

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


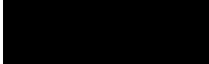
KD/LS
5-17-16

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

LAKEVIEW ASSISTED LIVING

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY
Lic # ALF356

EXPIRES
04/30/2017

 
Courtney R. Phillips, MPH
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: LAKEVIEW ASSISTED LIVING

ADDRESS: 404 EAST 8TH STREET, FIRTH, NE 68358

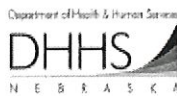
This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

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

3/20/16

LICENSURE UNIT

APR 27 2016



STATE OF NEBRASKA
Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

RECEIVED

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:

LAKEVIEW ASSISTED LIVING
404 EAST 8TH STREET
FIRTH, NE 68358

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

LICENSE NO: ALF356

TELEPHONE NUMBER: (402) 791-5588

FAX NUMBER: _____

ADMINISTRATOR: HELEN CRUNK

EMAIL: helen@levseniorhealthcare.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 30

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: LEVEN SENIOR HEALTHCARE, LLC

(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 404 EAST 8TH STREET

FIRTH, NE 68358

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

REC'D H... ACCOUNTING
2016 APR 28 A 10:31

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,

Helen Crunk

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

George Crunk

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

4-25-16
DATE

4-25-16
DATE

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 403395

Name of Facility: **Lakeview Assisted Living**

Type of Facility: **Assisted Living**

Location: **404 E 8th St Firth**

Maximum
Occupancy: **30 Beds**

Date Issued: **3/29/2016**

Inspected By: **8727 Clint Rossman**
Deputy State Fire Marshal

Approved By:


State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.

Leven Senior Healthcare, LLC
404 E. 8th Street
Firth, NE 68358
April 25, 2016

Office of Long Term Care Facilities
Licensure Unit
301 Centennial Mall South, PO Box 94986
Lincoln, NE 68509-4986

Dear Office of Long Term Care Facilities:

The following information is in regards to Leven Senior Health Care, LLC dba LakeView Assisted Living licensure renewal application.

1. Ownership Control of Leven Senior Healthcare

Helen Crunk 50%
1614 12th Street
Union, NE 68455
[REDACTED]

George Crunk 50%
1614 12th Street
Union, NE 68455
[REDACTED]

2. Occupancy Certificate- I have not received an updated copy from Fire Marshall's office. Inspection was completed on 3-29-16. I am following up with them.

Sincerely,

[REDACTED]
Leven Senior Healthcare, LLC

Enclosure

Clint Rossman

State Licensure Inspection - Due 3-31-2016

30 Beds

Helen Crunk, Administrator

District M
43151



Please send FEE Card, Referral form and payment, by Check or Money Order,
in the provided envelope to:

State Fire Marshal Office
246 South 14th Street
Lincoln, Ne 68508-1804

Facility Type : **Assisted Living**

Facility Name : Lakeview Assisted Living

Street Address : 404 East 8th Street

Mailing Address : DOES NOT HAVE A PO BOX!
Firth, 68358

Inspection Fee : \$50

Revisit Fee : /

Total Due : 50⁰⁰

E-Mail Address : _____

Upon receipt of this signed form, payment of the fee in accordance with the Nebraska State Statute 81-505.01, and an Order of Approval; a Certificate of Occupancy will be issued.
Please enter your E-Mail address on this form when submitting.

 8727
Signature of Inspecting official: 8727 Clint Rossman

3-29-16
Date

1st Inspection : Clinton Rossman

Contact : Kathy Rich

2nd Inspection : _____

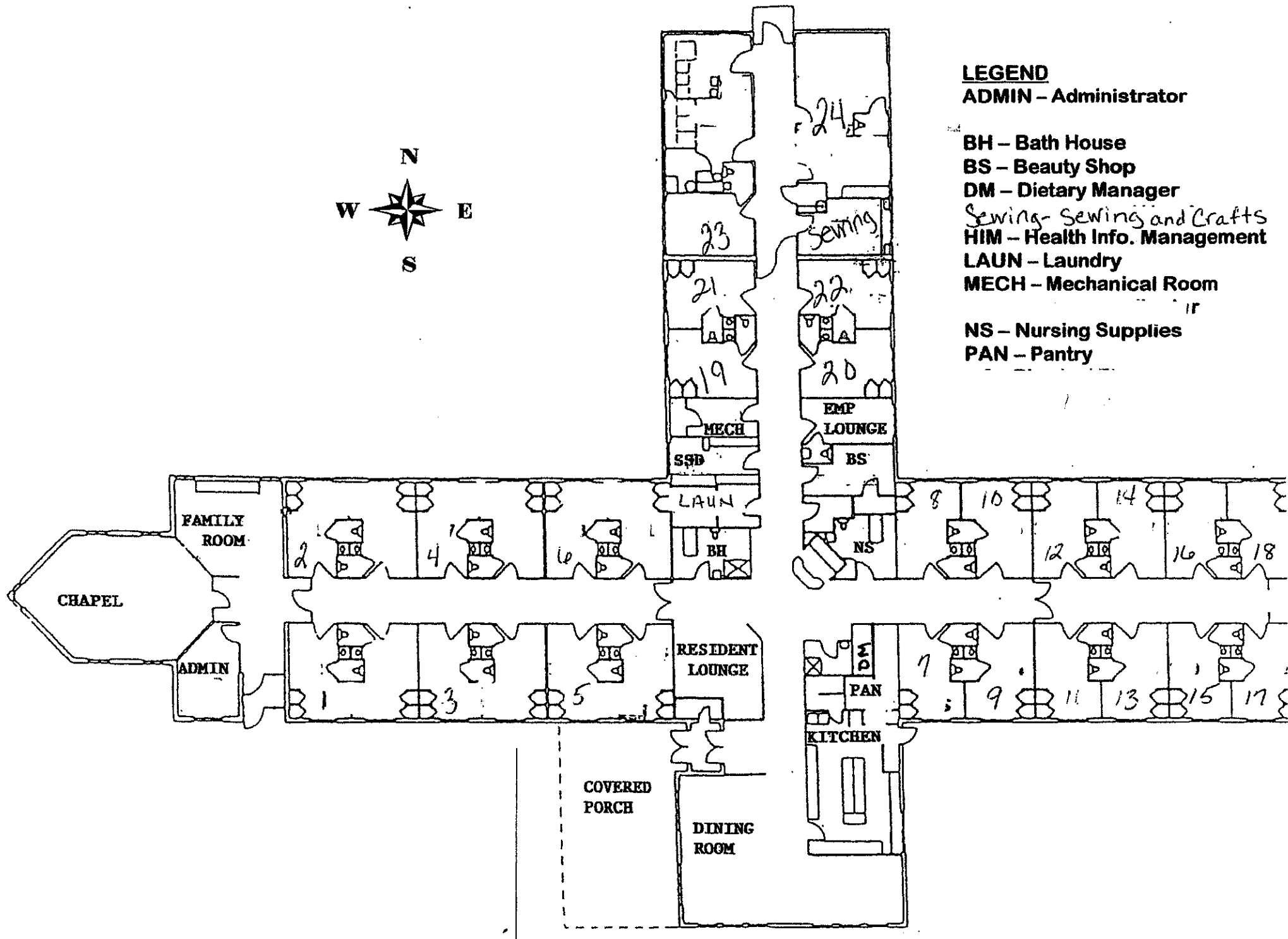
Contact : _____

3rd Inspection : _____

Contact : _____

4th Inspection : _____

Contact : _____



LEGEND

ADMIN - Administrator

BH - Bath House

BS - Beauty Shop

DM - Dietary Manager

Sewing - Sewing and Crafts

HIM - Health Info. Management

LAUN - Laundry

MECH - Mechanical Room

NS - Nursing Supplies

PAN - Pantry