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

KD/LS
4-26-16

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

THE WATERFORD AT WOODBRIDGE
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF198

EXPIRES
04/30/2017

SEAL

[redacted]
Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: THE WATERFORD AT WOODBRIDGE
ADDRESS: 1913 HWY 34 EAST, PLATTSMOUTH, NE 68048

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:
THE WATERFORD AT WOODBRIDGE
1913 HWY 34 EAST
PLATTSMOUTH, NE 68048-5677

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

LICENSE NO: ALF198
TELEPHONE NUMBER: (402) 296-5133
FAX NUMBER: (402) 296-3382
ADMINISTRATOR: SYLVIA SLATTEN
EMAIL: woodbridgemedicaid@capitalseniorliving.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILIT

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 45

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: _____

OWNERSHIP INFORMATION

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

MAILING ADDRESS: 14160 DALLAS PARKWAY, SUITE 300
DALLAS, TX 75254-4383

2016 APR -5 A 11:10
RECD HHS ACCOUNTING

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.

David Brickman — [redacted] — 3-19-16
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT — SIGNATURE — DATE

Kevin Wilber — 3-20-16
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT — SIGNATURE — DATE

Woodbridge

CSL Woodbridge, LLC
Directors:
None
Officers:
Lawrence A. Cohen, Chief Executive Officer and President
David R. Brickman, Vice President and Secretary
Carey P. Hendrickson, Vice President and Controller
Kevin E. Wilbur, Vice President

Capital Midwest, LLC
Directors:
None
Officers:
Keith N. Johannessen, President
David R. Brickman, Vice President and Secretary
David W. Beathard, Vice President
Gloria M. Holland, Vice President
Carey P. Hendrickson, Vice President and Controller

Capital Senior Living Properties, Inc.
Directors:
Carey P. Hendrickson
Gloria M. Holland
Officers:
Lawrence A. Cohen, Chief Executive Officer & President
David R. Brickman, Vice President and Secretary
Gloria M. Holland, Vice President
Glen H. Campbell, Vice President
Carey P. Hendrickson, Vice President and Controller
Capital Senior Living Corporation

Capital Senior Living Corporation
Directors:
James A. Moore
Lawrence A. Cohen
Keith N. Johannessen
Philip A. Brooks
Kimberly S. Herman
E. Rodney Hornbake
Jill M. Krueger
Ronald A. Malone
Michael W. Reid
Officers:

Lawrence A. Cohen, Chief Executive Officer and Vice Chairman
Keith N. Johannessen, Chief Operating Officer and President
Carey P. Hendrickson, Senior Vice President and Chief Financial Officer
David R. Brickman, Senior Vice President, Secretary and General Counsel
David W. Beathard, Senior Vice President - Operations
Gregory P. Boemer, Vice President - Operations
Joseph G. Solari, Vice President - Corporate Development
Gary E. Fernandez, Vice President – National Marketing
Robert F. Hollister, Controller - Property
Gloria M. Holland, Vice President – Finance
Glen H. Campbell, Vice President - Asset Management
Christopher H. Lane, Vice President - Financial Reporting

Address for all directors and officers listed above:
14160 Dallas Parkway, Suite 300
Dallas, Texas 75254-4383

CAPITAL SENIOR LIVING CORPORATION
SHAREHOLDERS OWNING 5% OR MORE
AS OF MARCH 16, 2016

Shareholder	Address	Percentage
Radix Partners LLC *EIN:	80 Broad Street, Suite 2502 New York, NY 10004 - 3321	Approximately 5.74% - Indirect stockholder of Capital Senior Living Corporation
Arbiter Partners Capital Management LLC *EIN:	11East 44th Street, Suite 700 New York, NY 10017 - 0061	Approximately 7.78% - Indirect stockholder of Capital Senior Living Corporation

*EIN is unknown since they are a shareholder of a public company

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402979

Name of Facility: **The Waterford at Woodbridge Assisted Living**

Type of Facility: **Assisted Living**

Location: **1913 Hwy 34 East, Plattsmouth**

Maximum Occupancy: **45 Beds**

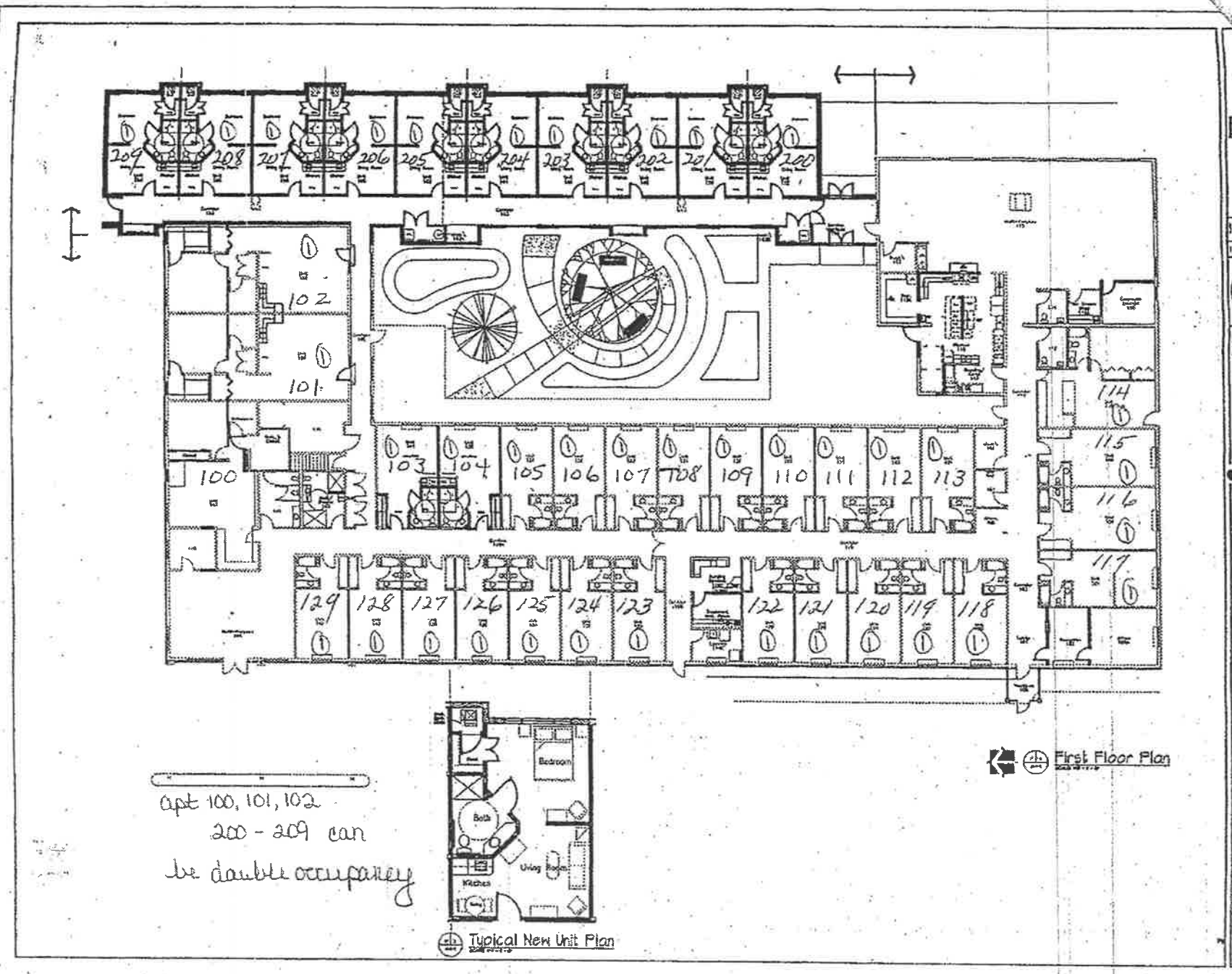
Date Issued: **4/13/2015**

Inspected By: **8747 Jason McClun**
Deputy State Fire Marshal

Approved By: [redacted]
State Fire Marshal

POST IN PROMINENT PLACE

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


209 208 207 206 205 204 203 202 201 200
102
101
100
103 104 105 106 107 108 109 110 111 112 113
114
115
116
117
129 128 127 126 125 124 123 122 121 120 119 118
Bedroom
Bath
Kitchen
Utility Room
First Floor Plan
Typical New Unit Plan
apt 100, 101, 102
200 - 209 can
be double occupancy
DAVIS DESIGN
A1-1