

**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall South, PO Box 94986
Lincoln, NE 68509-4986**

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
The Heritage At Fountain Point MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services ALZHEIMERS UNIT	Lic # ALF388
	
EXPIRES 4/30/2022	 Gary J. Anthon, MD Chief Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: The Heritage At Fountain Point

ADDRESS: 3725 MADISON AVENUE, NORFOLK, NE 68701

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.



Assisted Living | Memory Support

Below is the list of owners for The Heritage at Fountain Point located at 3725 Madison Avenue, Norfolk, NE 68701:

List of Owners:

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

Thank you.

**FIRE MARSHAL'S OFFICE
CITY OF NORFOLK
CERTIFICATE OF OCCUPANCY**

Name of Facility The Heritage of Fountain Point
Location 3725 Madison Ave
Occupancy Use Assisted Living Facility
Maximum Occupancy 130 Beds
Date Issued December 22, 2020 Fee Paid _____
Approved by: _____

POST IN PROMINENT PLACE

RNS 81-505.01 -- 1983

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LEGEND

ASSISTED LIVING

- UNIT AL: STUDIO W/BATH, 416 SF
- UNIT AL: 1 BED, 1 BATH, 601 SF
- UNIT AL: 1 BED, 1 BATH, WIDEN 751 SF

MEMORY CARE

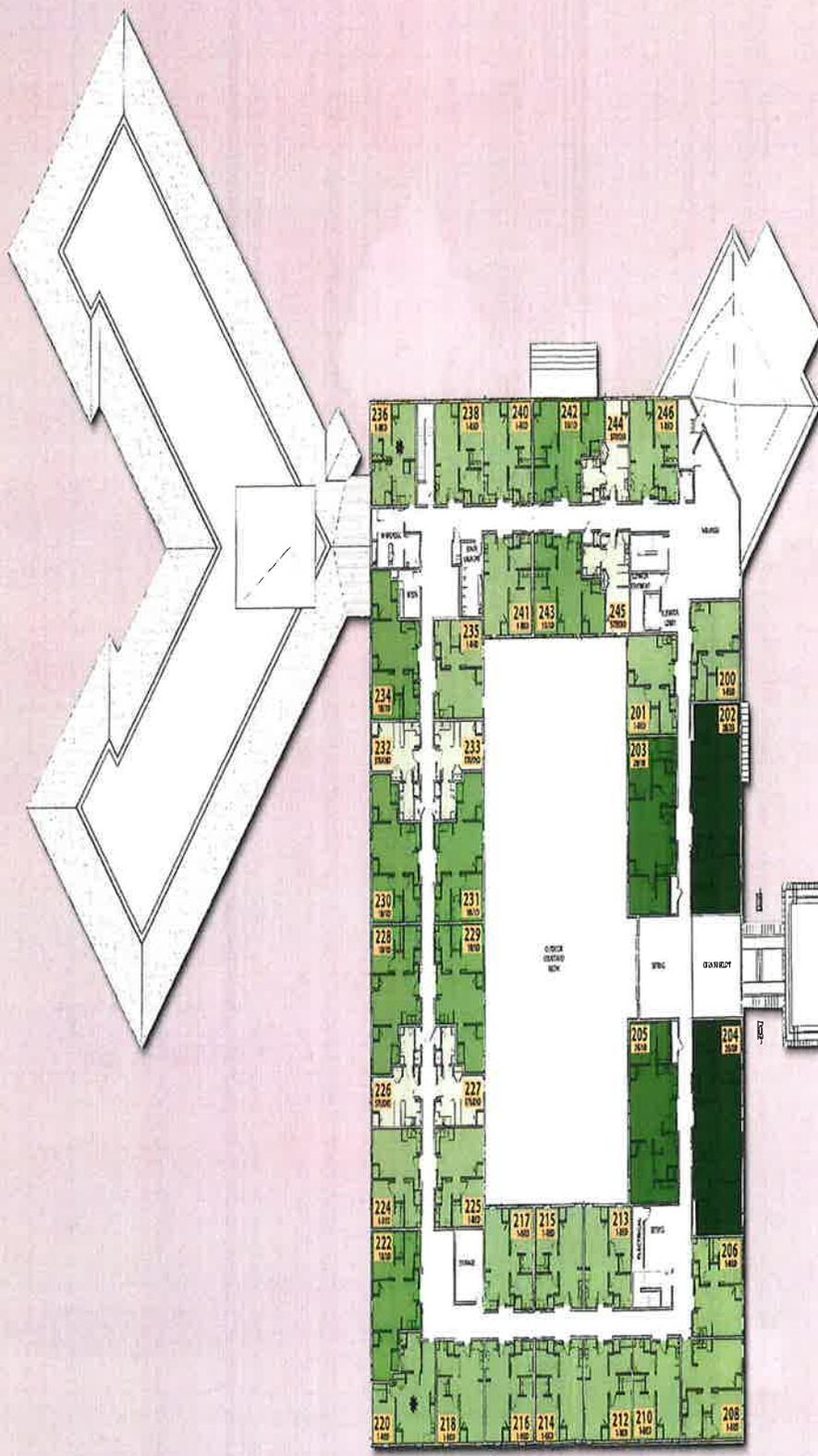
- UNIT MC-1: STUDIO W/BATH 319 SF
- UNIT MC-2: STUDIO W/BATH 441 SF
- UNIT MC-D: DOUBLE STUDIO W/BATH 440 SF

The
Heritage
 at Fountain Point

Assisted Living | Memory Support



THE HERITAGE AT FOUNTAIN POINT
 MAIN LEVEL FLOOR PLAN



LEGEND

ASSISTED LIVING

- UNIT AL: STUDIO W/BATH, 418 SF
- UNIT AL: 1 BED, 1 BATH, 601 SF
- UNIT AL: 1 BED, 1 BATH, WIDEN 751 SF
- UNIT AL: 2 BED, 1 BATH, 1,020 SF
- UNIT AL: 2 BED, 2 BATH, 1,251 SF

The Heritage
at Fountain Point

Assisted Living | Memory Support

For Office of LTC use only	
Approval date:	_____
License number:	_____
License expiration date:	_____

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

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 will fit under each area, therefore, additional documents are not necessary.
3. Please obtain the authorized representative's signature, scan and email the form for Department review to: dhhs.healthcarefacilities@nebraska.gov
4. Please retain a copy of the form for your records.

1. License type (Select one)			
<input checked="" type="checkbox"/>	Alzheimer's/Special Care Unit Disclosure		
<input type="checkbox"/>	Alzheimer's Memory Care Endorsement (For Assisted Living Facilities Only)		
2. Type of application (Select one)			
<input type="checkbox"/>	Initial	Projected Opening Date:	_____
<input checked="" type="checkbox"/>	Renewal	License #	<u>ALF388</u>
<input type="checkbox"/>	Change of ownership		
3. Facility information			
Name of facility:	<u>The Heritage at Fountain Point</u> <i>(Doing Business As (DBA) name registered with Secretary of State)</i>		
Phone:	<u>402-758-9000</u>	FAX:	<u>402-316-7844</u>
		Facility	<u>hmsnotifications@heritage-communities.com</u>
Street address:	<u>3725 Madison Avenue</u>		
City, State, ZIP:	<u>Norfolk, NE 68701</u>	County:	<u>Madison</u>
Mailing address:	<u>Same</u>		
Administrator:	<u>Micha Ives</u>		
Maximum Capacity for Alzheimer's Beds	<u>40</u>		
4. Applicant information			
<input checked="" type="checkbox"/>	Owner (licensee)	<input type="checkbox"/>	Management
Name of legal owning entity:	<u>The Heritage at Fountain Point Operating, LLC</u> <i>(Exactly as registered with the Secretary of State)</i>		
Contact name:	<u>Pamela Taylor, Director of Operations</u>		
Phone:	<u>402-933-2561</u>	FAX:	<u>402-933-8673</u>
		E-mail:	<u>hmsnotifications@heritage-communities.com</u>
Street address:	<u>16934 Frances Street, Suite 200</u>		
City, State, ZIP:	<u>Omaha, NE 68130</u>		

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

Provide care and support services for individuals with memory loss, dementia, Alzheimer's and related disorders in a safe and secure home-like environment that enables the residents to function at their maximum potential with an emphasis on dignity, autonomy and personal integrity.

B) Criteria for placement in, transfer to:

- 1) All residents will have an established diagnosis of Alzheimer's or related dementia disorder.
- 2) No resident will be admitted or retained that requires complex nursing interventions; unless the resident's POA for health care agrees to arrange for these services from outside agency and accepts financial responsibility for such services.
- 3) The resident must not have behavior difficulties that present a danger to themselves, to other residents or that disrupt the overall operations of the community.
- 4) Must be able to have incontinence issues handled by a developed incontinence management program.
- 5) May need assistance with activities of daily living (dressing, grooming, personal hygiene, meals, activities, etc.).
- 6) All residents will have a written order from their physician stating they are clinically stable and appropriate for assisted living residence.
- 7) Does not discriminate against anyone due to race, religion, color, creed, age, sex, or disability.
- 8) Medicaid Waiver is not accepted for payment in the Memory Support Community.

C) Criteria for discharge:

This community reserves the right to discharge any residents whose needs cannot be met, or their condition does not meet the criteria for placement. The resident's POA will be given a 30-day notice when discharge from the community is planned, unless immediate discharge is appropriate to ensure the safety of the resident in question, the safety of other residents, or to meet the needs of acute medical conditions. Every effort will be made to ensure the safety and comfort of the resident, as well as the comfort of the family. Provide alternate dining environments, dining with an associate, finger foods, etc. to increase the resident's nutritional intake and to support independent eating before discharge. The final decision regarding discharge from the community will be made by the Executive Director. Associates will assist the family with alternate choices. Discharge will be necessary when the following changes occur:

- 1) When the resident needs complex nursing interventions and the family does not wish to provide for such services through an outside agency.
- 2) When the resident's behavior becomes unmanageable through behavior modification or through the use of medication. Every attempt will be made to manage behaviors without medication.
- 3) When incontinence issues cannot be managed through an incontinence management program.
- 4) When the resident is no longer able to feed themselves and maintain adequate nutritional level.
- 5) When the resident's physician determines that the resident's care requires the need for 24-hour skilled nursing.
- 6) At the request of the resident's POA.

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

All residents are assessed prior to admission to identify care and service needs which are utilized to develop an individualized Resident Service Agreement. The Resident Service Agreement and other related documents include the personal information, likes and preferences, physical, emotional, and spiritual needs. This Agreement identifies who is responsible for specific tasks. This Agreement is included in the resident's chart at all times.

Recognize the importance of family involvement and is open 24-hours a day to families of our residents. The following procedure identifies how our Resident Service Agreement is initiated and modified.

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

E) Staffing numbers/pattern for each shift:

Day – (1) CMA (3) CNA/Caregiver
 Eve – (1) CMA (3) CNA/Caregiver
 Noc – (1) CMA (1) CNA/Caregiver

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

Recognize the importance of specially trained associates required to meet the needs of individuals with Alzheimer's and related dementias. Each associate will be given adequate orientation and training, which will enable them to meet the needs of each resident. Associate orientation of all direct-care associates will include, but is not limited to:

- 1) Resident Rights
- 2) Resident Service Agreement
- 3) Emergency Procedures
- 4) Advance Directives
- 5) Resident Special Care Needs
- 6) Abuse, Neglect, and Misappropriation of Money or Property
- 7) Disaster Preparedness
- 8) Care for Individuals with Dementia
- 9) Infection Control Practices and OSHA Standards
- 10) Dementia/Alzheimer's Disease Process
- 11) Portraits Training
- 12) Cultural Competence Training

Along with the initial training, all direct care associates will receive education throughout their employment. The training will be available monthly, and as needed, to update associates in caring for residents with dementia. Training will be available at the community, as well as any related workshops that can be arranged outside the community. Committed to ensuring that all associates have the necessary tools and knowledge to provide State-of-the-Art care to our residents.

G) Physical environment and features, including security features:

The community has private and shared companion room with a bathroom. The common areas have a kitchen, laundry, and life-memory recreation areas for residents' enjoyment and socialization. The community has an outside fence-enclosed courtyard that allows our residents to independently ambulate outdoors while maintaining their safety. All entrances and emergency exit doors are equipped with 24-hour access control locks. Double hung windows are equipped with window stops and controlled access on casement windows.

H) Resident activities related to dementia care:

All activity programming will be designed to meet the interest and lifestyles as well as promote the physical, mental, spiritual, and psychosocial well-being of each resident. All residents will have the option to participate in the Portraits program. All activities provided are age appropriate for the geriatric population. Recognizes the importance of consistent schedules needed for individuals with dementia; however, it is equally important to not make the schedule unchangeable. All residents are allowed to function at their own pace and participate in activities of their choice. Activities of daily living may be used as their activities for the day, if that is what they can manage, or what they choose.

Each resident is evaluated to ensure their therapeutic recreation needs are being met.

I) Family support program:

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

- 1) Resident Service Agreement
- 2) Portraits Profile & Development
- 3) Activity/Recreation Programs
- 4) Meals
- 5) Any other areas they feel comfortable participating in

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

- 1) Information and support concerning the Alzheimer's/dementia disease process and how to respond to their love one's behavior.
- 2) Encouragement and assistance with meeting the needs of the residents.
- 3) Emotional support and access to support services.

J) Cost/Fees of care:

	Level 1	Level 2
Companion Suite:	\$4,275.00	\$5,145.00
Private Suite:	\$5,565.00	\$6,205.00
Private Deluxe:	\$6,635.00	\$7,275.00

Applicant Signature

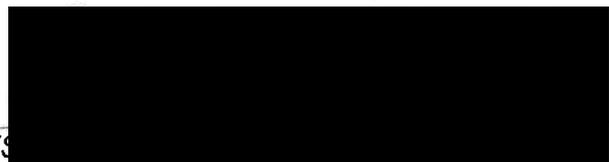
I, the undersigned, an authorized representative of the applicant declare to the best of my knowledge this information is true, correct and complete. By knowingly and willfully failing to fully disclose the information requested may result in denial of application.

Pamela Taylor

5.28.2021

(Print Name of authorized representative)

(Date)



5.28.2021

(Date)