

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
H-28-16

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

THE WATERFORD AT MIRACLE HILLS
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF156

EXPIRES
04/30/2017



Courtney A. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: THE WATERFORD AT MIRACLE HILLS

ADDRESS: 11909 MIRACLE HILLS DRIVE, OMAHA, NE 68154

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.

4-1-16



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 WATERFORD AT MIRACLE HILLS
11909 MIRACLE HILLS DRIVE
OMAHA, NE 68154-4408
2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSE NO: ALF156
TELEPHONE NUMBER: (402) 431-0011
FAX NUMBER: (402) 431-9257
ADMINISTRATOR: SHERI TEUT
EMAIL: miraclehillsadmin@capitalseniorliving.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY _____
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 70
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 MIRACLE HILLS, LLC
(Legal Name of Individual or Business Organization)

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

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) _____

RECD HHS COUNTING

2016 APR - 5 A 11: 21

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

Kevin Wilb
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3-19-16
DATE

3/20/16
DATE

Miracle Hills

CSL Miracle Hills, 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

Capital Midwest, 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

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

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

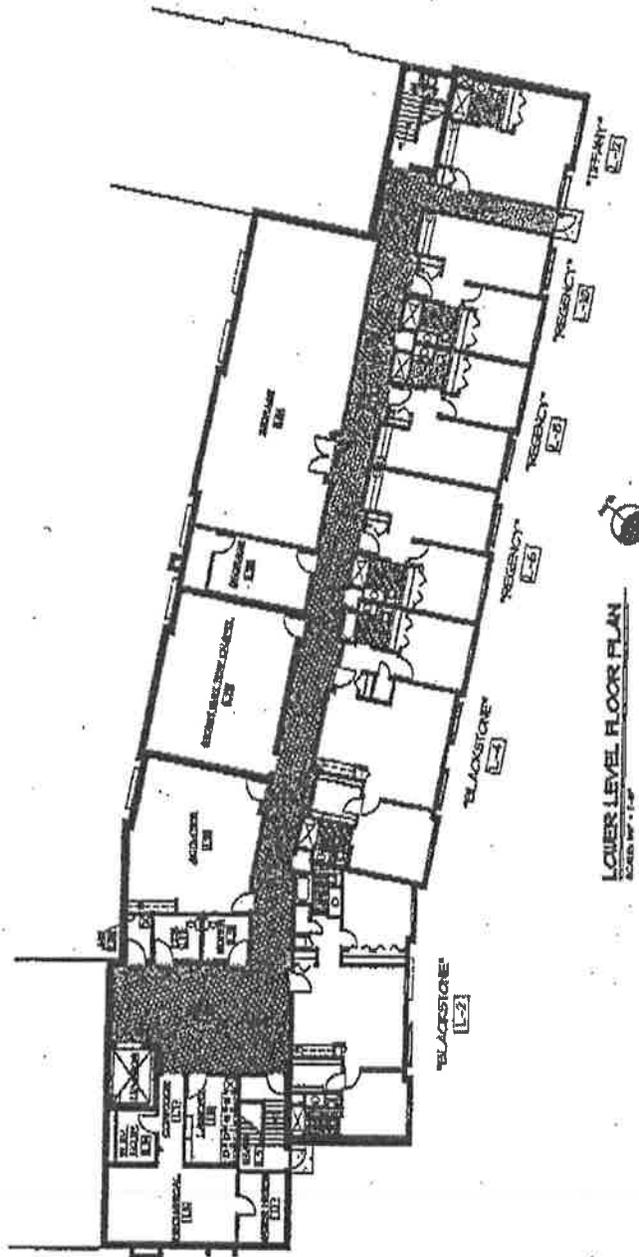
**CAPITAL SENIOR LIVING CORPORATION
 SHAREHOLDERS OWNING 5% OR MORE
 AS OF MARCH 16, 2016**

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:	11 East 44 th 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

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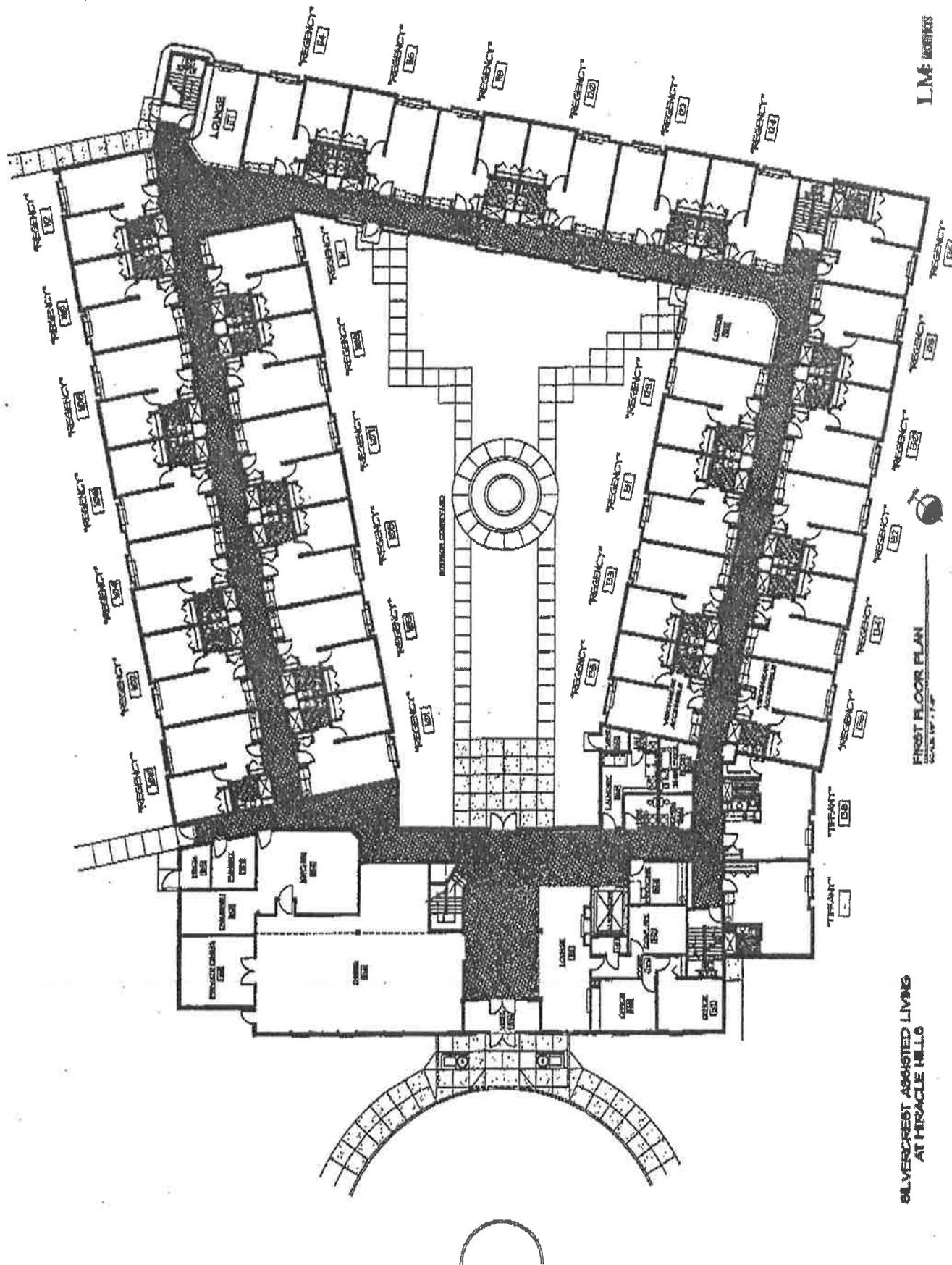
LM 2013



LOWER LEVEL FLOOR PLAN
DATE: 11/14/13

SILVERCREST ASSISTED LIVING
AT MIRACLE HILLS

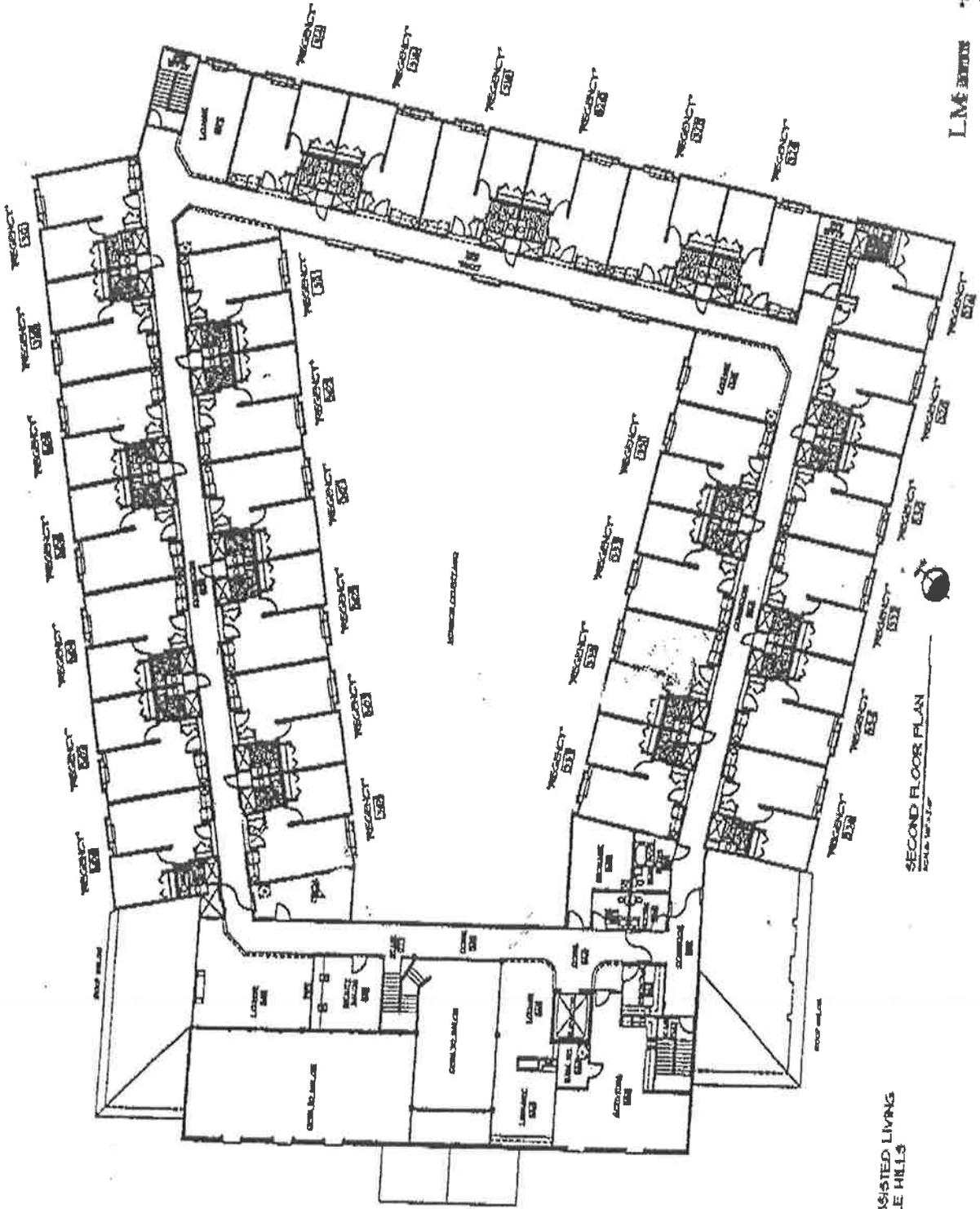
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SILVERCREST ASSISTED LIVING AT MIRACLE HILLS

L.M. BURNS

FIRST FLOOR PLAN
SCALE: 1/8"



LM 1000

SECOND FLOOR PLAN
SCALE 1/8" = 1'-0"

REST ASSISTED LIVING
MIRACLE HILLS

City of Omaha, Nebraska

NO. 263970

PAID CERTIFICATE
(THIS IS NOT AN INVOICE)
THIS CERTIFICATE IS NOT TRANSFERABLE

Name

THE WATERFORD
11909 MIRACLE HILLS DR

OMAHA NE 68154

Location

THE WATERFORD
11909 MIRACLE HILLS DR
OMAHA NE 68154

Item No	Description	Qty Ordered	Qty Invoiced	Unit Price	Extended Price
1	CERTIFICATE OF ASSEMBLY (OCCUPANCY) RENEWAL OVER 100 AFTER 60 DAYS AN ADDITIONAL DELINQUENT FEE OF \$400 WILL BE ASSESSED. TOTAL DUE WILL BE \$500 ASSISTED LIVING 11909 MIRACLE HILLS DR OMAHA NE 68154	1	1	100.00	100.00

EFFECTIVE DATE 01-APR-16
EXPIRATION DATE 01-MAY-17

PLACE IN A CONSPICUOUS PLACE

DIVISION

BY

Revenue
ATA



NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Division - State Fire Marshal Delegated Authority

Name of Facility: WATERFORD AT MIRACLE HILLS ASSISTED LIVING

Facility Type: Assisted-Living Facility

Location: 11909 Miracle Hills DR, Omaha, NE 68154

Date Issued: April 19, 2016 Certificate No: OHC-16-00016

Maximum Occupancy: 70 Persons/Beds

Inspected By: David Mausbach

Approved By: 

POST IN A PROMINENT PLACE

Copy to be presented to the State Licensing Agency if necessary.