

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

*critical  
EFF 10/17/19*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
THE MERIWETHER	
MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services MEMORY CARE ENDORSEMENT	Lic # ALF383
	
EXPIRES 4/30/2020	
Gary J. Anihone, 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 MERIWETHER

ADDRESS: 8140 S 97TH PLAZA, LA VISTA, NE 68128

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. ALF383 to LA VISTA SENIOR HOUSING, LLC to operate an ASSISTED-LIVING FACILITY at 8140 S 97TH PLAZA in the city of LA VISTA, 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: October 17, 2019

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 October 22, 2019.



Gary J. Anihone, 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

October 17, 2019

Suzy Nootz, Administrator  
The Meriwether  
8140 S 97th Plaza  
La Vista, NE 68128

Dear Ms. Nootz:

We are happy to inform you that The Meriwether has met the requirements for a Nebraska license and is hereby issued Assisted-Living Facility License #ALF383. The license is for 156 beds and is effective October 17, 2019.

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 Connie Vogt, RN, BSN who can be reached by telephone at (402) 471-3324 or in writing at the address displayed on this letter.

Sincerely,

Gary J. Anthone, 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

ALF383

RECEIVED

SEP 17 2019

NEBRASKA  
Good Life. Great Mission.

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

LICENSURE UNIT

Check one:

Initial License

Change of Location

Change of Ownership

DEPT. OF HEALTH AND HUMAN SERVICES

Assisted-Living Facility Licensure Application

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: The Meriwether  
 PHYSICAL ADDRESS: 8140 S. 97th Plaza, La Vista, NE 68128  
(Street Address, City, State, Zip Code)

2. TELEPHONE NUMBER: 402.597.0700 FAX NUMBER: \_\_\_\_\_  
(Complete with Area Code) (Complete with Area Code)

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: 

4. ADMINISTRATOR: Suzy Nootz

5. PREFERRED MAILING ADDRESS: 8140 S. 97th Plaza, La Vista, NE 68128

6. NUMBER OF BEDS TO BE LICENSED: 156

7. PLANNED OCCUPANCY DATE: October 15, 2019

8. SPECIFY ANY SPECIAL POPULATIONS (Please Check If Applicable):  
 Special Care Unit for Alzheimer's Dementia Number of Beds: 36  
 Provides Complex Nursing Intervention

SEP 20 4 17 53

OWNERSHIP INFORMATION

9. OWNERSHIP OF FACILITY: La Vista Senior Housing, LLC  
(Legal Name of Individual or Business Organization)  
 ADDRESS: 8140 S. 97th Plaza, La Vista, NE 68128  
(Street Address, City, State, Zip Code)

10. MAILING ADDRESS OF OWNERSHIP: 218 6th Ave, Ste. 200, Des Moines IA 50309  
(If Different Than Above)

11. BUSINESS ORGANIZATION (Check One):  
 Sole Proprietorship  
 Partnership  
 Limited Partnership  
 Corporation  
 Limited Liability Company  
 Government (If Government, Please Select One):  State  District  County  City or Municipal  
 Other (Please Specify): \_\_\_\_\_

(Check One)

Profit  Non Profit

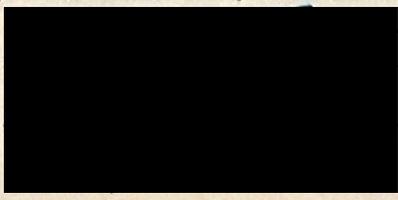
CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & 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.

Michael K. Nelson  
 AUTHORIZED REPRESENTATIVE - PRINTED NAME  
Michael Pittore  
 AUTHORIZED REPRESENTATIVE - PRINTED NAME



9/9/2019  
 DATE  
9/16/19  
 DATE

La Vista Senior Housing, LLC

8140 S. 97<sup>th</sup> Plaza

La Vista, NE 68128

402-597-0700

La Vista Senior Housing, LLC (Ownership Entity)

Members - Board of Managers:

80%:

Nelson Development 1, LLC

Mike Nelson (Manager/Authorized Representative)

218 6<sup>th</sup> Avenue Suite 200

Des Moines, IA 50309

515.457.9000

20%:

Avenida Partners Nelson, LLC

Michael Pittore (Manager/Authorized Representative)

1712 Pioneer Avenue

Cheyenne, WY 92001

510.548.6600

# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY

PAPILLION FIRE PREVENTION DIVISION  
STATE FIRE MARSHAL DELEGATED AUTHORITY

NAME OF FACILITY: **THE MERIWETHER**

TYPE OF FACILITY: ASSISTED LIVING

LOCATION: 8140 S 97TH PLAZA

LICENSED CAPACITY: 156

DATE ISSUED: OCTOBER 1ST, 2019

INSPECTED BY: TODD MOFFETT, CITY OF PAPILLION FIRE DEPARTMENT

## POST IN A PROMINANT PLACE



Approved by

 Fire Inspector

10-1-2019

Date



Change of Occupancy Classification or Failure to Meet Adopted Codes Shall Invalidate This Certificate of Occupancy



September 13, 2016

Ryan Young  
Nelson Construction and Development  
218 6th Ave., STE. 200  
Des Moines, IA 50309

RE: La Vista Senior Living – Conditional Use Permit

To Whom It May Concern:

On September 15, 2015 a Conditional Use Permit was approved by City Council for a continuing care retirement community on Lot 2, Mayfair 2<sup>nd</sup> Addition Replat Five. Condition #5 of the Permit states:

5. If the permitted use is not commenced within one (1) year from **September 15, 2015**, this Permit shall be null and void and all rights hereunder shall lapse, without prejudice to owner’s right to file for an extension of time pursuant to the La Vista Zoning Ordinance.

However, Section 6.04.01 of the Zoning Ordinance allows for a 12 month administrative extension of the Permit if the extension meets the requirements of that section. Based on discussions with the engineering consultant for this project, Olsson Associates, it was determined that this project has enough forward progress to meet the requirements of Section 6.04.01.

Thus, it has been concluded that the City will grant an extension of an additional 12 months for the construction of the project and for the use to commence. Please note that any requests for additional time beyond this administrative extension’s end date (September 15, 2017) will result in the need to reapply to both the Planning Commission and City Council for further approval as per Section 6.04.01.03 of the Zoning Ordinance.

Should you have any questions please contact me at 402-331-4343 or [csolberg@cityoflavista.org](mailto:csolberg@cityoflavista.org).

Sincerely,

Christopher Solberg, AICP  
City Planner

Cc: Ann Birch, Community Development Director  
Jeff Sinnott, Chief Building Official

City Hall  
8116 Park View Blvd.  
La Vista, NE 68128-2198  
p: 402-331-4343  
f: 402-331-4375

Community Development  
8116 Park View Blvd.  
p: 402-331-4343  
f: 402-331-4375

Fire  
8110 Park View Blvd.  
p: 402-331-4748  
f: 402-331-0410

Golf Course  
8305 Park View Blvd.  
p: 402-339-9147

Library  
9110 Giles Rd.  
p: 402-537-3900  
f: 402-537-3902

Police  
7701 South 96th St.  
p: 402-331-1582  
f: 402-331-7210

Public Buildings & Grounds  
8112 Park View Blvd.  
p: 402-331-4343  
f: 402-331-4375

Public Works  
9900 Portal Rd.  
p: 402-331-8927  
f: 402-331-1051

Recreation  
8116 Park View Blvd.  
p: 402-331-3455  
f: 402-331-0299

[www.cityoflavista.org](http://www.cityoflavista.org)  
[info@cityoflavista.org](mailto:info@cityoflavista.org)

**City of La Vista  
Conditional Use Permit**

**Conditional Use Permit for Continuing Care Retirement Community,  
Lot 2 Mayfair 2<sup>nd</sup> Addition Replat Five**

This Conditional Use Permit issued this 15th day of September, 2015, by the City of La Vista, a municipal corporation in the County of Sarpy County, Nebraska ("City") to, Nelson Construction and Development ("Owner"), pursuant to the La Vista Zoning Ordinance.

WHEREAS, Owner wishes to construct and operate a continuing care retirement community to be known as Good Neighbor Senior Living upon the following described tract of land within the City of La Vista zoning jurisdiction:

Lot 2 of Mayfair 2<sup>nd</sup> Addition Replat Five, a subdivision as surveyed, platted and recorded in the City of La Vista, Sarpy County, Nebraska.

WHEREAS, Owner has applied for a conditional use permit for the purpose of constructing a continuing care retirement community for seniors 55 years of age or older meant for independent living, assisted living, and memory care; and

WHEREAS, the Mayor and City Council of the City of La Vista are agreeable to the issuance of a conditional use permit to the owner for such purposes, subject to certain conditions and agreements as hereinafter provided.

NOW, THEREFORE, BE IT KNOWN THAT subject to the conditions hereof, this conditional use permit is issued to the owner to use the area designated on Exhibit "C1.0" hereto for a continuing care retirement community, said use hereinafter being referred to as "Permitted Use or Use".

**Conditions of Permit**

The conditions to which the granting of this permit is subject are:

1. The rights granted by this permit are transferable and any variation or breach of any terms hereof shall cause permit to expire and terminate without the prior written consent of the City (amendment to permit) or unless exempted herein.
2. In respect to the proposed Use:
  - a. A site plan showing the property boundaries of the tract of land and easements, proposed structures, parking, access points, and drives has been provided to the City and is attached to the permit as Exhibit "C1.0".
  - b. The premises shall be developed and maintained in accordance with the site plan (Exhibit "C1.0") as approved by the City and incorporated herein by this reference. Any modifications must be submitted to the Chief Building Official for approval.
  - c. This continuing care facility is intended for senior independent living, assisted living, and memory care. Facilities shall be exclusively operated for, marketed and leased to, and occupied by persons age 55 and older, or as otherwise required to provide reasonable accommodations to disabled residents under applicable laws, rules or regulations. To carry out this requirement, Owner shall:

FILED SARPY COUNTY NEBRASKA  
INSTRUMENT NUMBER

2015-29288

12/01/2015 1:07:22 PM



REGISTER OF DEEDS

COUNTER	_____	C.E.	_____
VERIFY	_____	D.E.	_____
PROOF	_____		_____
FEE S	118.00		_____
CHECK #	1613		_____
CHG	_____	CASH	_____
REFUND	_____	CREDIT	_____
SHORT	_____	NCR	_____



**THIS PAGE ADDED  
FOR RECORDING  
INFORMATION.**

**DOCUMENT STARTS ON  
NEXT PAGE.**

**LLOYD J. DOWDING**

SARPY COUNTY REGISTER OF DEEDS  
Steven J. Stastny, Deputy  
1210 GOLDEN GATE DRIVE, # 1230  
PAPILLION, NE 68046-2842  
402-593-5773

*rti*  
Nate Buss  
2111 S. 67<sup>th</sup> Street  
Unit 200  
Omaha, NE 68106

- (i) From time to time during this permit, adopt, publish and adhere to written rules, policies and procedures to implement and carry out said requirement in accordance with 24 CFR Section 100.306, as adopted, amended or superseded from time to time, subject to review and approval of the City Administrator, which approval shall not be withheld or refused so long as the rules, policies and procedures satisfy the requirements of "c" above and 24 CFR Section 100.306; and
    - (ii) Take all other actions during this permit as may be required from time to time under the Federal Fair Housing Act, Housing for Older Persons Act of 1995, Nebraska Fair Housing Act, or any other applicable laws, rules or regulations, as adopted, amended or superseded from time to time, to carry out this subparagraph "c" in accordance with all applicable requirements, and specifically to qualify and continue the qualification of the facility as senior housing exempt from any applicable familial status protections.
  - d. All parking for residents and visitors is to remain on-site; no on-street parking is allowed on Brentwood Drive or South 97<sup>th</sup> Plaza.
  - e. There shall be no storage, placement or display of goods, supplies or any other material, substance, container or receptacle outside of the facility, except trash receptacles and those approved in writing by the City.
  - f. There shall not be any outside storage of materials. All trash receptacles, benches and planters shall be placed on property and securely fastened to building or concrete. Trash dumpsters shall be placed with a trash enclosure of six feet in height and screened accordingly.
  - g. Landscaping requirements from Section 7.17 of the City of La Vista Zoning Ordinance shall be satisfied and maintained in accordance with the landscaping plan (Exhibit "C3.0").
  - h. Owner shall obtain all required permits from the City of La Vista and shall comply with any additional requirements as determined by the Chief Building Official, including, but not limited to, building, fire, and ADA.
  - i. Owner shall comply (and shall ensure that all employees, invitees, suppliers, structures, appurtenances and improvements, and all activities occurring or conducted, on the premises at any time comply) with any applicable federal, state and/or local regulations, as amended or in effect from time to time, including, but not limited to, applicable environmental or safety laws, rules or regulations.
  - j. Owner hereby indemnifies the City against, and holds the City harmless from, any liability, loss, claim or expense whatsoever (including, but not limited to, reasonable attorney fees and court cost) arising out of or resulting from the acts, omissions or negligence of the owner, his agents, employees, assigns, suppliers or invitees, including, but not limited to, any liability, loss, claim or expense arising out of or resulting from any violation on the premises of any environmental or safety law, rule or regulation.
3. The applicant's right to maintain the use as approved pursuant to these provisions shall be based on the following:
- a. An annual inspection to determine compliance with the conditions of approval. The conditional use permit may be revoked upon a finding by the City that there is a violation of the terms of approval.
  - b. The use authorized by the conditional use permit must be initiated within one (1) year of approval and shall become void two (2) years after the date of approval unless the applicant has fully complied with the terms of approval.
  - c. All obsolete or unused structures, accessory facilities or materials with an environmental or safety hazard shall be abated and/or removed at owner's expense within twelve (12) months of cessation of the conditional use.
4. Notwithstanding any other provision herein to the contrary, this permit, and all rights granted hereby, shall expire and terminate as to a permitted use hereunder upon the first of the following to occur:
- a. Owner's abandonment of the permitted use. Non-use thereof for a period of twelve (12) months shall constitute a presumption of abandonment.

- C
- b. Cancellation, revocation, denial or failure to maintain any federal, state or local permit required for the Use.
  - c. Owner's construction or placement of a storage tank, structure or other improvement on the premises not specified in this permit. This shall not apply to storm water detention or retention tanks, as required by the City Engineer, to comply with storm water management regulations.
  - d. Owner's breach of any other terms hereof and his failure to correct such breach within ten (10) days of City's giving notice thereof.
5. If the permitted use is not commenced within one (1) year from September 15, 2015, this Permit shall be null and void and all rights hereunder shall lapse, without prejudice to owner's right to file for an extension of time pursuant to the La Vista Zoning Ordinance.
  6. In the event of the owner's failure to promptly remove any safety or environmental hazard from the premises, or the expiration or termination of this permit and the owner's failure to promptly remove any permitted materials or any remaining environmental or safety hazard, the City may, at its option (but without any obligation to the owner or any third party to exercise said option) cause the same to be removed at owner's cost (including, but not limited to, the cost of any excavation and earthwork that is necessary or advisable) and the owner shall reimburse the City the costs incurred to remove the same. Owner hereby irrevocably grants the City, its agents and employees the right to enter the premises and to take whatever action as is necessary or appropriate to remove the structures or any environmental or safety hazards in accordance with the terms of this permit, and the right of the City to enter the premises as necessary or appropriate to carry out any other provision of this permit.
  7. If any provision, or any portion thereof, contained in this agreement is held to be unconstitutional, invalid, or unenforceable, the remaining provisions hereof, or portions thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

#### **Miscellaneous**

The conditions and terms of this permit shall be binding upon owner, his successors and assigns.

1. Delay of City to terminate this permit on account of breach of owner of any of the terms hereof shall not constitute a waiver of City's right to terminate, unless it shall have expressly waived said breach and a waiver of the right to terminate upon any breach shall not constitute a waiver of the right to terminate upon a subsequent breach of the terms hereof, whether said breach be of the same or different nature.
2. Nothing herein shall be construed to be a waiver or suspension of, or an agreement on the part of the City to waive or suspend, any zoning law or regulation applicable to the premises except to the extent and for the duration specifically authorized by this permit.
3. Any notice to be given by City hereunder shall be in writing and shall be sufficiently given if sent by regular mail, postage prepaid, addressed to the owner as follows:

**Contact Name and Address:** Nelson Construction and Development  
Ryan Young  
218 6<sup>th</sup> Ave., STE. 200  
Des Moines, IA 50309  
(515) 457-9000

D

**Effective Date:**

This permit shall take effect upon the filing hereof with the City Clerk a signed original hereof.

THE CITY OF LA VISTA

[Redacted Signature]

Douglas Kindig, Mayor

Attest:

[Redacted Signature]

Pamela A Buehe, CMC  
City Clerk



CONSENT AND AGREEMENT

The undersigned does hereby consent and agree to the conditions of this permit and that the terms hereof constitute an agreement on the part of the undersigned to fully and timely perform each and every condition and term hereof, and the undersigned does hereby warrant, covenant and agree to fully and timely perform and discharge all obligations and liabilities herein required by owner to be performed or discharged.

Owner:

[Redacted Name]

*mike Nelson*

By:

Title:

*President*

Date:

*11/6/15*

E

ACKNOWLEDGMENT OF NOTARY

STATE OF NEBRASKA )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 2015, before me, a Notary Public duly commissioned and qualified in and for said County and State, appeared Douglas Kindig and Pamela A. Buethe, personally known by me to be the Mayor and City Clerk of the City of La Vista, and the identical persons whose names are affixed to the foregoing Agreement, and acknowledged the execution thereof to be their voluntary act and deed and the voluntary act and deed of said City.

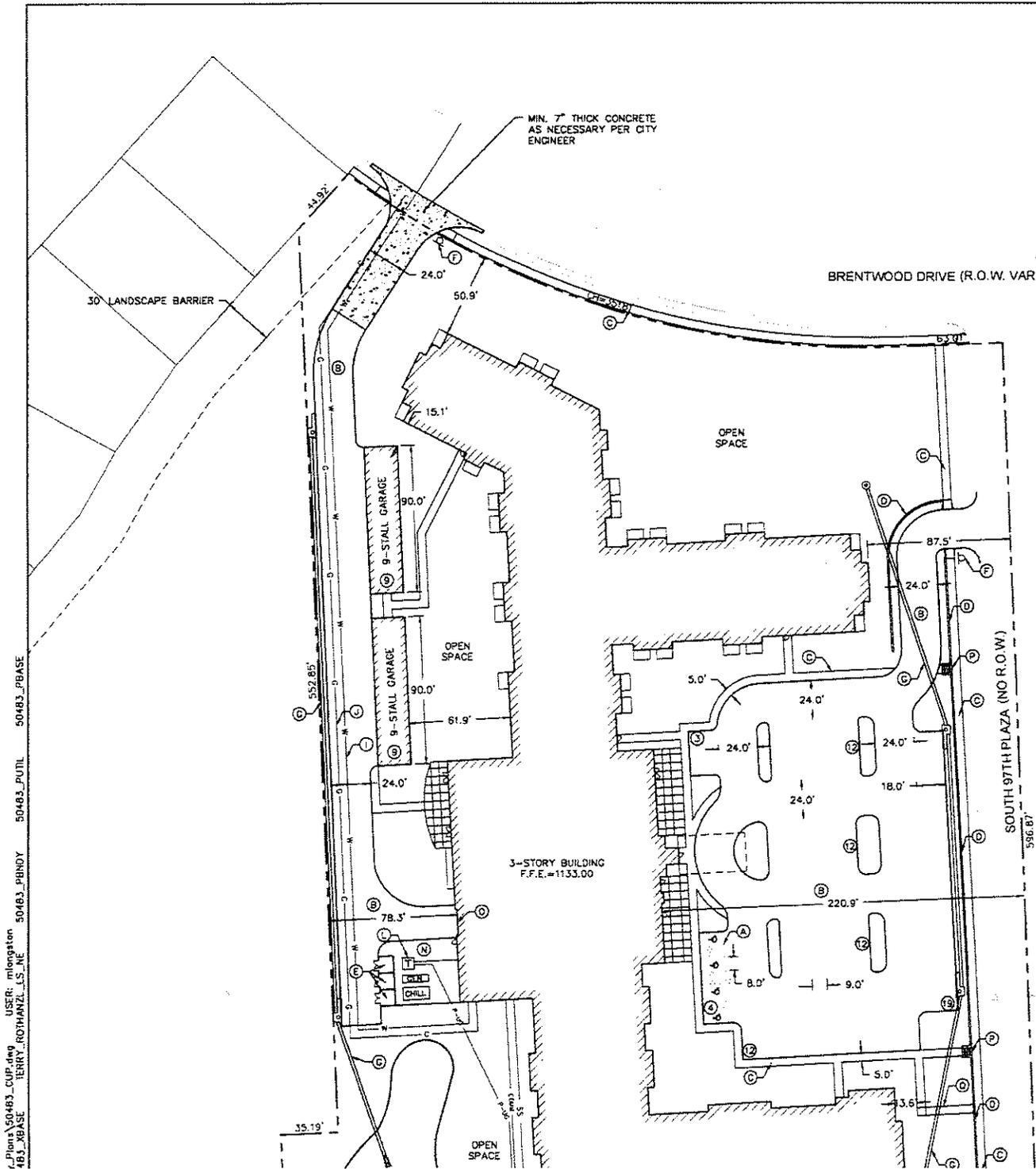
\_\_\_\_\_  
Notary Public

ACKNOWLEDGMENT OF NOTARY

STATE OF NEBRASKA )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 2015, before me, a Notary Public duly commissioned and qualified in and for said County and State, appeared [\_\_\_\_\_] personally known by me to be the \_\_\_\_\_ of Nelson Construction and Development, and the identical person whose name is affixed to the foregoing Agreement, and acknowledged the execution thereof to be his voluntary act and deed and the voluntary act and deed of said company.

\_\_\_\_\_  
Notary Public

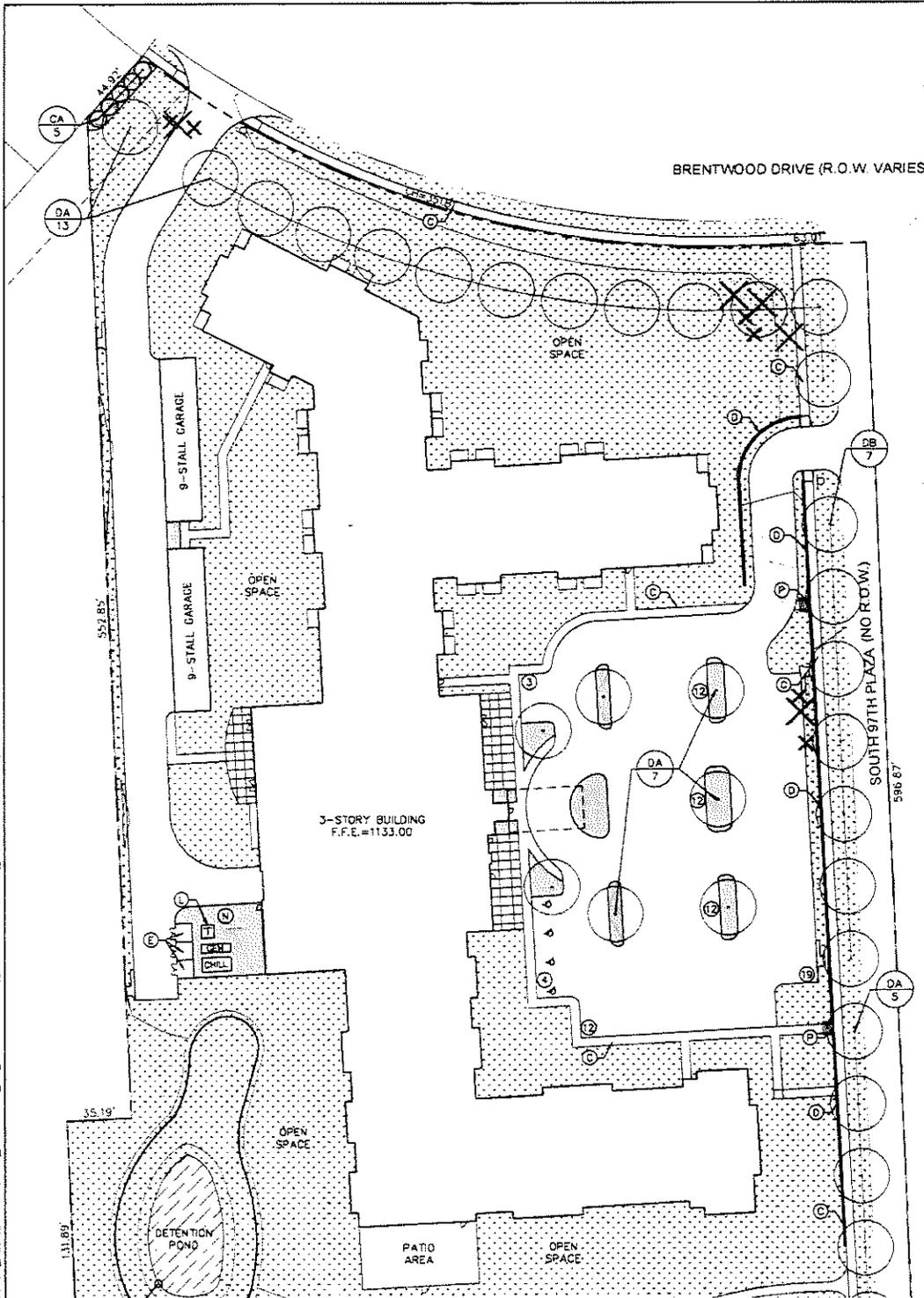


I:\Plans\50483\_CUP.dwg USER: mlongston  
 483\_PBASE FERRY, ROYMANZL\_US\_NE 50483\_PBASE  
 50483\_PUTIL 50483\_PBASE

**PARKING LOT LIGHT**

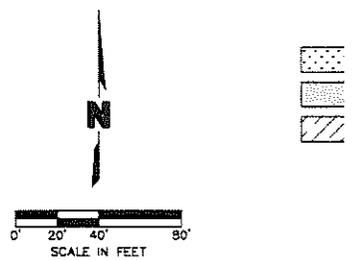
- EXTERIOR LIGHTING SHALL ENHANCE THE ADJOINING LANDSCAPE. LIGHTING STANDARDS FOR PARKING AREAS AND DRIVES WITHIN THE SIMILAR IN APPEARANCE AND QUALITY TO THAT IDENTIFIED IN APPENDIX B, AS WELL AS LIGHTING SHALL BE RESTRAINED IN DESIGN TO AVOID LIGHTING WITH VISIBLE LAMPS. LIGHTING SHALL BE DARK SKY COMPLIANT, AND ILLUMINATION SHALL BE AS SPECIFIED IN THE SPECIFICATIONS. OTHER SUPPORT CUT SHEETS SHALL COMPLY WITH THE STANDARDS. FINAL SELECTION IS SUBJECT TO APPROVAL.

% Plans 50483\_LSC.dwg USER: mrcgration  
 50483\_RELEASE TERRY\_ROTUNZANZ\_LIS\_NE  
 50483\_PBRNDY 50483\_PBRASE 50483\_PUJIL 50483\_PLDSC



LANDSCAPE REGULATIONS		
ZONING CLASSIFICATION	R3 - PUD	
LOT AREA	273,927 S.F. (6.29 AC.)	
	REQUIRED	
1. LANDSCAPE REQUIREMENTS (7.17.03)		
a.	7.17.03.02 Street Frontage	15'
b.	7.17.03.02(3) Street Frontage Trees	1 Tree / 40' of Street Frontage
c.	7.17.03.03 Side Yard	10'
b.	7.17.03.03(2) Side Yard Screening	6' Minimum height
d.	7.17.03.04 Rear Yard	10'
e.	7.17.03.06 Parking Interior Landscaping	10 sq ft/ Stall
	7.17.03.07 Perimeter Landscaping	1 Tree / 40' of Street Frontage
2. SCREENING REQUIREMENTS (7.17.04)		
a.	7.17.04.01 Parking	3' Minimum height
b.	7.17.04.02 Commercial or Industrial Use	6' Minimum height

\*1 TREE PER 40 LINEAR FEET ALONG SOUTH 97TH STREET PE



**PLANT NOTES**

- UNITY OF THE DESIGN SHALL BE ACHIEVED BY REPETITION OF CERTAIN AND OTHER MATERIALS AND BY CORRELATION WITH ADJACENT DEVELOPMENT IN APPENDIX A, AND NOTED BELOW:
  - A) A MINIMUM OF TWO SPECIES LISTED UNDER THE DECIDUOUS
  - B) A MINIMUM OF ONE SPECIES LISTED UNDER THE CONIFEROUS
  - C) A MINIMUM OF ONE SPECIES LISTED UNDER THE DECIDUOUS
  - D) A MINIMUM OF ONE SPECIES LISTED UNDER THE CONIFEROUS
 FINAL LANDSCAPE PLAN AND DESIGN SHALL BE SUBMITTED WITH THE FINAL LANDSCAPE PLAN SHALL BE SUBJECT TO THE APPROVAL BY THE CITY.
- IRRIGATION OF ALL LANDSCAPE ELEMENTS AS DEFINED ABOVE AND TO BE REQUIRED.
- PRIOR TO ANY PLANTING OR BREAKING OF GROUND, IT IS THE CONTRACTOR'S RESPONSIBILITY TO CALL/LOCATE ALL UTILITY LINES WITHIN THE VICINITY.
- THE CONTRACTOR SHALL TAKE ALL NECESSARY PRECAUTIONS DURING OPERATIONS TO NOT DISTURB EXISTING UTILITY LINES. DAMAGE TO ANY LINES SHALL BE REPAIRED AT CONTRACTOR'S EXPENSE.
- ALL DAMAGE TO EXISTING SITE IMPROVEMENTS RESULTING FROM EXCAVATION, BACKFILLING, ETC. SHALL BE REPAIRED AT THE CONTRACTOR'S EXPENSE. SHALL SEED ALL DISTURBED AREAS INCLUDING CONSTRUCTION ACCESS LIMITS. SURFACES OTHER THAN THE PLANTING AREA SHALL BE RESTORED TO THE CONDITION EXISTING PRIOR TO THE PLANTING OF LANDSCAPE.
- PLANT LIST IS PROVIDED FOR CONVENIENCE ONLY. IN THE CASE OF DISCREPANCY BETWEEN THE PLAN AND THE PLANT LIST QUANTITIES, THE PLAN WILL GOVERN. LANDSCAPE CONTRACTOR IS RESPONSIBLE FOR ALL FINAL QUANTITIES AND SPECIFICATIONS.

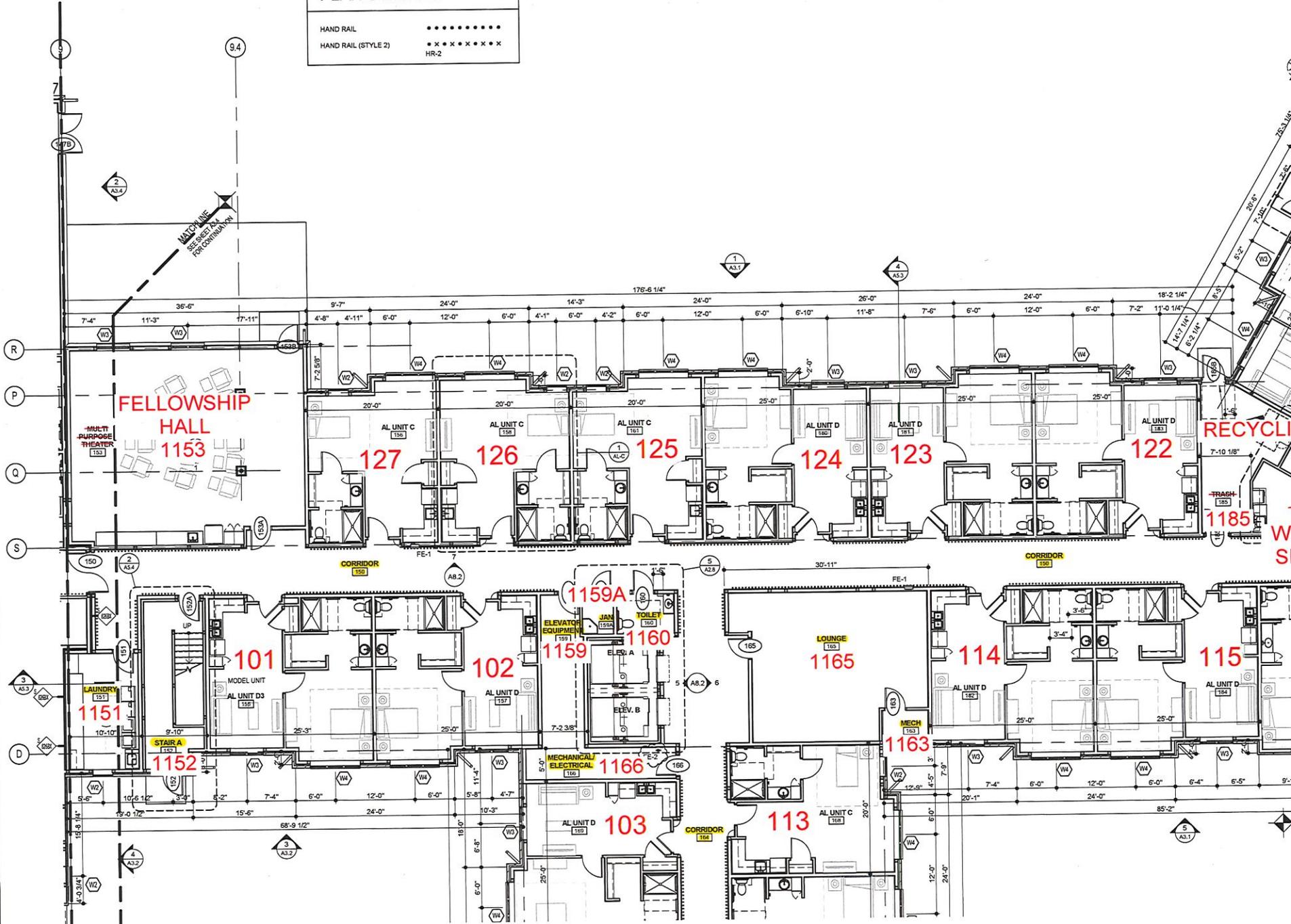




SEE SHEET A2.1 FOR TYPICAL PLAN NOTES

PLAN SYMBOLS

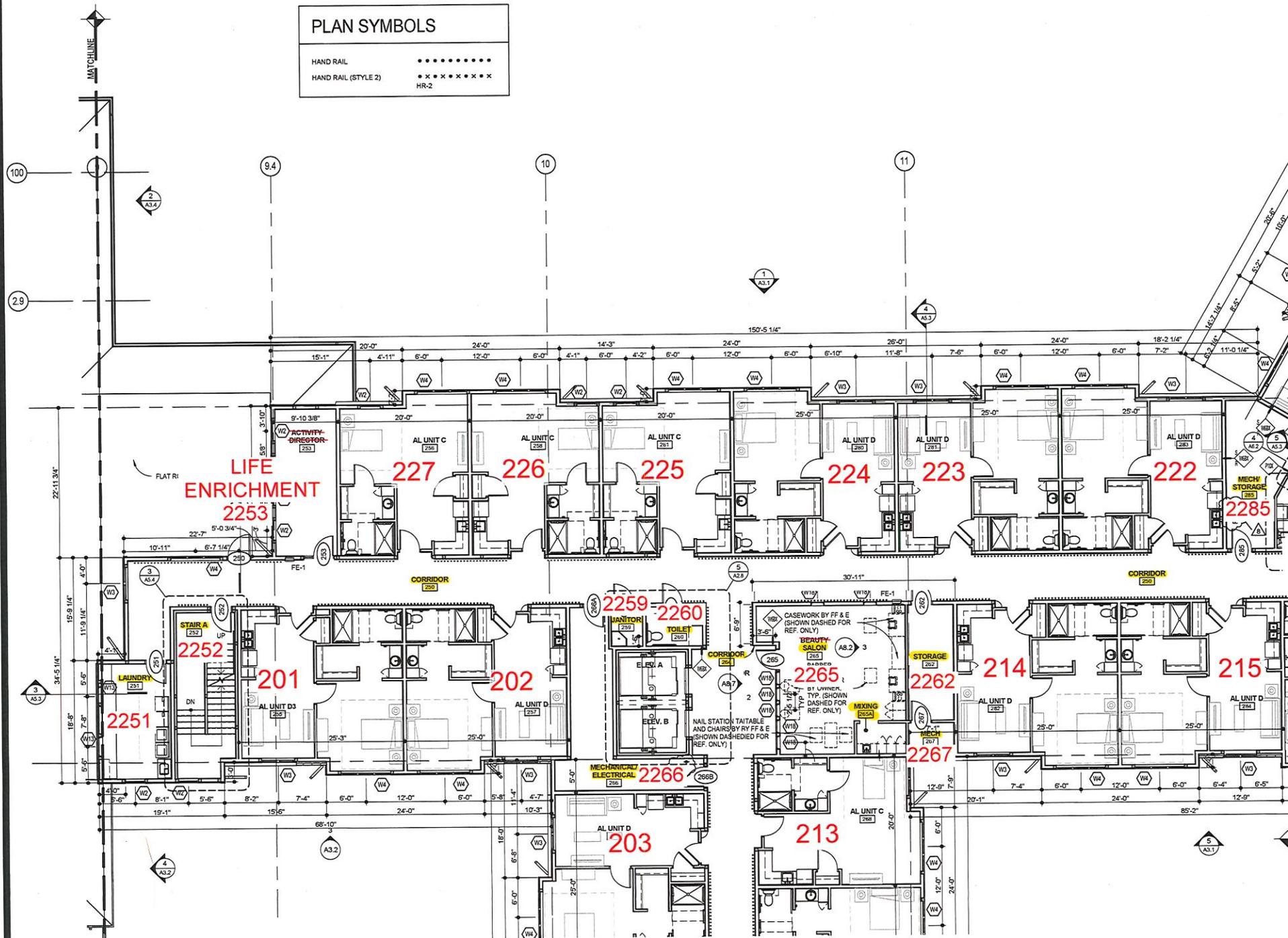
HAND RAIL	••••••••
HAND RAIL (STYLE 2)	•x•x•x•x•x•x
	HR-2



SEE SHEET A2.1 FOR TYPICAL PLAN NOTES

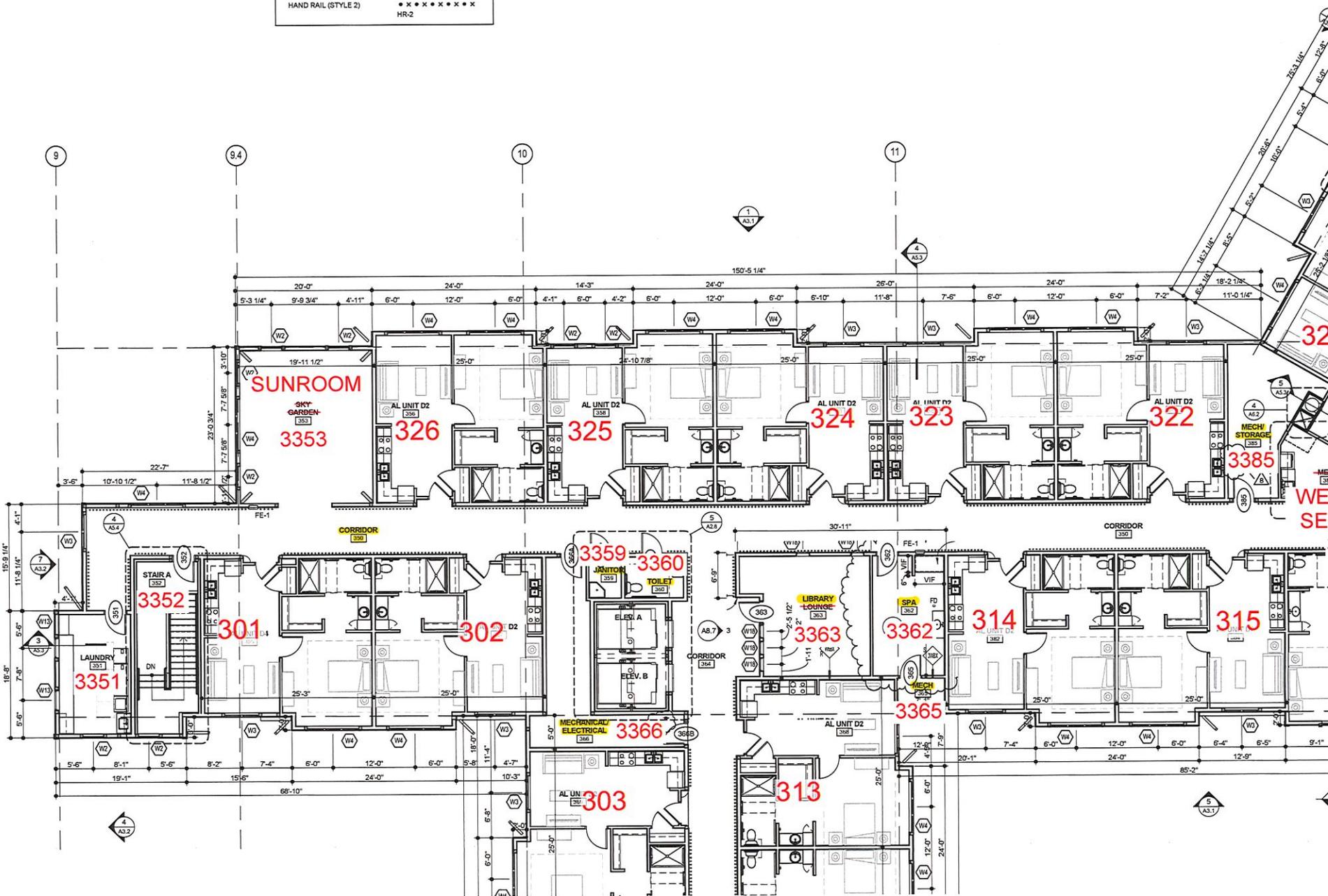
PLAN SYMBOLS

HAND RAIL	.....
HAND RAIL (STYLE 2)	.....
HR-2	.....



SEE SHEET A2.1 FOR TYPICAL PLAN NOTES

PLAN SYMBOLS	
HAND RAIL	.....
HAND RAIL (STYLE 2)	.....
HR-2	.....





For Office of LTC use only	
Approval date:	10/2/19
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: 10/16/2019

Renewal      License # \_\_\_\_\_

Change of ownership

**3. Facility information**

Name of facility: La Vista Senior Housing, LLC  
*(Doing Business As (DBA) name registered with Secretary of State)*

Phone: 402.597.0700      FAX: \_\_\_\_\_      Facility E-mail: info@agemark.com

Street address: 8140 S. 97th Plaza

City, State, ZIP: La Vista, NE 68128      County: La Vista, NE 68128

Mailing address: 8140 S. 97th Plaza

Administrator: Suzy Nootz

Maximum endorsed capacity: 36

**4. Applicant information**

Owner (licensee)       Management

Name of legal owning entity: La Vista Senior Housing, LLC  
*(Exactly as registered with the Secretary of State)*

Contact name: Suzy Nootz

Phone: 402.597.0700      FAX: \_\_\_\_\_      E-mail: Snootz@themeriviewether.com

Street address: 8140 S. 97th Plaza, La Vista, NE 68128

City, State, ZIP: \_\_\_\_\_

**5. Disclosure information**

Please attach additional page if needed. See Attached Addendum

A) Overall philosophy and mission:

B) Criteria for placement in, transfer to: **See Attached Addendum**

C) Criteria for discharge: **See Attached Addendum**

D) Process for assessment and establishing the plan of care: **See Attached Addendum**

E) Staffing numbers/pattern: **See Attached Addendum**

F) Staff training and continuing education including four (4) hours related to dementia care and training for cultural competencies: See Attached Addendum
G) Physical environment and features, including security features: See Attached Addendum
H) Resident activities related to dementia care: See Attached Addendum
I) Family support program: See Attached Addendum
J) Cost/Fees of care: See Attached Addendum

<b>Applicant Signature</b>	
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.	
<u>Suzy Nootz</u> (Print Name of authorized representative)	<u>9/16/2019</u> (Date)
 (S)	<u>9/16/2019</u> (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](mailto:dhhs.healthcarefacilities@nebraska.gov)

If you have questions, email [dhhs.healthcarefacilities@nebraska.gov](mailto: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 have been met.

**A. Overall Philosophy and Mission**

**Our Mission** is to provide a safe, enriching and home-like environment; respectful, personalized care; and help those with memory loss find joy in the reality of the moment in which they are living. We pledge to support our families by being their partners in care and helping them cope through every step of the way.

**Philosophy**

LifeCycles, is our signature whole person Wellness program. It embodies our mission and core values, and provides a framework for helping people live as fully as possible within the four dimensions of wellness: Spiritual, Social, Physical, and Intellectual. Built on a curriculum of the experiences we have in common, LifeCycles transcends boundaries, challenges stereotypes, and creates meaningful connections between people of all ages.

**B. Criteria for Placement in, transfer to:**

**SECTION 4: Resident – Occupancy POLICY TITLE 1: Applying for Residency & Eligibility Criteria**

**Policy:** The Community is non-discriminatory. Residency will not be denied to any person because of sex, race, religion, national origin, marital status, gender, physical or mental disabilities, as long as required services are consistent with the Community's Policies and Procedures. To be eligible for residency applicants will be of legal, adult age. To be eligible for admission, a person must be in need of or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, infirmity, or physical disability.

Individuals seeking admission must have adequate financial resources (memory care communities will require private pay for a minimum of 2 years before applying for state-based subsidy). Private pay will be required until application for state-based subsidy is approved.

If state-subsidy is denied for any reason, documentation from the issuing authority will be required and continued residency and/or alternative housing options will be made at the Community level.

**Procedure:** 1. The Director or Family Advisor will identify a person as desiring residency. 2. The Director, Service Coordinator or licensed nurse will set up an appointment to meet with the prospective resident to assess eligibility. 3. A pre-admission evaluation will be completed. This assessment helps the staff to determine the appropriateness of the potential resident and if their needs will be able to be safely met. The pre-admission assessment will cover mental, physical, psychosocial, and personal preferences, as well as source(s) of pay. a. The state Sex Offender Registry will be searched for each new admission. b. If a record of sexual offense is found, the Director will consult the Agemark Management Team for eligibility determination. 4. When a prospective resident has been determined to meet eligibility requirements, the potential resident and/or their representative will select a room from those available. 5. A community fee may be required to hold the specified room for the prospective resident for up to 30-days, with a

tentative move-in date established. The community fee is refundable within the first 30-days of residency. 6. An applicant requiring state income assistance must have approval of funding by the authorizing agency prior to moving into the community. 7. A move-in date will be established.

**C. Criteria for discharge**

**SECTION 4: Resident – Occupancy POLICY TITLE 2: Admission & Retention Requirement**

**Policy:** The Community is non-discriminatory. Residency will not be denied to any person because of sexual orientation, race, religion, national origin, marital status, gender, physical or mental disabilities, as long as required services are consistent with our Policies and Procedures and state regulations. To be eligible for residency applicants will be of legal, adult age. To be eligible for admission, a person must be in need of or wish to have available shelter, food, assistance with or provision of personal care, activities of daily living, or health maintenance activities or supervision due to age, infirmity, or physical disability.

**Procedure:** To be eligible for admission and qualify for continued residency, the prospective resident:

1. Must have the financial resources to pay the assessed fees or qualify for approved State/Federal subsidies.
2. Must be independently mobile (assistive devices may be used).
3. Must be able to manage his/her activities of daily living and instrumental activities of daily living independently or with the assistance available.
4. May have a colostomy, ileostomy, urinary catheter, oxygen or other medical need, including medication, but must be capable of caring for that device or be willing to accept assistance from The Community's staff and/or be willing to contract the necessary assistance from a third party provider (i.e. Home Health, Hospice, etc.).
5. On admission and annually thereafter, the resident or the resident's responsible parties will provide a list of drugs, devices, biologicals and supplements being taken or being used by the person, including dosage, instruction for use, and reported use via the Admission/Annual Medication List form (\*Located in the Form Folder).
6. Will not exhibit behavior problems that are disturbing, dangerous or disruptive to other residents, or endanger the resident's safety.
7. Must not have wandering tendencies that are beyond The Community's safety measures.
8. Does not require care that compromises The Community's operations or creates a danger to self or others in The Community.
9. Does not require complex nursing care, unless arranged through a third party provider (i.e. Home Health, Hospice, etc.).
10. Must be stable and predictable, medically and behaviorally.
11. Must be free of communicable diseases (PPD or chest X required only in CA).
12. Must be within all state regulations relating to occupancy per the licensing entity.

Final determination regarding eligibility rests with the Director and/or licensed nurse. Residents requiring state income assistance must have approval of funding by the authorizing agency prior to admission. Day services may be available on a limited basis and within compliance of all state regulations:

- Fees for Day services are per-hour and/or per-day
- Day guests will have a designated area for rest and relaxation
- Services may be approved for subsidy through a state income assistance program, if applicable

**D. Process for assessment and establishing the plan of care:**

SEE SECTION B FOR RESIDENT ASSESSMENT INFORMATION.

**SECTION 3: Wellness – Routine Care POLICY TITLE 2: Service Plan Determination**

Policy: A Service Plan will be developed, established and implemented within five days of occupancy. The Service Plan will be a comprehensive, holistic approach to meet the resident's needs as agreed on by the resident and/or family and any other partners in care (i.e. Hospice, Home Health Care, etc.), if applicable.

Procedure: 1. A Service Plan Determination will be developed based on resident needs, as identified during the Nursing Assessment. 2. The licensed nurse will establish a schedule for services based on the service plan and inform staff. 3. Services will be provided at the direction of the resident/legal representation and/or health care provider. 4. Documentation will be in accordance with state regulations. Narrative entries will be made upon admission and with changes in condition.

**E. Staffing numbers/pattern:**

The community will maintain a sufficient number of staff with the required training and skills necessary to meet the residents' needs for assistance or provision of personal care, activities of daily living, health maintenance activities, supervision, transportation, emergency evacuation and other supportive services, as defined in the Resident Service Agreement. Normal staffing patterns for direct care staff: Day and Evening shift 1 caregiver to 6-7 residents; Night 1 caregiver to 15 residents.

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

SECTION 9: ORIENTATION & TRAINING POLICY TITLE: Employee Training

Policy: The Community is committed to preparing all employees to meet resident needs through appropriate training during new employee orientation and ongoing education.

Procedure: 1. All new employees will attend, and participate in new employee orientation specific to building, operations, and residents' needs. 2. New employee training will be completed within the first two weeks of employment. 3. New employee training will include, but is not limited to, the following topics: • Resident rights • Resident Service Agreement • Infection control practices including hand washing techniques, personal hygiene and disposal of infectious material • Emergency procedures • Advance Directive information • Information on any physical, mental or special care needs of residents • Information on abuse, neglect, and misappropriation of funds of resident and reporting procedures • Disaster preparedness • Confidentiality 4. Annually thereafter every employee will complete 12 hours of ongoing education to include, but not limited to: • Information appropriate to job duties • Physical, mental, and special care needs of residents • Blood-born Pathogen Standards (OSHA required) • Lock-out/Tag-out (OSHA required) • Hazard communication (OSHA required) • Prevention of transmission of TB (OSHA required) • Workplace violence (OSHA required) • Ergonomic standards (OSHA required) 5. Annually, Medication Aides will be provided training by an RN on: • Community procedures for storing, handling, and providing medications • Community procedures for documentation of medications • Community procedures for documentation and reporting medication errors and adverse reactions • Identification of persons responsible for direction and monitoring of Medication Aides • Any other resident-specific medication administration needs 6. For those Communities or special care units that specialize in providing care for persons who have Alzheimer's disease, dementia or a related disorder, education will be provided on the following:

- The Community's or unit's philosophy and approaches to providing care and supervision for persons with Alzheimer's disease
- The Alzheimer's disease process
- The skills necessary to care for, intervene with, and direct residents who are unable to perform activities of daily living, personal care, or health maintenance and who may exhibit behavior problems or wandering tendencies.

**G. Physical environment and features, including security features**

We are a family-feeling community that builds experiences and enhances life. Inspired by a sense of exploration, just like Meriwether Lewis and William Clark as they set out to discover the yet-undiscovered, we believe all life stages can be filled with adventure, growth and uncovering the newness of everyday. The Clarkhouse at The Meriwether provides a warm, caring home environment with additional features that ensure they are safe and secure. We offer two floor plans; Private Suite & Companion Suite.

Private Studio • 360 Sq. Ft. • Warm, comforting environment • Open, airy layout • Private bathroom • Walk-in shower • Linen Closet  
2 Bedroom Companion Suite • 650 Sq. Ft. • Semi-private layout • Private, shared bathroom • Walk-in shower • Individual closets.

**H. Resident activities related to dementia care**

SECTION 5: Programming POLICY TITLE 1: Activity Program

Policy: The Activity Program will provide a wide range of activities designed to enhance the intellectual, physical, social and spiritual well-being of the resident, as well as encourage meaningful interaction between residents and family members, staff, and people of all ages in the surrounding community.

Procedure: Activities will be planned to incorporate resident interests, and scheduled to offer opportunities for engagement seven days a week. Activities will include, but not be limited to: • Social events • Spiritual opportunities • Physical fitness • Creative opportunities • Intellectual opportunities • Cultural events • Volunteer opportunities • Work opportunities • Spontaneous activities • Activities for both individuals and groups • A variety of trips and excursions

1. The Activity Program will support the overall LifeCycles Wellness Program, designed to maximize the physical, intellectual, spiritual and social well-being of residents. 2. Activities are planned by the Program Coordinator and overseen by the Director, with support from all leadership team members, according to their area of expertise. 3. Staff members, family members, and individuals in the surrounding community are encouraged to engage with residents through the Activity Program. 4. Activities are not limited to the premises. 5. Activities are on-going, and all residents are informed of the opportunities to participate in activities via: • Monthly calendars • A daily activity posting/notification system

SECTION 5: Programming POLICY TITLE 2: The LifeCycles Curriculum of Activities

Policy: The LifeCycles Curriculum of Activities provides 52 weekly themes to serve as a framework for activities. The goal is to connect residents to staff, families and each other through universal experiences and the natural rhythms that occur both daily and seasonally.

Procedure: Within each week, there is a balance of group and one-on-one activities; activities for mind, body and spirit; plus activities for sensory engagement. 1. The LifeCycles Curriculum consists of 13 one-week themes for each season: Spring, Summer, Fall and Winter. 2. Weekly Themes will incorporate local, annual public events and celebrations. 3. In addition, 4-6 Family Traditions events are planned each calendar year for residents and their families. Family Traditions events are annual activities, established to promote a sense of continuity, unity and tradition in The Community.

## I. Family Support Program

### Caregiver Support Meeting

Clark House offers support and education through a monthly meeting, *Caregiver Connections*. It is free and open to the public as part of our commitment to community service. Even though it serves those who are actively caring for a loved one with Alzheimer's at home, participants are welcome to continue attending this meeting even after they are no longer a caregiver.

### Family Coffee Club

Clark House family members are invited to attend an informal meeting with the Manager, once a month. It's a great time to get to know one another and find out what's going on at Clark House. The Manager will be happy to provide the time and place for this monthly get-together.

As part of our commitment to community service, Clark House offers periodic educational events that are open to the public and of course, families are also invited to attend.

In addition, we have many helpful books and other resources available for families to check out. Please let a staff member know if there is a topic that you'd like information about, and we'll do our best to find it for you.

Clark House supports the Alzheimer's Association through events to raise funds and awareness, and we encourage you to get involved with this organization too. It is an excellent resource for information, services and support to families affected by Alzheimer's and other memory loss diseases. Staff can tell you how to contact the nearest local chapter of the Alzheimer's Association. To learn more:

**Alzheimer's Association website: [www.alz.org](http://www.alz.org)**

**24-Hour Alzheimer's Association Helpline: (800) 272-3900**

## J. Cost/Fees of Care

Monthly rates include all meals, transportation, activity programs, housekeeping and laundry, plus health and personal care.

Private Suite Rate:	\$5950/month
Companion Suite Rate:	\$5250/month

### Fees, Deposits and Other Services

Community Fee:	\$2000
Reservation Deposit:	\$500 (applied to first month's rent)

Incontinence Mangement & Supplies: \$250/month  
End-of-life Care: \$500

Short Term Options

Day Club Visit: \$100/day  
Respite Stay: \$250/night

## Jobman, Donna

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**From:** Suzy Nootz <snootz@themeriwether.com>  
**Sent:** Monday, September 30, 2019 7:53 PM  
**To:** Jobman, Donna  
**Subject:** RE: La Vista, The Meriwether Alzheimer's disclosure information needed

See below....

  
**Suzy Nootz MSN, RN, CDP**

Executive Director, The Meriwether  
8140 S. 97<sup>th</sup> Plaza | LaVista, NE 68128  
P: 402.597.0700 | M: 402.326.0963  
[www.themeriwether.com](http://www.themeriwether.com)



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**From:** Jobman, Donna <Donna.Jobman@nebraska.gov>  
**Sent:** Monday, September 30, 2019 5:16 PM  
**To:** Suzy Nootz <snootz@themeriwether.com>  
**Subject:** La Vista, The Meriwether Alzheimer's disclosure information needed

Hi Suzy,  
Connie Vogt reviewed the Alzheimer's disclosure information and more specific information is still needed as follows:

### Staffing

Days, Evenings, NA?, MA? 1:6-7 **There would always be at least 1 MA on each shift. Other staff would be CNA's or Universal Care givers. At this time we have only hired CNA's and MA's.**

Night, What kind of staff NA? MA? 1:15

If 1:15 at night, what if someone needs help to BM?, Wanders?, there's no wanderguard? **We are a secure Memory Care unit. We do not need to use wanderguards as we have a security system on our doors and it is also connected to nurse call. We also have additional staff on the Assisted Living/Carefree living side that are able to help in case of an emergency.**

Needs a med?, elopes?, falls?, emergency?, Fire?, CPR?

Is there a wanderguard or other monitoring system for residents who wander? **Wandering would happen in the secure environment so wandering would be safe. Our door and security system is connected with nurse call and a care staff**