

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

*Initial
ESS 8/7/18 dj*

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

Knolls Senior Living

MEETS STATUTORY REQUIREMENTS AS AN
ASSISTED LIVING FACILITY
LIC #ALF376

Services:
Alzheimer's Memory Care Endorsement

EXPIRES:
April 30, 2019



Created: 8-19-11 by: 1531
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license

FACILITY NAME: Knolls Senior Living
ADDRESS: 5801 Norman Road, Lincoln, NE 68512

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

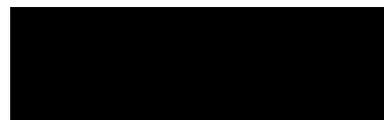
ISSUES LICENSE NO. ALF376 to Knolls Senior Living to operate an Assisted Living Facility at 5801 Norman Road in the city of Lincoln, Nebraska. This facility is subject to rules and regulations lawfully promulgated by the State of Nebraska Department of Health and Human Services, Division of Public Health.

Licensure Issuance Date: August 7, 2018

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 August 10, 2018.



Courtney N. Phillips, PhD
Chief Executive Officer
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

August 8, 2018

Nicole Ellermeier, Administrator
Knolls Senior Living
5801 Norman Road
Lincoln, NE 68512

Dear Ms. Ellermeier:

We are happy to inform you that Knolls Senior Living has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF376. The license is for 131 beds and is effective August 7, 2018.

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, Training Coordinator, who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

Sincerely,

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



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

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

NEBRASKA

Good Life. Great Mission.

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

ALF376

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: Knolls Senior Living
 ADDRESS: 5801 Norman Road Lincoln NE 68517
 (Street Address, City, Zip)

2. TELEPHONE NUMBER: 531-210-1631 FAX: N/A
 (Area Code) (Area Code)

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

4. ADMINISTRATOR: Nicole Ellermeier

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
5801 Norman Road Lincoln, NE 68512

6. NUMBER OF BEDS TO BE LICENSURED: 131

7. PLANNED OCCUPANCY DATE: 07/01/2018

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

Special Care Unit for Alzheimer's Dementia 20 Number of Beds
 Other-please specify _____ Number of Beds

RECEIVED
APR 25 2018
LICENSURE UNIT

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: Knolls Assisted Living, LP
 (Legal Name of Individual or Business Organization)
 ADDRESS: 11506 Nicholas Street, Suite 100 Omaha, NE 68154
 (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

2018 APR 24 11:13 AM
REC'D LICENSURE UNIT

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.

[REDACTED] Jeannine Devetter
 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT SIGNATURE

[REDACTED]
 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT SIGNATURE

4/23/18
 DATE

DATE

Lincoln ownership

Knolls Assisted Living, LP

1.00% KAL, LLC - General Partner
100.00% Jeannine DeVetter
99.00% Norman Road and Old Cheney Land, LLC
56.232% L-KNOLLS, LLC
66.000% Rockford Riverside LP
1.00% Held Real Estate Company -general partner
50.00% Jeannine DeVetter
50.00% Joan Held
59.11% JQSDA Investments LP - limited partner
98.594% JSDA Trust
100% Joan Held
0.406% Jeannine DeVetter
1.000% JQSDA, LLC
50.00% Jeannine DeVetter
50.00% Joan Held
39.77% R.R. Oceanside, LP
99.000% CRRH, LLC
23.2625% Jeannine DeVetter
23.2625% Steven Held
23.2625% Adrienne Held
23.2625% Dominique Petrick
0.8922% Gabrielle Petrick
0.8922% Korrin Petrick
0.8922% Karaline Petrick
0.8922% Charlize King
0.8922% Levi DeVetter
0.8922% Alexa DeVetter
0.7984% Willow DeVetter
0.7984% Ava Held
1.000% H. Family Group, LLC
100.000% Christopher R. Held
0.04% Christopher R. Held
0.04% Jeannine DeVetter
0.04% Steven Held
34.000% Leavenworth Triangle LLC
100.000% Christopher R. Held
5.942% 1427 Investments, LP
1.00000% 1427 Consultants, LLC - general partner
75.00% Patrick G. Day-member
25.00% Jen Day - member
74.00000% Patrick G. Day-limited partner
25.00000% Jen Day - limited partner
15.942% Bow Investments, L.L.C. - limited Partner
99.50% Jen Day - member
0.50% Patrick Day - member
21.884% 2306, L.P. - limited partner
1.00% 2306 Investments, LLC - General Partner
25.00% Jen Day - member
25.00% Mark Day - member
25.00% Kelley Day - member
25.00% Tammy Day - member
17.3625% Bow Investments, LLC - limited partner
17.3625% Mark Day - limited partner
17.3625% Kelley Day - limited partner
17.3625% Tammy Day - limited partner
29.60% Day One, LP - limited partner
0.05% Dial Land Development Corp - limited partner

Managers of KAL, LLC and Norman Road and Old Cheney
Jeannine DeVetter and Robert J. Furley



LINCOLN-LANCASTER COUNTY
PLANNING DEPARTMENT
555 South 10th Street Suite 213 Lincoln, NE 68508
402-441-7491 fax: 402-441-6377 lincoln.ne.gov



December 10, 2015

Pat Day
Dial Retirement Communities
11506 Nicholas Street, Suite 100
Omaha, NE 68154

RE: *Administrative Amendment #15121 to Special Permit #201 Chez Ami Knolls Community Unit Plan*, generally located at *Norman Road and Old Cheney Road*

Your request for an administrative amendment to Special Permit #201, Chez Ami Knolls Community Unit Plan to remove the property legally described as Outlot A & Lot 1, Block 1, Chez Ami Knolls 2nd Addition, Lincoln, Lancaster County, Nebraska from the Special Permit has been approved. The development of the site shall be in substantial compliance with the attached plan.

Please note that the approval of this administrative amendment may be appealed to the Planning Commission by any council member or aggrieved person by filing a letter of appeal with the Planning Department within 14 days of this approval.

If you have any questions, please do not hesitate to contact Rachel Jones at 441-7603 or rjones@lincoln.ne.gov.

Sincerely,

David R. Cary
Acting Director of Planning

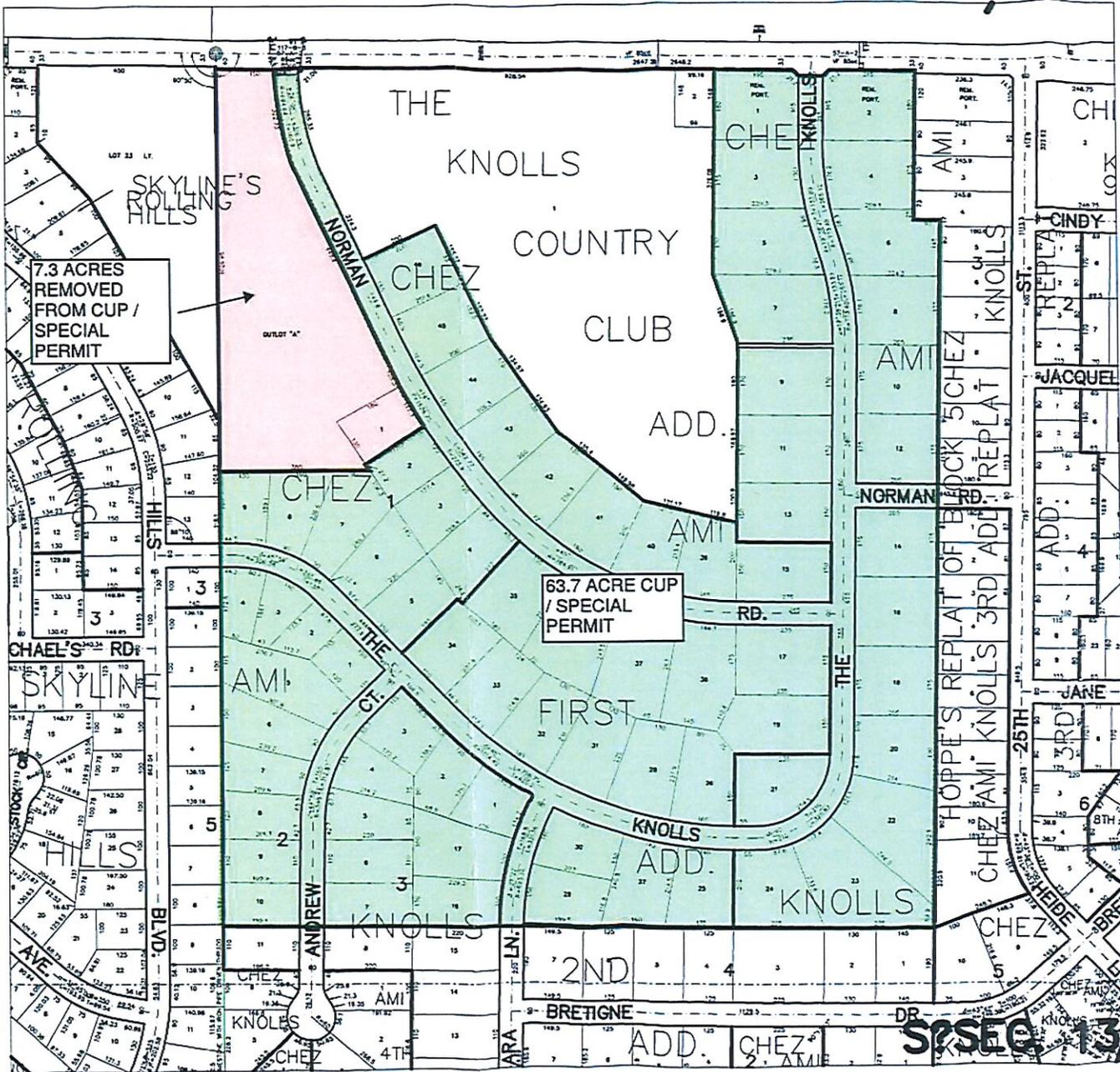
Attachment

CC: South Hills, Inc., 2333 Old Cheney Road, Lincoln, NE 68512 (letter only)
Mark Palmer, Olsson Associates, 601 P Street, Suite 200, Lincoln, NE 68508 (letter only)
City Clerk
File

F:\DevReview\AAAAA15000\AA15121 Chez Ami Knolls.rkj.wpd



DWG: F:\Projects\015-0463\LDVP\Conceptual_Plans\150463_XBASE-CITY 10-23-15.dwg USER: mpalmer
 DATE: Oct 23, 2015 12:01pm XREFS:



Special Permit Notes:

1. This permit includes 63.7 Acres comprised of 73 lots.
2. The allowable density is 246 Dwelling units based on R-1 zoning.

THE PLANNING DIRECTOR APPROVES THIS

AA#15121 to SP# 201

Stephanna for DEC 10, 2015
 PLANNING DIRECTOR DATE

NO SCALE

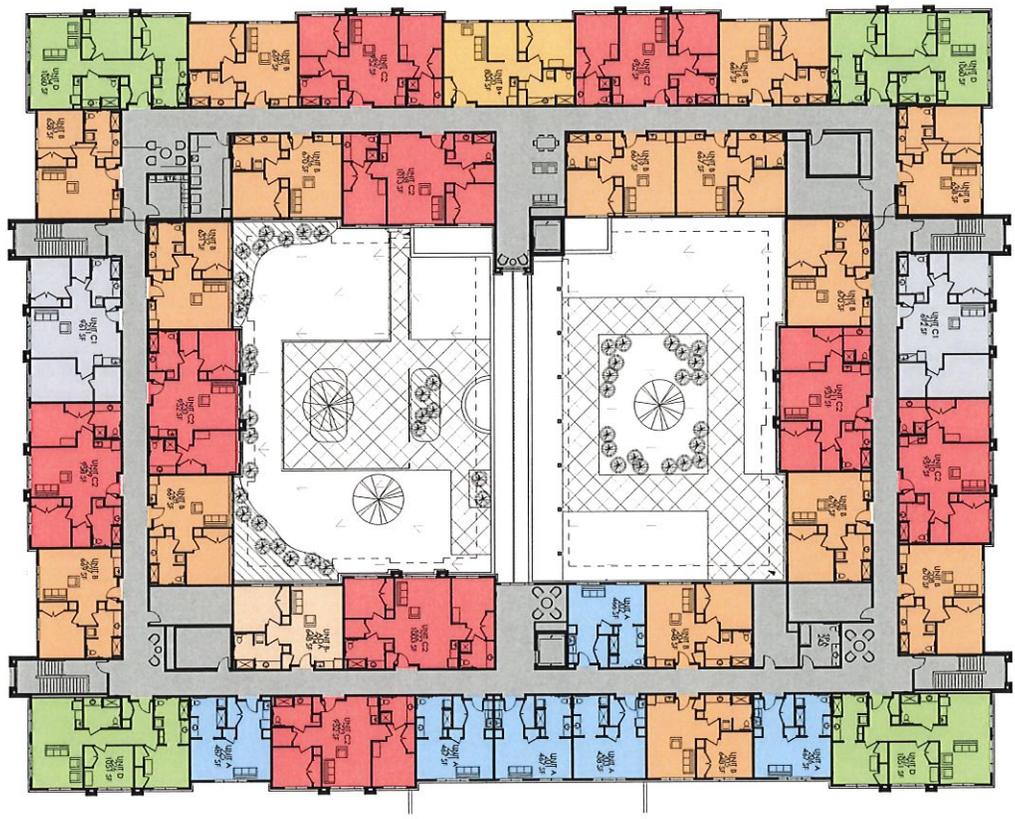
PROJECT NO: 015-0463
 DRAWN BY: MCP
 DATE: 10/23/2015

**CHEZ AMI KNOLLS CUP
 SPECIAL PERMIT 201
 ADMINISTRATIVE AMENDMENT**



1111 Lincoln Mall, Suite 111
 P.O. Box 84608
 Lincoln, NE 68501-4608
 TEL 402.474.6311
 FAX 402.474.5160

EXHIBIT
 1



- COMMON AREAS
- UNIT A
- UNIT B
- UNIT B-A/B
- UNIT C1
- UNIT C2
- UNIT C3-A/B
- UNIT C3-D
- CIRCULATION AND ZONE AREA





For Office of LTC use only	
Approval date:	<u>5/7/18</u> <i>dh</i>
License number:	_____
License expiration date:	_____

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: 07/01/2018

Renewal License # _____

Change of ownership

3. Facility information

Name of facility: **Knolls Assisted Living**
(Doing Business As (DBA) name registered with Secretary of State)

Phone: 531-210-1631 FAX: N/A Facility E-mail: Nicole.Ellermeier@KnollsSeniorLiving.com

Street address: 5801 Norman Road Coun

City, State, ZIP: Lincoln, NE ty: Lancaster

Mailing address: 5801 Norman Road

Administrator: Nicole Ellermeier

Maximum endorsed capacity: 131

4. Applicant information

Owner (licensee) Management

Name of legal owning entity: **Knolls Assisted Living, LP**
(Exactly as registered with the Secretary of State)

Contact name: Robert J. Furley

Phone: 402-493-2800 FAX: _____ E-mail: _____

Street address: 11506 Nicholas Street, Suite 100

City, State, ZIP: Omaha, NE 68154

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

DIAL Retirement Communities will provide a safe and secure home-like environment that enables the residents to live and function at their maximum potential with an emphasis on maintaining dignity, autonomy and personal integrity. Our specially trained caregivers will support each resident in finding moments of joy in each day. It is our goal to focus on the PERSON with dementia placing importance on what's left rather than what's lost so that each resident will have a quality lifestyle.

B) Criteria for placement in, transfer to:

Memory Care residents will be placed or transferred into the program following evaluation and adhering to established Assisted Living regulations.

1. The pre-admission evaluation will entail a full health & functional capacity and cognitive evaluation completed by a licensed nurse. A Registered Nurse will determine admission eligibility based on the following;
 - a. A need for shelter, food, assistance or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, illness, or physical activity
 - b. Supervision requirements will be determined based on cognitive evaluation by the licensed nurse
 - i. If supervision is determined to be required 24hrs/day, resident will qualify for admission to the Memory Care Community

C) Memory Care residents will be discharged appropriately per Assisted Living Regulations listed above in section B, as well as:

Criteria for discharge:

- a. Whose medical or physical condition creates a situation beyond the level of care that can be provided by the community and/or supportive services
- b. Who is bed bound unless appropriate support services are in place
- c. Requires more than part-time intermittent health-related care unless appropriate support services are in place
- d. Has unmanageable incontinence on a routine basis despite an individualized toileting program.
- e. Is violent or a danger to himself/herself or others.
- f. Tenant/resident has failed after reasonable and appropriate notice to pay for a stay at the community
- g. Who despite intervention chronically; wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression.
- h. Has a diagnosis of an active-stage contagious disease such as TB
- i. Anyone in an acute state of drug addiction, mental illness, or alcoholism.
- j. The community ceases to operate
- k. The transfer is necessary for the tenant's/resident's welfare and the tenant's needs cannot be met in the community.
- l. The safety of individuals in the community is endangered.
- m. The health of individuals in the community would otherwise be endangered.
- n. The tenant/resident has failed, after reasonable and appropriate notice, to pay for a stay at the community.
- o. An immediate transfer or discharge is required by the tenant's/resident's urgent medical needs.
- p. The tenant/resident is transferred for other than medical reasons.

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

Potential tenant's/resident's health & functional capacity, and cognitive status are evaluated prior to

signing the Resident Service Agreement. This evaluation will determine the tenant's/resident's eligibility for the program, including whether services needed, can be provided. The evaluation is completed by a Registered Nurse.

Tenant/resident assessments/evaluations will be reviewed, and updated if applicable, within 30 days prior to admission, annually, and with a significant change of condition. A TB screen will be completed upon admission and annually.

- a. The assessments/evaluations will include a health & functional capacity, cognitive, and negotiated risk agreement as applicable.
- b. Nursing services will notify the following with a change of condition: the physician, the tenant/resident, his or her family, or responsible party as applicable.
- c. A GDS evaluation will be completed according to the instructions on the cognitive assessment.
- d. If a tenant/resident refuses to complete the cognitive assessment, the assessment will have an automatic maximum score indicating cognitive impairment and interventions will be added to the service plan/service agreement as applicable.

The Resident Service Agreement will outline a plan for services as agreed upon by the tenant/resident and/or responsible party with the community's DON and/or Executive Director.

- a. Terms and conditions of continued residency
- b. The service plan will be the basis for coordination of services and tailored to each individual's specific needs. Individualized service plans will be developed for each tenant/resident based on health & functional, cognitive and lifestyle evaluations
- c. The service plan will be individualized and shall indicate a minimum of the tenant's/resident's identified needs, requests for services and interventions.
- d. If a tenant/resident or responsible party refuses a service that the Executive Director, Director of Nursing, Medical Care Provider, or Case Manager believes to be necessary for the tenant's/resident's health and safety, the Service Plan shall include the following:
 - The service(s) refused
 - Identification of any potential negative outcomes for the tenant/resident if the service(s) are not provided
 - An indication of acceptance by the tenant/resident or responsible party of the Risk
*Refer to Negotiated Risk Agreement

E) Staffing numbers/pattern:

Staffing is in place to appropriately care for all residents, based on each resident's care and needs. During day and evening hours, staffing will be a 1:6-8 Staff to Resident ratio; Overnight hours will have a minimum of 1:16 staff to Resident ratio.

F) Staff training and continuing education include a minimum of four (4) hours related to dementia care and training for cultural competencies:

All employees receive special training from qualified persons to learn and apply the skills needed to care for the special needs of the tenant/resident with dementia.

All employees receive a minimum of four hours of training within 30 days of employment that includes:

- a. Philosophy and approaches to care and supervision for tenant/resident with dementia
- b. Disease process
- c. Skills needed to assist and care for tenants/residents unable to care for themselves

Dementia continuing education practices will include a minimum of four hours annually for all employees, and will be sufficient to provide education and information for staff to provide quality care for all residents.

Dementia-specific training shall include hands-on training and may include any of the following:

- a. Classroom instruction
- b. Web-based training
- c. Case studies of tenants in the program

Program learning objectives:

- a. Philosophy and approaches to care and supervision for tenant/resident with dementia disease process
- b. Skills needed to assist and care for tenants/residents unable to care for themselves
- c. An explanation of Alzheimer's disease and related disorders
- d. Skills for communicating with persons with dementia
- e. Skills for communicating with family and friends of persons with dementia
- f. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics
- g. The importance of planned and spontaneous activities
- h. Skills in providing assistance with instrumental activities of daily living
- i. The importance of the service plan and social history information including cultural competence
- j. Skills in working with challenging tenants
- k. Techniques for simplifying, cueing, and redirecting
- l. Staff support and stress reduction
- m. Medication management and non-pharmacological interventions.

G) Physical environment and features, including security features:

The Physical Environment of the program encourages resident engagement and purposeful lifestyle. Activity areas and stations, as well as resident common areas, reflect the interests of the residents and be based on residents physical, cognitive, and social abilities.

In addition, the Memory Care Unit is a locked area with a security system, with all of the doors leading to the outside alarmed with secured entry/exit doors. The system includes doors that require a code or keypad, and doors alarm audibly and to staff pager system if a door is opened without using proper security.

All staff are regularly trained on the use of the security system, resident elopement risk, and resident safety measures.

H) Resident activities related to dementia care:

Based on our philosophy of care, activities and programming are a core part of our Memory Care Program. As no two residents are alike, we offer a wide variety of services and activities to accommodate the needs, interests, and wishes of our residents. We offer a unique engagement program for our residents developed by Dial Retirement Communities: iEngage.

iEngage provides programming that engages all residents at the level that is most beneficial to their health, well-being, and enjoyment. We do this through providing "Parallel Programming" throughout the day, and offering programs, learning opportunities, and environments that meet the needs and preferences of each resident throughout the day. Parallel programming not only engages residents in ways that reduce typical challenging behaviors, it allows residents at various levels to engage in appropriate activities with friends who are able to engage in a similar manner which results in greater benefit and satisfaction for all residents and team members.

We believe that each of our residents have a great deal to give and share with others, and all programming is based on offering our dementia residents opportunities throughout the day to make choices, contribute to decisions on programming, share their experiences and make a difference in the lives of others.

I) Family support program:

Our Memory Care Program considers family members to be a vital partner in resident care. Family members are welcome at any time day or night, and are encouraged to participate in activities and events as much as they are able and desire. Family members are asked to provide input through completing a Resident Life Interest survey, and continued communication with family members is important and encouraged throughout a resident's life at our community.

The Executive Director, Director of Nursing and other nursing staff are always available for family support, and we offer educational resources and referrals to area resources and support groups as appropriate.

Knolls will provide (host) a semi-annual education program through Alzheimer's Association. We will also provide information on local support groups (time, location, contact information, etc.) for the residents and family members at the time of move in and by request.

J) Cost/Fees of care:

Monthly fees include a base monthly rent in the amount of \$5,500, in addition to fees based on the care and services received by each individual resident via the following iEngage Program structures: Engage = \$5,500; Enrich = \$6,000; Enhance = \$6,500.

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.

Brianne Gerron *Care Director*
Health Services

04-24-2018

(Print Name of authorized representative)

(Date)


(Signature)

04-24-2018
(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.



BUILDING & SAFETY DEPARTMENT
555 South 18th Street Room 203 Lincoln, NE 68508
402-441-7521 bidgsafe@lincoln.ne.gov lincoln.ne.gov

Department of Health & Human Services
Division of Public Health
Licensure Unit
PO Box 64986
Lincoln, Ne 68509-4986

Re:

The Lincoln, Bureau of Fire Prevention conducted a final inspection on Building Permit Number: 131602295.

The Bureau has found the construction project Knolls Assisted Living located at 5801 Norman Road meets the fire safety requirements of the NFPA 101 Life Safety Code and the International Fire Code and is approved for use and occupancy.

Jan Hilgen 7/2/2018
Bureau of Fire Inspector

Dept of Health & Human Svc approval letter



