

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Broadwell Kearney Senior Living</b>	
MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Lic # ALF404	
	
	Gary J. Arthone, MD Chief Medical Officer Director, Division of Public Health Department of Health and Human Services
<b>EXPIRES</b> 4/30/2023	

Cut on heavy line and place on license.

Broadwell Kearney Senior Living  
ADDRESS: 617 22ND AVE, KEARNEY, NE 68845

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. ALF404 to GCP II KEARNEY SENIOR LIVING, LLC to operate an ASSISTED-LIVING FACILITY at 617 22ND AVE in the city of KEARNEY, 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: July 06, 2022

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 July 08, 2022.



Gary J. Anthone, MD  
Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services

May be displayed on the licensed premises.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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

Assisted-Living Facility Licensure Application

Check one:

Initial License

Change of Location

Change of Ownership

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: Broadwell Kearney Senior Living

PHYSICAL ADDRESS: 617 22nd Ave, Kearney, NE 68845  
(Street Address, City, State, Zip Code)

2. TELEPHONE NUMBER: 503-675-3925 FAX NUMBER: 503-675-3927  
(Complete with Area Code) (Complete with Area Code)

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

4. ADMINISTRATOR: Janet Graham

5. PREFERRED MAILING ADDRESS: 560 First Sreet, Suite 104, Lake Oswego, OR 97034

6. NUMBER OF BEDS TO BE LICENSED: 90 Beds

7. PLANNED OCCUPANCY DATE: 4/15/2022

8. SPECIFY ANY SPECIAL POPULATIONS *(Please Check If Applicable)*:

Special Care Unit for Alzheimer's Dementia      Number of Beds: N/A

Provides Complex Nursing Intervention

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: GCP II Kearney Senior Living, LLC  
(Legal Name of Individual or Business Organization)

ADDRESS: 10340 North 84th Street, Omaha, NE 68122  
(Street Address, City, State, Zip Code)

10. MAILING ADDRESS OF OWNERSHIP: 10340 North 84th Street, Omaha, NE 68122  
(If Different Than Above)

11. BUSINESS ORGANIZATION *(Check One)*:

Sole Proprietorship       Profit       Non Profit

Partnership

Limited Partnership

Corporation

Limited Liability Company

Government *(If Government, Please Select 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

- 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.

Zachary A. Wiegert      [REDACTED]      3/16/2022  
AUTHORIZED REPRESENTATIVE – PRINTED NAME      SIGNATURE      DATE

Bruce L. Norwood      [REDACTED]      5/11/2022  
AUTHORIZED REPRESENTATIVE – PRINTED NAME      SIGNATURE      DATE

**Broadwll Kearney Senior Living**  
Owner List

GCP II Kearney Senior Living, LLC  
Zachary A. Wiegert  
Bradley Norwood

# NEBRASKA STATE FIRE MARSHAL

## OCCUPANCY PERMIT

Certificate Number: 05262

Name of Facility: **Broadwell Kearney Senior Living**

Type of Facility: **Assisted Living**

Location: **617 22<sup>nd</sup> Ave Kearney**

Maximum Occupancy: **90 Beds**

Date Issued: **5/11/2022**

Inspected By: **Kyle Woodgate  
Deputy State Fire Marshal**

Approved By:



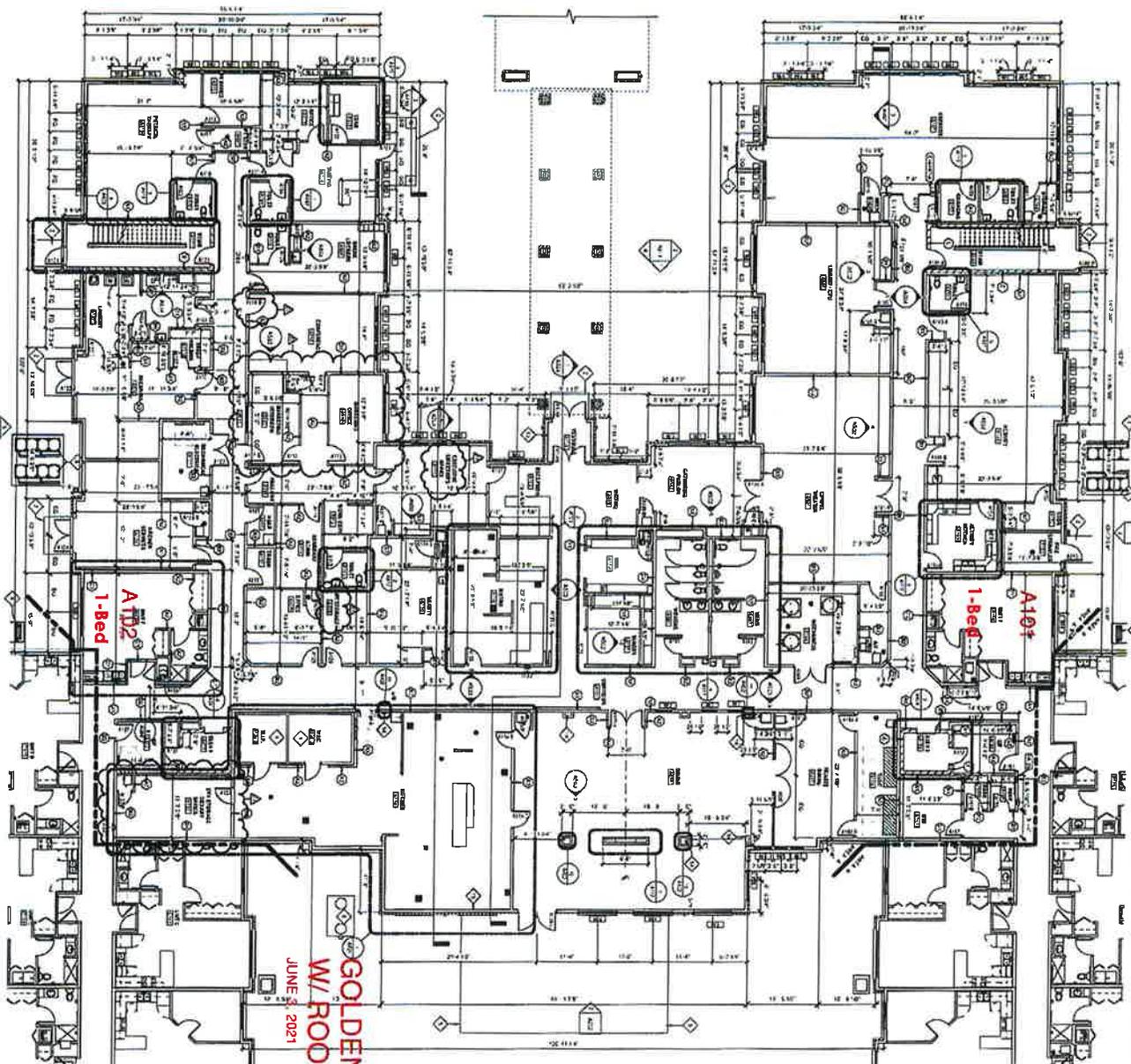
**State Fire Marshal**



### POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

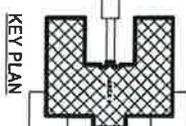
1 AREA A - FIRST FLOOR PLAN



GOLDENROD - RESIDENT ROOM SIGNAGE  
 W/ ROOM NUMBERS ASSIGNED  
 JUNE 3, 2021

**REF. NOTES**

1. REFER TO SHEET A101 FOR SIGNAGE
2. SIGNAGE TO BE INSTALLED BY THE CONTRACTOR
3. SIGNAGE TO BE INSTALLED BY THE CONTRACTOR
4. SIGNAGE TO BE INSTALLED BY THE CONTRACTOR
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19. SIGNAGE TO BE INSTALLED BY THE CONTRACTOR
20. SIGNAGE TO BE INSTALLED BY THE CONTRACTOR



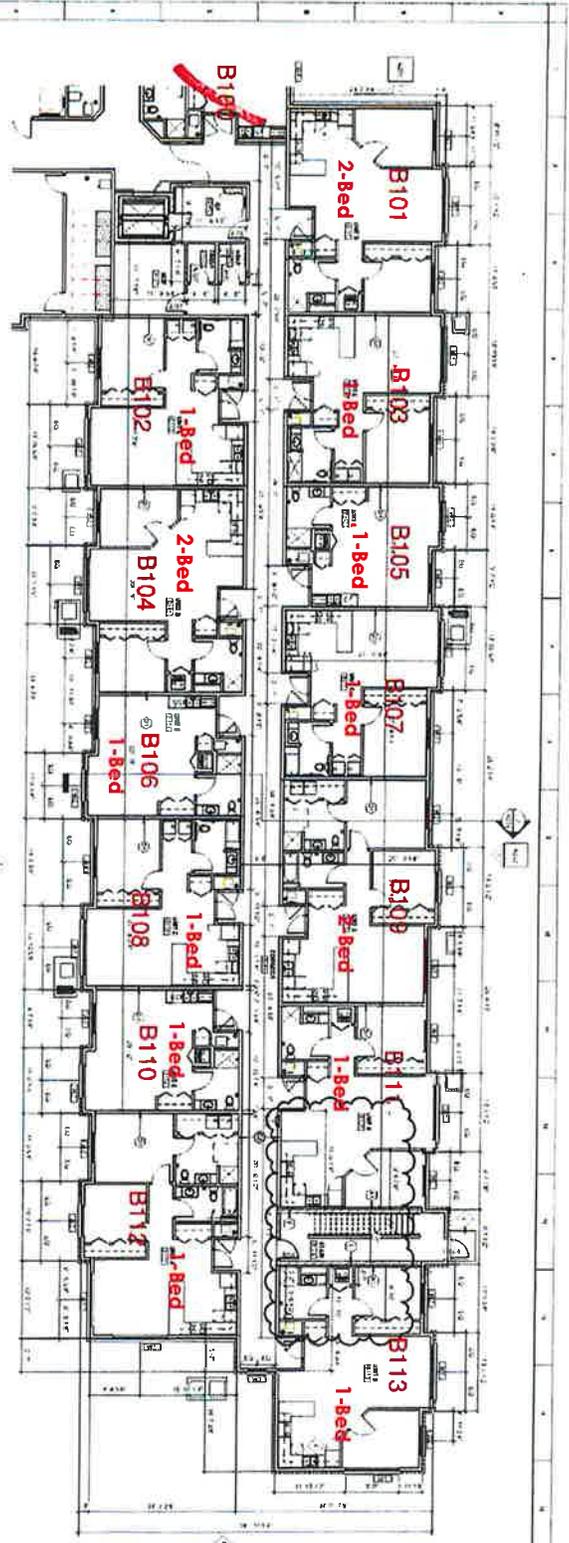
**TETRAD PROPERTY GROUP**  
 GOLDENROD KEARNEY SENIOR LIVING  
 617 22ND AVENUE,  
 KEARNEY, NE 68845  
 FIRST FLOOR PLAN - AREA A



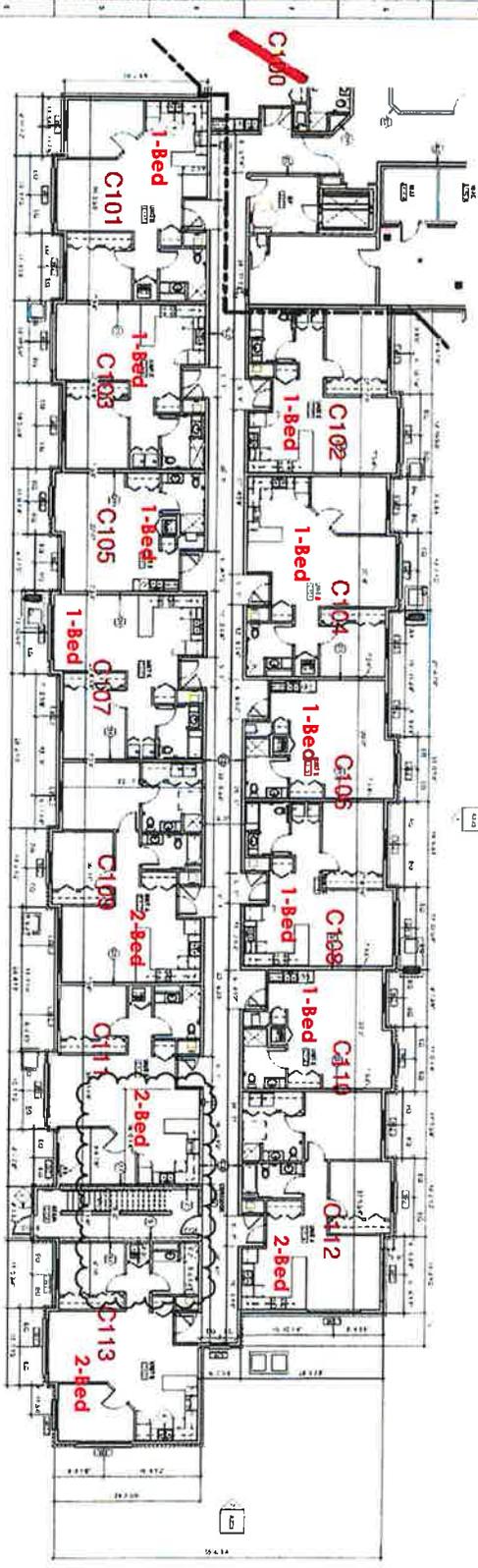
NO.	DATE	DESCRIPTION
1	06/03/21	ISSUED FOR PERMIT
2	06/03/21	ISSUED FOR PERMIT
3	06/03/21	ISSUED FOR PERMIT
4	06/03/21	ISSUED FOR PERMIT
5	06/03/21	ISSUED FOR PERMIT
6	06/03/21	ISSUED FOR PERMIT
7	06/03/21	ISSUED FOR PERMIT
8	06/03/21	ISSUED FOR PERMIT
9	06/03/21	ISSUED FOR PERMIT
10	06/03/21	ISSUED FOR PERMIT
11	06/03/21	ISSUED FOR PERMIT
12	06/03/21	ISSUED FOR PERMIT
13	06/03/21	ISSUED FOR PERMIT
14	06/03/21	ISSUED FOR PERMIT
15	06/03/21	ISSUED FOR PERMIT
16	06/03/21	ISSUED FOR PERMIT
17	06/03/21	ISSUED FOR PERMIT
18	06/03/21	ISSUED FOR PERMIT
19	06/03/21	ISSUED FOR PERMIT
20	06/03/21	ISSUED FOR PERMIT

A101

PROJECT NO: 07453.002

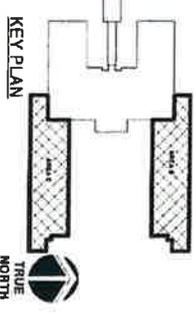


1 AREA B - FIRST FLOOR PLAN



2 AREA C - FIRST FLOOR PLAN

**GOLDENROD - RESIDENT ROOM SIGNAGE W/ ROOM NUMBERS ASSIGNED**  
 JUNE 3, 2021



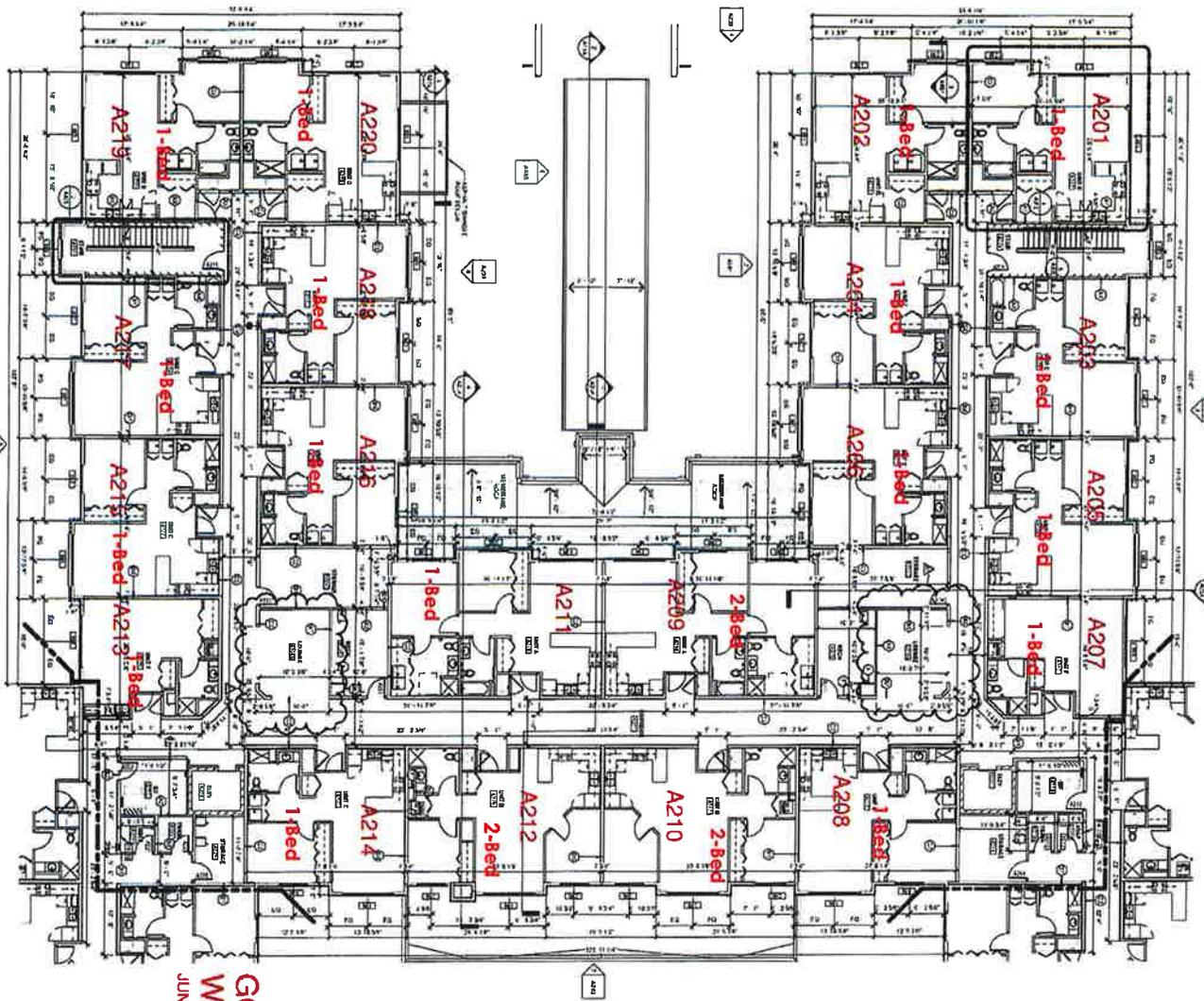
**TETRAD PROPERTY GROUP**  
 GOLDENROD KEARNEY SENIOR LIVING  
 617 22ND AVENUE,  
 KEARNEY, NE 68845  
 FIRST FLOOR PLAN - AREAS B & C

**SCHEMMER**  
 Design with Purpose. Build with Confidence.

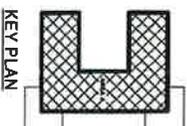
NO.	DATE	BY	DESCRIPTION
1	06/03/21	JM	ISSUED FOR CONSTRUCTION
2			
3			
4			
5			
6			
7			
8			
9			
10			

A102

1 AREA A - SECOND FLOOR PLAN



**GOLDENROD - RESIDENT ROOM SIGNAGE  
 W/ ROOM NUMBERS ASSIGNED**  
 JUNE 3, 2021



A103

TETRAD PROPERTY GROUP  
 GOLDENROD KEARNEY SENIOR LIVING  
 617 22ND AVENUE,  
 KEARNEY, NE 68846  
 SECOND FLOOR PLAN - AREA A

**SCHEMMER**  
 Design with Purpose. Build with Confidence.

NO.	DATE	BY	DESCRIPTION
1	12/28/2021	SCHEMMER	ISSUED FOR PERMIT
2	12/28/2021	SCHEMMER	ISSUED FOR CONSTRUCTION
3	12/28/2021	SCHEMMER	ISSUED FOR OCCUPANCY

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