

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall South, PO Box 94669
Lincoln, NE 68509-4669

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

Echo Hills Assisted Living And Memory Care

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY
Lic # ALF398

Services
ALZHEIMERS UNIT
COMPLEX NURSING INTERVENT

EXPIRES
04/30/2023



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.

Echo Hills Assisted Living And Memory Care

ADDRESS: 14509 ECHO HILLS DRIVE, OMAHA, NE 68138

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 Facility Licensure Renewal Application

Check one:

- Renew License
- Change of Location
- Change of Ownership

Renewal 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

Expiration Date: _____

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

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Echo Hills Assisted Living and Memory Care
14509 Echo Hills Drive
Omaha, NE 68138

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

LICENSE NUMBER: ALF398
TELEPHONE NUMBER: 531-721-2500
FAX NUMBER: 531-721-2152
ADMINISTRATOR: Mindy Curington
EMAIL ADDRESS: general@echohillsassisted.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 152

5. SPECIFY SPECIAL POPULATIONS (Please Check):

- Alzheimer's/Special Care Unit
- Provides Complex Nursing Intervention

Number of Beds: 28

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

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: Echo Hills ALMC, LLC

(Legal Name of Corporation, Partnership, Etc.)

MAILING ADDRESS OF OWNERSHIP: 527 N Broadway
Wahoo, NE 68066

8. 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)

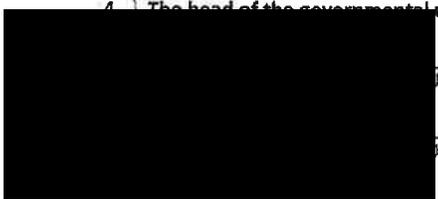
Profit Non Profit

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 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.



AUTHORIZED REPRESENTATIVE – PRINTED NAME

MaryLynne Bolden _____ 04/06/2022 4/15/22
DATE

AUTHORIZED REPRESENTATIVE – PRINTED NAME

Jason Lange _____ 04/06/2022 4/15/22
DATE

Echo Hills ALMC, LLC

Member List

MJ Senior Housing, LLC

527 N Broadway

Wahoo, NE 68066

Jason Lange & MaryLynne Bolden Members

West Management, LLC

129 N 10th St

Apt 106

Lincoln, NE 68508

Brett West - Member

Vandelay Investments, LLC

PO Box 22151

Lincoln, NE 68542

Kevin James - Member

KMJ2019, LLC

PO Box 22151

Lincoln, NE 68542

Kevin James- Member

Solstice Investments, LLC

PO Box 22151

Lincoln, NE 68542

Randy James – Member

Mardes Group Investments, LLC

63649 Highway 136

Auburn, NE 68305

Ruth Gerdes - Member

MJ Acquisitions, LLC

7340 S64th Cir

Lincoln, NE 68516

Cody Gerdes - Member

Solomon II, LLC

5200 N 57th St

Lincoln, NE 68507

Aaron Marshbanks - Member

Echo Sierra, LLC

5825 S 14th Street

Lincoln, NE 68512

Justin Sanford - Member

OFFICE OF THE FIRE MARSHAL OCCUPANCY PERMIT

Name of Facility: ECHO HILLS ASSISTED LIVING AND MEMORY CARE

TYPE OF FACILITY: ASSISTED LIVING

LOCATION: 14509 ECHO HILLS DRIVE, OMAHA, NE 68138

MAXIMUM OCCUPANCY: 152 BEDS

DATE ISSUED: 03/22/2022

INSPECTED BY: NICK GUNIA, FIRE INSPECTOR PAPILLION FIRE DEPARTMENT



POST IN A PROMINENT PLACE



Papillion Fire Inspector 03/22/2022

Date

Approved by

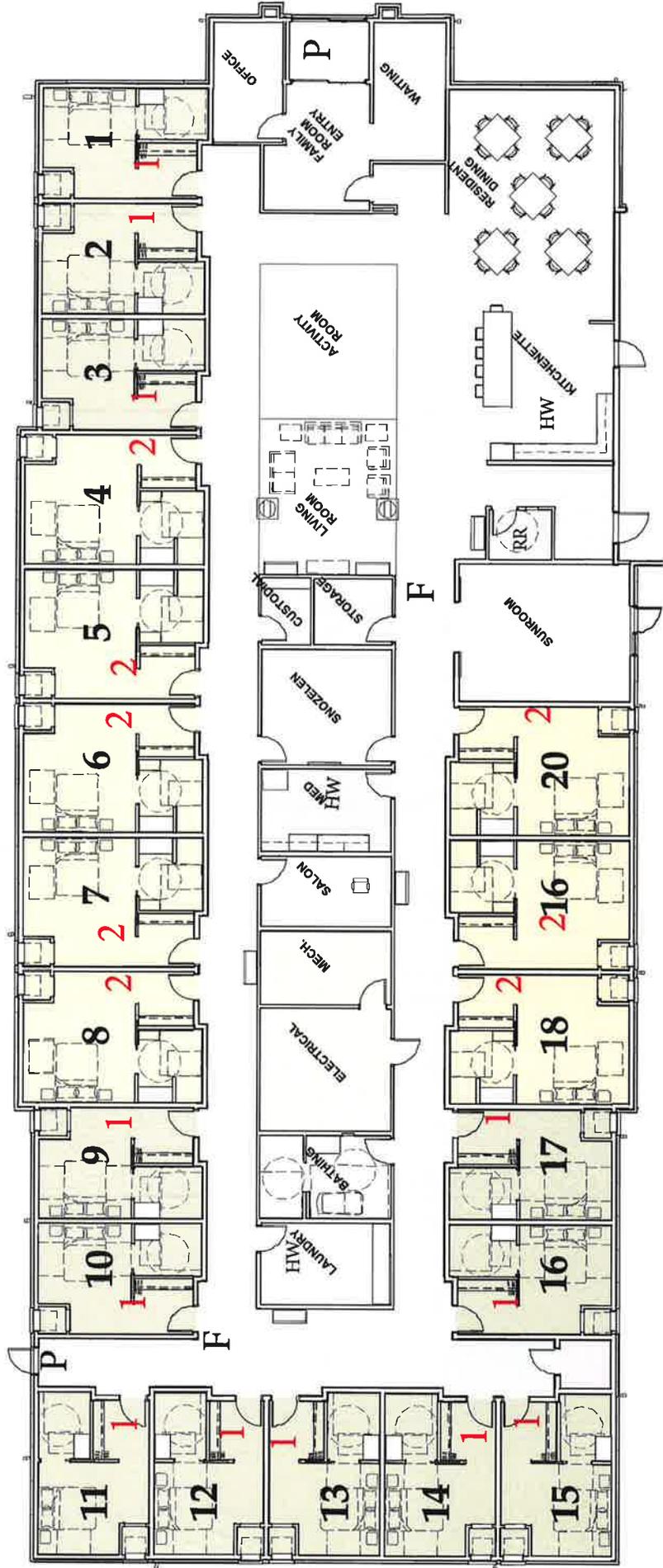
Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Occupancy Permit

- HW - Handwash
- P - Pull Station
- F - Fire
- Ext - Extinguisher
- RR - Restroom

Echo Hills

Assisted Living and Memory Care

MEMORY CARE



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

**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: October 2021
 Renewal License # _____
 Change of ownership

3. Facility information

Name of facility: Echo Hills Assisted Living and Memory Care
(Doing Business As (DBA) name registered with Secretary of State)

Phone: 531-721-2500 FAX: 531-721-2152 Facility E-mail: general@echohillsassisted.com

Street address: 14509 Echo Hills Drive

City, State, ZIP: Omaha, NE County: Sarpy

Mailing address: _____

Administrator: Mindy Curington

Maximum endorsed capacity: 28

4. Applicant information

- Owner (licensee) Management

Name of legal owning entity: Echo Hills ALMC, LLC
(Exactly as registered with the Secretary of State)

Contact name: Jason Lange

Phone: 402-960-0376 FAX: _____ E-mail: jwl@mjseniorhousing.com

Street address: 527 N Broadway

City, State, ZIP: Wahoo, NE 68066

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 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.

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:

Staffing – Providence Place schedules 8-hour shifts, 24/7. *All direct care staff scheduling is based upon occupancy and acuity of residents.* Providence Place schedules one (1) direct care staff for every five (5) - seven (7) residents based upon acuity level during the day and evening shifts. The over-night shift schedules no less than 1 MA and 1 other care staff who may or may not be an MA, NA, or Assisted Living Aide.

Minimum number of staff per discipline and shift:

Day Shift:

- 1 40-hour Medication Aide
- 1 Cook
- 1 RN on-site no less than 2 days per week and as necessary.
- 1 RN on call 24/7

Evening Shift:

- 1 40-hour Medication Aide
- 1 Cook until approximately 7 pm
- 1 RN on-site no less than 2 days per week and as necessary.
- 1 RN on call 24/7

Overnight Shift:

- 1 40-hour Medication Aide
- 1 RN on call 24/7

Other Positions:

Program Director – Providence Place has Program Director who works primarily business hours and is responsible for overall operations of the Memory Care. The Program Director is on call 24/7. May or may not be an RN or LPN.

RN – Providence Place has an RN on-site during regular hours each week and on call 24/7 to oversee resident care and provide direction and monitoring to Medication Aides and other care staff.

MA/NA and Assisted Living Aide's (who may work on a shift with MA's). Providence Place schedules one direct care staff for every five (5) - seven (7) residents based upon acuity level during the day and evening shifts. The over-night shift schedules no less than 1 MA and 1 other care staff who may or may not be an MA, NA, or Assisted Living Aide.

Chef and/or Cook - In addition to the Program Director, the RN, and direct care staff, Providence Place also has a Chef and/or Cook on-site, 7 days per week, approximately 7 am – 7 pm who is specially trained in preparing meals and snacks 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 Place offers 3 levels of care. All current rates are as follows:

Suite 1	\$6,235.00
Suite 2	\$7,115.00
Suite 3	\$8,770.00

Dlx St 1	\$6,680.00
Dlx St 2	\$7,555.00
Dlx St 3	\$9,210.00

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.

Jason Lange

(Print Name of authorized representative)

04/05/2022

(Date)

(Signature)

04/05/2022

(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.