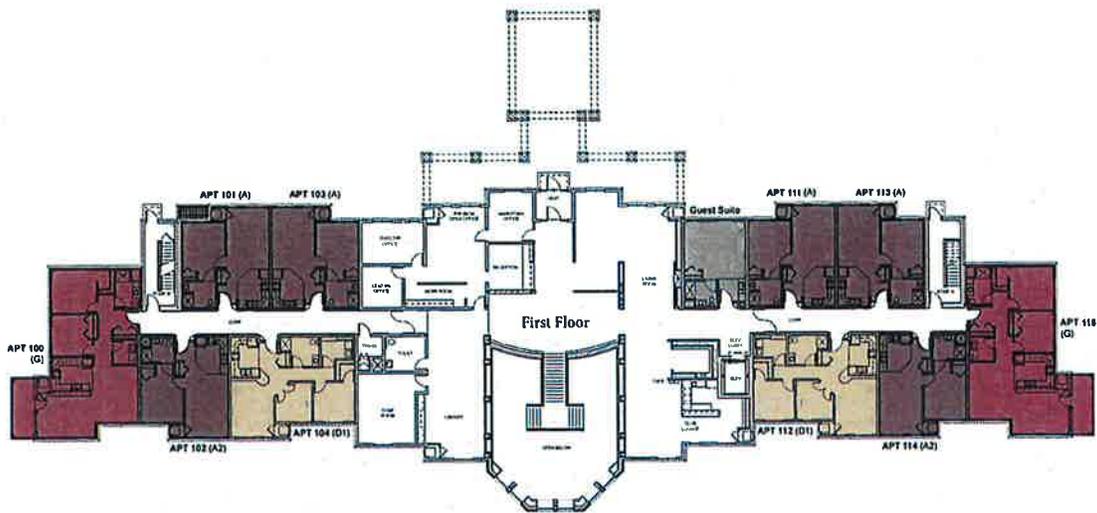
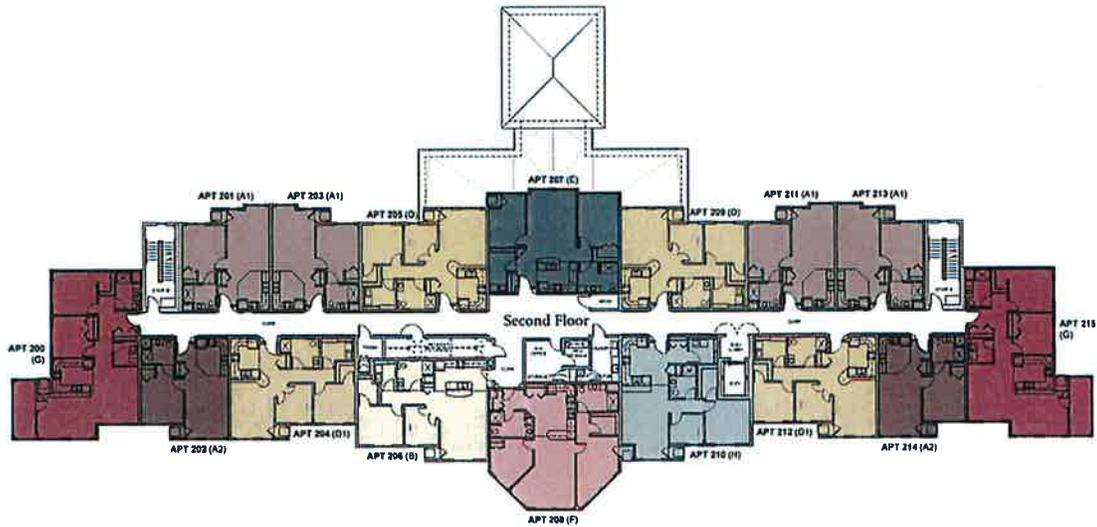
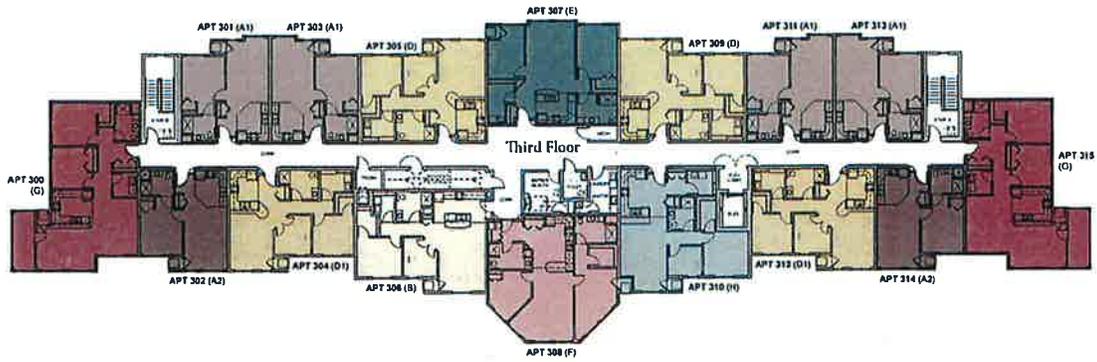
■ The Redick

■ The Redick II

■ The Redick III

■ The Rosenblatt

# ASSISTED LIVING



- The Aksarben
- The Blackstone
- Guest Suite
- The Aksarben II
- The Joslyn
- The Joslyn II
- The Brandeis
- The Brandeis Classic
- The Kilpatrick



# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



## Omaha Fire Prevention Division - State Fire Marshal Delegated Authority

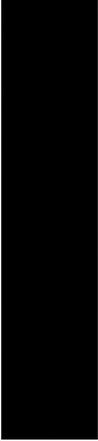
Name of Facility: ESPRIT OF WHISPERING RIDGE

Facility Type: Assisted-Living Facility

Location: 17555 Emmet ST, Omaha, NE

Date Issued: March 08, 2016 Certificate No: OHC-16-00005

Maximum Occupancy: 130 Persons/Beds

Inspected By: David Mausbach Approved By: 

### POST IN A PROMINENT PLACE

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