


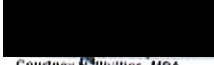
Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4986

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

Richmont Terrace Assisted Living & Memory Care
MEETS STATUTORY REQUIREMENTS AS AN
Assisted Living Facility
LIC #ALF366

Services:
Alzheimer's Memory Care Endorsement

EXPIRES:
April 30, 2017

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

Cut on heavy line and place on license

FACILITY NAME: Richmont Terrace Assisted Living & Memory Care
ADDRESS: 620 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.

September 12, 2016

Andrew Diediker, Administrator
Richmont Terrace Assisted Living & Memory Care
620 Fort Crook Road South
Bellevue, NE 68005

Dear Mr. Diediker:

This is to acknowledge that Richmont Terrace Assisted Living & Memory Care, Assisted-Living Facility License #ALF366, has been approved for the Memory Care Endorsement. Enclosed is a licensure card which shows Memory Care Endorsement and the expiration date of the license. This document replaces the previous renewal license.

Please contact this office for any questions.

Sincerely,



Eve Lewis, RNC, Program Manager
Office of Long Term Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services
(402) 471-3324

EL/dj



For Office of LTC use only	
Approval date:	<u>9/16/16</u>
License number:	<u>ALF 366</u>
License expiration date:	<u>4/30/17</u>

Alzheimer's Special Care Unit Disclosure and Memory Care Endorsement Application

1. License type (Select one)

Alzheimer Special Care Unit Disclosure only

Alzheimer Special Care Unit Disclosure and Memory Care Endorsement

2. Type of application (Select one)

Initial Projected Opening Date: _____

Renewal License # ALF366

Change of ownership

3. Facility information

Name of facility: Richmont Terrace II, LLC
(Doing Business As (DBA) name registered with Secretary of State)

402- _____ Facility

900- _____

Phone: 402-291-9800 FAX: 2515 E-mail: richmontseniorliving@gmail.com

Street address: 620 Fort Crook Road South

City, State, ZIP: Bellevue, NE 68005 County: Sarpy

Mailing address: Same

Administrator: Andrew Diediker

Maximum endorsed capacity: 114

4. Applicant information

Owner (licensee) Management

Name of legal owning entity: Richmont Terrace II, LLC
(Exactly as registered with the Secretary of State)

Contact name: MaryLynne Bolden

Phone: 402-719-6329 FAX: n/a E-mail: mlb@mjseniorhousing.com

Street address: 620 Fort Crook Road South

City, State, ZIP: Bellevue, NE 68005

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:
Providence Place will provide 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.

B) Criteria for placement in, transfer to:

All inquiries for Providence Place will be subject to a prescreening process by the Director of Healthcare and/or RN Consultant or designee to ensure that each individual resident's needs are met by Providence Place's employees. The following are requirements for occupancy to Providence Place Memory Care Community.

1. All residents of Providence Place will have an established diagnosis of Alzheimer's or related dementia disorder or require additional levels of assisted living services.
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 or other residents of the home, 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, transferring, bathing, incontinence, 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. Providence Place does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.

C) Criteria for discharge:

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 Providence Place. 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. The final decision regarding discharge from the community will be made by Executive Director under the direction of MJ Senior Housing, LLC. Providence Place's employees 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 situation becomes unstable or unpredictable and cannot be appropriately resolved through interventions.
3. When the resident is no longer able to feed themselves. Providence Place will provide alternate dining environments, dining with an employee, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge.
4. When the resident's physician determines that the resident's care requires the need for 24-hour skilled nursing.
5. At the request of the resident's POA.

D) Process for assessment and establishing the plan of care:

All residents will have a current service agreement in their chart at all times. Residents are assessed upon admission and with change of condition. The assessment includes obtaining the following information:

- Name, gender and date of birth
- Medical care provider
- Current and recent health history
- Pertinent social history
- Allergies
- Advanced directives
- Person to notify in emergency
- Admission weight and vital signs
- Any identified special needs or equipment
- Medications and any special dietary needs
- Level of assistance needed to perform activities of daily living including bathing, dressing, toileting, ambulation
- Any special safety considerations
- Cognition as determined by orientation and behavior (GDS cognitive assessment tool used)

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 and/or RN Consultant 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.
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 and/or RN Consultant 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 as needed for changes in the resident condition that may occur.

E) Staffing numbers/pattern:

Providence Place schedules one direct care staff for every five (5) - seven (7) residents based upon acuity level. In addition to direct care staff Providence Place also has an Executive Director and Chef on-site who are specially trained in caring for those who have dementia.

F) Staff training and continuing education including four (4) hours related to dementia care and training for cultural competencies:

Providence Place recognizes the importance of specially-trained employees required to meet the needs of individuals with Alzheimer's and related dementias. Each employee of Providence Place will be given adequate orientation and on-going training, which will enable them to meet the needs of each resident. Employee orientation of all direct-care employees 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 Tactics for Dementia Individuals
9. Infection Control Practices and OSHA Standards
10. Alzheimer's Disease Process
11. Cultural competencies

Along with the initial training, Employees will have no less than twelve (12) hours annually of continuing education, four (4) hours of which will be specifically related to care and treatment for those with a cognitive impairment. The training will be conducted as needed, to update employees of new developments in caring for residents with dementia. The in-services will be held at the community, as well as any workshops and other related in-services that can be arranged outside the community. Providence Place is committed to ensuring that all employees have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

G) Physical environment and features, including security features:

Providence Place was created and designed to be a low stimulus, home-like atmosphere. The community is a secure environment equipped with a security system for controlled access as well as a nurse call system for resident need and wellbeing. It has all private rooms with baths. 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. The community is designed to assist the resident in daily success with simple tasks. Each apartment door is unique in color to help them easily identify their apartment. Paint colors are warm and inviting. Accent walls specially placed around toilets to assist residents in identifying the toilet fixture. Toilet seats are of contrasting color to the toilet itself to assist residents in identifying location of toilet. Journey stations have been strategically placed throughout the environment to stimulate the natural curiosity of residents.

H) Resident activities related to dementia care:

All activity programming for Providence Place 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. Activities will be available 24-hours a day. All activities provided are age appropriate for the geriatric population. Providence Place recognizes the importance of consistent schedules needed for individuals with dementia; however, it is equally important not to make the schedule unchangeable for spontaneous and purposeful activities for each person. 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. Providence Place has designed areas of special function including a Snoezelan Room, Journey Stations, and a Dementia Lounge.

I) Family support program:

Providence Place 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. Activity/Recreation Programs
3. Meals
4. 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 concerning the Alzheimer's/dementia disease process.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.
4. Information and support on how to respond to their loved one's behaviors.

J) Cost/Fees of care:

Providence Place has all private rooms. The price for each room is a per month fee. Providence offers 2 levels of care. All current rates are as follows:

Suite \$4900 and \$5500
Deluxe Suite \$5300 and \$5900

Applicant Signature

I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.

Mary Lynne Bolden

(Print Name of authorized representative)

9-1-16

(Date)



(Signature)

9-1-16

(Date)

Send completed application to:

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

Or to dhhs.healthcarefacilities@nebraska.gov

If you have questions, email dhhs.healthcarefacilities@nebraska.gov

Or call (402) 471-3324

Note: A Memory Care Endorsement will not be approved until all requirements for the facility's license and endorsement have been met.

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



*Initial EFF
5/5/16dy*

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

RICHMONT TERRACE ASSISTED LIVING & MEMORY CARE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services ALZHEIMERS UNIT Lic # ALF366

EXPIRES
4/30/2017

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

Cut on heavy line and place on license.

FACILITY NAME: RICHMONT TERRACE ASSISTED LIVING & MEMORY CARE

ADDRESS: 620 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.

State of Nebraska

Department of Health and Human Services Division of Public Health

Lincoln, Nebraska

ISSUES LICENSE NO. ALF366 to RICHMONT TERRACE II, LLC to operate an ASSISTED-LIVING FACILITY at 620 FORT CROOK ROAD SOUTH in the city of BELLEVUE, NE. This facility is subject to rules and regulations lawfully promulgated by the State of Nebraska Department of Health and Human Services Division of Public Health.

Licensure Issuance Date: May 05, 2016

Please place small
license card here



Given under my hand and the seal of the State of Nebraska Department of Health and Human Services Division of Public Health at Lincoln, Nebraska, on May 06, 2016.

[Redacted Signature]

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

May be displayed on the licensed premises.



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

Fees:	
1-10 beds	\$950
11-20 beds	\$1,450
21-50 beds	\$1,650
51 or more	\$1,950
Make fee payable to DHHS	

Check one:

Initial License

Change of Location

Change of Ownership

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

1. NAME OF FACILITY: Richmont Terrace Assisted Living and Memory Care
 ADDRESS: 620 Fort Crook Road South, Bellevue, NE 68005
 (Street Address, City, Zip)

2. TELEPHONE NUMBER: 402-291-9800 (Area Code) FAX: 402-800-2515 (Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
 (If Not Individual)

4. ADMINISTRATOR: Andrew Diediker

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
702 Fort Crook Road South, Bellevue, NE 68005

6. NUMBER OF BEDS TO BE LICENSED: 114

7. PLANNED OCCUPANCY DATE: 1/4/2016

8. SPECIFY SPECIAL POPULATIONS: (Please Check if Applicable)

Special Care Unit for Alzheimer's Dementia 28 Number of Beds

Other-please specify _____ Number of Beds

LICENSURE UNIT
DEC 07 2015
RECEIVED

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: Richmont Terrace II, LLC
 (Legal Name of Individual or Business Organization)
 ADDRESS: 620 Fort Crook Road South, Bellevue, NE 68005
 (Street Address, City, Zip)

10. MAILING ADDRESS OF OWNERSHIP: _____
 (If Different Than Above)

11. 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

2015 DEC - 8 A 8 39
RECEIVED
HHS ACCOUNTING

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & 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 and on the attached documents are true and correct and I/we hereby apply for a 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.

Rick Sanders
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

Jason Lange
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

 SIGNATURE

10/20/15
DATE

10-20-15
DATE



May 5, 2016

Andrew Diediker
Administrator
Richmont Terrace Assisted Living & Memory Care
620 Fort Crook Road South
Bellevue, NE 68005

Dear Mr. Diediker:

We are happy to inform you that Richmont Terrace Assisted Living & Memory Care has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF366. The license is for 114 beds and is effective May 5, 2016.

Enclosed are a small-sized licensure card, which shows the expiration date of the license and an 8x10 license which is the facility's original license. These documents are to be displayed in a conspicuous place on the licensed premises to show that the facility is licensed. The license is issued for only the premises and persons named on the application and said license is not transferable or assignable.

You may direct any questions about this license to Eve Lewis, RNC, Program Manager, who can be reached by telephone at (402) 471-3324 or in writing at PO Box 94986, Lincoln, NE 68509-4986.

Sincerely,

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



Becky Wisell, Administrator
Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4986

Handwritten initials: BW and JL

April 18, 2016


Andrew Diediker
Administrator
Richmont Terrace Assisted Living & Memory Care
620 Fort Crook Road South
Bellevue, NE 68005

Dear Mr. Diediker:

This is to confirm the initial inspection for your Assisted-Living Facility as per telephone conversation with MaryLynn Bolden and Kelly Darling. The initial inspection will be on May 5, 2015 at 8:00 AM. If for any reason this date or time needs to be changed, please contact this office as soon as possible.

In order to expedite the inspection, it would be helpful if you could have the information on the enclosed form available at the start of the inspection. Please contact this office if you have any questions.

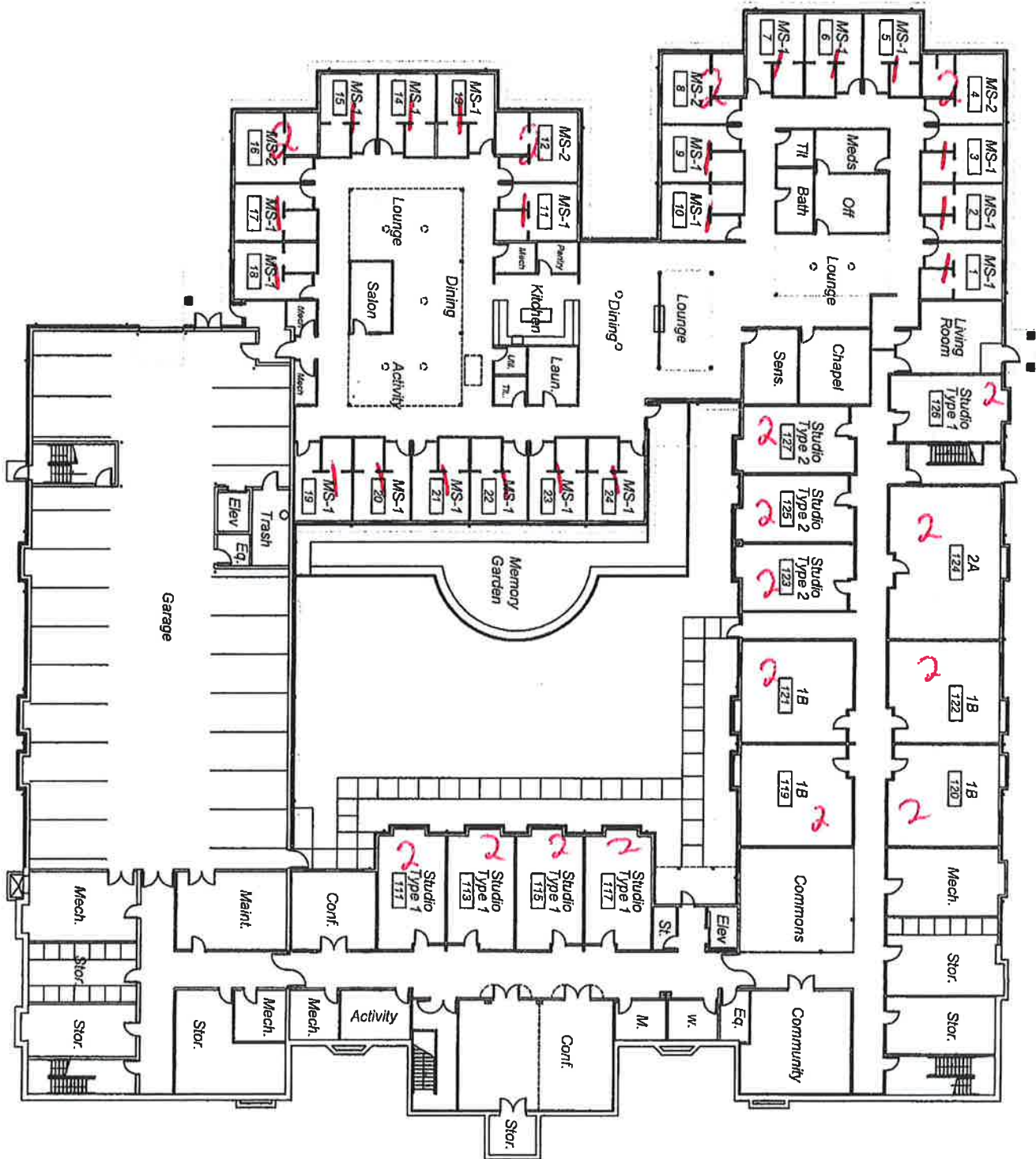
Sincerely,


Eve Lewis, RNC, Program Manager
Office of LTC Facilities - Licensure Unit
Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South
Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

EL/dj

Enc: Initial Inspection Checklist

Richmont Terrace - First Floor



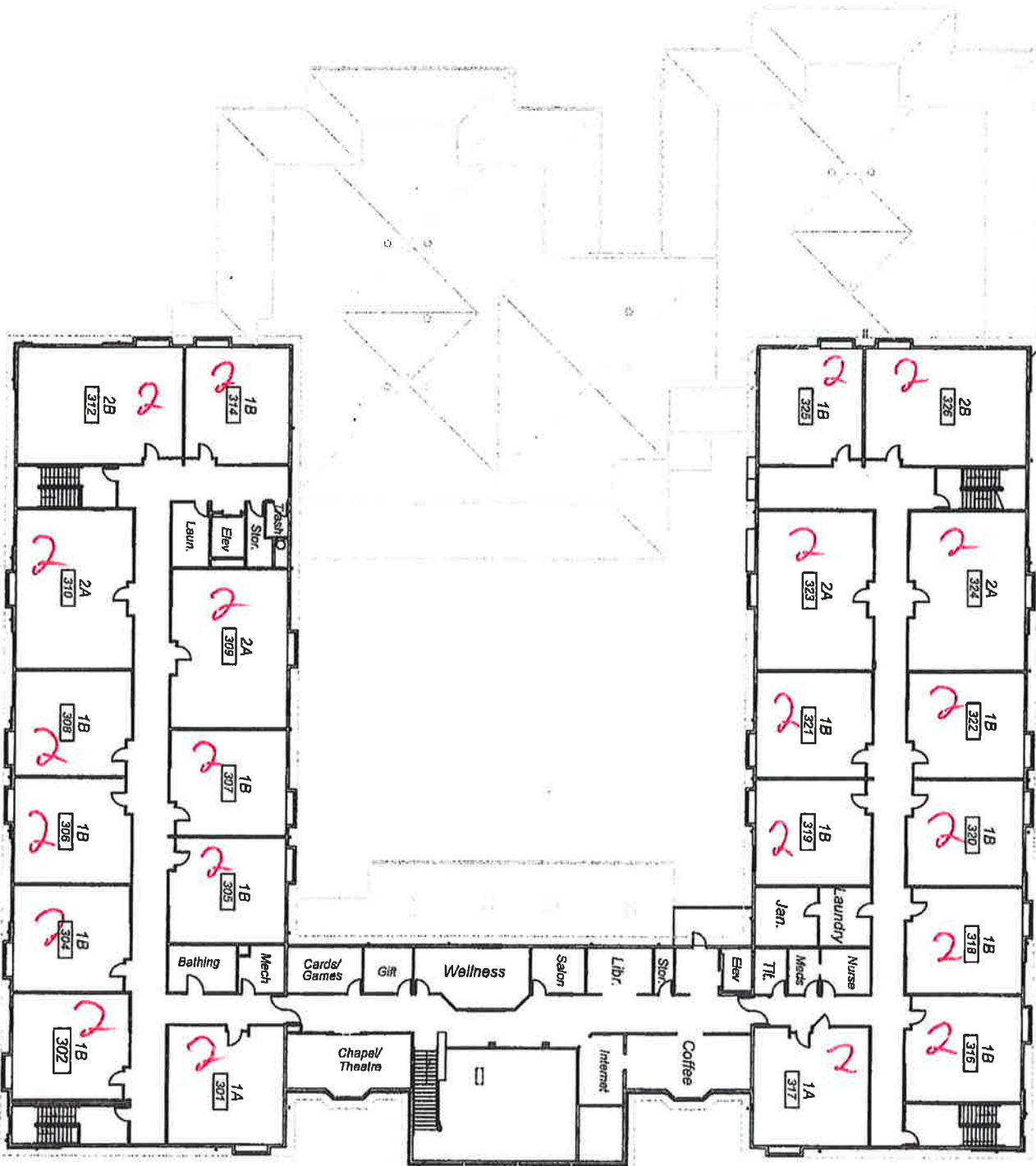
Richmont Senior Living
Richmont Terrace
 ASSISTED LIVING AND MEMORY CARE

Richmont Terrace - Second Floor



Richmont Senior Living
Richmont Terrace
 ASSISTED LIVING AND MEMORY CARE

Richmont Terrace - Third Floor



Richmont Senior Living
Richmont Terrace
 ASSISTED LIVING AND MEMORY CARE

Providence Place At Richmond Terrace

Memory Care Assisted Living Disclosure Statement

PHILOSOPHY AND MISSION STATEMENT:

Providence Place will provide 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 Providence Place will be subject to a prescreening process by the RN Consultant or designee to ensure that each individual resident's needs are met by Providence Place's employees. The following are requirements for occupancy to Providence Place Memory Care Community.

1. All residents of Providence Place 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 or other residents of the home, 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, transferring, bathing, incontinence, 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. Providence Place does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.

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 Providence Place. 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. The final decision regarding discharge from the community will be made by Executive Director. Providence Place's employees 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 situation becomes unstable or unpredictable and cannot be appropriately resolved through interventions.
- 3.
4. When the resident is no longer able to feed themselves. Providence Place will provide alternate dining environments, dining with an employee, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge.
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 will have a current service agreement in their chart at all times. Providence Place 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 RN Consultant 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.
3. At any time the resident's POA wishes to change any item on the Resident Service Agreement, this will be completed by the RN Consultant 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 as needed for changes in the resident condition that may occur.

EMPLOYEES TRAINING:

Providence Place recognizes the importance of specially-trained employees required to meet the needs of individuals with Alzheimer's and related dementias. Each employee of Providence Place will be given adequate orientation and training, which will enable them to meet the needs of each resident. Employee orientation of all direct-care employees 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 Tactics for Dementia Individuals
9. Infection Control Practices and OSHA Standards
10. Alzheimer's Disease Process

Along with the initial training, all direct care employees will receive continuing education throughout their employment at Providence Place. The training will be conducted monthly, and as needed, to update employees of new developments in caring for residents with dementia. The in-services will be held at the community, as well as any workshops and other related in-services that can be arranged outside the community. Providence Place is committed to ensuring that all employees have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

PHYSICAL ENVIRONMENT:

Providence Place was created and designed to be a low stimulus, home-like atmosphere. The community has all private rooms with baths. 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.

THERAPEUTIC RECREATION:

All activity programming for Providence Place 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. Activities will be available 24-hours a day. All activities provided are age appropriate for the geriatric population. Providence Place 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:

Providence Place 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. Activity/Recreation Programs
3. Meals
4. 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 concerning the Alzheimer's/dementia disease process.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.
4. Information and support on how to respond to their loved one's behaviors.

COST:

Providence Place has all private rooms. The price for each room is a per month fee as follows:

Apartment Type	Sq. Footage	Level One	Level Two
Suite	261	\$4900	\$5500
Deluxe Suite	323	\$5300	\$5900

There is a \$1000.00 refundable deposit that will hold the apartment of your choice for up to four weeks.

Richmont Terrace Assisted Living & Memory Care

John H. and Nancy S. Beard
19344 Ireland Ct., Lakeville, MN 55044
402 214-6396

Robert B. and Terry L. Joseph
208 Little Beaver Drive, Estes Park, CO 80517

James R. and Mary B. Hawkins
414 Greenbriar Ct., Bellevue, NE 68005

Thomas E. and Mary K. Hansen
513 Ridge Road, Bellevue, NE 68005

William A. Swick III Revocable
Trust, William A. Swick III, Trustee
1305 Camp Gifford Rd., Bellevue, NE 68005

Patriot Properties LLC - Richard Severson
9733 Fieldcrest Dr., Omaha, NE 68114

Ashton Craig Page and Patricia A. Page
38800 N. 107th Way, Scottsdale, AZ 85262

Bradley V. and Tamara A Sorensen Revocable Trust
411 East Main St., Plattsmouth, NE 68048

Barkinvest LLC- Kathryn and Ronald Barker
5513 S. 174th St., Omaha, NE 68135

Peter T. and Michele D. Silberstein
200 South 31st Ave, #4704, Omaha, NE 68131

MJ Senior Housing, LLC - Jason W. Lange, MaryLynne Bolden
P.O. Box 1223, Fremont, NE 68026

Kuehl Capital Holdings LLC - Ryan Bertucci
14747 California Street #1, Omaha, NE 68154

Sarco, Inc. - Rick R. Sanders
702 Ft. Crook Rd. So., Bellevue, NE



City of Bellevue Planning Department

210 W. Mission Avenue • Bellevue, NE 68005
Phone: 402-293-3026 • Fax 402-293-3055

July 3, 2014

Rick Sanders
Richmont Terrace LLC
702 Fort Crook Road South
Bellevue, NE 68005

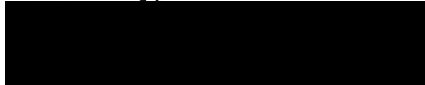
RE: Lot 1, Jaime's Addition Replat I
620 Fort Crook Road South

Dear Mr. Sanders:

The aforementioned property is currently zoned RG-20 (General Residence, 2,000 Square Foot Zone). Section 5.14.02 of the Zoning Ordinance allows for elderly or retirement housing as a permitted use in this district.

If you have any questions regarding this information please contact me at (402) 293-3038.

Sincerely,



Tammi L. Palm
Land Use Planner

cc: file



**BELLEVUE FIRE DEPARTMENT
CERTIFICATE OF OCCUPANCY**

Name of Facility: Richmond Terrace Assisted Living & Memory Care

Location: 620 Fort Crook Road South, Bellevue, NE 68005

Date Issued: 03/29/2016

Certificate No. 2652

Maximum Occupancy: 144 beds

Inspected By:



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