

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

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

The Woodlands At Hillcrest

MEETS STATUTORY REQUIREMENTS AS AN
ASSISTED LIVING FACILITY
LIC #ALF375

Services:

Alzheimer's Memory Care Endorsement

EXPIRES:

April 30, 2019



Thomas L. 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: The Woodlands At Hillcrest
ADDRESS: 9421 Gable Pines Road, Lincoln, NE 68527

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.

RECEIVED

APR 30 2018



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

LICENSURE EXPIRES 4/30/2018

Table with 2 columns: Renewal Fees, Amount. Rows: 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: THE WOODLANDS AT HILLCREST
9421 GABLE PINES ROAD
LINCOLN, NE 68527
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF375
TELEPHONE NUMBER: (402) 261-0261
FAX NUMBER: (531) 500-8044
ADMINISTRATOR: PATRICIA JARNAGIN
EMAIL: info@WoodlandsatHillcrest.com

- 3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 107
5. SPECIFY SPECIAL POPULATIONS: (Please check)
[checked] Special Care Unit for Alzheimer's or Dementia or Related Disorders 32 Number of Beds
[] Other -- Please Specify
6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes [] No [checked]
Name of Accreditation Organization:

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: LINCOLN SENIOR LIVING, LLC
(Legal Name of Individual or Business Organization)
MAILING ADDRESS: 233 S 13TH STREET, SUITE 1900
LINCOLN, NE 68510

- 8. BUSINESS ORGANIZATION: (Check one):
[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[] Corporation
[checked] Limited Liability Company
[] Governmental (Check one) [] State, [] District, [] County, [] City or Municipal
[] Other (Please Specify)

Stamp: (check one) [checked] Profit [] Non-Profit. Vertical stamp: 2018 MAY - 1 A 008

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.

Michael K Noslon
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
D. Richard Ten Braak
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

4/27/2018
DATE
4/27/2018
DATE

Attachment to Application for Licensure as an Assisted-Living Facility

3. List of names and address of all persons in control of the facility

Nelson Development 1, LLC
Mike Nelson, manager
1425 Glen Oaks Drive
West Des Moines, IA 50266

Einstein Financial Services, P.C.
D. Richard Ten Braak, manager
1315 Glen Oaks Drive
West Des Moines, IA 50266

Attachment to Application for Licensure as an Assisted-Living Facility

4. Occupancy Certificate

[Certificate of Occupancy attached on next page]



BUILDING & SAFETY DEPARTMENT
 555 South 10th Street Room 203 Lincoln, NE 68508
 402-441-7521 bls@lincoln.ne.gov lincoln.ne.gov

Department of Health & Human Services
 Division of Public Health
 Licensure Unit
 PO Box 64986
 Lincoln, Ne 68509-4986

Re:

The Lincoln, Bureau of Fire Prevention conducted a final inspection on Building Permit Number: 8160139B

The Bureau has found the construction project Woodland Hill located at 9421 Gable Run Rd meets the fire safety requirements of the NFPA 101 Life Safety Code and the International Fire Code and is approved for use and occupancy.

Dave M...
 Bureau of Fire Inspector

Dept of Health & Human Svc approval letter



Attachment to Application for Licensure as an Assisted-Living Facility

6. Schematic.

[Current floor plan attached on next page]

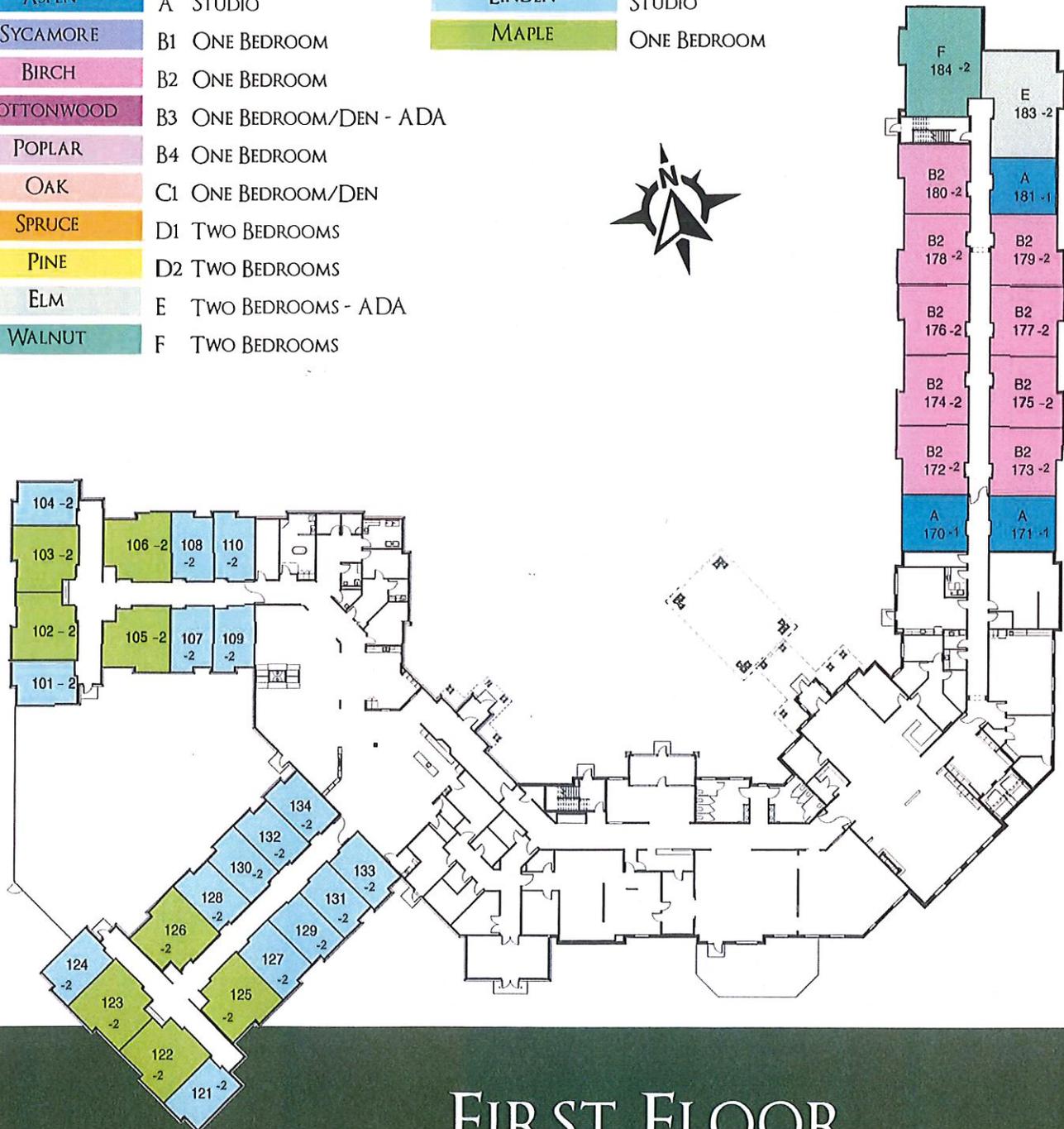
BUILDING LEVELS

ASSISTED LIVING

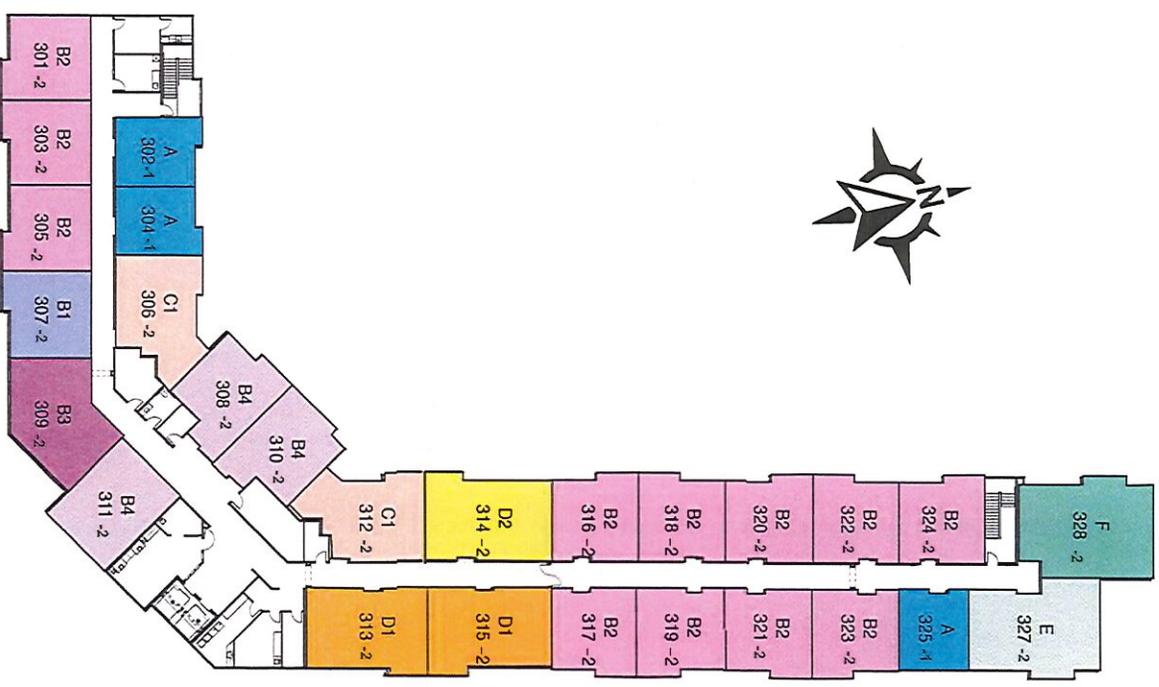
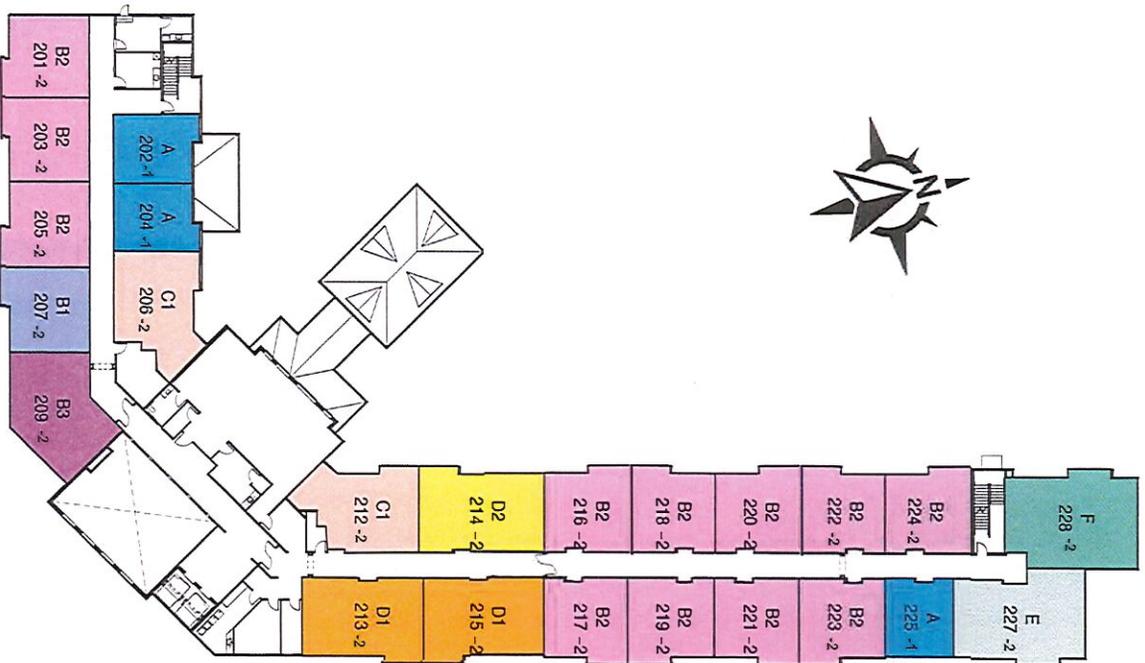
ASPEN	A STUDIO
SYCAMORE	B1 ONE BEDROOM
BIRCH	B2 ONE BEDROOM
COTTONWOOD	B3 ONE BEDROOM/DEN - ADA
POPLAR	B4 ONE BEDROOM
OAK	C1 ONE BEDROOM/DEN
SPRUCE	D1 TWO BEDROOMS
PINE	D2 TWO BEDROOMS
ELM	E TWO BEDROOMS - ADA
WALNUT	F TWO BEDROOMS

MEMORY CARE

LINDEN	STUDIO
MAPLE	ONE BEDROOM



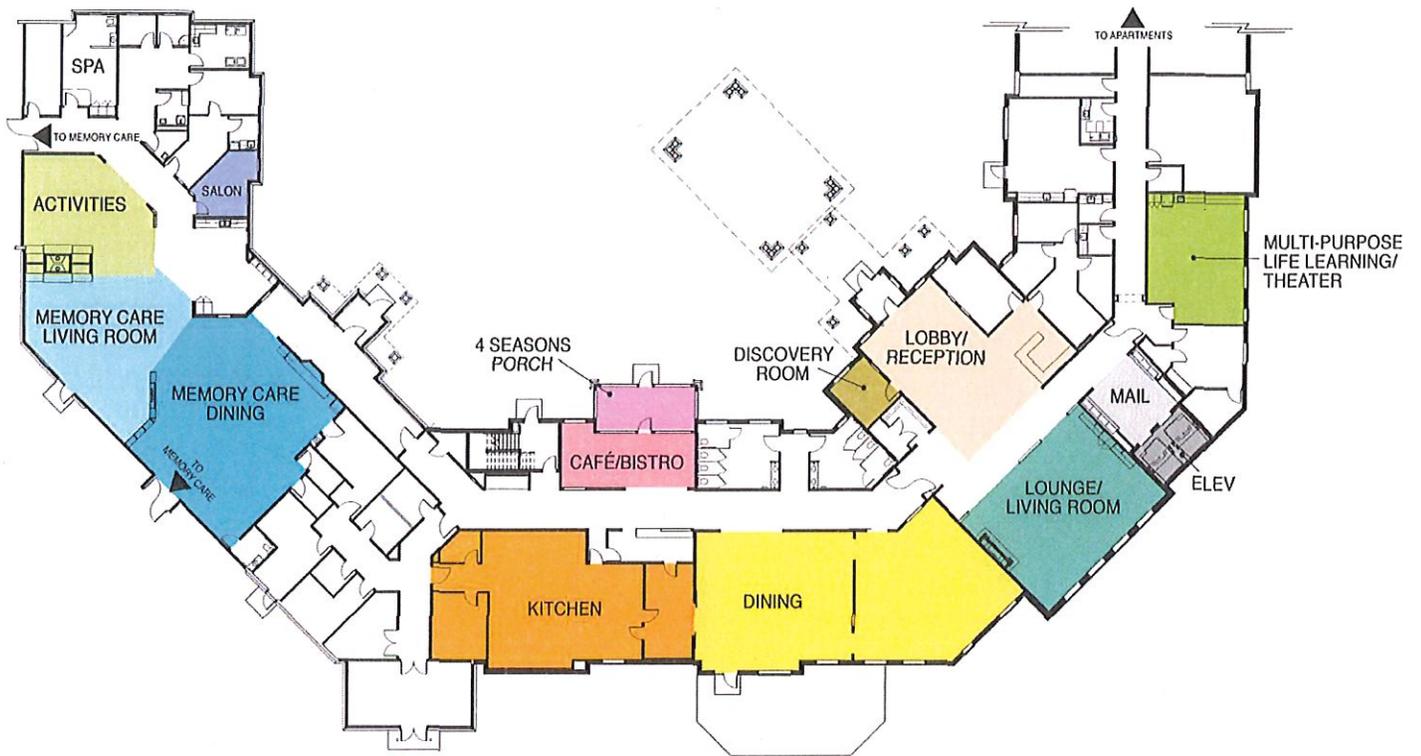
FIRST FLOOR



SECOND FLOOR

THIRD FLOOR

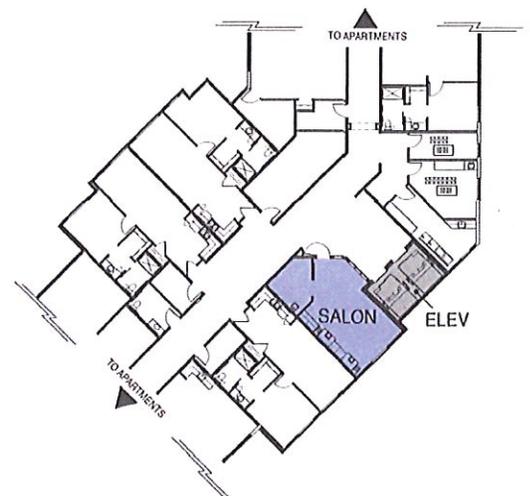
TOWN CENTER



FIRST FLOOR



SECOND FLOOR



THIRD FLOOR

Attachment to Application for License to Operate a Community Residential Care Facility

7. Special Populations.

[Alzheimer's Special Care Unit Disclosure and Memory Care Endorsement Application
attached on next page]

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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 Special Care Unit Disclosure only

Alzheimer Special Care Unit Disclosure and Memory Care Endorsement

2. Type of application (Select one)

Initial Projected Opening Date: _____

Renewal License # _____

Change of ownership

3. Facility information

Name of facility: The Woodlands at Hillcrest

(Doing Business As (DBA) name registered with Secretary of State)

Phone: 402-261-531- Facility
0261 FAX: 500-8044 E-mail: info@woodlandsathillcrest.com

Street address: 9421 Gable Pines Road

City, State, ZIP: Lincoln, NE 68527 County: Lancaster

Mailing address: 245 South 84th St., Ste. W. 104 Lincoln, NE 68510

Administrator: Trish Jarnagin

Maximum endorsed capacity: 32

4. Applicant information

Owner (licensee) Management

Name of legal owning entity: Lincoln Senior Living, LLC

(Exactly as registered with the Secretary of State)

Contact name: Michael Nelson

Phone: 515-457-9000 FAX: _____ E-mail: jwolfgang@nelsonconstruction.com

Street address: 218 6th Avenue #200

City, State, ZIP: Des Moines, IA 50309

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

Staff trained on our "Heartfelt Connections™" Memory Care Program, an innovative, nationally recognized program for people with Alzheimer's disease and other related memory impairing dementias, learn about the special needs of residents with Alzheimer's disease or other dementia and their role in providing quality care. Our program philosophy states: "The Heartfelt Connections™" Memory Care Program affirms life and views aging as a natural process. It provides a continuum of care to dementia residents and their families, enabling the resident to achieve the highest quality of life and the highest level of functioning, while maintaining dignity."

- We respect to each resident's uniqueness by providing a residential setting that meets the individual needs, personal interests, and honoring an individual's privacy.
- We value the richness of life at all ages and in all conditions and we therefore assist residents in reaching their optimum potential for living.
- We believe life is an ongoing process of personal growth and we encourage residents to continue learning and growing.
- We provide staff dedicated to creating an environment that will make each day for our residents the best day possible by providing meaningful activities and social opportunities for all of our residents.
- We provide person-centered, individualized care for residents with dementia and community and family education regarding Alzheimer's disease and dementia.
- We regularly monitor assisted living and memory care residents regularly while they are in their rooms but refrain from observing them in their rooms for extended periods of time or on a twenty-four hour, seven-days a week basis to allow them dignity and privacy.

B) Criteria for placement in, transfer to:

Through the use of our Quality of Life Assessment (QLA) tool, a nurse may determine whether or not an individual is appropriate for placement in memory care. Specific criteria for admission and continued residency is outlined in related policies and procedures.

C) Criteria for discharge:

The QLA score will be reviewed every 90 calendar days, or as needed in response to a change in the resident's condition. If as a result of the QLA process we determine that the resident needs care that we no longer can provide we will transfer or discharge the resident.

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

Prior to admission, a detailed assessment will be conducted by a member of our direct care team. The assessment will consist of a cognitive, physical and social evaluation to assure the resident's needs are met. Once the resident is admitted, an interdisciplinary care plan will be designed and reviewed with the resident and family. The resident will be re-assessed quarterly or any time there is a change in condition. Subsequent to a change in condition, an interdisciplinary conference is scheduled with the family and resident to update the plan of care, again, in order to ensure that the resident's needs are met.

E) Staffing numbers/pattern:

The Woodlands at Hillcrest's memory care is staffed 24 hours a day by direct care employees trained specifically in dementia care.

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

Direct care staff shall receive at least four (4) hours of training related to dementia care annually. Such training shall include topics pertaining to the form of care or treatment set forth in this disclosure.

G) Physical environment and features, including security features:

The Woodlands at Hillcrest provides a residential assisted care program for individuals with dementia-related diseases. Our memory care program provides a warm, comfortable home-like environment. Special designs include wide hallways with hand rails, intimate dining rooms and rooms for activities and programs and two secured courtyards. The Woodlands at Hillcrest's memory care has forty private apartments each with a private full bathroom that include safety features such as multiple grab bars and an emergency call system. The Woodlands at Hillcrest's memory care has security features in place as well in order to keep our residents safe. These security features include keypads with secure codes that allow access to the rest of the community as well as the outside.

H) Resident activities related to dementia care:

The activity program is based on resident hobbies and interests. A routine of familiar interests is our primary goal. Activities are planned by trained staff and provide entertainment opportunities including supervised outings, parties, movies, exercise, cognitive stimulation, religious services, arts and crafts and well as small groups and individual activities.

I) Family support program:

A resident's family member or responsible party has a unique and important role in the caregiving team. They are encouraged to visit often and take part in activities and are expected to be active in developing the residents' plan of care. A support group helps residents and families cope with the challenges brought on by Alzheimer's disease or dementia.

J) Cost/Fees of care:

Attached is the current fee schedule for memory care residents at the Woodlands at Hillcrest

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.

Michael K Nelson

(Print Name of authorized representative)

4/27/2018

(Date)

[Redacted Signature]

(Signature)

(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.

Please read the following instructions for assistance in completing the Memory Care Endorsement application:

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 application for your records. The memory care endorsement is renewable with the assisted living facility licensure renewal each year.

RECEIVED
APR 30 2018
LICENSURE UNIT



April 27, 2018

Via FedEx Overnight Delivery

Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509-4986

Re: Lincoln Senior Living d/b/a The Woodlands at Hillcrest
Assisted Living Facility License Renewal Application

To whom it may concern:

Enclosed please find an application for renewal of the assisted living facility application being filed on behalf of Lincoln Senior Living d/b/a The Woodlands at Hillcrest.

I am also enclosing a check for \$1,950 as payment for the licensing fee. Should you have any questions, please feel free to contact me at (515) 875-4540 or by e-mail at leitchmichelle@lcsnet.com. Thank you for your prompt attention to this matter.

Sincerely,



Michelle Leitch
Compliance Analyst

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

initial Eff 4/17/18 dj

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

The Woodlands At Hillcrest

MEETS STATUTORY REQUIREMENTS AS AN
ASSISTED LIVING FACILITY
LIC #ALF375

Services:

Alzheimer's Memory Care Endorsement

EXPIRES:

April 30, 2018



Thomas C. 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: The Woodlands At Hillcrest
ADDRESS: 9421 Gable Pines Road, Lincoln, NE 68527

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. ALF375 to LINCOLN SENIOR LIVING, LLC to operate an ASSISTED-LIVING FACILITY at 9421 GABLE PINES ROAD 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: April 17, 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 April 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

April 17, 2018

Patricia Jarnagin
Administrator
The Woodlands At Hillcrest
9421 Gable Pines Road
Lincoln, NE 68527

Dear Ms. Jarnagin:

We are happy to inform you that The Woodlands At Hillcrest has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #AIf375. The license is for 107 beds and is effective April 17, 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

ALF375

This form may be completed online, printed and mailed to the address listed below.



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

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

1. NAME OF FACILITY: The Woodlands at Hillcrest
 ADDRESS: 9421 Gable Pines Road Lincoln, NE 68527
 (Street Address, City, Zip)

2. TELEPHONE NUMBER: 402-261-0261 FAX: 531-500-8044
 (Area Code) (Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: [REDACTED]
 (If Not Individual)

4. ADMINISTRATOR: Trish Jarnagin

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
245 South 84th St., Ste. W. 104 Lincoln, NE 68510

6. NUMBER OF BEDS TO BE LICENSED: 107

7. PLANNED OCCUPANCY DATE: 2/28/2018

8. SPECIFY SPECIAL POPULATIONS: (Please Check if Applicable)

Special Care Unit for Alzheimer's Dementia 32 Number of Beds
 Other-please specify _____ Number of Beds

2018 JAN 16 11:17 AM
 LICENSURE UNIT
 NEED HHS ACCOUNTING

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: Lincoln Senior Living, LLC
 (Legal Name of Individual or Business Organization)
 ADDRESS: 233 S 13th Street, Suite 1900 Lincoln, NE 68508
 (Street Address, City, Zip)

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

11. BUSINESS ORGANIZATION: (Check one)

(check one)	
<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Non Profit

Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company

Governmental (Check one) State District County City or Municipal
 Other (Please Specify) _____

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.

Michael K Nelson
 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT
D. Richard Ten Braak
 AUTHORIZED REPRESENTATIVE – TYPE OR PRINT
www.hhs.state.ne.us/crl/medfac/alf/alfinitapp.pdf

[REDACTED SIGNATURE]

SIGNATURE

1/3/2018
 DATE
1/3/2018
 DATE

Attachment to Application for Licensure as an Assisted-Living Facility

1. List of names and address of all persons in control of the facility

Nelson Development 1, LLC
Mike Nelson, manager
1425 Glen Oaks Drive
West Des Moines, IA 50266

Einstein Financial Services, P.C.
D. Richard Ten Braak, manager
1315 Glen Oaks Drive
West Des Moines, IA 50266

Attachment to Application for Licensure as an Assisted-Living Facility

2. Schematic plans of the facility as defined in 175 NAC 4-002

[Schematic plans will be provided at a later date.]



BUILDING & SAFETY DEPARTMENT
 695 South 10th Street Room 203 Lincoln, NE 68508
 402-441-7621 bldgsafe@lincoln.ne.gov lincoln.ne.gov

Department of Health & Human Services
 Division of Public Health
 Licensure Unit
 PO Box 64986
 Lincoln, Ne 68509-4986

Re:

The Lincoln, Bureau of Fire Prevention conducted a final inspection on Building Permit
 Number: 81621398

The Bureau has found the construction project Woodland Hillcrest located
 at 9921 Cable Run Rd meets the fire safety requirements of the NFPA
 101 Life Safety Code and the International Fire Code and is approved for use and occupancy.



Bureau of Fire Inspector

Dept of Health & Human Svc approval letter





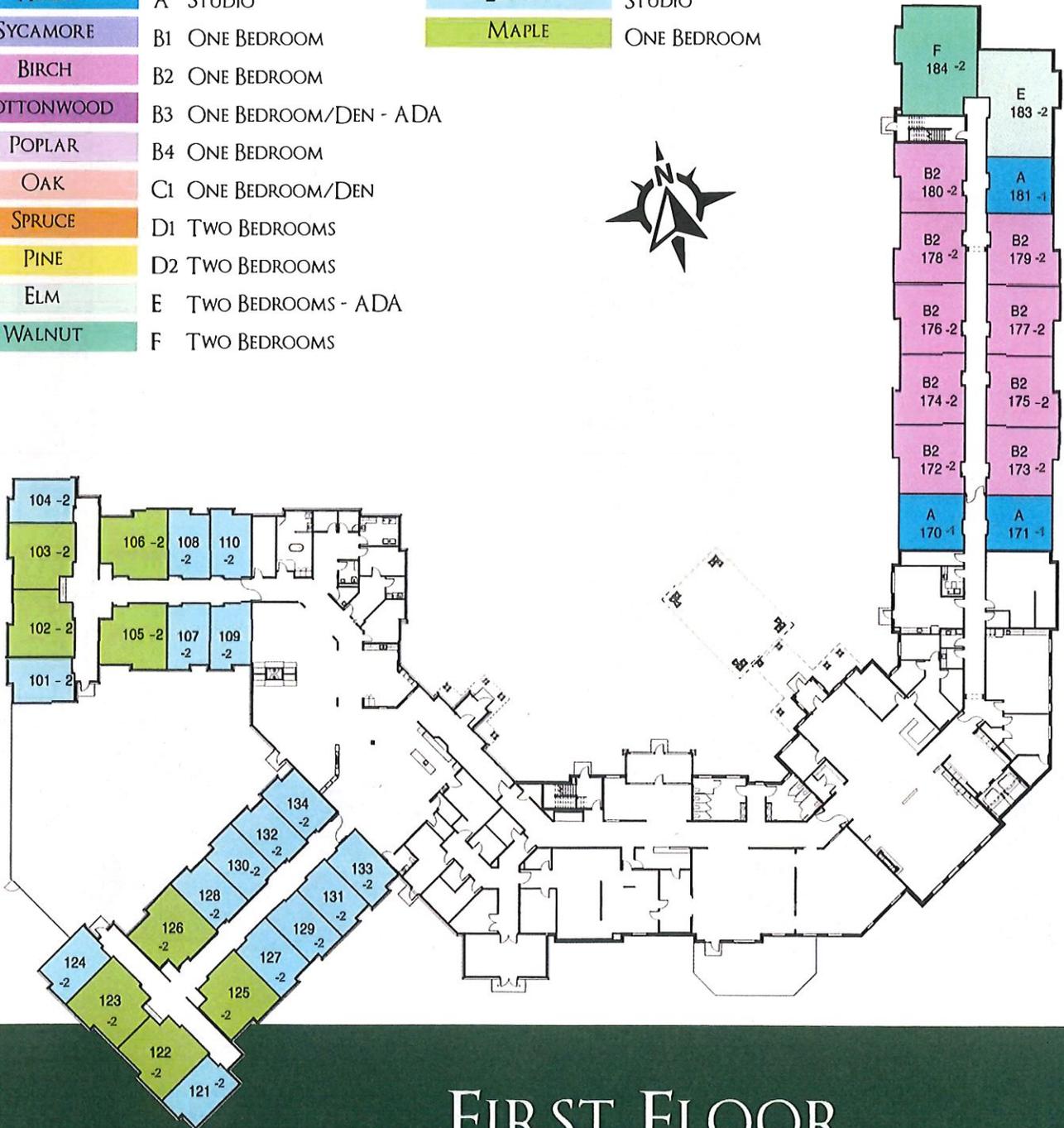
BUILDING LEVELS

ASSISTED LIVING

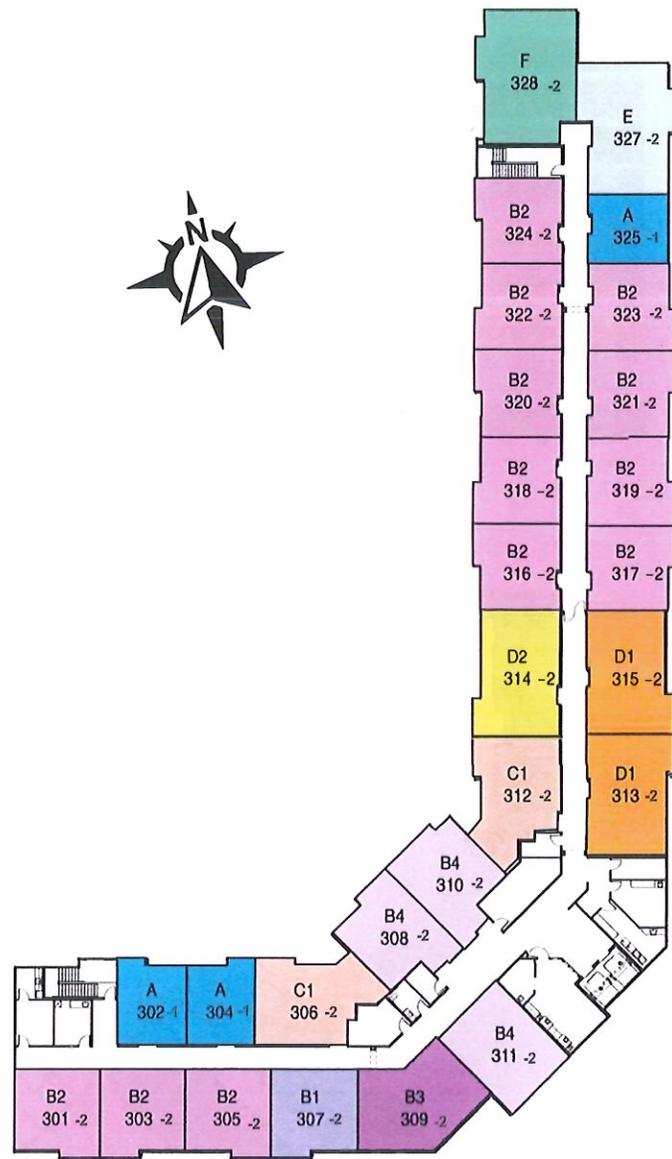
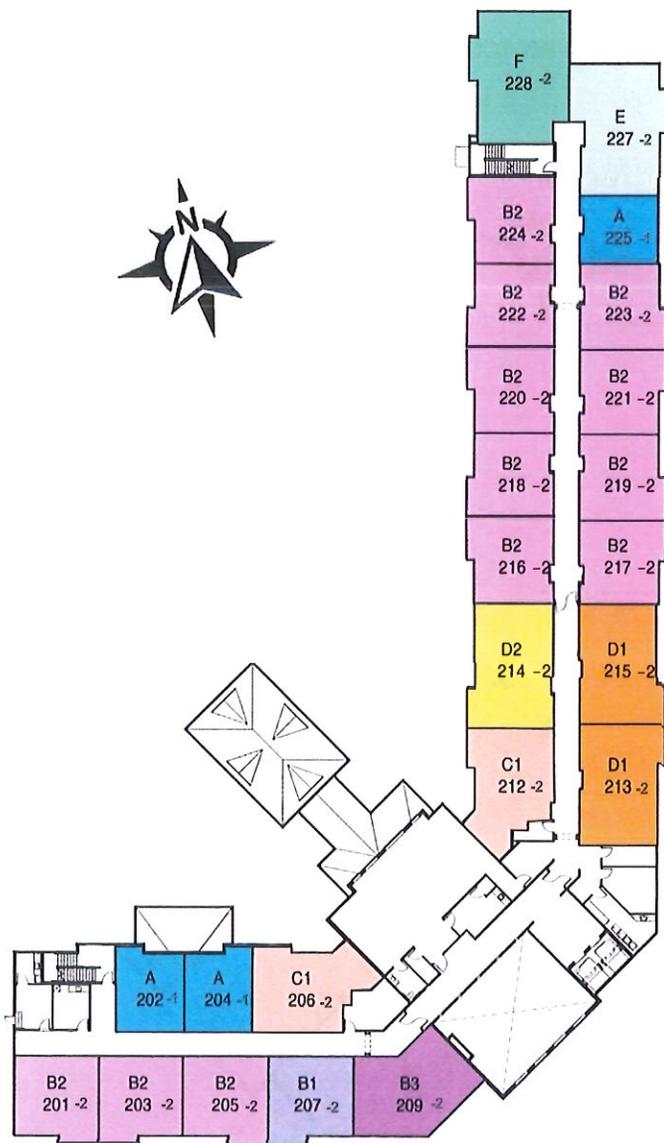
ASPEN	A	STUDIO
SYCAMORE	B1	ONE BEDROOM
BIRCH	B2	ONE BEDROOM
COTTONWOOD	B3	ONE BEDROOM/DEN - ADA
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OAK	C1	ONE BEDROOM/DEN
SPRUCE	D1	TWO BEDROOMS
PINE	D2	TWO BEDROOMS
ELM	E	TWO BEDROOMS - ADA
WALNUT	F	TWO BEDROOMS

MEMORY CARE

LINDEN	STUDIO
MAPLE	ONE BEDROOM



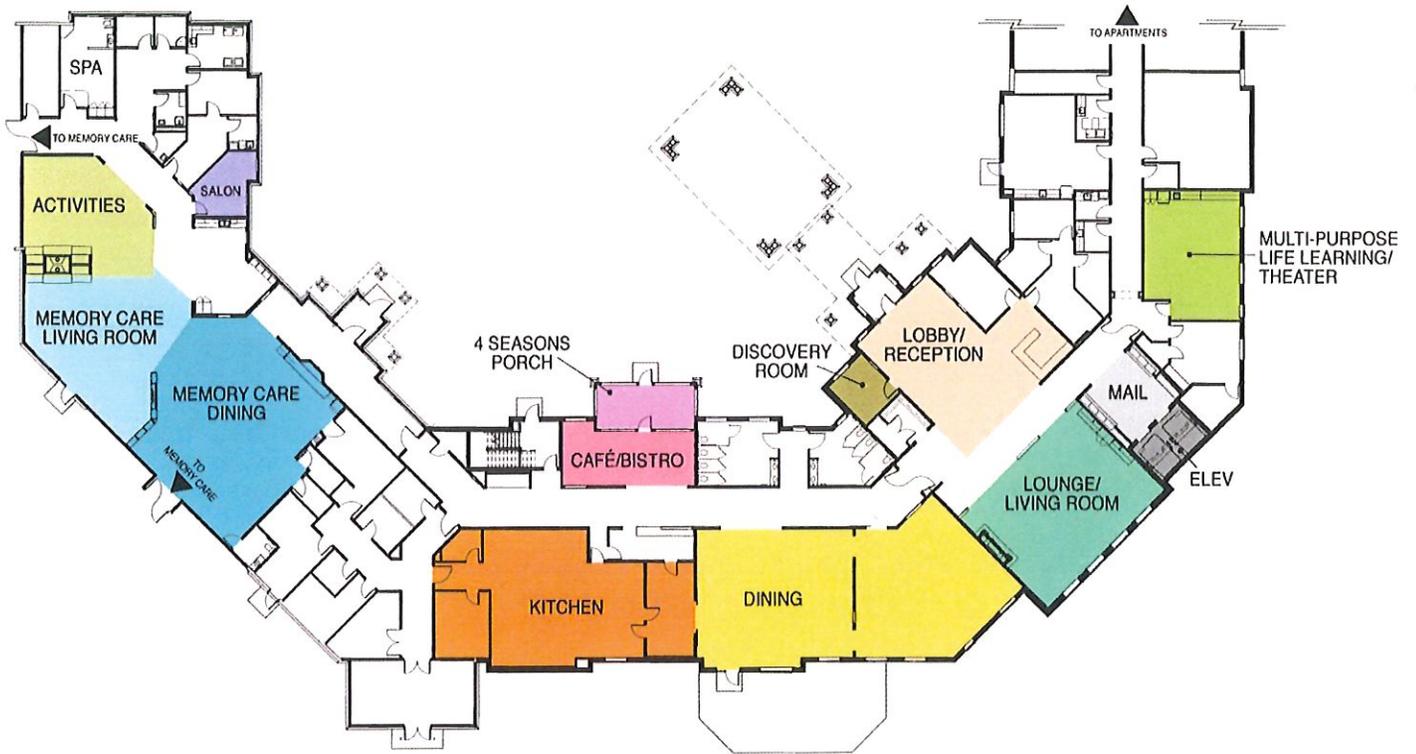
FIRST FLOOR



SECOND FLOOR

THIRD FLOOR

TOWN CENTER



FIRST FLOOR



SECOND FLOOR



THIRD FLOOR

LINDEN

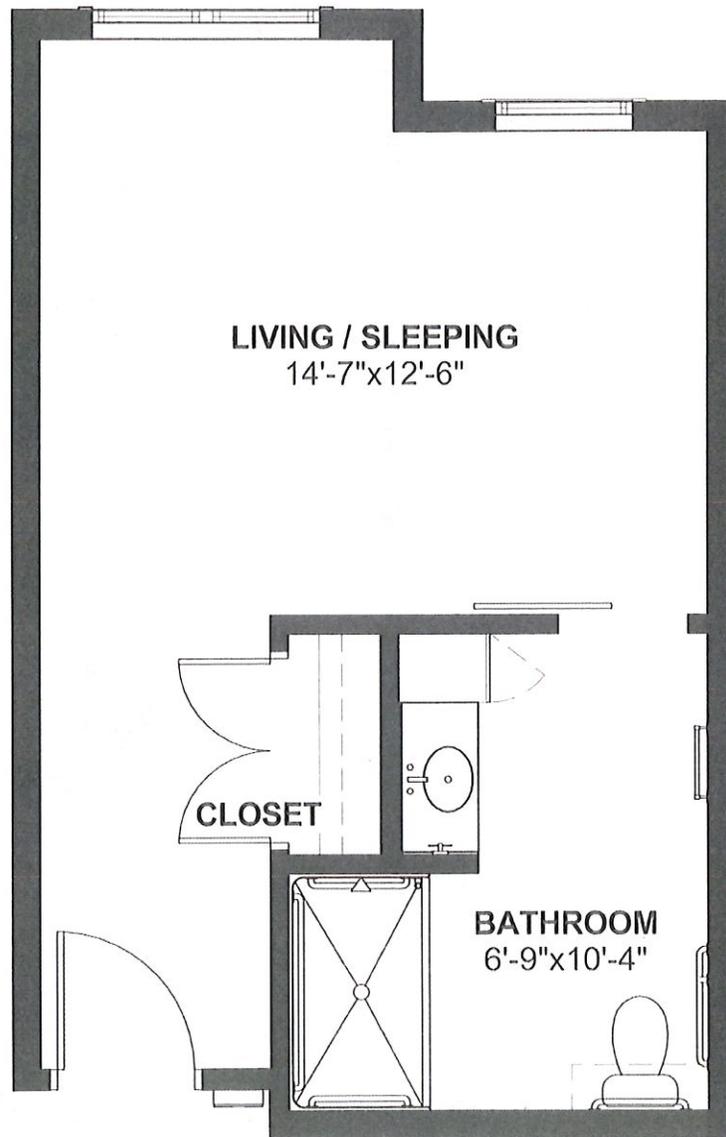
STUDIO | 349 SQUARE FEET

Monthly Pricing

Beginning Stage MC: \$5700.00

Middle Stage MC: \$6100.00

Advanced Stage MC: \$6500.00



Scale: 1/4" = 1'
All floor plans are approximate and subject to change.

MAPLE

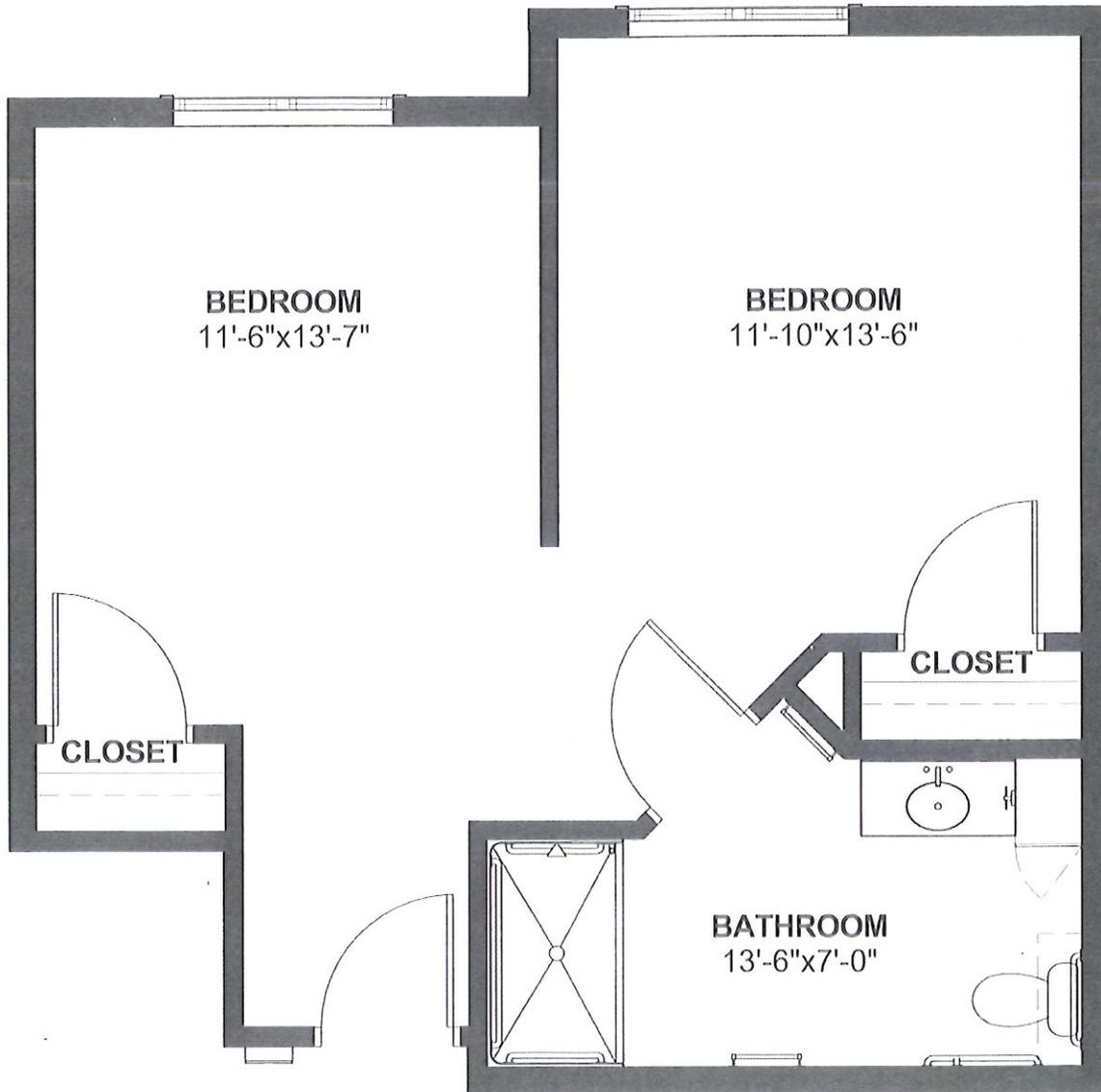
COMPANION SUITE | 533 SQUARE FEET

Monthly Pricing

Beginning Stage MC: \$5400.00

Middle Stage MC: \$5700.00

Advanced Stage MC: \$6000.00



Scale: 1/4" = 1'
All floor plans are approximate and subject to change.

9421 GABLE PINES ROAD | LINCOLN, NE 68527 | (402) 261-0261 | WOODLANDSATHILLCREST.COM

RESOLUTION NO. PC- 01425

SPECIAL PERMIT NO. 14052

1 WHEREAS, Heritage Lakes, LLC has submitted an application designated as
2 Special Permit No. 14052 for authority to develop a Community Unit Plan and a Residential
3 Healthcare Facility for up to 229 persons, together with a requested waiver to increase the
4 building height from 35 feet to 42 feet and waivers of the private roadway design standards, on
5 property generally located at Anthony Lane and O Street and legally described as:

6 A portion of Lot B, Subdivision of the East Half of Section 26, Township
7 10 North, Range 7 East of the 6th P.M., Lancaster County, Nebraska,
8 more particularly described as follows:

9 Commencing at the northeast corner of the Northeast Quarter of said
10 Section 26; thence west on an assumed bearing of north 89 degrees 24
11 minutes 34 seconds west, along the north line of said Northeast Quarter,
12 a distance of 1146.24 feet to a point; thence south 02 degrees 41
13 minutes 10 seconds west, a distance of 60.04 feet to a point on the east
14 O Street 60.00 foot right-of-way line, said point being the point of
15 beginning; thence continuing south 02 degrees 41 minutes 10 seconds
16 west, a distance of 277.80 feet to a point; thence north 89 degrees 17
17 minutes 47 seconds west, a distance of 29.76 feet to a point; thence
18 south 12 degrees 26 minutes 18 seconds west, a distance of 526.85 feet
19 to a point; thence north 89 degrees 22 minutes 28 seconds west, a
20 distance of 502.68 feet to a point; thence north 01 degrees 49 minutes 59
21 seconds east, a distance of 743.75 feet to a point; thence north 25
22 degrees 20 minutes 26 seconds east along the East O Street right-of-way
23 line, a distance of 54.28 feet to a point on the East O Street 60.00 foot
24 right-of-way line; thence south 89 degrees 24 minutes 34 seconds east,
25 along said East O Street 60.00 foot right-of-way line, a distance of 611.91
26 feet to the point of beginning; said tract contains a calculated area of
27 458,863.69 square feet, or 10.53 acres, more or less;

28 WHEREAS, the Lincoln City-Lancaster County Planning Commission has held a
29 public hearing on said application; and

1 WHEREAS, the community as a whole, the surrounding neighborhood, and the real
2 property adjacent to the area included within the site plan for this community unit plan and
3 healthcare facility will not be adversely affected by granting such a permit; and

4 WHEREAS, said site plan together with the terms and conditions hereinafter set
5 forth are consistent with the Comprehensive Plan of the City of Lincoln and with the intent and
6 purpose of Title 27 of the Lincoln Municipal Code to promote the public health, safety, and
7 general welfare.

8 NOW, THEREFORE, BE IT RESOLVED by the Lincoln City-Lancaster County
9 Planning Commission of Lincoln, Nebraska:

10 That the application of Heritage Lakes, LLC, hereinafter referred to as "Permittee"
11 to develop a Community Unit Plan and a Residential Healthcare Facility for up to 229 persons,
12 together with a requested waiver to increase the building height from 35 feet to 42 feet and
13 waivers of the private roadway design standards, be and the same is hereby granted under the
14 provisions of Section 27.63.320 and Chapter 27.65 of the Lincoln Municipal Code upon
15 condition that construction of said development be in substantial compliance with said
16 application, the site plan, and the following additional express terms, conditions, and
17 requirements.

18 1. This permit approves a community unit plan and a residential healthcare facility
19 for up to 229 persons, with an increase in building height from 35' to 42' and waivers of the
20 private roadway design standards to waive requirements for street lights, street trees, sidewalks
21 on both sides of the road and curb and gutter.

22 2. The City Council must approve the associated requests:

- 23 a. Change of Zone #14032
- 24 b. Annexation #14007

- 1 3. Before receiving building permits or before a final plat is approved the Permittee
2 shall:
- 3 a. Cause to be prepared and submitted to the Planning Department a revised
4 and reproducible final plot plan including 4 copies with all required revisions and documents as
5 listed below:
- 6 i. Change the front yard setback on the plan from 25' to 20', including
7 all along the east side to reflect the future front yard setback, and
8 conform to the R-3 zoning district.
- 9 ii. Add a note to the plan that states, "The building footprints and
10 parking spaces shown are conceptual and are subject to adjustment
11 provided that such footprints stay within the building envelope and
12 parking envelope, respectively, and that the number of residents shall
13 not increase. Specifically, the Developer shall be entitled to revise
14 the site plan for the eastern half of the improvements to reconfigure
15 the building envelope and parking layout, subject to the approval of
16 the Planning Director."
- 17 iii. Update the site plan to show the locations of all proposed water and
18 sanitary sewer utilities, including necessary easements.
- 19 iv. Add a note to the plan that states, "If the 24" water main from N. 98th
20 Street will be built and initially funded by the Developer or the
21 landowner, the City will reimburse the Developer or the land owner,
22 as applicable, in Fiscal Year 2015."
- 23 v. Add a note to the plan that states, "The east/west private roadway will
24 be platted as an outlot and constructed as a private driveway at this
25 time." Provide a name and label the private roadway.
- 26 vi. Show the conceptual future NDOR road connection to O Street on the
27 site plan."
- 28 vii. Change the golf course entrance sign label to state, "Existing Golf
29 Course Entrance Sign".
- 30 viii. Modify the density table to reflect the total number of persons
31 allowed.
- 32 ix. Update the parking requirements to show a calculation based on total
33 number of persons instead of dwelling units for the assisted living
34 units and the memory care units.
- 35 x. Add the notes to the plan from the Gable Pines Improvements Exhibit
36 dated December 10, 2014.

- 1 xi. Revise the plan to the satisfaction of the Public Works & Utilities
2 Watershed Management Division.
- 3 xii. Add building envelopes to the site plan for the single-story and 3-story
4 building sections.
- 5 xiii. Revise the sidewalk location on the south side of the private roadway
6 to the satisfaction of the Planning Director.
- 7 xiv. Remove the word "Use Permit" in the legal description on the site
8 plan.

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

11 4. Before receiving building permits the construction plans must substantially
12 comply with the approved plans.

13 5. Final plat(s) must be approved by the City.

14 If any final plat on all or a portion of the approved community unit plan is
15 submitted five (5) years or more after the approval of the community unit plan, the city may
16 require that a new community unit plan be submitted, pursuant to all the provisions of section
17 26.31.015. A new community unit plan may be required if the subdivision ordinance, the design
18 standards, or the required improvements have been amended by the city; and as a result, the
19 community unit plan as originally approved does not comply with the amended rules and
20 regulations.

21 6. Before the approval of a final plat, the public streets, private roadway
22 improvements, sidewalks, public sanitary sewer system, public water system, drainage facilities,
23 land preparation and grading, sediment and erosions control measures, storm water
24 detention/retention facilities, drainageway improvements, street lights, landscaping screens,
25 street trees, temporary turnaround and barricades, and street name signs, must be completed
26 or provisions (bond, escrow or security agreement) to guarantee completion must be approved
27 by the City Law Department. The improvements must be completed in conformance with

1 adopted design standards and within the time period specified in the Land Subdivision
2 Ordinance.

3 7. No final plat shall be approved until the Permittee, as subdivider, enters into an
4 agreement with the City whereby Permittee agrees:

5 a. To complete the paving of private roadway shown on the final plat within two
6 (2) years following the approval of this final plat.

7 b. To complete the installation of sidewalks along the south side of the private
8 roadway as shown on the final plat within four (4) years following the approval of the final plat.

9 c. To complete the public water distribution system to serve this plat within two
10 (2) years following the approval of the final plat.

11 d. To complete the public wastewater collection system to serve this plat within
12 two (2) years following the approval of the final plat.

13 e. To complete the enclosed public drainage facilities shown on the approved
14 drainage study to serve this plat within two (2) years following the approval of the final plat.

15 f. To complete the enclosed private drainage facilities shown on the approved
16 drainage study to serve this plat within two (2) years following the approval of the final plat.

17 g. To complete land preparation including storm water detention/retention
18 facilities and open drainageway improvements to serve this plat prior to the installation of
19 utilities and improvements but not more than two (2) years following the approval of the final
20 plat.

21 h. To complete the installation of the street name signs within two (2) years
22 following the approval of the final plat.

23 i. To complete the installation of the permanent markers prior to construction
24 on or conveyance of any lot in the plat.

1 j. To complete any other public or private improvement or facility required by
2 the Land Subdivision Ordinance in a timely manner which inadvertently may have been omitted
3 from the above list of required improvements.

4 k. To submit to the Director of Public Works a plan showing proposed
5 measures to control sedimentation and erosion and the proposed method to temporarily
6 stabilize all graded land for approval.

7 l. To comply with the provisions of the Land Preparation and Grading
8 requirements of the Land Subdivision Ordinance.

9 m. To complete the public and private improvements shown on the Community
10 Unit Plan.

11 n. To keep taxes and special assessments on the outlots from becoming
12 delinquent.

13 o. To maintain the outlots on a permanent and continuous basis.

14 p. To maintain the private improvements in good order and condition and state
15 of repair including the routine and reasonable preventive maintenance of the private
16 improvements on a permanent and continuous basis.

17 q. To maintain the plants in the medians and islands, including replacement
18 and replanting as reasonably necessary, on a permanent and continuous basis.

19 r. To maintain the private facilities which have common use or benefit in good
20 order and condition and state of repair, including the routine and reasonable preventive
21 maintenance of the private facilities, on a permanent and continuous basis.

22 s. To recognize that there may be additional maintenance issues or costs
23 associated with the proper functioning of storm water detention/retention facilities as they were
24 designed and construction within the development and that these additional maintenance
25 issues or costs are the responsibility of the Permittee.

1 t. To retain ownership of and the right of entry to the outlots in order to
2 perform the above-described maintenance of the outlots and private improvements on a
3 permanent and continuous basis. However, Permittee(s) may be relieved and discharged of
4 such maintenance obligations upon creating in writing a permanent and continuous association
5 of property owners who would be responsible for said permanent and continuous maintenance
6 subject to the following conditions:

7 (1) Permittee shall not be relieved of Permittee's maintenance obligation
8 for each specific private improvement until a registered professional
9 engineer or nurseryman who supervised the installation of said
10 private improvement has certified to the City that the improvement
11 has been installed in accordance with approved plans.

12 (2) The maintenance agreements are incorporated into covenants and
13 restrictions in deeds to the subdivided property and the documents
14 creating the association and the restrictive covenants have been
15 reviewed and approved by the City Attorney and filed of record with
16 the Register of Deeds

17 u. To inform all purchasers and users of land is located within the 100 year
18 floodplain that the grading of the lots and outlots within the 100 year floodplain shall be in
19 conformance with the approved grading plan or as amended by the Director of Planning. The
20 volume of fill material brought into each lot and outlot from outside the floodplain shall not
21 exceed that shown on the approved grading plan accompanying the preliminary plat.

22 8. Before occupying the buildings or starting the operation all development and
23 construction shall substantially comply with the approved plans.

24 9. All privately-owned improvements, including landscaping and recreational
25 facilities, shall be permanently maintained by the Permittee or an appropriately established
26 homeowners association approved by the City.

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

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

6 12. The applicant shall sign and return the letter of acceptance to the CityClerk. This
7 step should be completed within 60 days following the approval of the special permit. The City
8 Clerk shall file a copy of the resolution approving the special permit and the letter of acceptance
9 with the Register of Deeds, filling fees therefor to be paid in advance by the applicant.

ATTEST:


Chair

Approved as to Form & Legality:


Chief Assistant City Attorney

For Office of LTC use only	
Approval date:	<u>3/14/18</u>
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: 04/01/2018

Renewal License # _____

Change of ownership

3. Facility information

Name of facility: The Woodlands at Hillcrest
(Doing Business As (DBA) name registered with Secretary of State)

531-500- Facility

Phone: 402-261-0261 FAX: 8044 E-mail: info@woodlandsathillcrest.com

Street address: 9421 Gable Pines Road

City, State, ZIP: Lincoln, NE 68527 County: Lancaster

Mailing address: 245 South 84th St., Ste. W. 104 Lincoln, NE 68510

Administrator: Trish Jarnagin

Maximum endorsed capacity: 32

4. Applicant information

Owner (licensee) Management

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

Contact name: Michael Nelson

Phone: 515-457-9000 FAX: _____ E-mail: jwolfgang@nelsonconstruct.com

Street address: 218 6th Ave #200, Des Moines, IA 50309

City, State, ZIP: _____

5. Disclosure information

Please attach additional page if needed.

A) Overall philosophy and mission:

Staff trained on our "Heartfelt Connections™" Memory Care Program, an innovative, nationally recognized program for people with Alzheimer's disease and other related memory impairing dementias, learn about the special needs of residents with Alzheimer's disease or other dementia and their role in providing quality care. Our program philosophy states: "The Heartfelt Connections™" Memory Care Program affirms life and views aging as a natural process. It provides a continuum of care to dementia residents and their families, enabling the resident to achieve the highest quality of life and the highest level of functioning, while maintaining dignity."

- We respect to each resident's uniqueness by providing a residential setting that meets the individual needs, personal interests, and honoring an individual's privacy.

- We value the richness of life at all ages and in all conditions and we therefore assist residents in reaching their optimum potential for living.
- We believe life is an ongoing process of personal growth and we encourage residents to continue learning and growing.
- We provide staff dedicated to creating an environment that will make each day for our residents the best day possible by providing meaningful activities and social opportunities for all of our residents.
- We provide person-centered, individualized care for residents with dementia and community and family education regarding Alzheimer's disease and dementia.
- We regularly monitor assisted living and memory care residents regularly while they are in their rooms but refrain from observing them in their rooms for extended periods of time or on a twenty-four hour, seven-days a week basis to allow them dignity and privacy.

B) Criteria for placement in, transfer to:

Through the use of our Quality of Life Assessment (QLA) tool, a nurse may determine whether or not an individual is appropriate for placement in memory care. Specific criteria for admission and continued residency is outlined in related policies and procedures.

C) Criteria for discharge:

The QLA score will be reviewed every 90 calendar days, or as needed in response to a change in the resident's condition. If as a result of the QLA process we determine that the resident needs care that we no longer can provide we will transfer or discharge the resident.

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

Prior to admission, a detailed assessment will be conducted by a member of our direct care team. The assessment will consist of a cognitive, physical and social evaluation to assure the resident's needs are met. Once the resident is admitted, an interdisciplinary care plan will be designed and reviewed with the resident and family. The resident will be re-assessed quarterly or any time there is a change in condition. Subsequent to a change in condition, an interdisciplinary conference is scheduled with the family and resident to update the plan of care, again, in order to ensure that the resident's needs are met.

E) Staffing numbers/pattern:

The Woodlands at Hillcrest's memory care is staffed 24 hours a day by direct care employees trained specifically in dementia care.

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

Direct care staff shall receive at least four (4) hours of training related to dementia care annually. Such training shall include topics pertaining to the form of care or treatment set forth in this disclosure.

G) Physical environment and features, including security features:

The Woodlands at Hillcrest provides a residential assisted care program for individuals with dementia-related diseases. Our memory care program provides a warm, comfortable home-like environment. Special designs include wide hallways with hand rails, intimate dining rooms and rooms for activities and programs and two secured courtyards. The Woodlands at Hillcrest's memory care has forty private apartments each with a private full bathroom that include safety features such as multiple grab bars and an emergency call system. The Woodlands at Hillcrest's memory care has security features in place as well in order to keep our residents safe. These security features include keypads with secure codes that allow access to the rest of the community as well as the outside.

H) Resident activities related to dementia care:

The activity program is based on resident hobbies and interests. A routine of familiar interests is our primary goal. Activities are planned by trained staff and provide entertainment opportunities including supervised

outings, parties, movies, exercise, cognitive stimulation, religious services, arts and crafts and well as small groups and individual activities.

I) Family support program:

A resident's family member or responsible party has a unique and important role in the caregiving team. They are encouraged to visit often and take part in activities and are expected to be active in developing the residents' plan of care. A support group helps residents and families cope with the challenges brought on by Alzheimer's disease or dementia.

J) Cost/Fees of care:

Attached is the current fee schedule for memory care residents at the Woodlands at Hillcrest

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.

Michael K Nelson

(Print Name of authorized representative)

3/8/2018

(Date)



(Signature)

3/8/2018

(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.

Please read the following instructions for assistance in completing the Memory Care Endorsement application:

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 application for your records. The memory care endorsement is renewable with the assisted living facility licensure renewal each year.

Completion Certificate



All applicable items are checked below and are certified to be complete, properly installed, cleaned, tested, and approved to be used for treatment and care of the occupants within the following health care facility (project or phase):

Facility: Gable Pines Senior Living - The Woodlands at Hillcrest Project: Atwood Property Senior Living - New Construction City: Lincoln
By: Isiah Sicheneder Title: Project Superintendent Date: 3-7-2018

Occupancy Approvals from Authorities: (Signature and phone number, if an attachment is not included)

- State Fire Marshal or Delegated Authority - Attach the Certificate of Occupancy to verify approval for health occupancy. (11)
- Building Official (Official or Qualified Inspector).....by _____
- Plumbing Inspector (Official or Qualified Inspector).....by _____
- State Electrical Inspector (Delegated Authority).....by _____
- Elevator Inspector (State or Other)by _____
- Boiler Inspector (State or Other)by _____
- HVAC inspectorby _____

Completion Certifications from Engineers, Installers, or Others: (Complete and attach applicable certifications)

- Food Service (hoods, equipment, housekeeping, dishwasher hot water 140 degrees or chemical).....
- Food Storage (freezer 0-10 degrees, cooler 35-38 degrees, and stored 6 + inches above floor).....
- Laundry (personal, divided bulk, soak/hand sink, housekeeping, hot water 110 degrees or other).....
- Equipment installed and approved for use (care, treatment, diagnostic, sterilizing, and medical).....
- Sanitation (clean utility, soiled utility, waste disposal, housekeeping, and scrub/hand sink accessories).
- Protective Shielding (radiation, magnetic, radio frequency, electronic, and sound transmission).....
- Safety Equipment (handrails, grab bars, guard rails, hardware, and other _____).
- Room finishes (scrubable, washable, food code, joints/fixture sealed, base, and other finishes).....
- Privacy curtains are installed (nursing care beds, care and treatment cubicles, bathing, and windows)
- Water Quality (public water, private well samples, back-flow, air gap, and indirect connections).....
- Hot water Temperatures (bathing 110 degrees, and handwashing 110 degrees maximums at fixture).....
- Heating and Cooling System (temperature 70 to 78, surgery _____ to _____ degrees).....
- Ventilation System (MERV pre-filter, MIA final filter efficiencies, and air flow from clean to soiled locations)
- Exhaust System (10 to 12 air changes/hour in janitor, toilets/baths, soiled, waste, and laundry).....
- Electrical System (isolated power, equipotential grounding, redundant grounding, and GFC protected)....
- Illumination (5 fc general, 10 fc corridors, 20 fc personal care/dining, 30 fc reading/activity, 40 fc food service, 50 fc hazardous, 70 fc care/treatment, 100 fc exam, 200 fc procedure, and 1000 fc surgery) ...
- Reduced night lighting (nursing care rooms, corridors, toilet, bathrooms, and central toilets/bathing) ...
- Emergency Generator (Life Safety, distinctively marked outlets, and 72 hour minimum on-site fuel supply).....
- Emergency Power (nurse call, critical/life support equipment, medical gas, and essential lighting)
- Nurse Call System (care/treatment, beds, toilets, bathing, and central toilets/bathing)
- Medical Gas system or equipment installed and tested -- NFPA 99 (O₂, V, A, N₂O, and _____)

I am a licensed Nebraska Architect or Engineer and have inspected the above facility (project) for compliance with approved construction plans, and have attached accurate schematic floor plan(s) and other approval attachments. I hereby certify that all support areas, care and treatment areas, construction, and building systems comply to the best of my knowledge with health care facility licensure regulations; and are complete and approved for use and occupancy.

_____, License Number A-4619 Date 4/6/18