

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

*Initial Eff
7-5-18 dj*

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

Pemberly Place Senior Living

MEETS STATUTORY REQUIREMENTS AS AN
ASSISTED LIVING FACILITY
LIC #ALF377

Services:

Alzheimer's Memory Care Endorsement

EXPIRES:

April 30, 2019



Thomas J. 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: Pemberly Place Senior Living
ADDRESS: 7655 Archer Place, Lincoln, NE 68516

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. ALF377 to HIGHWAY 2 DEVELOPMENT, LLC to operate an ASSISTED-LIVING FACILITY at 7655 ARCHER PLACE in the city of LINCOLN, 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: July 05, 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 July 18, 2018.


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

July 18, 2018

Helen Crunk
Administrator
Pemberly Place Senior Living
7655 Archer Place
Lincoln, NE 68516

Dear Ms. Crunk:

We are happy to inform you that Pemberly Place Senior Living has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF377. The license is for 80 beds and is effective July 5, 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,

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

ALF377

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

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

RECEIVED

MAY 14 2018

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

1. NAME OF FACILITY: Pemberly Place Senior Living LICENSURE UNIT
- ADDRESS: 7655 Archer Place Lincoln, NE 68516
(Street Address, City, Zip)
2. TELEPHONE NUMBER: 402-4139770 (Area Code) FAX: 531-500-5991
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: ██████████
4. ADMINISTRATOR: Helen Crunk
5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
7655 Archer Place Lincoln, NE 68516
6. NUMBER OF BEDS TO BE LICENSED: 90
7. PLANNED OCCUPANCY DATE: 5-1-2018 → 6-1-2018
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

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: Highway 2 Development, LLC
(Legal Name of Individual or Business Organization)
- ADDRESS: 129 N. 10th St. Capitol Hall Lincoln, NE 68508
(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.

Monte Froehlich - Managing Member
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

Monte Froehlich - Secretary
AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

████████████████████
SIGNATURE

4-13-18
DATE

4-13-18
DATE



BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

Name of Facility: PEMBERLY PLACE SENIOR LIVING COMMUNITY

Location: 7655 ARCHER PL

Health Type: ALF

Restrictions: 60 ASSISTED LIVING UNITS; 20 MEMORY CARE UNITS

Permit Number: L1800028

Date Issued: 1/1/2018

Date Expires: 12/31/2018

Maximum Occupancy 80



Fire Inspector



Chief Fire Inspector

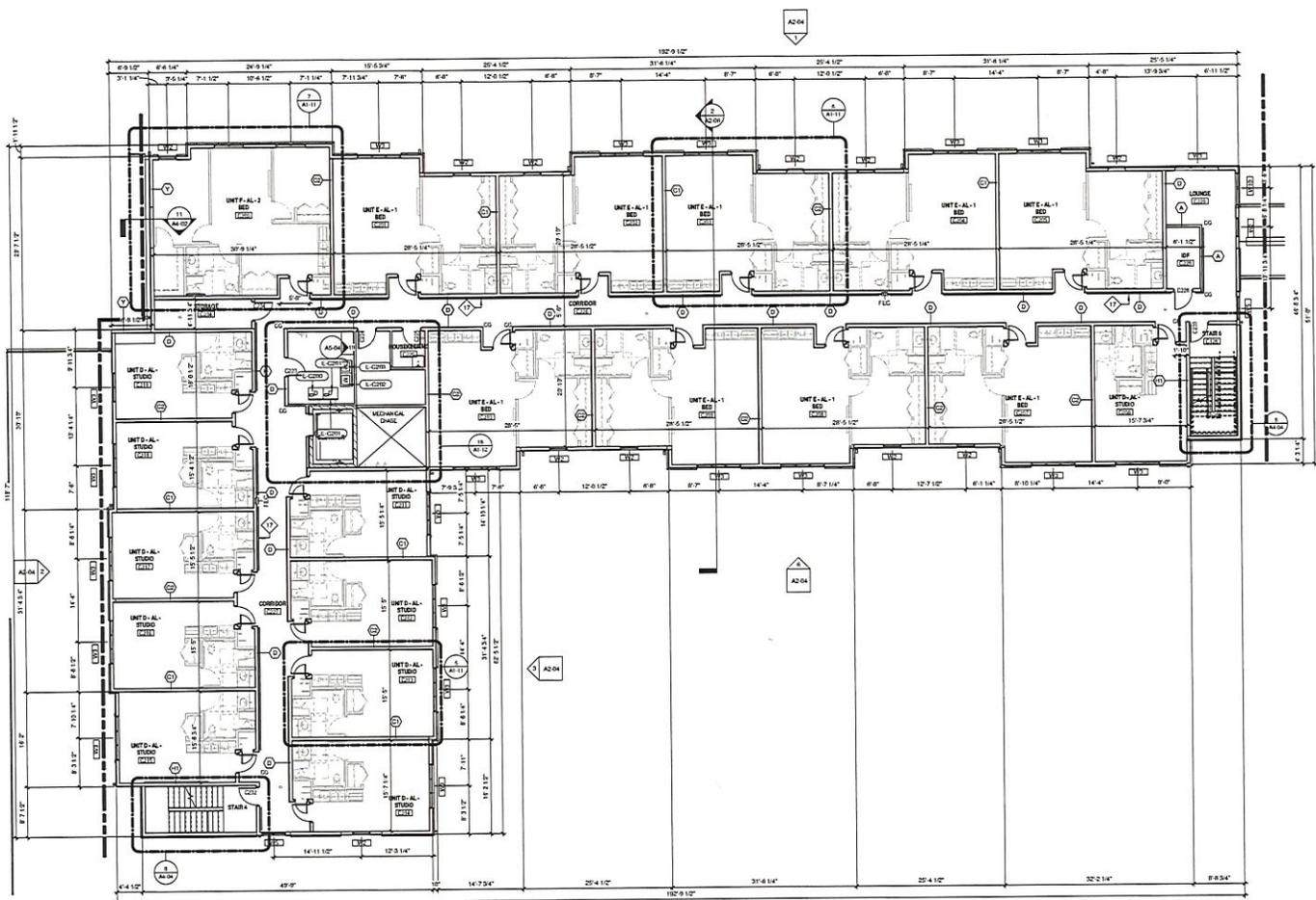
This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

BLD_FP_Health_Certificate_MO

© 2018 Architectural Record, Inc. All rights reserved.



1 SECOND FLOOR PLAN - AREA C
SCALE: 1/8" = 1'-0"

PARTITION TYPES (---):

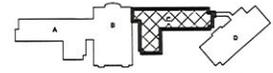
- TYPE A (H 3/4")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, UNF. WITH 1/2" OWG EACH SIDE, AND FILLED WITH 2" UNF. ACID BATT INSULATION 1 HR. UL DESIGN USE.
- TYPE B (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG ONE SIDE.
- TYPE C (H 3/4")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH ONE LAYER 5/8" TYPE 'X' OWG EACH SIDE, 1/2" UNF. ACID SOUND BATT INSULATION, ONE SIDE. STRUCTURAL FULL HEIGHT OF WALL, SHEER WALLS - UL DESIGN U011.
- TYPE D (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH ONE LAYER 5/8" TYPE 'X' OWG EACH SIDE, A 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, & FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, SHEER WALLS - UL DESIGN U011.
- TYPE E (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, & FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE F (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, 1 HR. CORRIDOR WALL - UL DESIGN U011.
- TYPE G (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE H (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE I (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE J (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE K (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE L (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE M (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE N (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE O (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE P (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE Q (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE R (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE S (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE T (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE U (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE V (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE W (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE X (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE Y (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.
- TYPE Z (H 1 1/2")** 2x4 WOOD STUDS AT 16" OC FLOOR TO BOTTOM CHORD OF FLOOR OR ROOF TRUSS ABOVE, WITH 1/2" OWG EACH SIDE, & 1/2" RESILIENT CHANNEL @ 24" OC TO OPPOSITE SIDE OF WALL, FILLED WITH 2" UNF. ACID SOUND BATT INSULATION FULL HEIGHT OF WALL, UNF. DOWNING WALLS - UL DESIGN U011.

GENERAL WALL NOTES

1. INSTALL SOUND BATT FULL HEIGHT IN ALL DEMISING WALLS ON EACH SIDE OF ALL RESIDENTIAL, SLEEPING ROOMS AND IN ALL CORRIDOR WALLS.
2. RESILIENT CHANNELS IN CORRIDOR WALLS SHALL BE ON THE UNIT SIDE OF THE WALL.
3. WALLS ARE TYPICALLY TYPE 'X' UNLESS NOTED OTHERWISE ON THE PLAN.
4. PROVIDE STUDS OUT WALL, TYPE 'W' OR DIMENSION CONTROL, WALLS PARALLEL TO MATCH CORRIDOR OR DIMENSION WALLS UNLESS NOTED OTHERWISE.
5. SEE SHEET A1-11 FOR UNIT PLANS.
6. ALL DIMENSIONS ON EXTERIOR WALL TO EDGE OF STUD UNF.
7. PROVIDE BUILDING FOR FUTURE DRUG BAR LOCATIONS AS INDICATED IN TYPICAL ACCESSORY LOCATION DETAILS.
8. UNLESS NOTED OTHERWISE, ALL WALLS ARE OWG PT.
9. WHERE INDICATED ON DRAWINGS PROVIDE BACKING FOR TV BRACKETS @ 48" AFF. IN RESIDENTIAL, UNITS & 72" AFF. IN COMM. CHECK ROOMS.

REF. NOTES (---):

- 17. ADA HANDRAIL, SEE DETAIL ON SHEET A4-06.



KEY PLAN TRUE NORTH PLAN NORTH

DESIGNED BY:	DATE:	REVISIONS:
DRAWN BY:		
CHECKED BY:		
IN CHARGE:		



SCHEMMER
ARCHITECTS | ENGINEERS | PLANNERS

PEMBERLEY PLACE
SENIOR LIVING COMMUNITY
7601 PINE LAKE ROAD
LINCOLN, NE
SECOND FLOOR PLAN - AREA C

PROJECT NO.: 06787.001

A1-07

16R-131

Introduce: 6-20-16

RESOLUTION NO. A- 89852

SPECIAL PERMIT NO. 16018

1 WHEREAS, Highway 2 Development, LLC, has submitted an application in
 2 accordance with Section 27.63.530 of the Lincoln Municipal Code designated as Special Permit
 3 No. 16018 to allow the construction of a residential health care facility for up to 120 residents,
 4 with a waiver to the maximum height of buildings from 35 feet to 44 feet, on property generally
 5 located at 7601 Pine Lake Road, and legally described as:

6 Lot 1, Block 1, Portsche Heights Third Addition, and Lot 1, Block 1,
 7 Claredon Hills, all located in the Northwest Quarter of Section 22,
 8 Township 9 North, Range 7 of the 6th P.M., Lincoln, Lancaster
 9 County, Nebraska; and

10 WHEREAS, the real property adjacent to the area included within the site plan for
 11 this residential health care facility will not be adversely affected; and

12 WHEREAS, said site plan together with the terms and conditions hereinafter set
 13 forth are consistent with the intent and purpose of Title 27 of the Lincoln Municipal Code to
 14 promote the public health, safety, and general welfare.

15 NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of
 16 Lincoln, Nebraska:

17 That the application of Highway 2 Development, LLC, hereinafter referred to as
 18 "Permittee", to allow the construction of a residential health care facility for up to 120 residents,
 19 with a waiver to the maximum height of buildings from 35 feet to 44 feet, on the property legally
 20 described above, be and the same is hereby granted under the provisions of Section 27.63.530

1 of the Lincoln Municipal Code upon condition that construction and operation of the residential
2 health care facility be in substantial compliance with said application, the site plan, and the
3 following additional express terms, conditions, and requirements:

4 1. This permit approves a residential health care facility for up to 120
5 residents with an adjustment to exceed the maximum height from 35 feet to 44 feet.

6 2. City Council approves the associated requests Annexation #16006 and
7 Change of Zone #16014.

8 3. Before receiving building permits:

9 a. The Permittee shall cause to be prepared and submitted to the
10 Planning Department a revised and reproducible final site plan
11 including 3 copies showing the following revisions:

12 i. Delete the landscaping shown, and revise the landscape
13 schedule to note that "Landscaping and screening to be
14 provided per Chapter 3.50, Sections 7.1 and 7.3."

15 ii. Show the parking areas and grass-pave driveway located
16 outside the 20 foot setback along the west and south
17 property lines.

18 b. Provide verification from the Register of Deeds that the letter of
19 acceptance as required by the approval of the special permit has
20 been recorded.

21 c. Obtain approval by Public Works and Utilities of a waiver to the
22 storm water detention regulations.

23 d. The construction plans must substantially comply with the
24 approved plans.

25 e. The City Council approves a new street name for old Pine Lake
26 Road.

27 f. An executive order must be approved by Public Works and
28 Utilities for the improvement of the street in the old Pine Lake
29 Road right-of-way.

30 4. All privately-owned improvements, including landscaping and recreational
31 facilities, shall be permanently maintained by the Permittee or an appropriately established
32 owners association approved by the City.

1 5. The physical location of all setbacks and yards, buildings, parking and
2 circulation elements, and similar matters must be in substantial compliance with the location of
3 said items as shown on the approved site plan.

4 6. The terms, conditions, and requirements of this resolution shall run with
5 the land and be binding on the Permittee, its successors, and assigns.

6 7. The Permittee shall sign and return the letter of acceptance to the City
7 Clerk. This step should be completed within 60 days following the approval of the special
8 permit. The City Clerk shall file a copy of the resolution approving the special permit and the
9 letter of acceptance with the Register of Deeds, filing fees therefor to be paid in advance by the
10 Permittee. Building permits will not be issued unless the letter of acceptance has been filed.

Introduced by

[Redacted Name]

Approved as to Form & Legality:

[Redacted Name]
City Attorney

AYES: Camp, Christensen,
Eskridge, Fellers, Gaylor Baird,
Lamm, Raybould; NAYS: None.

Approved this 14th day of July, 2016:
[Redacted Name]
Mayor

ADOPTED
JUL 11, 2016
BY CITY COUNCIL

LETTER OF ACCEPTANCE

City of Lincoln
Lincoln, Nebraska

RE: **Special Permit 16018**

To The City Clerk:

The undersigned, "Permittee" under **Special Permit 16018** granted by **Resolution No. A-89852**, adopted by the City Council of the City of Lincoln, Nebraska, on **July 11, 2016**, hereby files this Letter of Acceptance and certifies to the City of Lincoln that the Permittee is fully aware of and understands all the conditions of said ordinance and that Permittee consents to and agrees to comply with the same.

Permittee further certifies that the person whose signature appears below has the authority to bind Permittee to the terms and conditions of this Letter of Acceptance, including Permittee's financial obligations under said Special Permit.

Dated this 25 day of July, 2016.

Highway 2 Development, LLC
Permittee

[Redacted Signature]

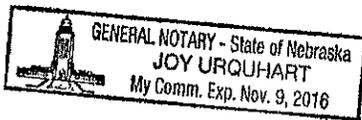
Signature

Manager / Sole Member
Title

STATE OF Nebraska)

COUNTY OF Lancaster) ss.

The foregoing instrument was acknowledged before me this 25 day of July, 2016, by Monte Froehlich, on behalf of Highway 2 Development, LLC.



[Redacted Notary Signature]

Notary Public



FINANCE DEPARTMENT
Office of the City Clerk
555 South 10th Street Suite 103 Lincoln, NE 68508
402-441-7436 fax: 402-441-8325 lincoln.ne.gov

July 14, 2016

CERTIFIED MAIL

ROBERT DUVALL
SCHEMMER ASSOCIATES
1044 NORTH 115TH ST., STE 300
OMAHA, NE 68154

RE: SPECIAL PERMIT 16018

DEAR MR. DUVALL:

Enclosed is a copy of **Resolution A-89852** for your file. Also enclosed are the Letters of Acceptance forms which need to be signed in front of a notary.

The applicants shall sign and return the letters of acceptance to the City Clerk within **60 days** following the approval of the Use Permit which was **July 11, 2016**.

However, since there was a delay on our part in getting the letter to you, we would just ask that you return them **as soon as possible but no later than 30 days from the date of this letter**.

The Resolution and Letter of Acceptance must be filed with the Register of Deeds with the applicant paying the filing fees. The filing fee is **\$34.00**. Checks should be made payable to the **REGISTER OF DEEDS**.

Building permits will not be issued unless the Letter of Acceptance has been filed.

Please return the **original**, fully-signed and notarized Letter of Acceptance and a check for the filing fee to my attention at the City Clerk's Office, Room 103, 555 S. 10th St., Lincoln, NE 68508 **as soon as possible**.

If you have any questions in regard to this matter, please do not hesitate to contact me at (402) 441-7437, Monday-Friday, 8 a.m. to 4:30 p.m. or by email at sphan@lincoln.ne.gov.

SINCERELY,



SOULINNEE PHAN
DEPUTY CITY CLERK

ENCLOSURES

pc:

SCHEMMER

ARCHITECTS | ENGINEERS | PLANNERS

Transmittal

1044 N 115th St., Suite 300, Omaha, NE 68154-4436

PROJECT: Highway 2 Senior Living Development 06787.001 DATE: 7/22/2016

SUBJECT: Pemberley Place - Special Permit Letter of Acceptance TRANSMITTAL ID: 00005

PURPOSE: For your use VIA: Overnight

FROM

NAME	COMPANY	EMAIL	PHONE
Matthew Hubel 1044 N 115th St., Suite 300 Omaha NE 68154-4436 United States	The Schemmer Associates	mhubel@schemmer.com	402-431-6370

TO

NAME	COMPANY	EMAIL	PHONE
Jessica Lindersmith 129 N. 10th Street Lincoln NE 68508 United States	Highway 2 Development LLC	Jlindersmith@usproperty.biz	

REMARKS: Jessica:

Please find the enclosed documentation from the City of Lincoln. We just received this in the mail yesterday. Please read it carefully. There are time-sensitive tasks that your company needs to complete within the next couple weeks.

Please let me know if you have any questions or concerns.

Sincerely,
Matt

DESCRIPTION OF CONTENTS

QTY	DATED	TITLE	NOTES
1	7/21/2016	Letter of Acceptance - Cover Letter.pdf	
1	7/21/2016	Letter of Acceptance - For Signature.pdf	
1	7/21/2016	Special Permit - Signed.pdf	

COPIES:



LINCOLN-LANCASTER COUNTY
 PLANNING DEPARTMENT
 555 South 10th Street Suite 213 Lincoln, NE 68508
 402-441-7491 fax: 402-441-6377 lincoln.ne.gov
 June 10, 2016



Robert Duvall
 1044 N. 115th Street, Ste. 300
 Omaha, NE 68154

RE: **Annexation No. 16006** - Annex approximately 7.88 acres, more or less
 (7601 Pine Lake Road);

Change of Zone No. 16014 - AGR to R-3
 (7601 Pine Lake Road); and

Special Permit No. 16018 - Allow a residential healthcare facility
 (7601 Pine Lake Road).

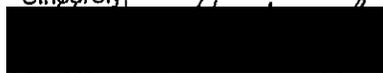
Mr. Duvall,

On June 8, 2016, the Lincoln City-Lancaster County Planning Commission voted 6-0 to recommend approval of both Annexation No. 16006 and Change of Zone No. 16014, and voted 6-0 to recommend conditional approval of Special Permit No. 16018, as set forth in the staff report dated May 18, 2016.

Please be advised that the public hearing before the Lincoln City Council on all three applications - Annexation No. 16006, Change of Zone 16014, and Special Permit No. 16018 - is tentatively scheduled for **Monday, June 27, 2016, at 5:30 p.m.**, in Hearing Room 112 on the First Floor of the County-City Building, 555 South 10th Street, Lincoln, Nebraska.

The Factsheets submitted by the Planning Department to the City Council, which contain the staff report, the minutes of the Planning Commission meeting, all correspondence and any other information submitted on these applications, may be accessed on the Internet at <http://www.lincoln.ne.gov/city/council/index.htm>. The Factsheets will be linked to the respective Council agenda. The Factsheets will also be available in the Planning Department or can be accessed on the internet at www.lincoln.ne.gov (Keyword = PATS). Click on the "Selection Screen" under "Featured Links", type in the application number (i.e. AN16006, CZ16014, SP16018), click on "Search", then "Select", and go to "Related Documents".

Please feel free to contact me if you have any questions or need additional information (402-441-6365) or plan@lincoln.ne.gov.

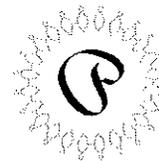
Sincerely,

 Geri Rorabaugh
 Administrative Officer

f:\boards\p\cnof\action letters\2015-16\act060816

- cc: Highway 2 Development, LLC
- Shane Larsen and Matt Hubel/Schemmer Associates
- Amber Hills Estates Assn.
- Pine Lake Homeowners Association
- Clarendon Hills Neighborhood Association
- Terry Kathe, Building & Safety Dept.
- Rick Peo, Asst. City Attorney

RECEIVED JUN 14 2016





PEMBERLY
..... P L A C E

7655 Archer Place, Lincoln, NE 68516
Phone: 402-413-9770

Date: 5/10/2018

Department of Health and Human Services Regulation and Licensure
301 Centennial Mall South
Lincoln, NE 68509

To whom it may concern:

This letter is in reference to application requirements for assisted living facilities. Pemberly Place is owned by Highway 2 Development, LLC. Monte Froehlich is the sole owner of Highway 2 Development LLC.

Monte Froehlich
U.S. Property
129 N. 10th St.
Lincoln, NE 68508

Sincerely,


Helen Crunk, RN, BS
Executive Director

POST-CONSTRUCTION SUBMISSION

Facility Name: Pemberly Place

Facility Location: Lincoln, Nebraska

Facility Address: 7655 Archer Place

PROJECT NAME: Pemberly Place Senior Living Community, Building 2 (Areas C & D)

meets the Physical Plant Standards in title 175 NAC 4 Regulations Governing the Licensure of Assisted-Living Facilities.

Signature: _____

Date: June 1, 2018

Nebraska Architect License # A-1788

Printed Name: Mark J. Higgins

To: DHHS Public Health, Licensure Unit
Attn: Facility Construction
301 Centennial Mall South, 3
PO Box 94986
Lincoln NE 68509

CERTIFICATE
OF
SUBSTANTIAL

- OWNER
- ARCHITECT
- CONSULTANT
- CONTRACTOR
- FIELD
- OTHER

SCHEMMER
ARCHITECTS | ENGINEERS | PLANNERS

PROJECT: **Pemberly Place Senior Living Community**
7655 Archer Place (7601 Pine Lake Road)
Lincoln, NE

PROJECT NUMBER: **06787.001**

OWNER: **Highway 2 Development LLC**
129 N 10th Street
Lincoln, NE 68508

ARCHITECT: **The Schemmer Associates Inc.**
1044 North 115th Street Suite 300
Omaha, Nebraska 68154-4436

CONTRACT FOR: **Primary**

TO CONTRACTOR: **NGC**
1000 O Street, Ste 102
Lincoln, NE 68508

CONTRACT DATED: **1/27/17**

DATE OF ISSUANCE: **6/1/18**

PROJECT OR DESIGNATED PORTION SHALL INCLUDE: **The project complete as indicated in the plans and specifications.**

The work performed under this Contract has been reviewed and found, to the Architect's best knowledge, information and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion thereof is sufficiently complete in accordance with the Contract Documents so the Owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion thereof designated above is hereby established as: **6/1/18**, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below: **No exceptions stated.**

A list of items to be completed or corrected is attached hereto. The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents.

The Schemmer Associates Inc.
ARCHITECT

BY

6/1/18
DATE

The Contractor will complete or correct the Work on the list of items attached hereto within _____ days from the above date of Substantial Completion.

NGC
CONTRACTOR

BY

6.1.18
DATE

The Owner accepts the Work or designated portion thereof as substantially complete and will assume full possession thereof at **5:00 pm** on **6/1/18**

Highway 2 Development
OWNER

BY

6-1-18
DATE

The responsibilities of the Owner and the Contractor for security, maintenance, heat, utilities, damage to the Work and insurance shall be as follows: **Transferred to Owner on 6/1/18.**

(Note--Owner's and Contractor's legal and insurance counsel should determine and review insurance requirements and coverage.)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

For Office of LTC use only

Approval date: 5-29-18

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: 6-1-2018
 Renewal License # _____
 Change of ownership

3. Facility information

Name of facility: Pemberly Place Management, LLC DBA Pemberly Place
(Doing Business As (DBA) name registered with Secretary of State)

Phone: 402-413-9770 FAX: 1-531-500-5991 Facility E-mail: admin@pemberlyplace.com

Street address: 7655 Archer Place

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

Mailing address: 7655 Archer Place Lincoln, NE 68516

Administrator: Helen Crunk

Maximum endorsed capacity: 20

4. Applicant information

- Owner (licensee) Management

Name of legal owning entity: Highway 2 Development LLC
(Exactly as registered with the Secretary of State)

Contact name: Helen Crunk

Phone: 402-209-1664 FAX: 1-531-500-5991 E-mail: admin@pemberlyplace.com

Street address: 7655 Archer Place

City, State, ZIP: Lincoln, NE 68516

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

Pemberly Place will provide a home for those individuals who are no longer able to live independently as a result of Alzheimer's disease, dementia, or a related disorder. Pemberly Place's mission is to "Enhance the lives of those we serve" Pemberly Place is devoted to providing memory support in a safe homelike surrounding.

Our goal is to provide the highest quality of life for each resident. Respect and caring are fundamentals for us. We start by understanding our resident's life stories. By knowing these stories we can engage in meaningful

training and education, and are taught to join the conversations with the residents, instead of attempting to lead them into the reality of the present.

B) Criteria for placement in, transfer to:

Each individual resident's needs will be screened by the Assisted Living Executive Director, or designee, to ensure those needs can be met by Pemberly Place's Team. The following are requirements for occupancy in Pemberly Place's Special Care Program:

1. All residents will have an established diagnosis of Alzheimer's or related dementia disorder.
2. Each resident must not have struggles with life situations that pose a danger to themselves or other residents.
3. Support with advancing and total ADL assistance is evaluated on a case by case basis.
4. If the resident requires complex nursing interventions those services must be obtained by an outside agency of the families choosing and a negotiated risk established to ensure the care required does not comprise Pemberly Place's ability to care for the individual or other residents.

C) Criteria for discharge:

Pemberly Place reserves the right to discharge any resident whose needs cannot be met or their condition does not meet the criteria for placement in Pemberly Place's Memory Care Program. The resident's responsible party will be given a thirty (30) day written notice when discharge from the facility is planned, unless immediate discharge is appropriate to ensure the safety of the resident, the safety of the other residents, or to meet the needs of acute medical conditions. The final decision regarding discharge from the facility will be the Executive Director, or designees. Discharge may be necessary when the following occur:

1. The resident's needs pose a threat or danger to self or the other residents
2. The team is unable to meet the ADL needs of the individual resident.
3. The resident requires complex nursing interventions and the resident's responsible party does not obtain these services from an outside agency.

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

Pemberly Place evaluates each resident at the time of move-in and negotiates a written service agreement with the resident and responsible party. Each resident will have a current service agreement in his or her chart at all times. The service agreement is initiated at the time of move-in. Any time a change has been noted by the Executive Director, or designee, the resident service agreement will be updated with input from the family and/or responsible party. Any time the responsible party wishes to change any item or items in the service agreement, this change will be between the Executive Director, or designee, and the responsible party. The frequency of services provided will be listed on the resident service agreement, and if there is an update to the service agreement, it will be shared immediately with the direct care staff.

E) Staffing numbers/pattern:

Memory Support is staffed by at least one medication aid 24/7. Resident's needs must not exceed the requirements of one staff member. Based upon resident's assessment at time of move in additional staff will be added to meet the needs of each resident as required in 4.006.03

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

Staff training and continuing education practices which shall include, but not be limited to, four hours initially and a minimum of 12 hours annually for direct care staff.

Team members are educated on the cultural competence of each individual. This education includes, but is not limited to, how to be responsive and respectful of the health beliefs and practices of a diverse population.

Pemberly Place provides orientation and education to allow each staff member to meet the needs of each resident. Education topics include:

1. Resident rights;
2. Service agreements / plan of services;
3. Advance directives;
4. Emergency procedures;
5. Resident special care needs;
6. Abuse, neglect, and misappropriation of money or property;
7. Disaster preparedness;
8. Care tactics;
9. Infection control;
10. OSHA standards; and
11. Dementia disease processes.
12. Cultural Competence

G) Physical environment and features, including security features:

Pemberly Place's Secure Memory Support wing was created and designed to support the functioning of cognitively impaired adult residents. Family members will be issued a key card for keyless access entry. Non-family visitors will be asked to enter through the main assisted living entrance. Non-family members will be directly assisted by staff to enter and exit the memory care community. The design features include twenty resident bedrooms. All the studio apartments have closets and private bath with shower. The residents also have a personal call pendant to push if they need assistance. There are also call pendants located in the bathrooms. Secured egress doors lead to an outdoor courtyard area.

H) Resident activities related to dementia care:

The community life programming at Pemberly Place is designed to meet the interest and lifestyles of each resident. Our goal is to provide daily interaction, open conversation, and meaningful activities. These activities range from large group to small group and one-to one opportunities. Residents will enjoy: fitness classes, group discussion, socialization, music, sing-a-longs, community outings, gardening, cooking classes, movies, pet therapy, crafts, reflections and more. All of our activity programs are designed to promote dignity and maximize independence.

I) Family support program:

Pemberly Place recognizes the importance of, and encourages, family involvement. Families are asked to participate in preparation of the service agreement/plan of care, activity programs, meals, and other areas as may be appropriate.

Family support programs such as education, encouragement, emotional support, and training, are available from Pemberly Place staff as needed to provide cares for the resident in accordance with the resident service agreement/plan of care.

Family members and residents are provided on-going education and support on the cultural differences of our residents and how to best support each person.

J) Cost/Fees of care:

Memory Support Cost:

Memory Support offers two levels of service options for our resident's.

Included services with Basic: \$6,200.00

24 hours specially trained staff

Medication Provision

Call Pendant

Specialized daily activities

Limited Assisted w/ ADL's

Buttons/zippers/shoes/socks

Overnight Wellness checks

3 meals/day & snacks

Bathing (2 x's weekly)
Incontinence reminders
All utilities except phone
Oral Hygiene
Access to Nurse Practitioner in on-site Medical Clinic
RN/LPN on call 24 hours a day/7 days week to provide guidance to families and care staff

Personal Laundry Service
Transportation to scheduled appts.
Weekly housekeeping

Enhanced: \$6,500.00
ALL SERVICES IN Basic
Assistance with dressing/undressing
-picking out clothes/reminders/cueing
-buttons/zippers/shoes/socks
Scheduled toileting
Mobility assistance to and from meals & activities

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.

H. Kalinuk

(Print Name of authorized representative)

5/28/18

(Date)

(Signature)

5/28/18

(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 has been met.