

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

*Initial  
EFF 11-8-17 ls*

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

Country Lane Retirement Village

MEETS STATUTORY REQUIREMENTS AS AN  
ASSISTED LIVING FACILITY  
LIC #AIf373

**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: Country Lane Retirement Village  
ADDRESS: 1203 East Hynes, O' Neill, NE 68763

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. ALF373 to O'NEILL SENIOR LIVING, LLC to operate a ASSISTED-LIVING FACILITY located at 1203 EAST HYNES , O' NEILL, 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: November 08, 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 20, 2017.

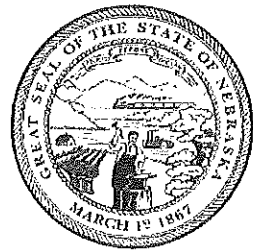
  
Thomas L. Williams, MD Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

May be displayed on the licensed premises.

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

November 20, 2017

Alisha Schroeder, Administrator  
Country Lane Retirement Village  
1203 East Hynes  
O'Neill, NE 68763

Dear Ms. Schroeder:

We are happy to inform you that Country Lane Retirement Village has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF373. The license is for 30 beds and is effective November 8, 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 Dan Taylor, RN, who can be reached by telephone at (402) 471-3324.

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

ALF373

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



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: O'NEILL SENIOR LIVING, LLC DBA Country Lane Retirement Village  
ADDRESS: 1203 E. Hynes, O'Neill NE 68763  
(Street Address, City, Zip)

2. TELEPHONE NUMBER: 402-500-0568 (Area Code) FAX: 402 961-1358 (Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [REDACTED]  
(If Not Individual)

4. ADMINISTRATOR: Alisha Schroeder, LPN, CDP, CDCM

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:  
1203 E Hynes Ave, O'Neill Nebraska 68763

6. NUMBER OF BEDS TO BE LICENSED: 30

7. PLANNED OCCUPANCY DATE: November 1, 2017

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

Special Care Unit for Alzheimer's Dementia 18 Number of Beds

Other-please specify \_\_\_\_\_ Number of Beds

LICENSURE UNIT  
OCT 16 2017  
RECEIVED

#### OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: O'Neill Senior Living, LLC  
(Legal Name of Individual or Business Organization)  
ADDRESS: 1203 E. Hynes, O'Neill, NE 68763  
(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

#### 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.

Rodney J. Walnofer  
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT  
Lincoln Golike  
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT  
[www.hhs.state.ne.us/crl/medfac/alf/alfinitapp.pdf](http://www.hhs.state.ne.us/crl/medfac/alf/alfinitapp.pdf)

[REDACTED]  
SIGNATURE

OCT 18 AM 11:10  
10/11/2017  
DATE  
10/11/2017  
DATE



**LIST OF NAMES AND ADDRESS OF ALL PERSONS IN CONTROL OF FACILITY:**

<b>NAME AND ADDRESS</b>
Kathy Bartak 50831 847 Road Ewing, NE 68735
Bluestone Partners 4708 N. FM 1417 Sherman, TX 75092
Chelsi McLain 50367 852 Road Ewing, NE 68735
Nancy Price 6202 S. 28 <sup>th</sup> Street Lincoln, NE 68516
Jill Switzer 85640 512 Ave Ewing, NE 68735
Al Walnofer 84529 490 Road Ewing, NE 68735
Rod Walnofer 165 Owen Lane Van Alstyne, TX 75495
Ted Walnofer 46843 270 <sup>th</sup> Street Tea, SD 57064
Terry Walnofer 4505 Bloomer Road Charleston, AR 72933
Tom Walnofer 86131 510 Ave Ewing, NE 68735



# City of O'Neill

401 EAST FREMONT ST. • O'Neill, Nebraska 68763-1897  
402-336-3640

August 23, 2017

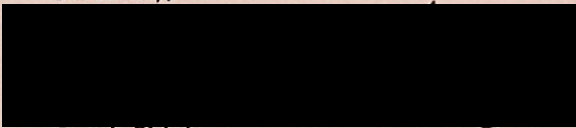
Department of Health and Human Services  
Attn: Eve Lewis

Dear Ms. Lewis,

The O'Neill Senior Living, LLC., at 1203 E Hynes in O'Neill, is zoned R Residential. They fall under our permitted principal uses and structures category.

If you have any questions please feel free to contact me.

Sincerely,

  
Sarah Sidak  
Zoning Administrator



**STATE OF NEBRASKA\*STATE FIRE MARSHAL  
246 SOUTH 14<sup>TH</sup> STREET  
LINCOLN, NE 68508-1804**

Page 1 of 1

		Fee Sheet Number: <i>N/A</i>	
Facility Name <b>Country Lane Retirement Village</b>		Occupant Street Address <b>1203 East Hynes</b>	
Operator & Phone number <b>O'Neill Senior Living LLC</b>		City / Town <b>O'Neill</b>	
Owner / Address / Phone number/Email <b>O'Neill Senior Living LLC 1203 East Hynes O'Neill, NE 68763</b>		County <b>Holt</b>	
		How Occupied <b>Limited Health Care/Apartments</b>	
Occupant load <b>Health Care - 30 beds / 6 Apartments (Occ 12)</b>	Date of Inspection <b>10-10-17</b>	Fee Card <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
<b>ORDER</b>			

Contact person/number : Jeff Edgar 817-243-5013  
 Initial inspection : 10-10-17  
 Revisit inspection :  
 Hours of operation : 24 hours  
 Plan review numbers : M11109-16, M01017-16, M09105-16, M10133-16, M11080-16, M03153-17, M08032-17

This facility was inspected and found to be in compliance with the Life Safety Code at the time of inspection. The facility is approved for occupancy.

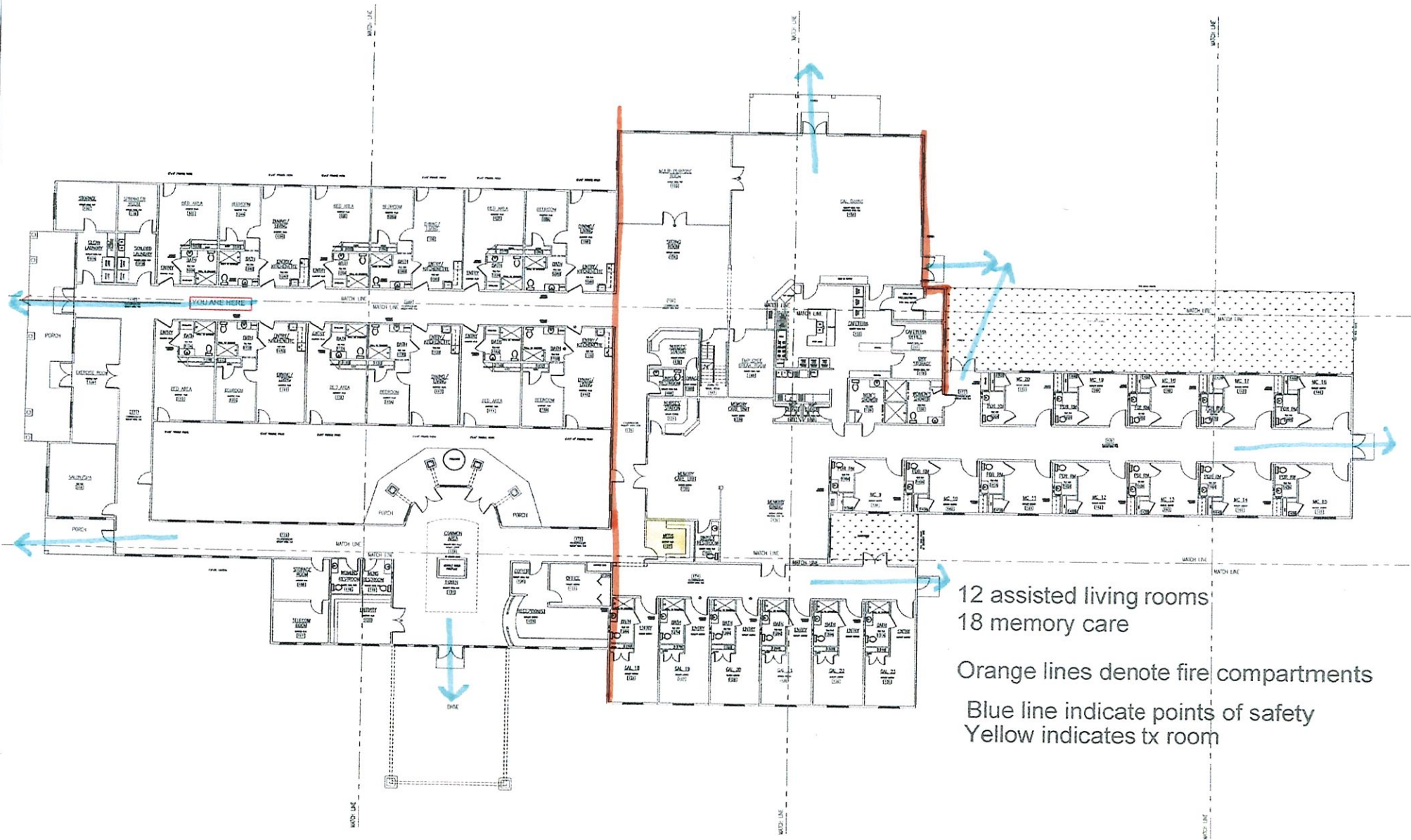
All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01

It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. **ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE.** \_\_\_\_\_

If you have questions on this Order, contact Deputy \_\_Robert Folck #8718\_\_ by phone at 402-929-3003 or by Email at [robert.folck@nebraska.gov](mailto:robert.folck@nebraska.gov)

Witness my signature at Winnetoon Nebraska this 11<sup>th</sup> day of October, 2017

**By:** [REDACTED]  
 Deputy State Fire Marshal



12 assisted living rooms  
 18 memory care  
 Orange lines denote fire compartments  
 Blue line indicate points of safety  
 Yellow indicates tx room

OVERALL FACILITY PLAN A1  
 SCALE: 3/32"=1'-0"



<b>For Office of LTC use only</b>	
Approval date:	10/23/17 EP
License number:	ALF373
License expiration date:	4-30-18

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

<b>1. License type (Select one)</b>	
Alzheimer Special Care Unit Disclosure only	
<input checked="" type="checkbox"/> Alzheimer Special Care Unit Disclosure and Memory Care Endorsement	
<b>2. Type of application (Select one)</b>	
<input checked="" type="checkbox"/> Initial      Projected Opening Date: <u>NOVEMBER 2017</u>	
Renewal      License # _____	
Change of ownership	
<b>3. Facility information</b>	
Name of facility:	<b>ONEILL SENIOR LIVING, LLC DBA COUNTRY LANE RETIREMENT VILLAGE</b> <i>(Doing Business As (DBA) name registered with Secretary of State)</i>
Phone: <u>402-500-0568</u> FAX: _____	Facility ADMINISTRATOR@COUNTRYLANERETIREMENT.COM
Street address: <u>1203 E. HYNES AVE.</u>	E-mail: _____
City, State, ZIP: <u>ONEILL, NE, 68763</u>	County: <u>HOLT</u>
Mailing address: <u>1203 E. HYNES AVE., O'NEILL, NE 68763</u>	
Administrator: <u>ALISHA SCHROEDER, LPN, CDP, CDCM</u>	
Maximum endorsed capacity: _____	18
<b>4. Applicant information</b>	
<input checked="" type="checkbox"/> Owner (licensee)      Management	
Name of legal owning entity:	<b>O'NEILL SENIOR LIVING, LLC</b> <i>(Exactly as registered with the Secretary of State)</i>
Contact name:	<u>ALISHA SCHROEDER, ADMINISTRATOR</u>
Phone: <u>402-500-0568</u> FAX: _____	ADMINISTRATOR@COUNTRYLANERETIREMENT.COM
Street address: <u>1203 E. HYNES AVE.</u>	E-mail: _____
City, State, ZIP: <u>O'NEILL, NE, 68763</u>	
<b>5. Disclosure information</b>	
Please attach additional page if needed.	
A) Overall philosophy and mission: <b>The philosophy of Country Lane Retirement Village is that an individual's daily experiences produce contentment when done in a safe, failure-free environment. Each Resident is involved in activities that he/she prefer and enjoy. This promotes participation and personal success. Our goal is for our Residents to be happy and content while doing things they enjoy</b>	

such as going for walks, baking, gardening, or any of their life's simple pleasures they may have with the help of our specially trained staff. Our program enhances each resident's abilities, quality of life, dignity and self-esteem

Country Lane Retirement Village's mission is to provide exceptional care to our Residents with faith and family as our core values. Our focus is on creating a supportive and nurturing environment where God is acknowledged as our provider of our physical, spiritual and emotional fortitude. In turn, we honor Him by creating a legacy of unity, trust and love. Through this mission, we strive to provide comfortable retirement living options that allow seniors to age in place through care provided by a compassionate and skilled care team.

B) Criteria for placement in, transfer to:

Residents are accepted for admission in Country Lane Retirement Village's Memory Care. A resident should have a diagnosis of Alzheimer's or a related dementia or cognitive impairment. Should behaviors be a concern, the facility may ask the resident to have a psychiatric exam to ensure they are appropriate. The Administrator or RN determines if the resident is appropriate for admission through an evaluation of the prospective resident.

The facility's assessment considers four criteria:

- cognitive status utilizing the BIMS
- behavioral presentation
- functional level
- the benefits a resident can receive from admission into Memory Care

C) Criteria for discharge:

A resident may be discharged from Country Lane Retirement Village when a resident's responsible legal party makes a request; if a resident becomes a danger to himself/herself or others; or if a resident's health status progresses to the point that our facility can no longer meet their needs.

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

The administrator or RN complete the assessment which includes BIMS, behavioral presentation and functional level prior to admission with input from caregivers and family members. The resident assessment/service plan is updated at least annually and with any change of condition. We welcome families to participate in the Service Plan process offering their input to discuss spiritual, social, cognitive, and physical well-being.

E) Staffing numbers/pattern:

Staffing patterns and ratios are dependent upon the needs of the resident population. The facility maintains sufficient number of direct care staff to meet the requirements for assistance/personal care of ADLs, health maintenance activities, supervision, and other supportive services. The staffing may be adjusted regarding census. We will have at least one person in memory care at all times and the residents will not be left unattended. Staff are awake at all times to provide supervision/assistance and care for residents.

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

The administrator is dedicated to supervising, educating and training the staff that work at Country Lane Retirement Village. The staff will be trained specifically regarding dementia, the disease process and how to provide personalized care to promote dignity and self-preservation. Hand-in-hand training from CMS will be utilized to train staff as well. Ongoing education will be provided. The administrator is a certified dementia practitioner as well as certified dementia care manager through the National Council of Dementia Practitioners. Cultural competency will be reviewed at least annually. Staff training will consist of utilizing the Alzheimer's Association as a resource and utilizing their training guides. This will focus on valuing diversity, awareness and acceptance; self-awareness; dynamics of differences

such as being conscious of interactions; knowledge of a Resident's culture; and adaption of skills.

G) Physical environment and features, including security features:

Our design addresses the complex needs of those residents with dementia. The unit is designed as a secured living area. Exit doors and main doors leaving the facility and the courtyard are magnetically locked and a key pad system is in place. This does not mean the resident can't leave memory care. It ensures that they don't leave without proper supervision. All of the resident's will have pictures placed in an elopment book. There is also a camera system throughout the entire facility that is able to monitor persons whereabouts in public areas inside/outside and staff can see this through the monitors.

Residents are also monitored for behaviors that may affect their health or quality of life. Residents that demononstrate behaviors that we are unable to accommodate to meet their needs will be referred to other appropriate facilities to ensure the highest quality of life.

H) Resident activities related to dementia care:

A daily program calendar is directed towards resident preferences and the needs of each resident. The service plan will have preferences as well as the activities/social assessment will be used as a reference tool. Scheduled activities will include multi-sensory experiences, exercise, outings, 1:1 activities as well as group activities. Daily routines are integrated in the daily program calendar. All activities are designated to be failure-free, use life skills, and reminiscent to ensure enjoyment for all residents. Dignity and safety are also a focus of each activity.

I) Family support program:

Family support is viewed as an active partnership. Family meetings to discuss the service plan are on a regular basis. Families are also encouraged to attend the Alzheimer's Support Group that meets at the O'Neill Senior Center each month. Country Lane Retirement Village also offers support on an individual family need as well as with family gatherings and other activities. We will host family support meetings monthly for our Resident families. During these meetings, we will offer support, open discussion as well as educational topics.

J) Cost/Fees of care:

Country Lane Retirement Village charges \$5900/month. Should a family decide they prefer the studio apartment that is larger it will be a charge of \$6100/month. This is all inclusive. Residents may provide their own incontinent products if needed or the facility may purchase them and invoice the resident monthly. The medication is a separate charge that is billed by the pharmacy.

### 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.

Alisha Schroeder, Administrator  
(Print Name of authorized representative)

10/23/2017  
(Date)

(Signature)

10/23/17  
(Date)