



Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

4-7-16 dy

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

MADISON HOUSE

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY
Lic # ALF103

 
Courtney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

EXPIRES
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: MADISON HOUSE

ADDRESS: 1120 NORTH 1ST STREET, 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.

4-13-15



STATE OF NEBRASKA
Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date
04/30/2016

Make Payment to DHHS LU	
Renewal Fees:	
1 - 10 beds:	\$950
11 - 20 beds:	\$1450
21 - 50 beds:	\$1650
51 or more:	\$1950

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
MADISON HOUSE
1120 NORTH 1ST STREET
NORFOLK, NE 68701

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

c/o: MADISON HOUSE
SL NORFOLK, LLC
303 E WACKER DRIVE, SUITE 2400
CHICAGO IL 60601

LICENSE NO: ALF103

TELEPHONE NUMBER: (402) 644-4567

FAX NUMBER: (402) 644-8111

ADMINISTRATOR: ~~JOELYN BORUGH~~ Shawn Lahr

EMAIL: licensing@seniorlifestyle.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 46

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- Special Care Unit for Alzheimer's or Dementia or Related Disorders _____ Number of Beds
- Other -- Please Specify _____ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No
Name of Accreditation Organization: _____

2016 MAR 25 A 11:07
REC'D HHS ACCOUNTING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: SL NORFOLK, LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 303 E WACKER DRIVE SUITE 200
CHICAGO, IL 60601

8. 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 and 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 are true and correct and I/we hereby apply for a renewal 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.

Stephen J. Levy
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

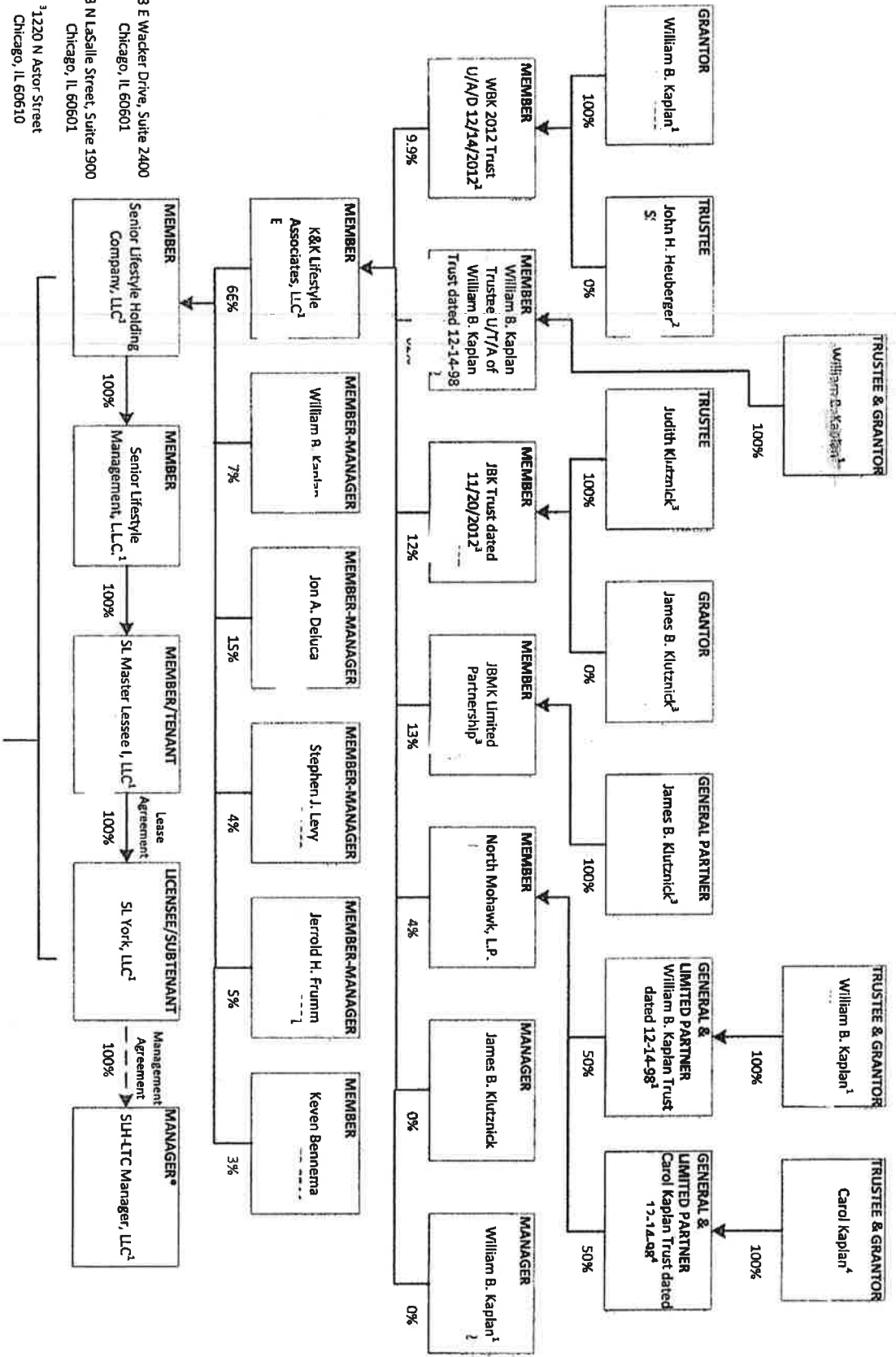
Jerrold H. Frumm
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3/14/16
DATE

3/14/16
DATE

Licensee Ownership Disclosure



¹ 303 E Wacker Drive, Suite 2400 Chicago, IL 60601

² 203 N LaSalle Street, Suite 1900 Chicago, IL 60601


³ 1220 N Astor Street Chicago, IL 60610

⁴ 50 E Chestnut Street, #3801 Chicago, IL 60610

MANAGERS
 William B. Kaplan¹
 Jon A. Deluca¹
 Stephen J. Levy¹
 Jerrold H. Frumm¹

* (see Exhibit A)

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

Name of Facility **Madison House**
Location **1120 North 1st Street**
Occupancy Use **Assisted Living Facility**
Maximum Occupancy **46 Beds**
Date Issued **April 13, 2015** Fee Paid **\$50.00**
Approved by: 

Terry Zwiebel *Terry* Fire Marshal

POST IN PROMINENT PLACE

RNS 81-505.01 -- 1983

Madison House - Norfolk, Nebraska

