



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 1/13/16 di*

| | |
|--|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT | |
| THE HERITAGE AT LEGACY MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY | |
| Services ALZHEIMERS UNIT | Lic # AI F367 |
| EXPIRES 04/30/2016 |   Christy A. Thomas, MPA Chief Licensure Officer Department of Health and Human Services |

Cut on heavy line and place on license.

FACILITY NAME: THE HERITAGE AT LEGACY
ADDRESS: 2961 SOUTH 169 PLAZA, OMAHA, NE 68130

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

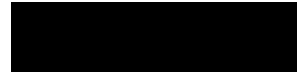
ISSUES LICENSE NO. ALF367 to THE HERITAGE AT LEGACY to operate an ASSISTED-LIVING FACILITY at 2961 SOUTH 169 PLAZA in the city of OMAHA, NE. This facility is subject to rules and regulations lawfully promulgated by the State of Nebraska Department of Health and Human Services Division of Public Health.

Licensure Issuance Date: January 13, 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 January 14, 2016.


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

May be displayed on the licensed premises.



January 13, 2016

Christine Shupe
Administrator
The Heritage At Legacy
2961 South 169 Plaza
Omaha, NE 68130

Dear Ms. Shupe:


We are happy to inform you that The Heritage At Legacy has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF367. The license is for 135 beds and is effective January 13, 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, who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

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

ALF 367



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

LICENSURE UNIT

DEC 16 2015

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

1. NAME OF FACILITY: The Heritage at Legacy
 ADDRESS: 2961 South 169 Plaza Omaha NE 68130
 (Street Address, City, Zip)

2. TELEPHONE NUMBER: 402-934-2999 (Area Code) FAX: 402-933-2673 (Area Code)

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

4. ADMINISTRATOR: Christine Shupe

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
11717 Burt Street Suite 102 Omaha NE 68154

6. NUMBER OF BEDS TO BE LICENSED: 135

7. PLANNED OCCUPANCY DATE: 12/30/15

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

Special Care Unit for Alzheimer's Dementia 30 Number of Beds

Other-please specify _____ Number of Beds

REC'D HHS ACCOUNTING
2015 DEC 17 A 11:14

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: The Heritage at Legacy Operating LLC
 (Legal Name of Individual or Business Organization)
 ADDRESS: 2961 South 169 Omaha NE 68130
 (Street Address, City, Zip)

10. MAILING ADDRESS OF OWNERSHIP: 11717 Burt Street Suite 102 Omaha NE 68154
 (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

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.

Farhan Khan
 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

Nate Underwood
 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

 SIGNATURE

11-23-15
 DATE

 DATE

December 15, 2015

To: Eve Lewis Program Manager

Nebraska Department of Health and Human Services - Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

Dear Eve Lewis,

Below is the list of owners for The Heritage at Legacy.

List of Owners: The Heritage at Legacy located at 2961 South 169 Plaza Omaha Nebraska.

| | | | |
|-----------------------------------|-----------------------------|------------|-------|
| Farhan Khan | 1314 N. 141st Street | Omaha NE | 68154 |
| Robert Underwood | 8605 N 225th Street | Elkhorn NE | 68022 |
| David Underwood | 1820 S 175th Avenue | Omaha NE | 68130 |
| Nate Underwood | 17810 Englewood Circle | Omaha NE | 68135 |
| Jim & Paula Wilson | 1303 South 181st Plaza | Omaha NE | 68130 |
| Dr. M.F. Khan Aka: Farid/Muhammed | 1705 N. 128th Avenue Circle | Omaha NE | 68154 |

September Stone

Director of Health Services
Heritage Communities
11717 Burt St ste 102 Omaha NE 68154.
402-618-6021



City of Omaha
Jean Stothert, Mayor

Planning Department

Omaha/Douglas Civic Center
1819 Farnam Street, Suite 1100
Omaha, Nebraska 68183
(402) 444-5150
Telefax (402) 444-6140

James R. Thele
Acting Director

June 17, 2013

Heritage at Legacy, LLC
11717 Burt Street
Omaha, NE 68154

RE: Lot 1, Replat 17, Legacy

To Whom It May Concern:

The Planning Department has approved the development agreement minor amendment for the associated site plan regarding the site reconfiguration that moves the assisted living facility out of the noise attenuation zone on Lot 1, Replat 17, Legacy. A copy of the agreement amendment and exhibits is enclosed for your records. The terms and conditions, and exhibits contained in the agreement establish the zoning regulations for this property and continue in effect except as revised by this amendment. No other changes are authorized or implied by this approval.

You are authorized to proceed with development of the property consistent with this amendment. The Planning Department will use the exhibits, the development agreement and the regulatory standards when we review building permit applications proposed for this property. Any construction plans that are not consistent with the approved development plan and regulatory standard's location, size or design of pedestrian ways, common open space features, building materials or building group configurations may require an amendment to the agreement. If the change is significant it may require a major amendment to be reviewed by the Planning Board and approved by City Council.

The Planning Department strongly encourages you to provide a copy of this agreement and amendments to any future tenants in this development. At a minimum it should be included as part of the disclosure of restrictions in any sales or lease agreement. This will avoid confusion and loss of time for the tenant during the permit review process.

If you have any further questions, please contact Todd Swirczek, City Planner-Current Planning, at 402.444.5156.

Sincerely
OMAHA CITY PLANNING DEPARTMENT

Chad Weaver
Assistant Planning Director

cc: Katie Underwood



FIFTH AMENDMENT TO DEVELOPMENT AGREEMENT

THIS FIFTH AMENDMENT TO DEVELOPMENT AGREEMENT (this "Fifth Amendment") is made pursuant to the Omaha Master Plan and Chapter 55, Omaha Municipal Code, and is made and entered into by and between the CITY OF OMAHA, NEBRASKA, a municipal corporation of the State of Nebraska (hereinafter referred to as the "City"), and Heritage at Legacy, LLC, a Nebraska limited liability company (hereinafter referred to as the "Developer").

WITNESSETH:

WHEREAS, the City and the Developer have entered into a certain Development Agreement that was approved by the City Council of the City on March 25, 2003, and as amended by that (i) Amendment to Development Agreement that was approved administratively dated January 10, 2006, (ii) Amendment to the Development Agreement that was administratively approved by the City on March 8, 2006, (iii) Third Amendment to the Development Agreement that was administratively approved by the City on June 2, 2011, (iv) Fourth Amendment to the Development Agreement that was approved by the City Council on May 1, 2012 (hereinafter collectively referred to as the "Development Agreement").

WHEREAS, the Developer and City desire to amend the Development Agreement to allow for an assisted living facility to be developed as shown on Exhibit B, attached hereto.

NOW, THEREFORE, the following is agreed between the parties hereto:

1. Capitalized Terms. All capitalized terms used in this Fourth Amendment shall have the meaning set forth in the Development Agreement except as otherwise defined herein.
2. Amendments.
 - A. Exhibit A to the Development Agreement is hereby amended to reflect the administrative replatting of Lots 5 and 6, Legacy Replat 5, into Lot 1, Legacy Replat 17, as shown on Exhibit A-1 attached hereto.
 - B. Exhibit B to the Development Agreement is hereby repealed in its entirety and Exhibit B attached hereto is hereby substituted in its place.
 - C. Exhibits B2-A, B2-B, and B2-C are hereby repealed in its entirety and Exhibit B-2 attached hereto is hereby substituted in its place.
 - D. Exhibit B2-D is hereby repealed in its entirety and Exhibit B-G attached hereto is hereby substituted in its place.
 - E. Exhibit D (Sign Budget) to the Development Agreement is repealed in its entirety and Exhibit D attached hereto is hereby substituted in place.

F. Building Elevations for the buildings to be constructed on the Property are shown on Exhibit F1 attached hereto and incorporated herein by this reference (the "Building Elevations"). The Building Elevations shall be compatible with respect to the building materials, height, massing and general design character shown on Exhibit F1. It is understood and agreed that the design details for the elevations, facades, canopies, awnings, columns, sign bands, window bays, building materials, and other architectural features may be modified from time to time by the owner or developer of such building, provided the general concept and integrity of the Building Elevations with respect to the elevations, building materials and architectural features are generally complied with.

3. No other Amendments. Except as specifically set forth herein, the Development Agreement shall remain in full force and effect.

[Remainder of page intentionally left blank; signatures on following page(s)]

IN WITNESS WHEREOF, the executing parties, by their respective duly authorized agents, have entered into this amendment to the Development Agreement effective on the date of the Planning Director's signature.

CITY OF OMAHA, NEBRASKA

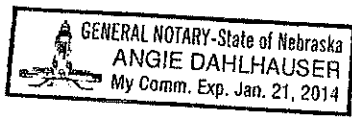
By: [Redacted] _____ 6/17/13
Date

By: [Redacted] _____ 6-10-13
Date

By: [Redacted] _____ 6-10-13
Date

STATE OF NEBRASKA
COUNTY OF DOUGLAS

)
) ss.
)

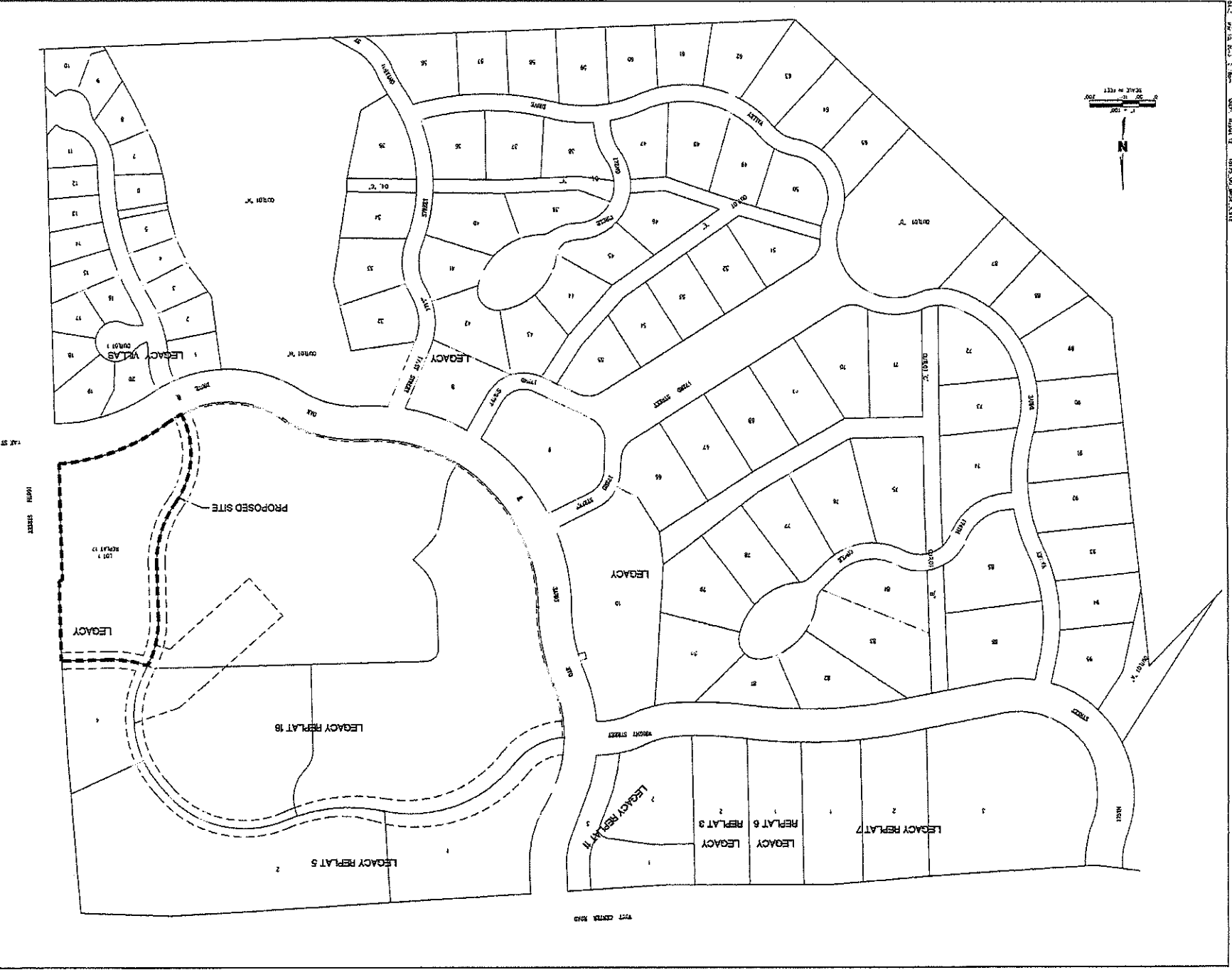


The foregoing instrument was acknowledged before me this 10th day of June, 2013, by Farhan Khan on behalf of the company.

[Redacted Signature] Notary Public

Exhibit A-1
Attached.

PLAN OF SUBDIVISION FOR LEGACY VILLAGES, A MIXED-USE DEVELOPMENT, IN THE CITY OF OMAHA, NEBRASKA

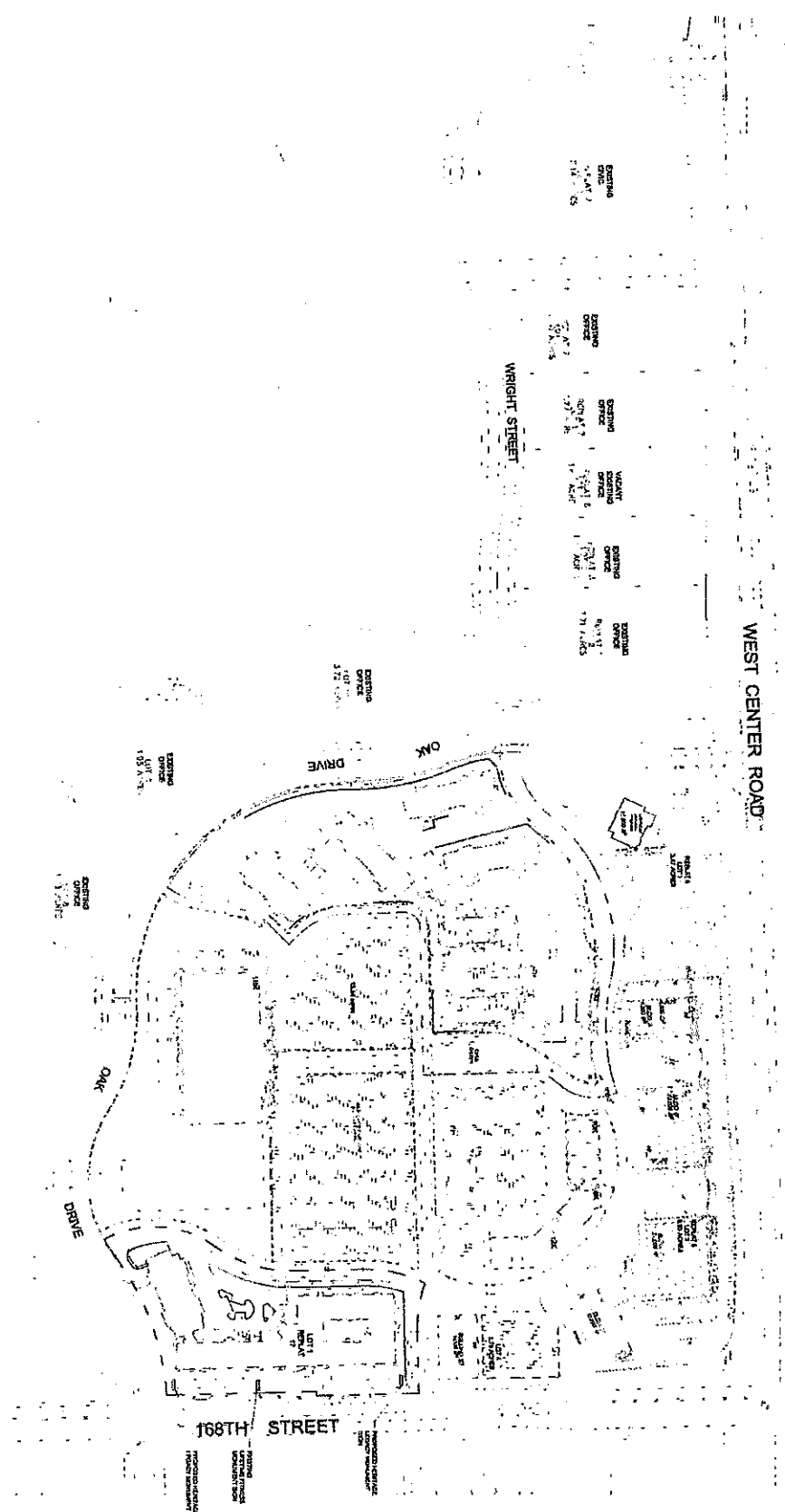


EX. A

LEGACY
MIXED USE DEVELOPMENT PLAN
OMAHA, NEBRASKA

EXHIBIT A

OLSSON
ASSOCIATES



EX. B

LEGACY
MIXED USE DEVELOPMENT PLAN

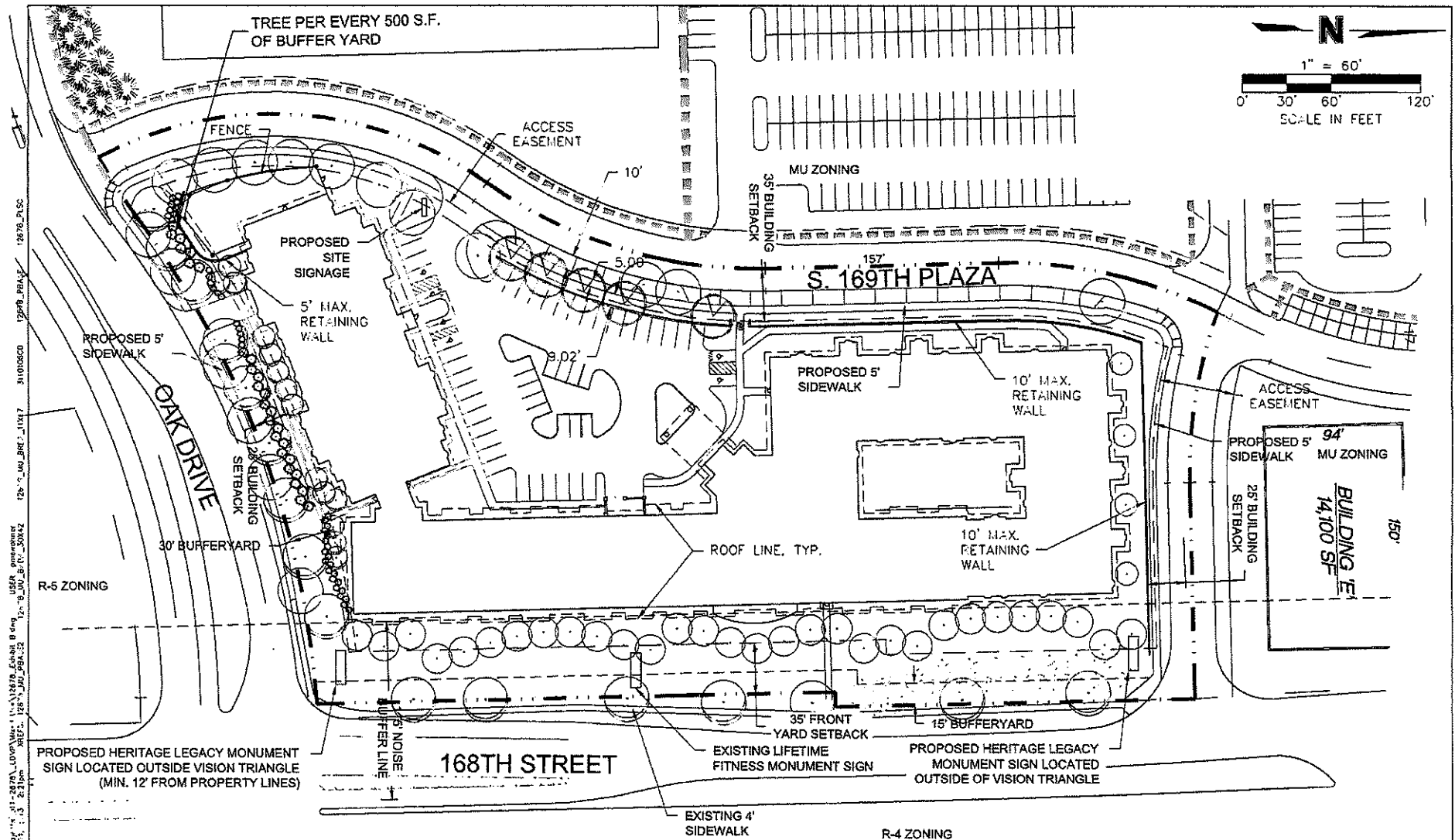
OMAHA, NEBRASKA

2013

EXHIBIT B

OLSSON ASSOCIATES

2013 OLSSON ASSOCIATES, INC. ALL RIGHTS RESERVED
2013 OLSSON ASSOCIATES, INC. ALL RIGHTS RESERVED



C:\Program Files\AutoCAD\Map\Map1\11\12678_Plan.dwg
 USER: gmschmitt
 DATE: 6/4/2013 1:13:23 PM
 PLOT: 12678_Plan_Plot.dwg
 PLOT DATE: 6/4/2013 1:14:17 PM
 PLOT SCALE: 1/8" = 1'-0"
 PLOT SHEET: 1 of 1

PROJECT NO: 011-2678
 DRAWN BY: MDB
 DATE: 6/4/2013

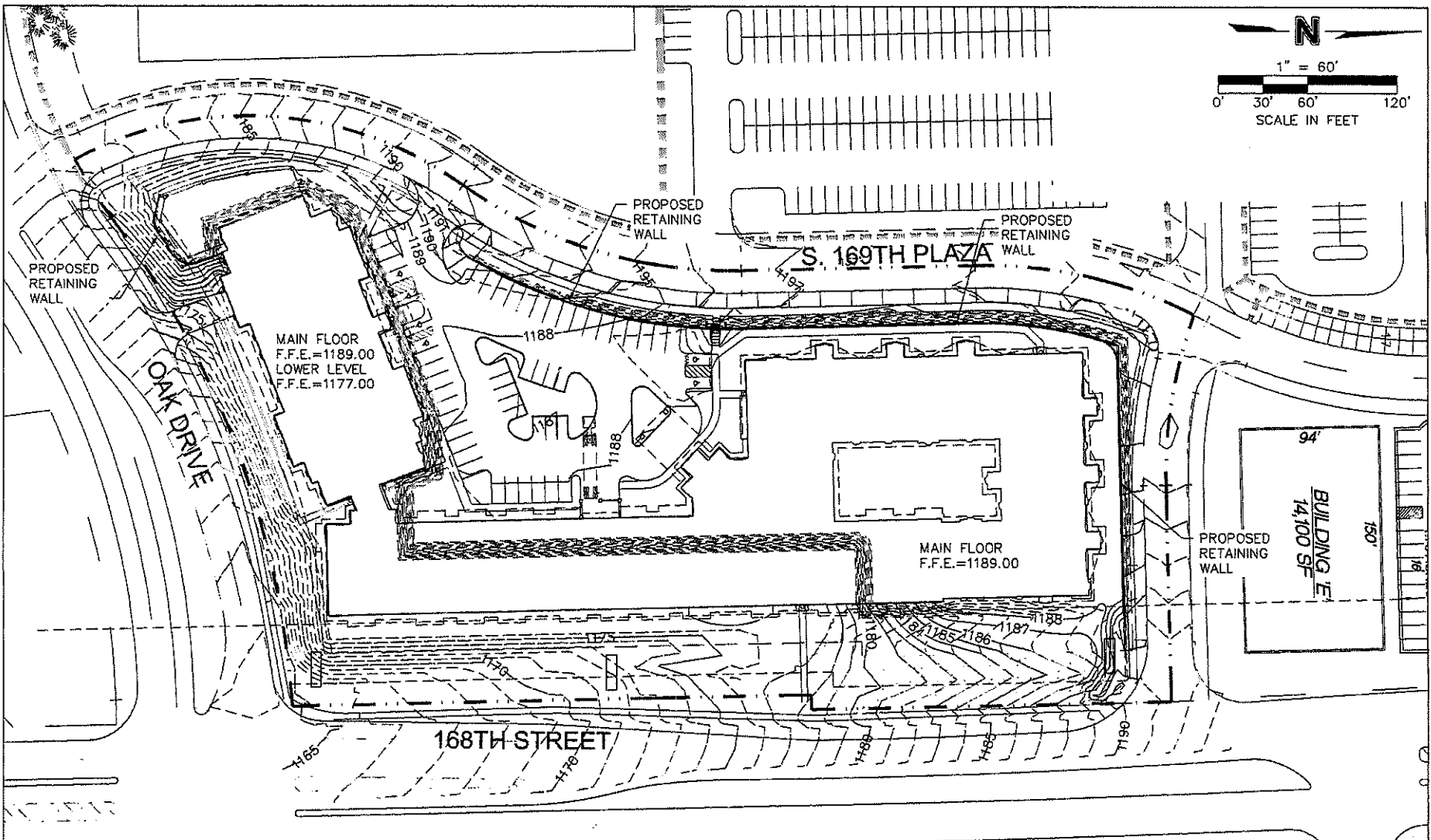
LEGACY SENIOR LIVING - MAIN LEVEL



2111 South 87th Street
 Suite 200
 Omaha, NE 68166
 TEL: 402.341.1116
 FAX: 402.341.5895

EXHIBIT
B2

D:\Projects\11-2678A_LDW\Notes\12678A_Enblt_B.dwg USER: hunderood
 DATE: Jan 03, 2013 2:22pm XREFS: 12678_AUL_FBP.dwg 12678_AUL_FBP.dwg
 12678_AUL_BROR.dwg 31106_ACU 12678_PBA.dwg 12678_PSC



| EXHIBIT "D" - SIGN BUDGET | | | | | | |
|---------------------------|------------------|--------------------|---------|-------|---------------------|---------------------|
| 11-Mar-13 | | | | | | |
| LEGACY | | | | | | |
| LOT # | PRIMARY FRONTAGE | SECONDARY FRONTAGE | ADJUST. | MULT. | ALLOWABLE SIGN AREA | ALLOCATED SIGN AREA |
| REPLAT 1 | | | | | | |
| 2 | 315 | 225 | 113 | 1.5 | 641 | 300 |
| 3 | 370 | 71 | 36 | 1.5 | 608 | 100 |
| REPLAT 3 | | | | | | |
| 2 | 166 | 166 | 83 | 1.5 | 374 | 300 |
| REPLAT 5 | | | | | | |
| 1 | 488 | 423 | 211.5 | 1.5 | 1,049 | 900 |
| 2 | 930 | 362 | 181 | 1.5 | 1,667 | 2,400 |
| ORIGINAL PLAT | | | | | | |
| 4 | 400 | | 0 | 1.5 | 600 | 500 |
| REPLAT 17 | | | | | | |
| 1 | - | - | - | - | 1,302 | 200 |
| REPLAT 6 | | | | | | |
| 1 | 163 | 163 | 82 | 1.5 | 367 | 300 |
| REPLAT 7 | | | | | | |
| 1 | 180 | 180 | 90 | 1.5 | 405 | 300 |
| 2 | 202 | 202 | 101 | 1.5 | 455 | 300 |
| 3 | 969 | 473 | 237 | 1.5 | 1,808 | 500 |
| REPLAT 10 | | | | | | |
| 8 | 224 | 416 | 208 | 1.5 | 648 | 300 |
| 9 | 303 | 820 | 410 | 1.5 | 1,070 | 500 |
| 10 | 597 | 411 | 205.5 | 1.5 | 1,204 | 400 |
| REPLAT 16 | | | | | | |
| 1 | 400 | | 0 | 1.5 | 600 | 500 |
| 2 | 552 | | 0 | 1.5 | 828 | 800 |
| 3 | 838 | | 0 | 1.5 | 1,257 | 4,500 |

14,882

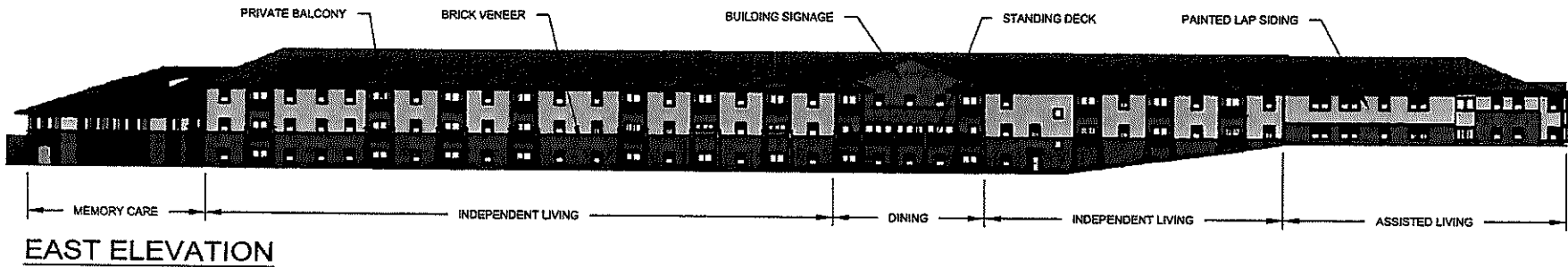
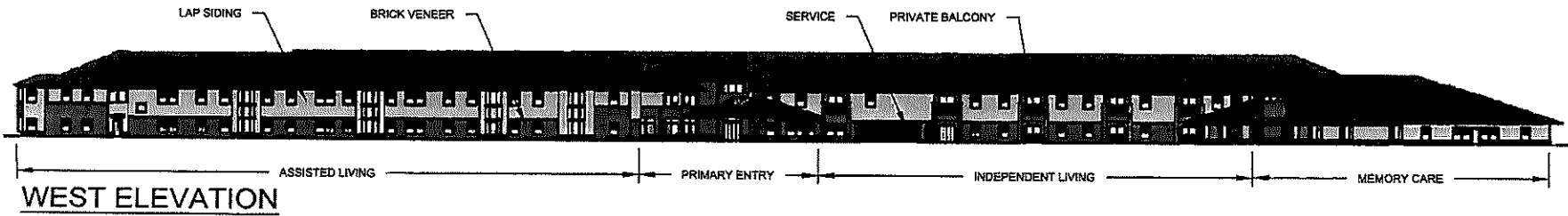
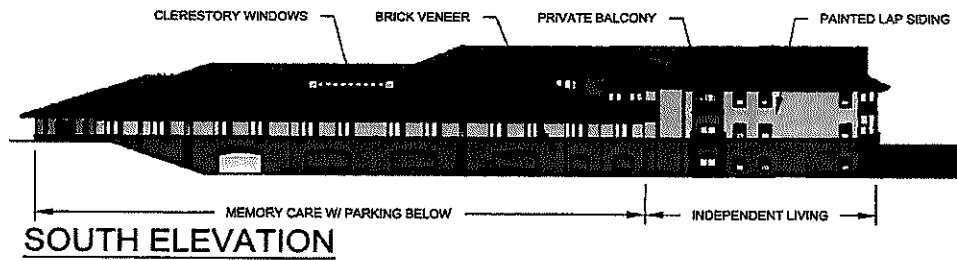
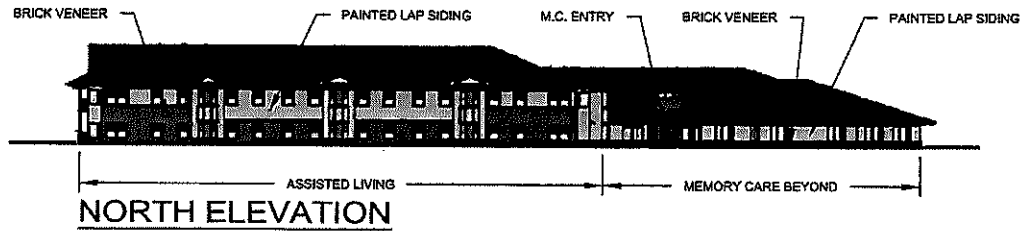
SUB-TOTAL SIGNAGE ALLOCATED (SQ.FT.) 13,100

(3) CENTER IDENTIFICATION SIGNS (ON MU-CC AREA) (x 300 SQ. FT.) 900

Non-allocated 800

TOTAL SIGNAGE ALLOCATED ON THIS PROJECT (SQ.FT.) 14,800

TOTAL SIGNAGE ALLOWED ON PROJECT (SQ.FT.) 14,882



CONCEPTUAL ELEVATIONS AND MATERIALS
HERITAGE MANAGEMENT SERVICES
HERITAGE AT LEGACY
Lots 5 & 6 at Legacy, Omaha, NE

March 11, 2013

T.1.1
EXHIBIT
CWP 12128

LEGEND
MEMORY CARE

- UNIT MC-1: SINGLE BED 240 SF
- UNIT MC-2: SINGLE BED 270 SF
- UNIT MC-3: SINGLE BED 225 SF
- UNIT MC-4: DOUBLE BED 400 SF
- UNIT MC-5: DOUBLE BED 390 SF
- UNIT MC-6: DOUBLE BED 385 SF

INDEPENDENT LIVING

- UNIT IL-1: 1 BED, 1 BATH 620 SF
- UNIT IL-2: 1 BED, 1 BATH 765 SF
- UNIT IL-3: 2 BED, 1 BATH 975 SF
- UNIT IL-4: 2 BED, 2 BATH 975 SF
- UNIT IL-5: 2 BED, 2 BATH 975 SF

ASSISTED LIVING

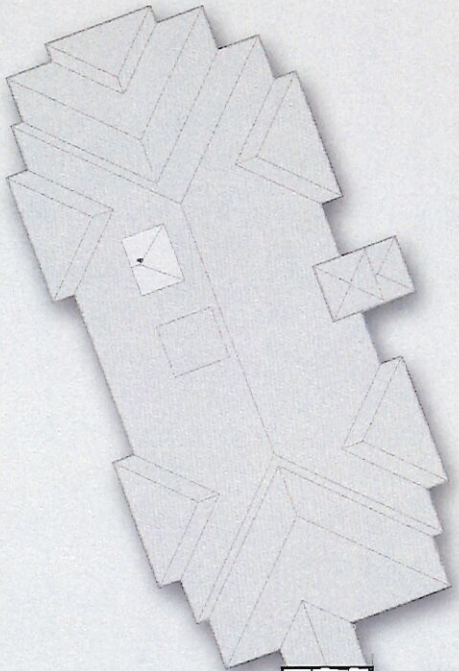
- UNIT AL-1: STUDIO W/ BATH 450 SF
- UNIT AL-2: 1 BED, 1 BATH 520 SF
- UNIT AL-3: 1 BED, 1 BATH 580 SF
- UNIT AL-4: 2 BED, 2 BATH 885 SF
- UNIT AL-5: 2 BED, 2 BATH 910 SF



THE HERITAGE AT LEGACY
MAIN LEVEL FLOOR PLAN

LEGEND

- MEMORY CARE**
- UNIT MC-1: SINGLE BED 240 SF
 - UNIT MC-2: SINGLE BED 270 SF
 - UNIT MC-3: SINGLE BED 225 SF
 - UNIT MC-4: DOUBLE BED 400 SF
 - UNIT MC-5: DOUBLE BED 390 SF
 - UNIT MC-6: DOUBLE BED 385 SF
- INDEPENDENT LIVING**
- UNIT IL-1: 1 BED, 1 BATH 620 SF
 - UNIT IL-2: 1 BED, 1 BATH 765 SF
 - UNIT IL-3: 2 BED, 1 BATH 975 SF
 - UNIT IL-4: 2 BED, 2 BATH 975 SF
 - UNIT IL-5: 2 BED, 2 BATH 975 SF
- ASSISTED LIVING**
- UNIT AL-1: STUDIO W/ BATH 450 SF
 - UNIT AL-2: 1 BED, 1 BATH 520 SF
 - UNIT AL-3: 1 BED, 1 BATH 580 SF
 - UNIT AL-4: 2 BED, 2 BATH 885 SF
 - UNIT AL-5: 2 BED, 2 BATH 910 SF



THE HERITAGE AT LEGACY
UPPER LEVEL FLOOR PLAN

LEGEND

MEMORY CARE

- UNIT MC-1: SINGLE BED 240 SF
- UNIT MC-2: SINGLE BED 270 SF
- UNIT MC-3: SINGLE BED 225 SF
- UNIT MC-4: DOUBLE BED 400 SF
- UNIT MC-5: DOUBLE BED 390 SF
- UNIT MC-6: DOUBLE BED 385 SF

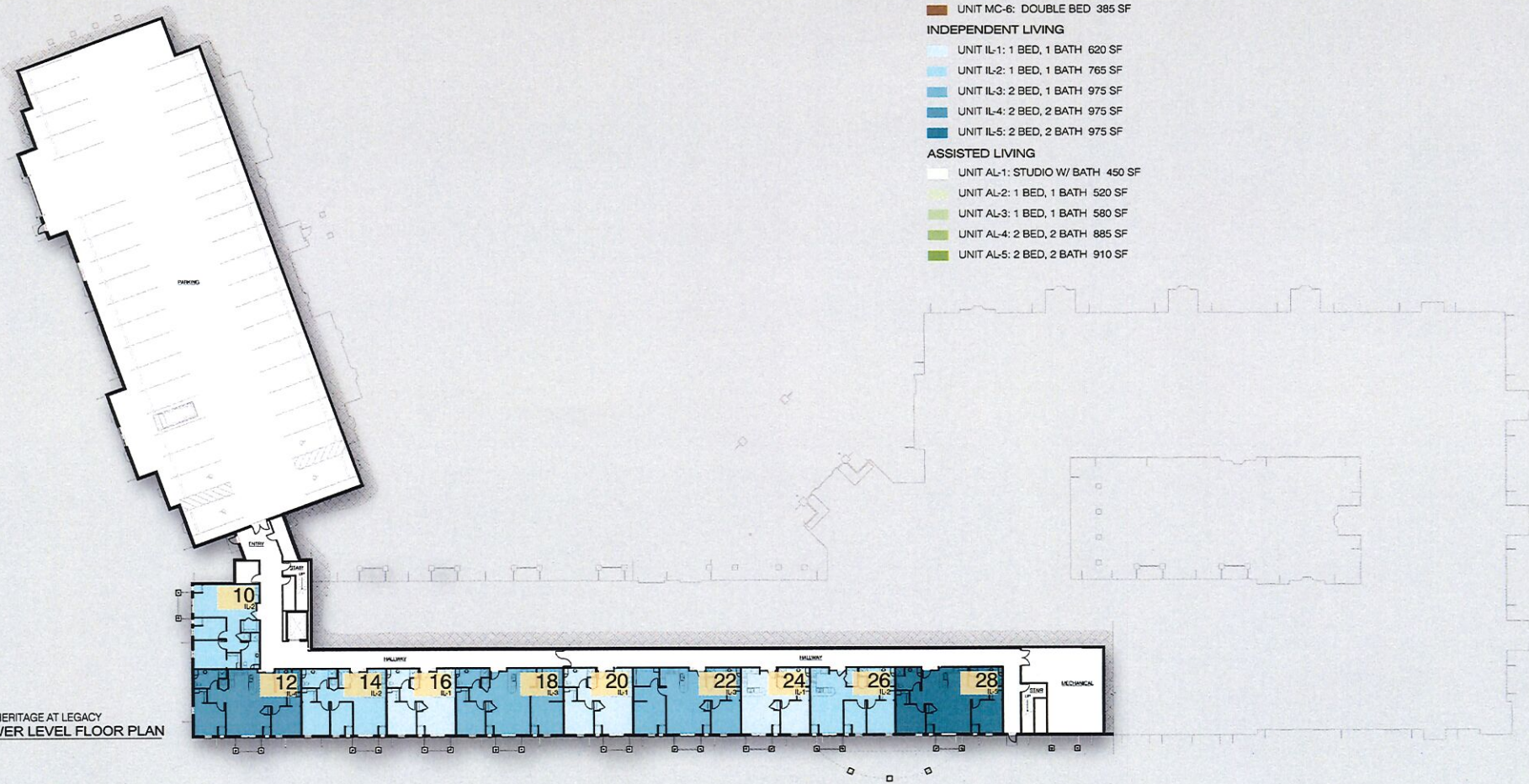
INDEPENDENT LIVING

- UNIT IL-1: 1 BED, 1 BATH 620 SF
- UNIT IL-2: 1 BED, 1 BATH 765 SF
- UNIT IL-3: 2 BED, 1 BATH 975 SF
- UNIT IL-4: 2 BED, 2 BATH 975 SF
- UNIT IL-5: 2 BED, 2 BATH 975 SF

ASSISTED LIVING

- UNIT AL-1: STUDIO W/ BATH 450 SF
- UNIT AL-2: 1 BED, 1 BATH 520 SF
- UNIT AL-3: 1 BED, 1 BATH 580 SF
- UNIT AL-4: 2 BED, 2 BATH 885 SF
- UNIT AL-5: 2 BED, 2 BATH 910 SF

THE HERITAGE AT LEGACY
LOWER LEVEL FLOOR PLAN



The Heritage at Legacy

Memory Support Assisted Living Disclosure Statement

PHILOSOPHY AND MISSION STATEMENT:

The Heritage at Legacy will provide care and support services for individuals with memory loss, dementia, Alzheimer's and related disorders in 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 The Heritage at Legacy will be subject to a prescreening process by the Director of Healthcare or designee to ensure that each individual resident's needs are met by The Heritage at Legacy's associates. The following are requirements for occupancy to The Heritage at Legacy memory support areas.

1. All residents of The Heritage at Legacy 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, to other residents 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, 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. The Heritage at Legacy does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.
8. Medicaid Waiver is not accepted for payment in the Memory Support Community.

Initiated: 10/1/15 Revised: _____ Reviewed: _____



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 The Heritage at Legacy. 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 Heritage at Legacy will provide alternate dining environments, dining with an associate, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge. The final decision regarding discharge from the community will be made by the Executive Director. The Heritage at Legacy's associates 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 behavior becomes unmanageable through behavior modification or through the use of medication. Every attempt will be made to manage behaviors without medications.
3. When incontinence issues cannot be managed through an incontinence management program.
4. When the resident is no longer able to feed themselves and maintain adequate nutritional level.
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 are assessed prior to admission to identify care and service needs which are utilized to develop an individualized Resident Service Agreement. The Resident Service Agreement and other related documents include personal information, likes and preferences, physical, emotional and spiritual needs. The agreement identifies who is responsible for specific tasks. This agreement is included in the Resident's chart at all times.

The Heritage at Legacy 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 Director of Healthcare Services 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.

Initiated: 10/1/15 Revised: _____ Reviewed: _____



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 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 annually or as needed for changes in the resident condition that may occur.

ASSOCIATES TRAINING:

The Heritage at Legacy recognizes the importance of specially-trained associates required to meet the needs of individuals with Alzheimer's and related dementias. Each associate of The Heritage at Legacy will be given adequate orientation and training, which will enable them to meet the needs of each resident. Associate orientation of all direct-care associates 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 for Individuals with Dementia
9. Infection Control Practices and OSHA Standards
10. Dementia/Alzheimer's Disease Process
11. Portraits™ Training

Along with the initial training, all direct care associates will receive education throughout their employment at The Heritage at Legacy. The training will be available monthly, and as needed, to update associates in caring for residents with dementia. Training will be available at the community, as well as any related workshops that can be arranged outside the community. The Heritage at Legacy is committed to ensuring that all associates have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

PHYSICAL ENVIRONMENT:

The Heritage at Legacy was created and designed to be a low stimulus, home-like atmosphere. The community has private and shared companion rooms with a bathroom. 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.

Initiated: 10/1/15 Revised: _____ Reviewed: _____



Use only as authorized by Heritage Communities
Printed: 11/23/2015

THERAPEUTIC RECREATION:

All activity programming for The Heritage at Legacy 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. All residents will have the option to participate in the Portraits™ program. All activities provided are age appropriate for the geriatric population. The Heritage at Legacy 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:

The Heritage at Legacy 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. Portraits™ Profile & Development
3. Activity/Recreation Programs
4. Meals
5. 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 and support concerning the Alzheimer's/dementia disease process and how to respond to their loved one's behavior.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.

| LEVEL OF CARE | COST PER MONTH January 1, 2015 | | |
|--|--|-----------------------|-------------------------|
| | <i>Private</i> | <i>Private Deluxe</i> | <i>Shared Companion</i> |
| Level I: 0-19 points | \$5250.00 | \$6250.00 | \$3895.00 |
| Level II: 20-39 points | \$5750.00 | \$6750.00 | \$4595.00 |
| Additional Care: over 39 points | Costs will be determined based upon services provided. | | |

Initiated: 10/1/15 Revised: _____ Reviewed: _____



If an apartment is held for a resident while he/she is out of the community for any reason or length of time, the cost per month will remain the same as that which is being charged to the resident at that time.

Responsible Party Signature

Date

Initiated: 10/1/15 Revised: _____ Reviewed: _____





NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: THE HERITAGE AT LEGACY - ASSISTED-LIVING FACILITY

Location: 2961 South 169th Plaza, Omaha, NE 68130

Date Issued: December 22, 2015 Certificate No.: 2015-511

Maximum Occupancy: - 135 Beds - Persons

Inspected By: FF Kurt J. Urkoski #1091

Approved By: [REDACTED]

POST IN A PROMINENT PLACE

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