

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

*Initial
EFF 1/23/19 dj*

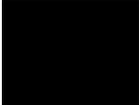
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, LICENSURE UNIT
CERTIFIES THAT

Fallbrook Assisted Living & Memory Care

MEETS STATUTORY REQUIREMENTS AS AN
ASSISTED LIVING FACILITY
LIC #ALF380

Services:
Alzheimer's Memory Care Endorsement

EXPIRES:
April 30, 2019

Bo Botelho, Interim CEO
Interim Director of Public Health
Department of Health and Human Services

Cut on heavy line and place on license

FACILITY NAME: Fallbrook Assisted Living & Memory Care
ADDRESS: 6600 Juliet Court, Lincoln, NE 68521

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. ALF380 to FALLBROOK ASSISTED LIVING, LLC to operate an ASSISTED-LIVING FACILITY at 6600 JULIET COURT 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: January 23, 2019

Please place small
license card here



Given under my hand and the seal of the State of Nebraska Department of Health and Human Services Division of Public Health at Lincoln, Nebraska, on January 24, 2019.



Bo Botelho, Interim CEO
Interim Director 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

January 24, 2019

Virginia Cole
Administrator
Fallbrook Assisted Living & Memory Care
6600 Juliet Court
Lincoln, NE 68521

Dear Ms. Cole:

We are happy to inform you that Fallbrook Assisted Living & Memory Care has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF380. The license is for 131 beds and is effective January 23, 2019.

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 Connie Vogt, RN, BSN, Program Manager, who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

Sincerely,

Bo Botelho, Interim CEO
Interim Director of Public Health
Department of Health and Human Services



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

RECEIVED
DEC 21 2018
LICENSURE UNIT

ALF380

Check one:
 Initial License
 Change of Location
 Change of Ownership

Assisted-Living Facility Licensure Application

Initial Licensure Fees:

1 – 10 beds	\$950
11 – 20 beds	\$1,450
21 – 50 beds	\$1,650
51 or more	\$1,950

Make payment to DHHS

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

1. NAME OF FACILITY: Fallbrook Assisted Living and Memory Care
 PHYSICAL ADDRESS: 6600 Juliet Court, Lincoln, NE 68521
(Street Address, City, State, Zip Code)

2. TELEPHONE NUMBER: 402-261-9050 FAX NUMBER: 402-904-7732
(Complete with Area Code) (Complete with Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [REDACTED]

4. ADMINISTRATOR: Virginia Cole

5. PREFERRED MAILING ADDRESS: 6600 Juliet Court, Lincoln, NE 68521

6. NUMBER OF BEDS TO BE LICENSED: 131

7. PLANNED OCCUPANCY DATE: 02/01/2019

8. SPECIFY ANY SPECIAL POPULATIONS (Please Check If Applicable):
 Special Care Unit for Alzheimer's Dementia Number of Beds: 23
 Provides Complex Nursing Intervention

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: Fallbrook Assisted Living, LLC
(Legal Name of Individual or Business Organization)
 ADDRESS: 1835 E Military Ave, Suite 111, Fremont, NE 68025
(Street Address, City, State, Zip Code)

10. MAILING ADDRESS OF OWNERSHIP: same
(If Different Than Above)

11. BUSINESS ORGANIZATION (Check One):
 Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Government (If Government, Please Select 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

- The owner, if the applicant is an individual or partnership,
- Two of its members, if the applicant is a limited liability company,
- Two of its officers, if the applicant is a corporation, or
- The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Jason Lange
AUTHORIZED REPRESENTATIVE – PRINTED NAME
 MaryLynne Bolden
AUTHORIZED REPRESENTATIVE – PRINTED NAME

[REDACTED SIGNATURE]

10/3/18 DATE
10/3/18 DATE

2018 OCT 26 AM 11:00
 RECEIVED
 LICENSURE UNIT

**Fallbrook Assisted Living, LLC
Member List**

**Member
And Address**

MJ Senior Housing, LLC
1835 E. Military Ave
Suite 111
Fremont, NE 68025

MJ Senior Housing, LLC Member
Jason Lange
19209 Taylor Circle
Elkhorn NE 68022

MJ Senior Housing, LLC Member
MaryLynne Bolden
1422 Brewer Dr.
Fremont, NE 68025

West Mangement, LLC
Member Brett West
3042 Sheridan Blvd
Lincoln, NE 68502

John Sampson
3730 S 14th Street
Lincoln, NE 68502

Vandelay Investments, LLC
233 S 13th Street
Lincoln, NE 68508

Randy James
20110 S 134th Street
Hickman, NE 68372

Lovegrove Family Holdings, LLC
Member Justin Lovegrove
6637 Leesburg Street
Lincoln, NE 68516



**BUREAU OF FIRE PREVENTION
CITY OF LINCOLN
OPERATIONAL PERMIT FOR HEALTH CARE**

Permit Number: L1900001

Name of Facility: FALLBROOK ASSISTED LIVING

Location: 6600 JULIET CT

Health Type: ALF

Date Issued: 1/1/2019

Date Expires: 12/31/2019

Restrictions:

Maximum Occupancy 131


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

Jobman, Donna

From: Jason Lange <jwl@mjseniorhousing.com>
Sent: Tuesday, January 08, 2019 2:26 PM
To: Jobman, Donna
Subject: FW: 6600 Juliet Ct

Donna,

Will this work for zoning?

Thanks,
Jason

From: Ron E. Rehtus <RRehtus@lincoln.ne.gov>
Sent: Tuesday, January 8, 2019 2:25 PM
To: Audrey D. Banegas <ABanegas@lincoln.ne.gov>; Jason Lange <jwl@mjseniorhousing.com>
Cc: Ken E. Hilger <khilger@lincoln.ne.gov>; Rachel K. Jones <RJones@lincoln.ne.gov>
Subject: RE: 6600 Juliet Ct

Jason,

Yes, 6600 Juliet Court is approved for assisted living under Planned Unit Development (PUD) CZ05085B, Lot 4, Block 34. If you have further questions about this, you can ask Rachel Jones in the Planning Department, who I have copied in this e-mail.

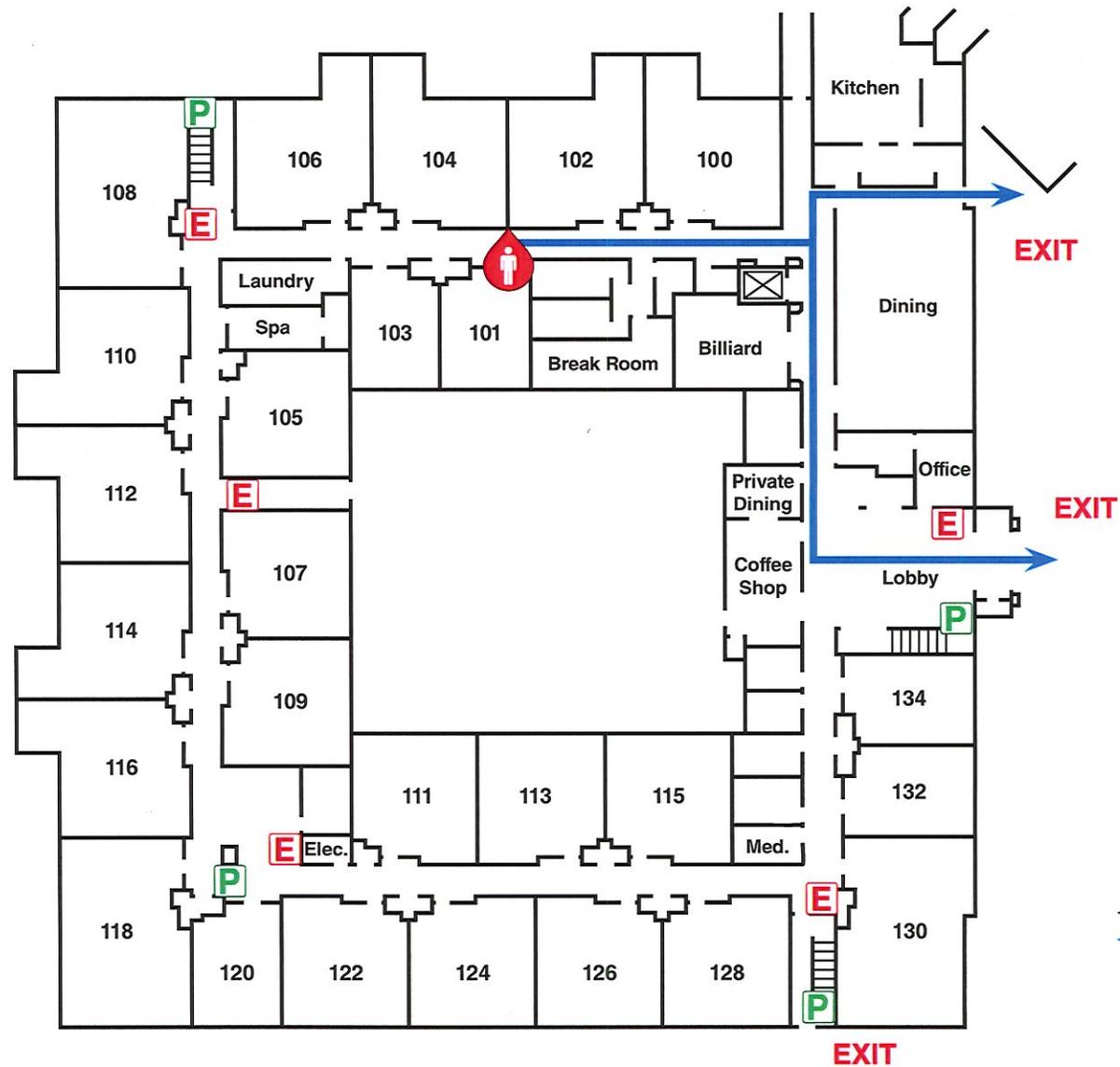
Ron Rehtus

Zoning Coordinator
Building and Safety Department
Lincoln/Lancaster County
555 South 10th Street, Suite 203
Lincoln, NE 68508
Direct Phone: 402-441-8622

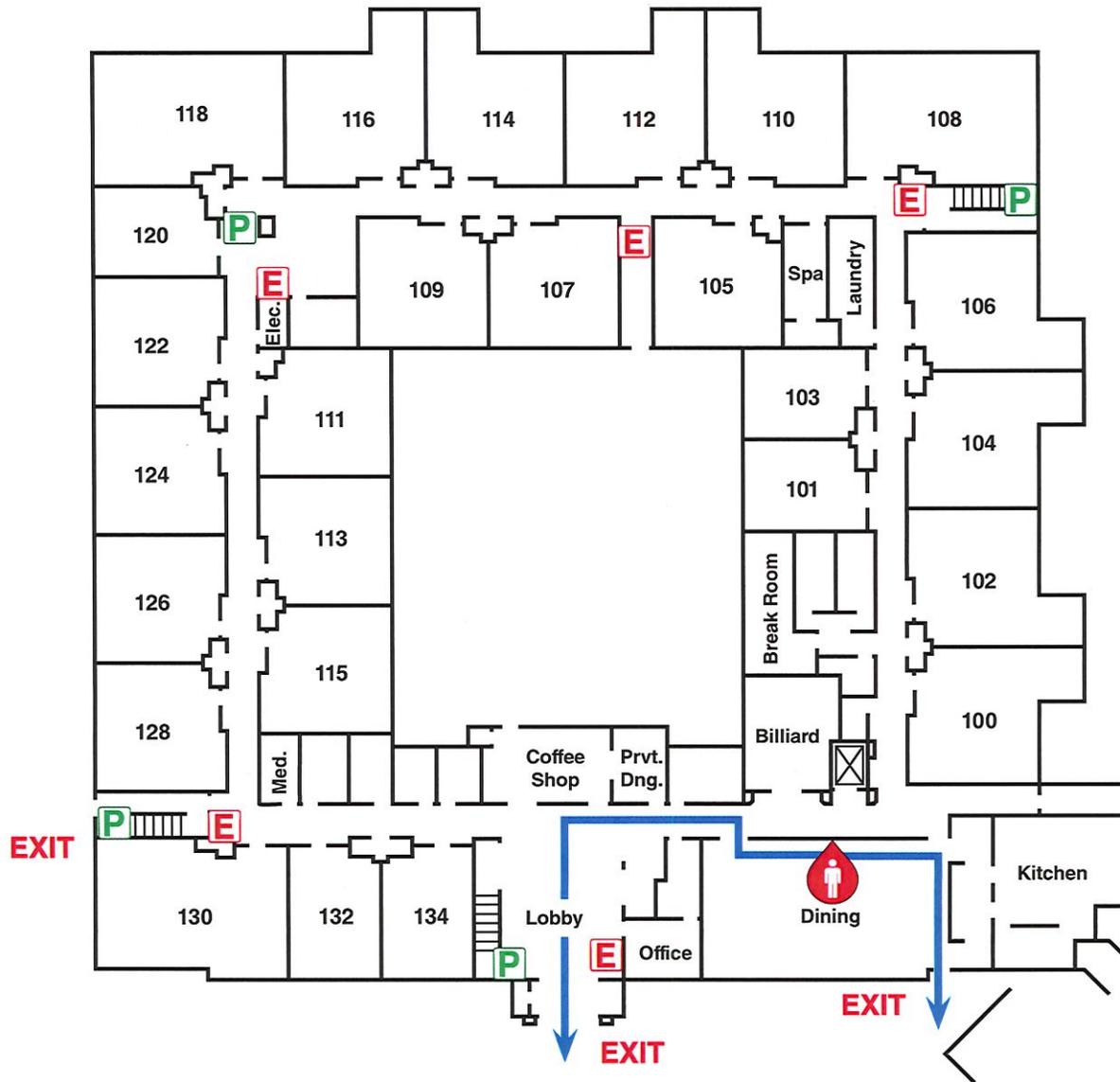


<https://lincoln.ne.gov/city/build/>

Fallbrook Assisted Living & Memory Care Evacuation Plan



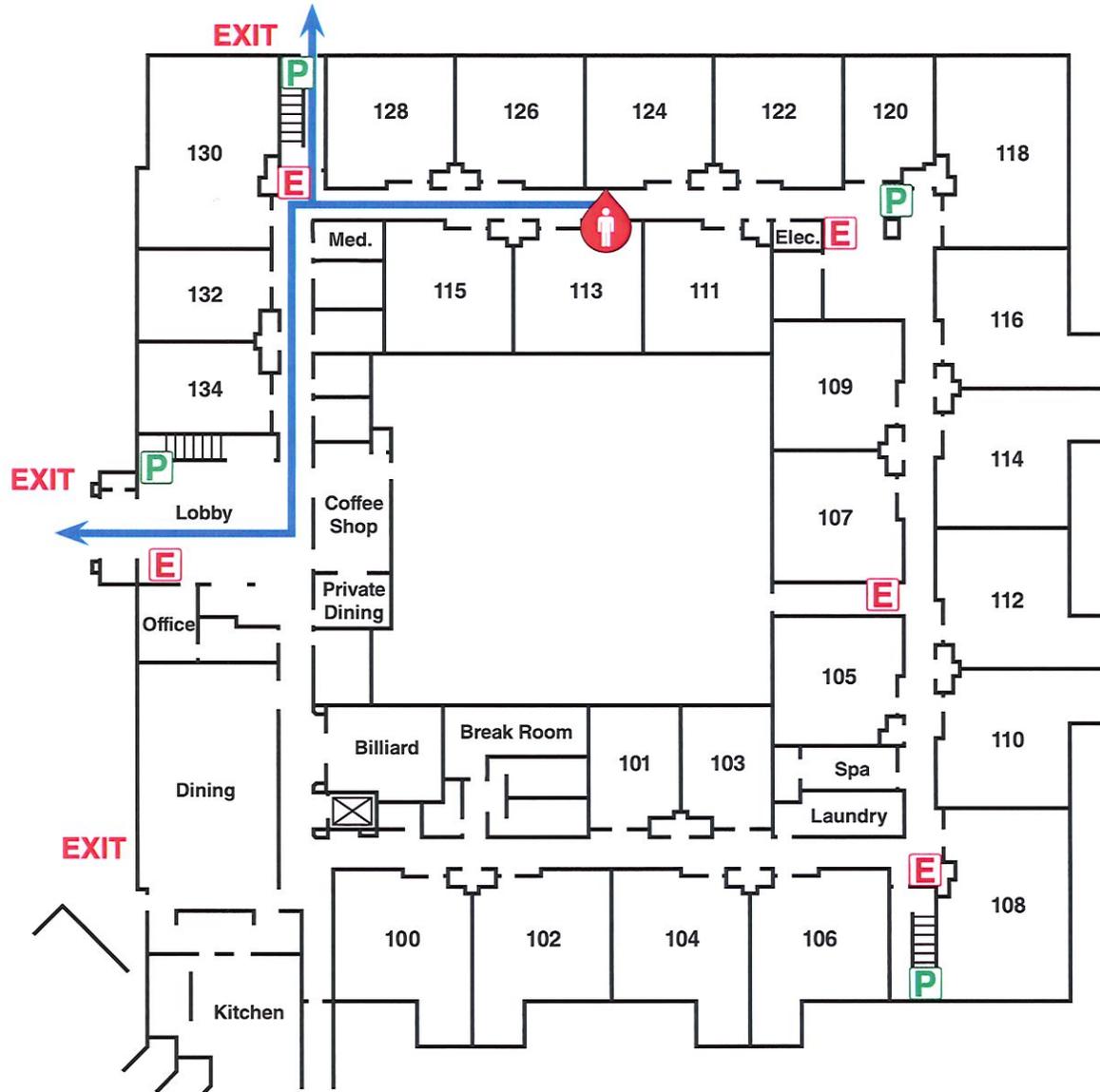
Fallbrook Assisted Living & Memory Care Evacuation Plan



LEGEND

- Evacuation Route
- Fire Extinguisher
- Pull Alarm
- You Are Here

Fallbrook Assisted Living & Memory Care Evacuation Plan



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Fallbrook Assisted Living & Memory Care Evacuation Plan



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ORDER #2779307E IJO #68083 APPROVAL: _____ DATE: _____

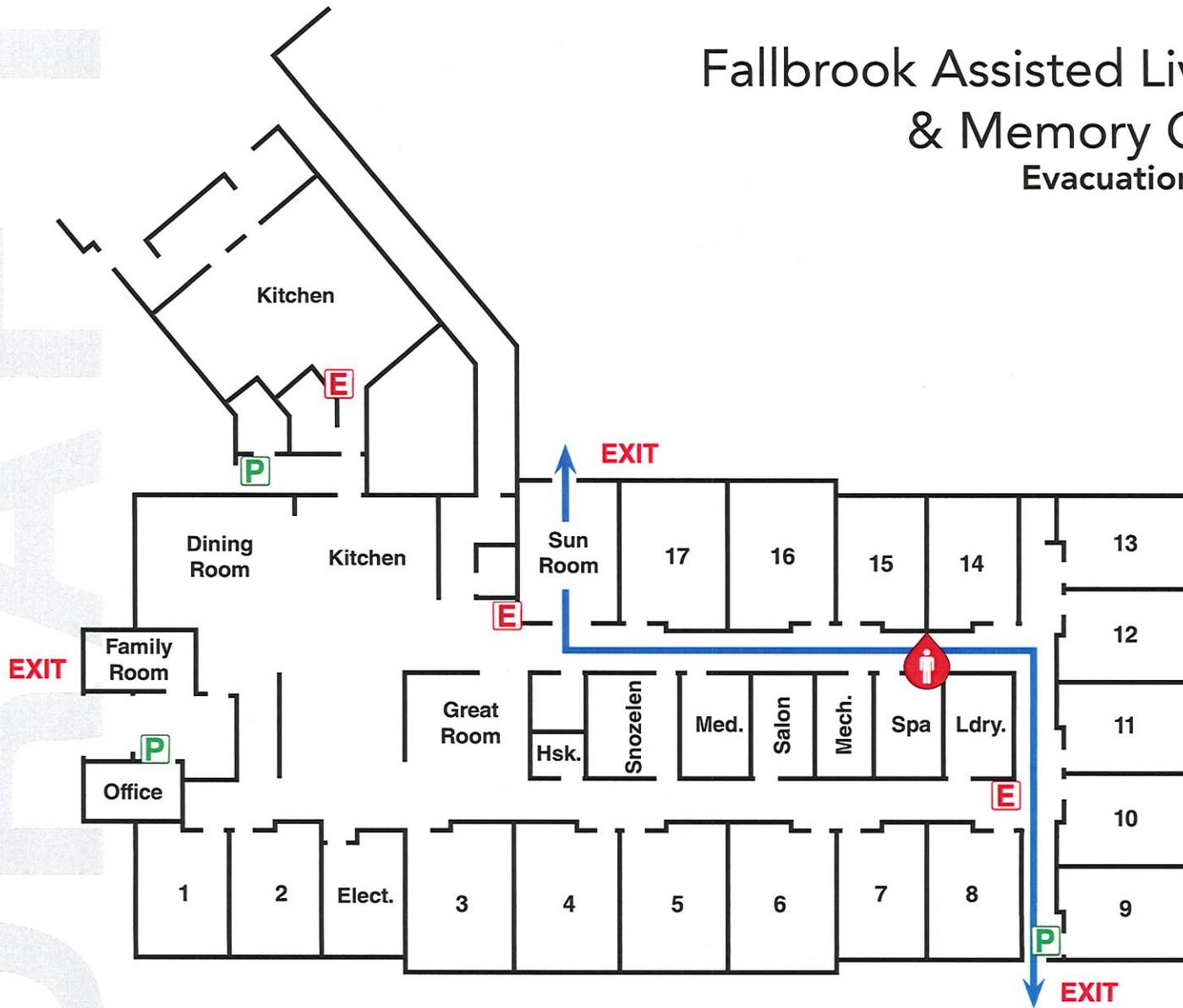
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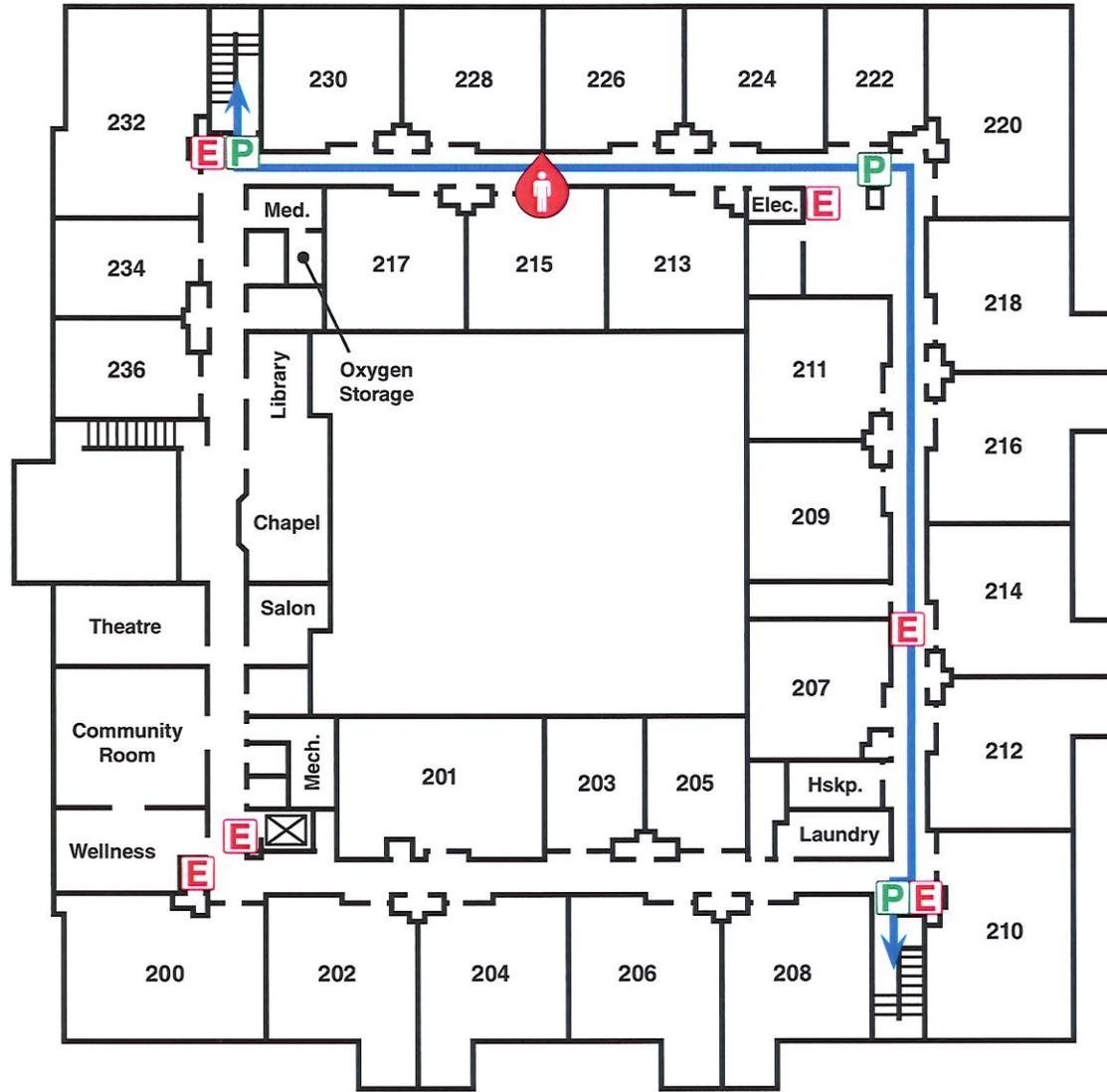
Fallbrook Assisted Living & Memory Care Evacuation Plan



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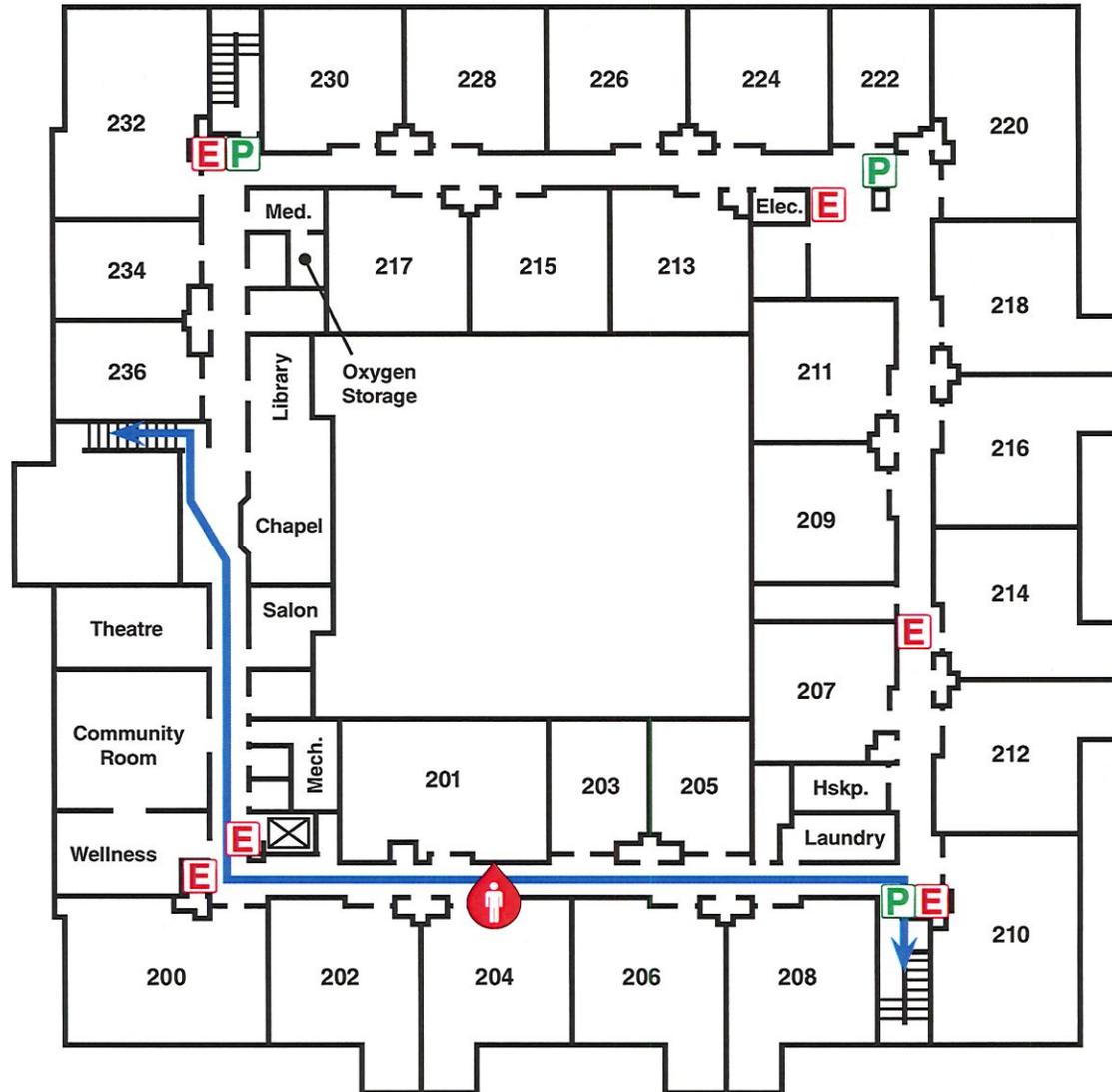
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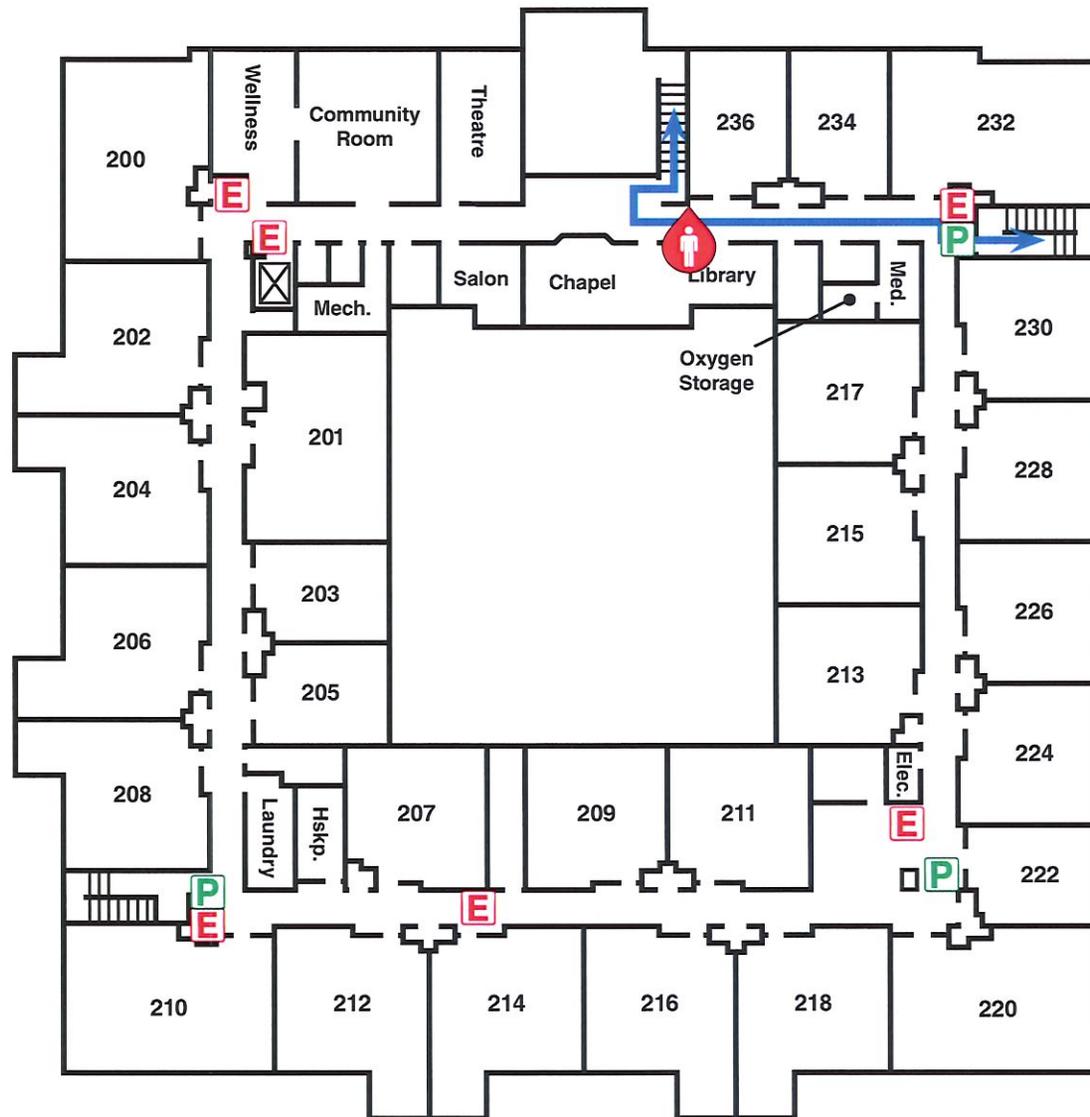
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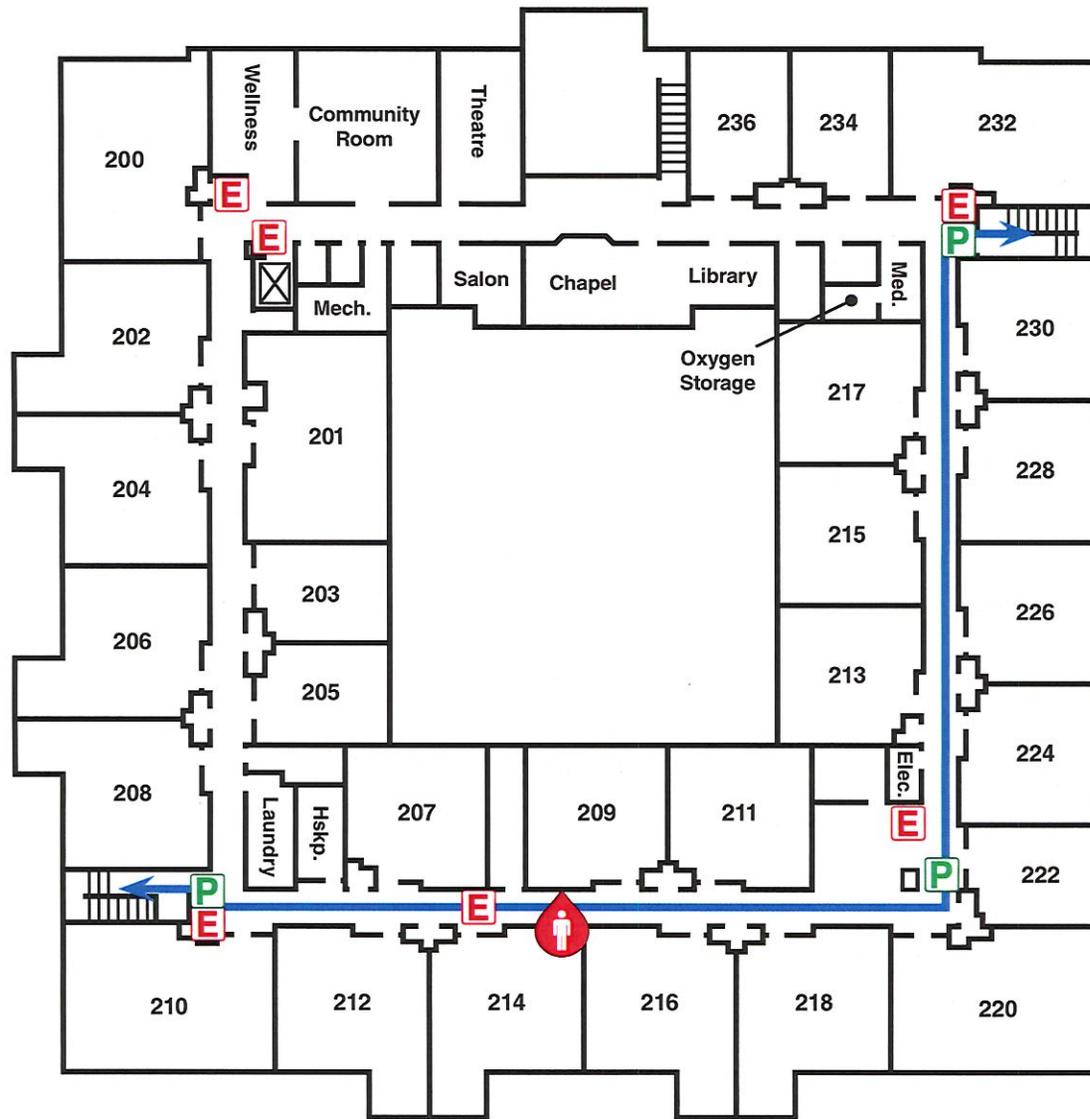
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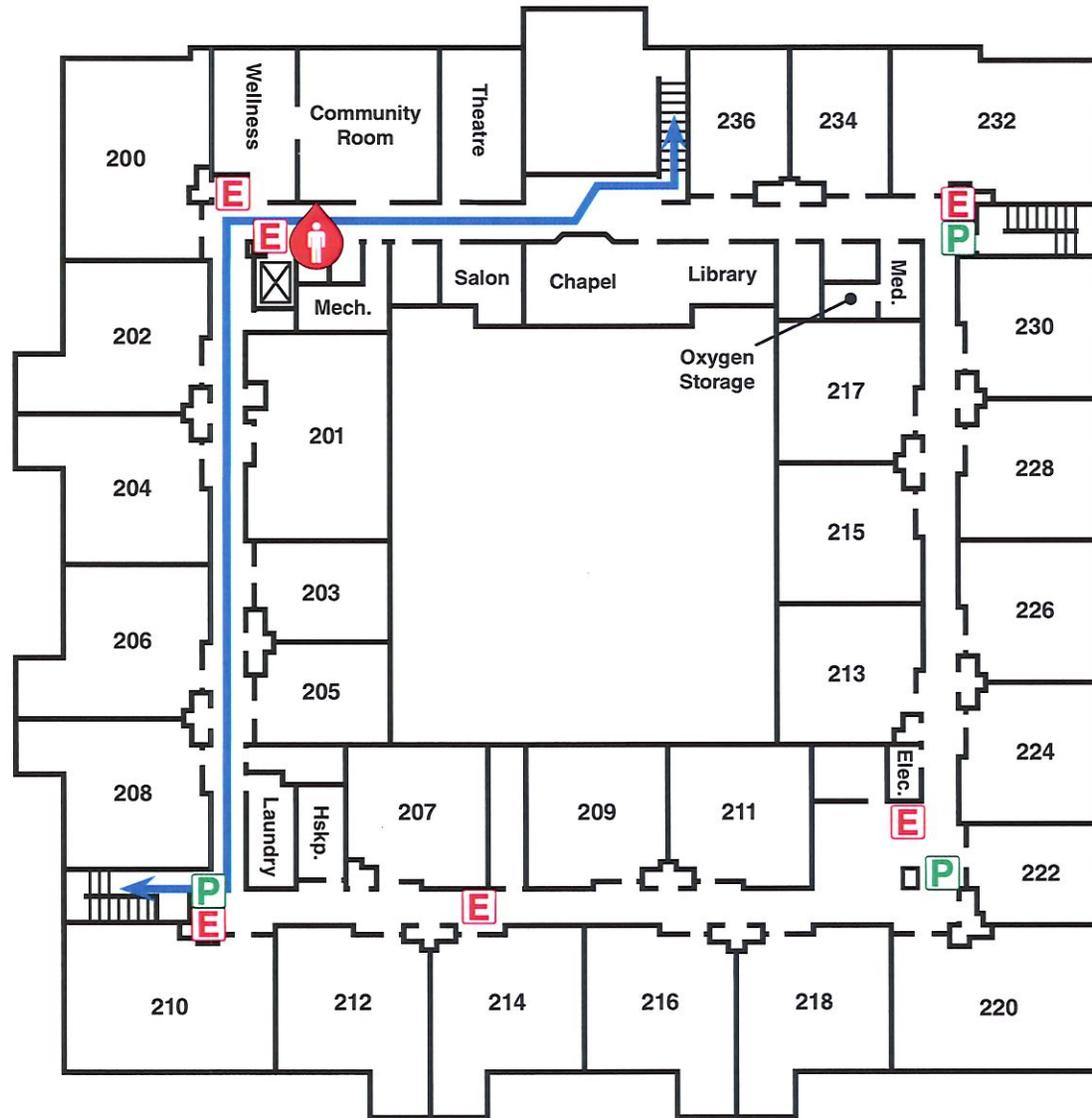
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Fallbrook Assisted Living & Memory Care Evacuation Plan



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Fallbrook Assisted Living & Memory Care Evacuation Plan



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-  Evacuation Route
 -  Fire Extinguisher
 -  Pull Alarm
 -  You Are Here

For Office of LTC use only	
Approval date:	<u>1-7-19</u>
License number:	<u>ALE</u>
License expiration date:	<u>4/30/19</u>

**Alzheimer's Special Care Unit Disclosure
 And Memory Care Endorsement Application**

1. License type (Select one)

Alzheimer's/Special Care Unit Disclosure

Alzheimer's Memory Care Endorsement (For Assisted Living Facilities Only)

2. Type of application (Select one)

Initial Projected Opening Date: February 2018

Renewal License # _____

Change of ownership

3. Facility information

Name of facility: Fallbrook Assisted Living, LLC
(Doing Business As (DBA) name registered with Secretary of State)

Phone: 402-261-9050 FAX: 402-904-7732 Facility E-mail: general@fallbrookassisted.com

Street address: 6600 Juliet Court

City, State, ZIP: Lincoln, NE 68521 County: Lancaster

Mailing address: _____

Administrator: Virginia Cole

Maximum endorsed capacity: 23

4. Applicant information

Owner (licensee) Management

Name of legal owning entity: Fallbrook Assisted Living, LLC
(Exactly as registered with the Secretary of State)

Contact name: MaryLynne Bolden

Phone: 402-719-6329 FAX: _____ E-mail: mlb@mjseniorhousing.com

Street address: 1835 E. Military Ave, Suite 111

City, State, ZIP: Fremont, NE 68025

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

Providence Place Memory Care at Fallbrook will provide 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:

All inquiries for Providence Place Memory Care at Fallbrook will be subject to a prescreening process by the Director of Healthcare and/or RN Consultant or designee to ensure that each individual resident's needs are met by Providence Place's employees. The following are requirements for occupancy to Providence Place Memory Care Community.

1. All residents of Providence Place will have an established diagnosis of Alzheimer's or related dementia disorder or require additional levels of assisted living services.
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 or other residents of the home, 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, transferring, bathing, incontinence, 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. Providence Place does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.

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 in Providence Place. The resident's POA will be given a 30-day written notice when discharge from the community is planned, unless immediate discharge is appropriate to ensure the safety of the resident in question, the safety of other residents, or to meet the needs of acute medical conditions. Every effort will be made to ensure the safety and comfort of the resident, as well as the comfort of the family. The final decision regarding discharge from the community will be made by Executive Director under the direction of MJ Senior Housing, LLC. Providence Place's employees will assist the family with alternate choices. Discharge will be necessary when the following changes occur.

1. When the resident needs complex nursing interventions and the family does not wish to provide for such services through an outside agency.
2. When the resident's situation becomes unstable or unpredictable and cannot be appropriately resolved through interventions.
3. When the resident is no longer able to feed themselves. Providence Place will provide alternate dining environments, dining with an employee, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge.
4. When the resident's physician determines that the resident's care requires the need for 24-hour skilled nursing.
5. At the request of the resident's POA.

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

All residents will have a current service agreement in their chart at all times. Residents are assessed upon admission and with change of condition. The assessment includes obtaining the following information:

- Name, gender and date of birth
- Medical care provider
- Current and recent health history

- Pertinent social history
- Allergies
- Advanced directives
- Person to notify in emergency
- Admission weight and vital signs
- Any identified special needs or equipment
- Medications and any special dietary needs
- Level of assistance needed to perform activities of daily living including bathing, dressing, toileting, ambulation
- Any special safety considerations
- Cognition as determined by orientation and behavior (GDS cognitive assessment tool used)

The following procedure identifies how our Resident Service Agreement is initiated and modified:

1. At the time of admission a Resident Service Agreement will be completed and placed on the resident chart.
2. At any time a change has been noted, the Director of Healthcare and/or RN Consultant or designees, will update the Resident Services Agreement, review the Resident Services Agreement with the POA and obtain a signature from the POA on the Agreement.
3. At any time the resident's POA wishes to change any item on the Resident Service Agreement, this will be completed by the Director of Healthcare and/or RN Consultant Services and the Executive Director.
4. The frequency of the services provided will be listed on the Resident Service Agreement.
5. The level of care plan and service agreement will be updated as needed for changes in the resident condition that may occur.

E) Staffing numbers/pattern:

Providence Place schedules one direct care staff for every five (5) - seven (7) residents based upon acuity level. In addition to direct care staff Providence Place also has an Executive Director and Chef on-site who are specially trained in caring for those who have dementia.

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

Providence Place recognizes the importance of specially-trained employees required to meet the needs of individuals with Alzheimer's and related dementias. Each employee of Providence Place will be given adequate orientation and on-going training, which will enable them to meet the needs of each resident. Employee orientation of all direct-care employees 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 Tactics for Dementia Individuals
9. Infection Control Practices and OSHA Standards
10. Alzheimer's Disease Process
11. Cultural competencies

Along with the initial training, Employees will have no less than twelve (12) hours annually of continuing education, four (4) hours of which will be specifically related to care and treatment for those with a cognitive impairment. The training will be conducted as needed, to update employees of new developments in caring for residents with dementia. The in-services will be held at the community, as well as any workshops and other related in-services that can be arranged outside the community. Providence Place is committed to ensuring that all employees have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

G) Physical environment and features, including security features:

Providence Place was created and designed to be a low stimulus, home-like atmosphere. The community is a secure environment equipped with a security system for controlled access as well as a nurse call system for resident need and wellbeing. It has all private rooms with baths. 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. The community is designed to assist the resident in daily success with simple tasks. Each apartment door is unique in color to help them easily identify their apartment. Paint colors are warm and inviting. Accent walls specially placed around toilets to assist residents in identifying the toilet fixture. Toilet seats are of contrasting color to the toilet itself to assist residents in identifying location of toilet. Journey stations have been strategically placed throughout the environment to stimulate the natural curiosity of residents.

H) Resident activities related to dementia care:

All activity programming for Providence Place will be designed to meet the interest and life styles as well as promote the physical, mental, spiritual, and psychosocial well-being of each resident. Activities will be available 24-hours a day. All activities provided are age appropriate for the geriatric population. Providence Place recognizes the importance of consistent schedules needed for individuals with dementia; however, it is equally important not to make the schedule unchangeable for spontaneous and purposeful activities for each person. All residents are allowed to function at their own pace and to participate in activities of their choice. Activities of daily living may be used as their activities for the day, if that is what they can manage, or what they choose. Each resident is evaluated to ensure their therapeutic recreation needs are being met. Providence Place has designed areas of special function including a Snoezelan Room, Journey Stations, and a Dementia Lounge.

I) Family support program:

Providence Place recognizes the importance of and encourages family involvement at a level that is comfortable to each family. The following are areas that the community would like each family member to participate in:

1. Resident Service Agreement
2. Activity/Recreation Programs
3. Meals
4. Any other areas they feel comfortable participating in.

This community will provide the following to each resident's family or member of the community who requests it:

1. Information concerning the Alzheimer's/dementia disease process.
2. Encouragement and assistance with meeting the needs of the residents.
3. Emotional support and access to support services.
4. Information and support on how to respond to their loved one's behaviors.

J) Cost/Fees of care:

Providence Place has all private rooms. The price for each room is a per month fee. Providence offers 2 levels

of care. All current rates are as follows:

Suite \$5,300 and \$5,900

Deluxe Suite \$5,800 and \$6,400

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.

MaryLynne Bolden
(Print Name of authorized representative)

1-4-19
(Date)


(Signature)

1-4-19
(Date)

Send completed form 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

Please read the following instructions for assistance in completing the Alzheimer's Disclosure Form:

1. Open the attached application and complete it electronically.
2. All five sections of the application must be completed on the form. The boxes for A through J in section 5 "Disclosure Information" are expandable. All of your information should fit under each area.
3. Do not send additional documents unless necessary.
4. The only two areas that differ from the original disclosure information are: 1) "training for cultural competencies" under F of section 5; and 2) "including security features" under G of section 5.
5. When the electronic form has been completed, print it to obtain the authorized representative's signature.
6. The form can then be scanned and emailed back to the Department for review.
7. Please retain a copy of the form for your records.