

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 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>SHILOH PLACE ASSISTED LIVING</b>	
MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Lic # ALF355	
<b>EXPIRES</b> 04/30/2017	  Courtney A. Williams, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: SHILOH PLACE ASSISTED LIVING  
ADDRESS: 915 NORTH H STREET, FREMONT, NE 68025

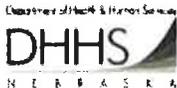
This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

3-30-15

LICENSURE UNIT

MAR 03 2016



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

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:

SHILOH PLACE ASSISTED LIVING
915 NORTH H STREET
FREMONT, NE 68025

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

[Blank lines for mailing address]

LICENSE NO: ALF355

TELEPHONE NUMBER: (402) 208-9170

FAX NUMBER: (402) 721-9130

ADMINISTRATOR: CYNTHIA WHITTEN

EMAIL: shilohplace915@gmail.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 16

5. SPECIFY SPECIAL POPULATIONS: (Please check)

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

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

REC'D INHS ACCOUNTING
2016 MAR - 8 A 10:55

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: SHILOH PLACE, LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 11518 IOWA CIRCLE
OMAHA, NE 68142

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
Partnership
Limited Partnership
Corporation
X Limited Liability Company
Governmental (Check one) State, District, County, City or Municipal
Other (Please Specify)

(check one)
X 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

Cyndi Whitten
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Eden Whitten
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

2/29/16
DATE
2/29/16
DATE

**Shiloh Place Assisted Living  
915 North H Street  
Fremont, NE 68025  
(402) 208-8859**

~~April 26, 2015~~ February 29, 2016

RE: Licensure Renewal

**Ownership / Control:**

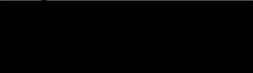
Shiloh Place Assisted Living is an LLC owned by Eden and Cyndi Whitten, a married couple.

Eden Whitten



Address: 11518 Iowa Circle, Omaha, NE. 68124  
Phone: (402) 350-0882

Cyndi Whitten



Address: 11518 Iowa Circle, Omaha, NE. 68124  
Phone: (402) 208-8859

Cyndi Whitten is Managing Member of the LLC and also the Administrator of the facility.

# NEBRASKA STATE FIRE MARSHAL

# OCCUPANCY PERMIT

Certificate Number: 402951

Name of Facility: **Shiloh Place Assisted Living**

Type of Facility: **Assisted Living**

Location: **915 H Street, Fremont**

Maximum Occupancy: **16 Beds**

Date Issued: **3/30/2015**

Approved By:



Inspected By: **8713 Alan Viox**  
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.

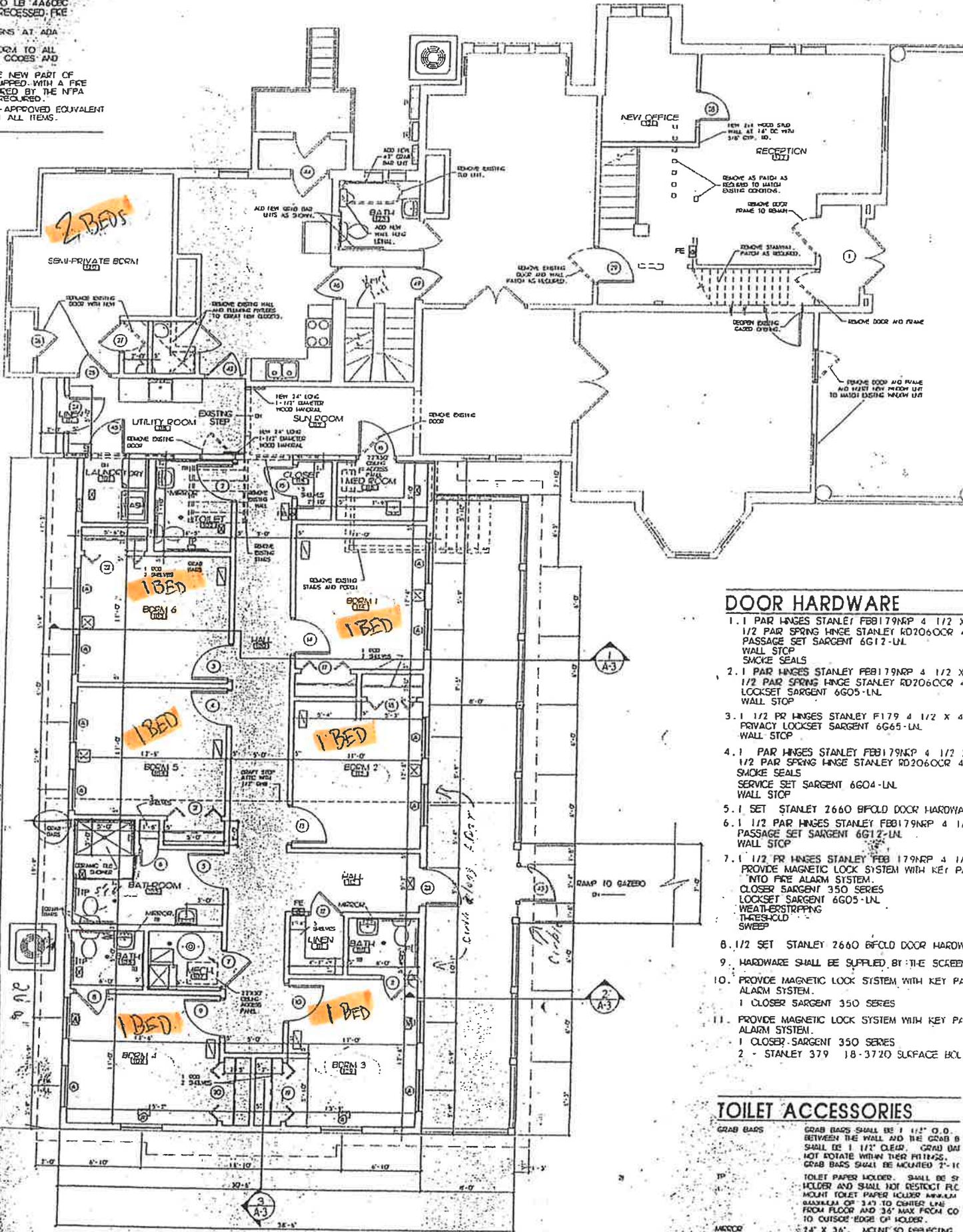
ALLS TO ADEQUATELY  
AND FINISHES  
TO LB 4460C  
EM-RECESSED FCE

9 SABS AT ADA

CONFORM TO ALL  
LONG CODES AND

THE NEW PART OF  
EQUIPPED WITH A FCE  
REQUIRED BY THE NPA  
AS REQUIRED.

FCE-APPROVED EQUIVALENT  
ON ALL ITEMS.



**DOOR HARDWARE**

1. 1 PAR HINGES STANLEY FB8179NP 4 1/2 X 1/2 PAR SPRING HINGE STANLEY RD206OCR 4 PASSAGE SET SARGENT 6G12-LNL WALL STOP SMOKE SEALS
2. 1 PAR HINGES STANLEY FB8179NP 4 1/2 X 1/2 PAR SPRING HINGE STANLEY RD206OCR 4 LOCKSET SARGENT 6G05-LNL WALL STOP
3. 1 1/2 PR HINGES STANLEY F179 4 1/2 X 4 PRIVACY LOCKSET SARGENT 6G65-LNL WALL STOP
4. 1 PAR HINGES STANLEY FB8179NP 4 1/2 X 1/2 PAR SPRING HINGE STANLEY RD206OCR 4 SMOKE SEALS SERVICE SET SARGENT 6G04-LNL WALL STOP
5. 1 SET STANLEY 2660 BFOLD DOOR HARDWARE
6. 1 1/2 PAR HINGES STANLEY FB8179NP 4 1/2 PASSAGE SET SARGENT 6G12-LNL WALL STOP
7. 1 1/2 PR HINGES STANLEY FB8179NP 4 1/2 PROVIDE MAGNETIC LOCK SYSTEM WITH KEY PA INTO FIRE ALARM SYSTEM. CLOSER SARGENT 350 SERIES LOCKSET SARGENT 6G05-LNL WEATHERSTRIPPING THREES-OLD SWEEP
8. 1/2 SET STANLEY 2660 BFOLD DOOR HARDWARE
9. HARDWARE SHALL BE SUPPLIED BY THE SCHEDULE
10. PROVIDE MAGNETIC LOCK SYSTEM WITH KEY PA ALARM SYSTEM. 1 CLOSER SARGENT 350 SERIES
11. PROVIDE MAGNETIC LOCK SYSTEM WITH KEY PA ALARM SYSTEM. 1 CLOSER SARGENT 350 SERIES 2 - STANLEY 379 18-3720 SURFACE BOL

**TOILET ACCESSORIES**

- GRAB BARS
- GRAB BARS SHALL BE 1 1/2" O.D. BETWEEN THE WALL AND THE GRAB BAR SHALL BE 1 1/2" CLEAR. GRAB BAR NOT ROTATE WITH THE FITTINGS. GRAB BARS SHALL BE MOUNTED 2"-11"
- TOILET PAPER HOLDER - SHALL BE STICKER AND SHALL NOT RESTRICT FLOOR MOUNT TOILET PAPER HOLDER MINIMUM BASKET OF 3" TO CENTER LINE FROM FLOOR AND 36" MAX FROM CO TO OUTSIDE EDGE OF HOLDER.
- 7" X 36" MOUNT SO REFLECTING 10 HIGHER THAN 40" ABOVE FLOOR
- TOILET BAR - MOUNT PER ADA REQUIREMENTS

