

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

*Initial Eff
10/31/17 dj*

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

The Heritage At Sagewood

MEETS STATUTORY REQUIREMENTS AS AN
ASSISTED LIVING FACILITY
LIC #ALF372

Services:

Alzheimer's Memory Care Endorsement

EXPIRES:

April 30, 2018



Thomas L. Williams, MD - Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Cut on heavy line and place on license

FACILITY NAME: The Heritage At Sagewood
ADDRESS: 1920 Sagewood Avenue, Grand Island, NE 68803

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. ALF372 to THE HERITAGE AT SAGEWOOD OPERATING, LLC to operate an ASSISTED-LIVING FACILITY at 1920 SAGEWOOD AVENUE in the city of GRAND ISLAND, 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: October 31, 2017

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 November 03, 2017.


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

May be displayed on the licensed premises.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

October 31, 2017

Pamela Taylor
Administrator
The Heritage At Sagewood
1920 Sagewood Avenue
Grand Island, NE 68803

Dear Ms. Taylor:

We are happy to inform you that The Heritage At Sagewood has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF372. The license is for 136 beds and is effective October 31, 2017.

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 the address displayed on this letter.

Sincerely,

Thomas L. Williams, MD
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services


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



Pete Ricketts, Governor

This form may be completed online, printed and mailed to the address listed below.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

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

Fees:

Table with 2 columns: Bed count (1-10, 11-20, 21-50, 51 or more) and Fee (\$950, \$1,450, \$1,650, \$1,950). Includes 'Make fee payable to DHHS'.

Check one:

- Initial License (checked)
Change of Location
Change of Ownership

ALF 372

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

- 1. NAME OF FACILITY: The Heritage at Sagewood
ADDRESS: 1920 Sagewood Ave. Grand Island, NE 68803
2. TELEPHONE NUMBER: 308-398-8005
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. ADMINISTRATOR: Pamela Taylor
5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
6. NUMBER OF BEDS TO BE LICENSED: 136
7. PLANNED OCCUPANCY DATE:
8. SPECIFY SPECIAL POPULATIONS: (Please Check if Applicable)
Special Care Unit for Alzheimer's Dementia (checked) 32 Number of Beds
Other-please specify

LICENSURE UNIT
OCT 4 2017
RECEIVED

OWNERSHIP INFORMATION

- 9. OWNERSHIP OF FACILITY: The Heritage at Sagewood Operating, LLC
ADDRESS: 1920 Sagewood Ave. Grand Island, NE 68803
10. MAILING ADDRESS OF OWNERSHIP: 16934 Frances St., Suite 200 Omaha, NE 68130
11. BUSINESS ORGANIZATION: (Check one)
Sole Proprietorship
Partnership
Limited Partnership
Corporation
Limited Liability Company (checked)
Governmental (Check one) State District County City or Municipal
Other (Please Specify)

2017 OCT 11 A 11:09
RECEIVED LICENSING

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

[Redacted Signature]
SIGNATURE

9/28/17
DATE
9/28/17
DATE



16934 Frances Street | Omaha, Nebraska 68130
402-933-2561 | heritage-communities.com

October 2, 2017

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

Dear Ms. Lewis:

Below is the list of owners for The Heritage at Sagewood:

List of Owners:

The Heritage at Sagewood located at 1920 Sagewood Ave., Grand Island, NE 68803

Farhan Khan	1314 N. 141 st Street	Omaha, NE 68154	25%
Nate Underwood	17810 Englewood Circle	Omaha, NE 68135	25%
Heritage Holdings, LP	16934 Frances Street	Omaha, NE 68130	50%

Thank you.

Sincerely,



Mary Moser
Director of Operations
Heritage Communities



Occupancy Permit

Grand Island Fire Department

100 E. 1st Street
Grand Island, NE 68801
308-389-0228

PERMIT TYPE: Nursing/Assisted Living

09/29/2017 - 09/29/2018

Business Name The Heritage at Sagewood

Address: 1920 Sagewood Ave
Grand Island, NE 68801

P-fhotz-17-0048

Permit Number

1191

Occupant Load

Emergency Contact: Heritage Communités
of Grand Island, LLC

Emergency Phone: 402.933.2561

Murphy, Shayne

Inspector

Issuing Official Signature



*Working Together for a
Better Tomorrow. Today.*

July 15, 2015

**Blender, LLC
Attn: Rick Johnson
PO Box 1664
Grand Island NE 68802**

RE: Conditional Use Permit

Dear Mr. Johnson:

The Grand Island City Council, at their regular meeting of July 14, 2015 approved your request for a Conditional Use Permit on behalf of Zella, LLC – Farhan Khan for a Senior Living Facility located at 1920 Sagewood Avenue, Grand Island, Nebraska to construct a 93 unit two story senior living center providing health and custodial care on a 24 hour basis, with the potential for an additional 70 units in the future.

Your request was approved indefinitely. All provisions of the City Code remain applicable. If you have any questions, please do not hesitate to contact me at (308) 385-5444 Ext. 111.

Sincerely,

CITY OF GRAND ISLAND


RaNae Edwards
City Clerk

cc: **Zella, LLC, Attn: Farhan Khan, 11717 Burt St. #102, Omaha, NE 68154**
Craig Lewis, Building Department Director

Completion Certificate



All applicable items are checked below and are certified to be complete, properly installed, cleaned, tested, and approved to be used for treatment and care of the occupants within the following health care facility (project or phase):

Facility: Heritage Project: 1920 Sagewood City: Grand Island

By: SCOTT J. SUTEGGIB Title: ARCHITECT Date: 10/3/17

Occupancy Approvals from Authorities: (Signature and phone number, if an attachment is not included)

- State Fire Marshal or Delegated Authority—Attach the Certificate of Occupancy to verify approval for health occupancy. Mark Hays
- Building Official (Official or Qualified Inspector).....by Jully County
- Plumbing Inspector (Official or Qualified Inspector).....by RSC
- State Electrical Inspector (Delegated Authority).....by Kim
- Elevator Inspector (State or Other)by See attached
- Boiler Inspector (State or Other)by See attached
-by

Completion Certifications from Engineers, Installers, or Others: (Complete and attach applicable certifications)

- Food Service (hoods, equipment, housekeeping, dishwasher hot water _____ degrees or chemical).....
- Food Storage (freezer _____ degrees, cooler _____ degrees, and stored 4 + inches above floor).....
- Laundry (personal, divided bulk, soak/hand sink, housekeeping, hot water _____ degrees or other)
- Equipment installed and approved for use (care, treatment, diagnostic, sterilizing, and medical) N/A
- Sanitation (clean utility, soiled utility waste disposal, housekeeping, and scrub/hand sink accessories)..... N/A
- Protective Shielding (radiation, magnetic, radio frequency, electronic, and sound transmission)..... N/A
- Safety Equipment (handrails, grab bars, guard rails, hardware, and other _____).....
- Room finishes (scrubable, washable, food code, joints/fixture sealed, base, and other finishes).....
- Privacy curtains are installed (nursing care beds, care and treatment cubicles, bathing, and windows) N/A
- Water Quality (public water, private well samples, back-flow, air gap, and indirect connections).....
- Hot water Temperatures (bathing _____ degrees, and handwashing _____ degrees maximums at fixture).....
- Heating and Cooling System (temperature _____ to _____, surgery _____ to _____ degrees).....
- Ventilation System (_____ pre-filter, _____ final filter efficiencies, and air flow from clean to soiled locations) N/A
- Exhaust System (_____ air changes/hour in janitor, toilets/baths, soiled, waste, and laundry)
- Electrical System (isolated power, equipotential grounding, redundant grounding, and GFCI protected) ...
- Illumination (5 fc general, 10 fc corridors, 20 fc personal care/dining, 30 fc reading/activity, 40 fc food service, 50 fc hazardous, 70 fc care/treatment, 100 fc exam, 200 fc procedure, and 1000 fc surgery) ...
- Reduced night lighting (nursing care rooms, corridors, toilet, bathrooms, and central toilets/bathing) ...
- Emergency Generator (Life Safety, distinctively marked outlets, and _____ hour minimum on-site fuel supply) N/A
- Emergency Power (nurse call, critical/life support equipment, medical gas, and essential lighting)
- Nurse Call System (care/treatment, beds, toilets, bathing, and central toilets/bathing) N/A
- Medical Gas system or equipment installed and tested — NFPA 99 (O₂, V, A, N₂O, and _____) N/A
- _____
- _____
- _____

I am a licensed Nebraska Architect or Engineer and have inspected the above facility (project) for compliance with approved construction plans, and have attached accurate schematic floor plan(s) and other approval attachments. I hereby certify that all support areas, care and treatment areas, construction, and building systems comply to the best of my knowledge with health care facility licensure regulations; and are complete and approved for use and occupancy.

License Number A-3749 Date 10/3/17

LICENSURE UNIT

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

OCT 4 2017

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For Office of LTC use only

Approval date: 10/5/17
 License number: ALF372
 License expiration date: 4-30-18

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: 10/2/2017
 Renewal License # _____
 Change of ownership

3. Facility information

Name of facility: The Heritage at Sagewood
(Doing Business As (DBA) name registered with Secretary of State)
 Phone: 308-398-8005 FAX: 402-933-2673 Facility E-mail: ptaylor@heritage-communities.com
 Street address: 1920 Sagewood Ave.
 City, State, ZIP: Grand Island, NE 68803 County: Hall County
 Mailing address: Same
 Administrator: Pamela Taylor
 Maximum endorsed capacity: 32

4. Applicant information

- Owner (licensee) Management

Name of legal owning entity: The Heritage at Sagewood, LLC
(Exactly as registered with the Secretary of State)
 Contact name: Mary Moser, Director of Operations
 Phone: 402-933-2561 FAX: 402-933-8673 E-mail: mmoser@heritage-communities.com
 Street address: 16934 Frances St., Suite 200
 City, State, ZIP: Omaha, NE 68130

5. Disclosure information

Please attach additional page if needed.

- A) Overall philosophy and mission: 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.
- B) Criteria for placement in, transfer to:
 1) All residents 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) 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.

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. The resident's POA will be given a 30 day 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. 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. 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 residents behavior becomes unmanageable through behavior modification or through the use of medication. Every attempt will be made to manage behaviors without medication.
- 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.

D) Process for assessment and establishing the plan of care: 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 the personal information, likes and preferences, physical, emotional and spiritual needs. This Agreement identifies who is responsible for specific tasks. This Agreement is included in the residents chart at all times.

Recognize the importance of family involvement and is open 24 hours a day to 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 Health Services or designees, will update the Resident Service Agreement, review the Resident Service 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 Health 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 services agreement will be updated annually or as needed for changes in the resident condition that may occur.

E) Staffing numbers/pattern: 4 to 1 during waking hours
Staffing-4 associates on day shift; 4 associates on evening shift; 2 associates on overnight shift.

F) Staff training and continuing education including four (4) hours related to dementia care and training for cultural competencies: Recognize the importance of specially-trained associates required to meet the needs of individuals with Alzheimer's and related dementias. Each associate 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
- 12) Cultural Competence Training

Along with the initial training, all direct care associates will receive education throughout their employment. 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. Committed to ensuring that all associates have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

G) Physical environment and features, including security features: 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. All entrances and emergency exit doors are equipped with 24-hour access control locks. Double hung windows are equipped with window stops and controlled access on casement windows.

H) Resident activities related to dementia care: All activity programming will be designed to meet the interest and lifestyles 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. 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 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.

I) Family support program: Recognize 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

The 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.

J) Cost/Fees of care: Level of Cost per Month

Companion Suite: Level 1-\$3,995.00 Level 2-\$4,795.00

Private Suite: Level 1-\$5,195.00 Level 2-\$5,795.00

Private Deluxe: Level 1-\$6,195.00 Level 2-\$6,795.00

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 Moser

(Print Name of authorized representative)

9/29/2017
(Date)

(Signature)

9/29/2017
(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



LEGEND

ASSISTED LIVING

- UNIT ALS: STUDIO W/ BATH 388 SF
- UNIT AL-1: 1 BED, 1 BATH 568 SF
- UNIT AL-1: 1 BED, 1 BATH 620 SF
- UNIT AL-1D: 1 BED, 1 BATH W/DEN 734 SF
- UNIT AL-1D: 1 BED, 1 BATH W/DEN 778 SF

MEMORY CARE

- UNIT MC: STUDIO W/ BATH 297 SF
- UNIT MC: STUDIO W/ BATH 325 SF
- UNIT MCD: STUDIO W/ BATH 413 SF
- UNIT MCD: STUDIO W/ BATH 442 SF

*The Heritage
at Sagewood*

Assisted Living | Memory Support



THE HERITAGE AT SAGEWOOD
MAIN LEVEL FLOOR PLAN



LEGEND

ASSISTED LIVING

- UNIT ALS: STUDIO W/ BATH 388 SF
- UNIT AL-1: 1 BED, 1 BATH 568 SF
- UNIT AL-1: 1 BED, 1 BATH 620 SF
- UNIT AL-1D: 1 BED, 1 BATH W/DEN 734 SF
- UNIT AL-1D: 1 BED, 1 BATH W/DEN 778 SF
- UNIT AL-2: 2 BED, 1 BATH 1,039 SF
- UNIT AL-22: 2 BED, 2 BATH 1,220 SF

The Heritage
at Sagewood

Assisted Living | Memory Support



THE HERITAGE AT SAGEWOOD
UPPER LEVEL FLOOR PLAN