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

KDLS
4-26-16

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

THE WINDCREST ON VAN DORN
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF157

EXPIRES
04/30/2017

SEAL

[redacted]
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: THE WINDCREST ON VAN DORN
ADDRESS: 7208 VAN DORN STREET, LINCOLN, NE 68506

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.

1-1-16

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 WINDCREST ON VAN DORN
7208 VAN DORN STREET
LINCOLN, NE 68506-3651

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

LICENSE NO: ALF157
TELEPHONE NUMBER: (402) 486-0011
FAX NUMBER: (402) 484-9170
ADMINISTRATOR: ELIZABETH BARTELS
EMAIL: windcrestadmin@capitalseniorliving.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 84

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 VAN DORN, LLC
(Legal Name of Individual or Business Organization)

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

2016 APR -5 A 11:18
RECD DHHS 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
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[redacted]
SIGNATURE

3-19-16
DATE

Kevin Wilber
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

3-20-16
DATE

Van Dorn

CSL Van Dorn, LLC
Directors:
None
Officers:
Lawrence A. Cohen, Chief Executive Officer
Keith N. Johannessen, President
David R. Brickman, Vice President and Secretary
Carey P. Hendrickson, Vice President and Controller
Kevin E. Wilbur, Vice President
Gloria M. Holland, 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

BUREAU OF FIRE PREVENTION
CITY OF LINCOLN
OPERATIONAL PERMIT

Name of Facility: WINDCREST ASSISTED LIVING

Location: 7208 VAN DORN ST

Health Type: Res B&C

Restrictions:

Permit Number: L1300078

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 84

[redacted]

Fire Inspector

[redacted]

Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

POST IN A PROMINENT PLACE

Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

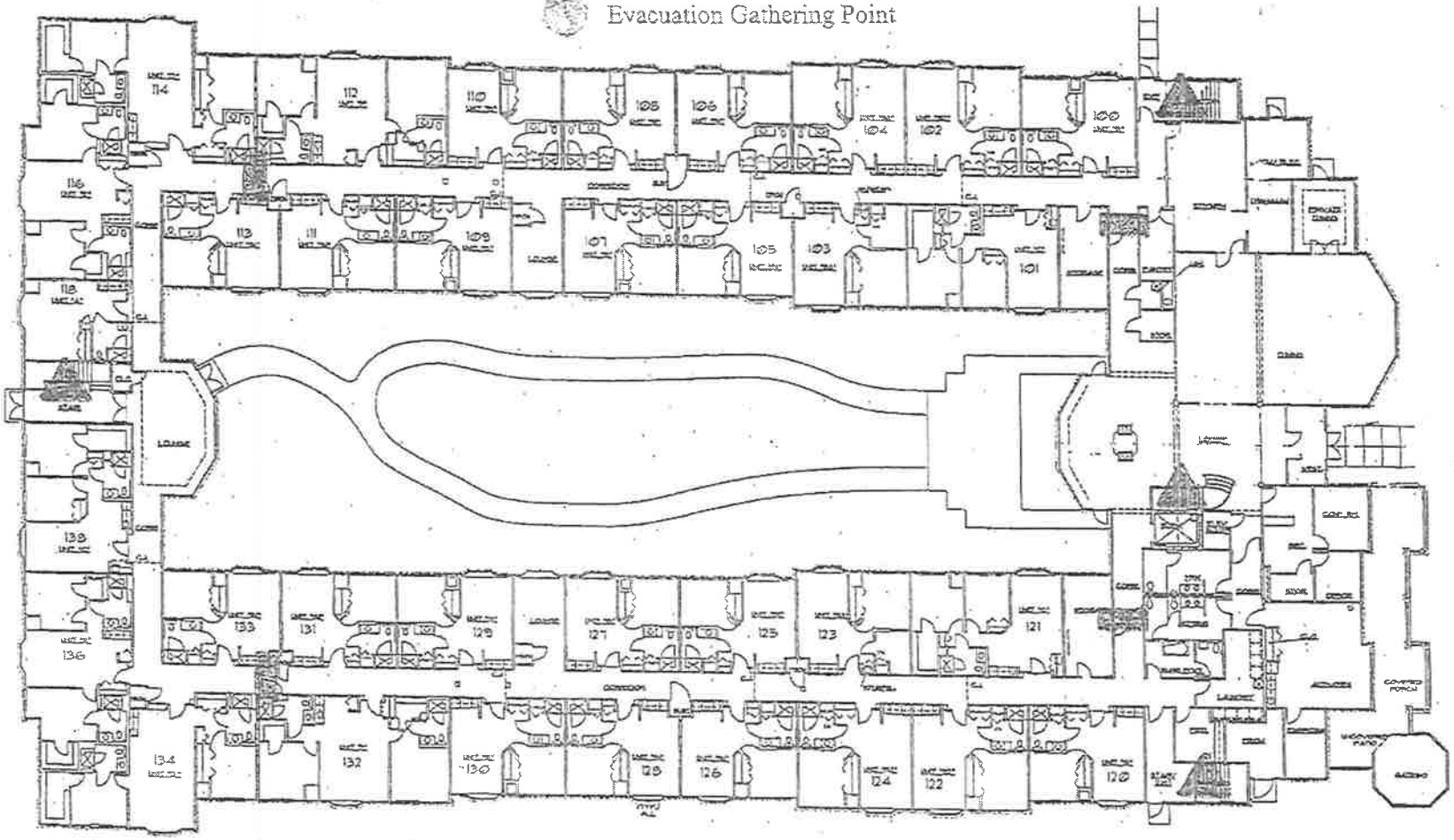
BLD_FP_Health_Certificate_MO

Fire Evacuation Plan

Fire Exits

Fire Barrier/Doors

Evacuation Gathering Point



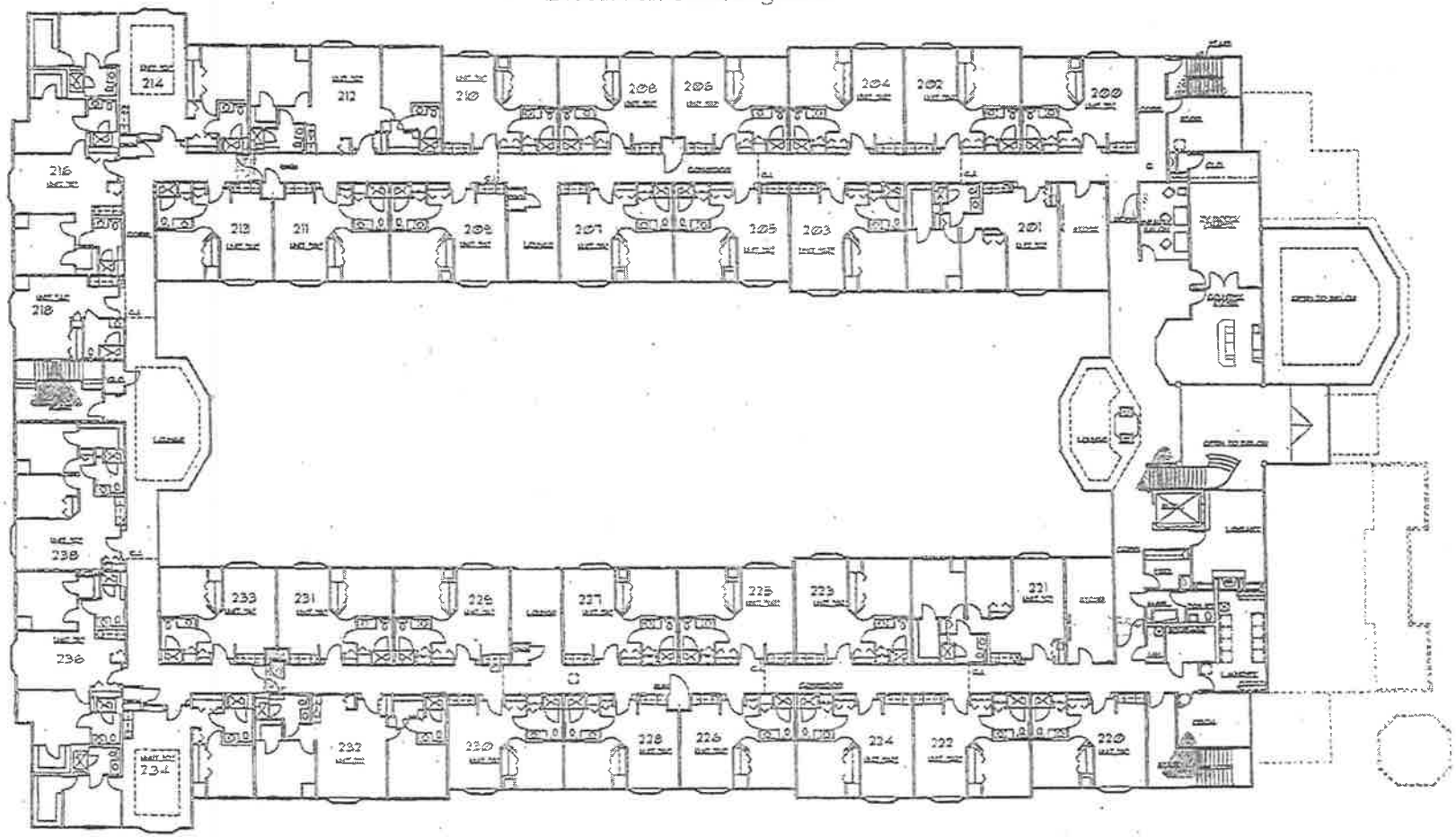
FIRST FLOOR PLAN

Fire Evacuation Plan

Fire Exits

Fire Barrier/Doors

Evacuation Gathering Point



SECOND FLOOR PLAN