

Department of Health and Human Services
Division of Public Health
Health Facilities Licensure Unit
301 Centennial Mall South, PO Box 94669
Lincoln, NE 68509-4669

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
The Brant At Gretna MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services ALZHEIMERS UNIT	Lic # ALF427
	
EXPIRES 4/30/2024	

Cut on heavy line and place on license.

FACILITY NAME: The Brant At Gretna

ADDRESS: 6991 S 178TH PLAZA, OMAHA, NE 68136

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.

NEBRASKA

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 94669, Lincoln, NE 68509-4669

Assisted-Living Facility Licensure Renewal Application

Check one:
<input checked="" type="checkbox"/> Renew License
<input type="checkbox"/> Change of Location
<input type="checkbox"/> Change of Ownership

Renewal 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	

Expiration Date: 4/30/2023

This form may be filled out online and mailed to DHHS Licensure Unit at the address listed above.

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY: The Brant
6991 S 178th Plaza
Omaha, NE 68138

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

LICENSE NUMBER: ALF427
TELEPHONE NUMBER: 402-819-0669
FAX NUMBER: 402-802-2739
ADMINISTRATOR: Jill Wheeler
EMAIL ADDRESS: jwheeler@thebrant.com

error ed@thebrant.com jwheeler

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

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 64

5. SPECIFY SPECIAL POPULATIONS (Please Check):
 Alzheimer's/Special Care Unit Number of Beds: 20
 Provides Complex Nursing Intervention

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: The Brant, LLC (Legal Name of Corporation, Partnership, Etc.)
MAILING ADDRESS OF OWNERSHIP: 17200 74th Avenue North
Maple Grove, MN 55311

8. 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)
<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 & 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 renewal 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.

[REDACTED SIGNATURE]

William Hagstrom
AUTHORIZED REPRESENTATIVE – PRINTED NAME

A-20-23
DATE

Stuart Bestul
AUTHORIZED REPRESENTATIVE – PRINTED NAME

4-18-23
DATE



Attention: Licensing Associates:

RE: The Brant at Gretna, 6991 S. 178th Plaza, Omaha NE 68136

The names and address of persons in control of the facility are:

William Hagstrom
530 S 13th St STE 100
Lincoln, NE 68508

Stuart Bestul
530 S 13th St STE 100
Lincoln, NE 68508



NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 14187

Name of Facility: **The Brant At Gretna**
Type of Facility: **Assisted Living**
Location: **6991 S 178th Plaza Omaha**
Maximum Occupancy: **64 Beds**
Date Issued: **12/12/2022**

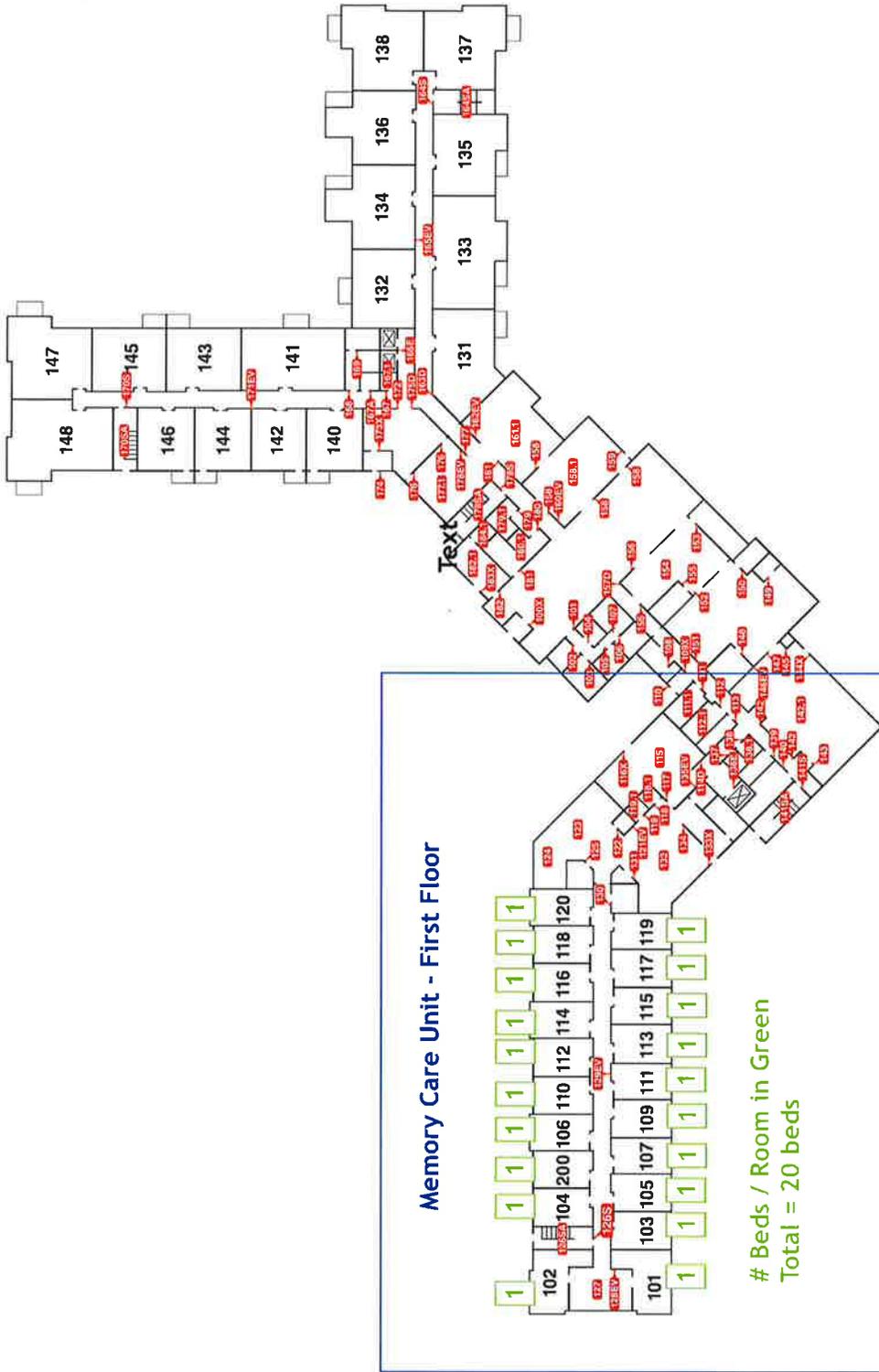
Inspected By: **Ty Hernes**
Deputy State Fire Marshal

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.



A.P.A. DISCLAIMER: SIGNS ARE TO BE INSTALLED ON THE LATCH SIDE OF THE DOOR

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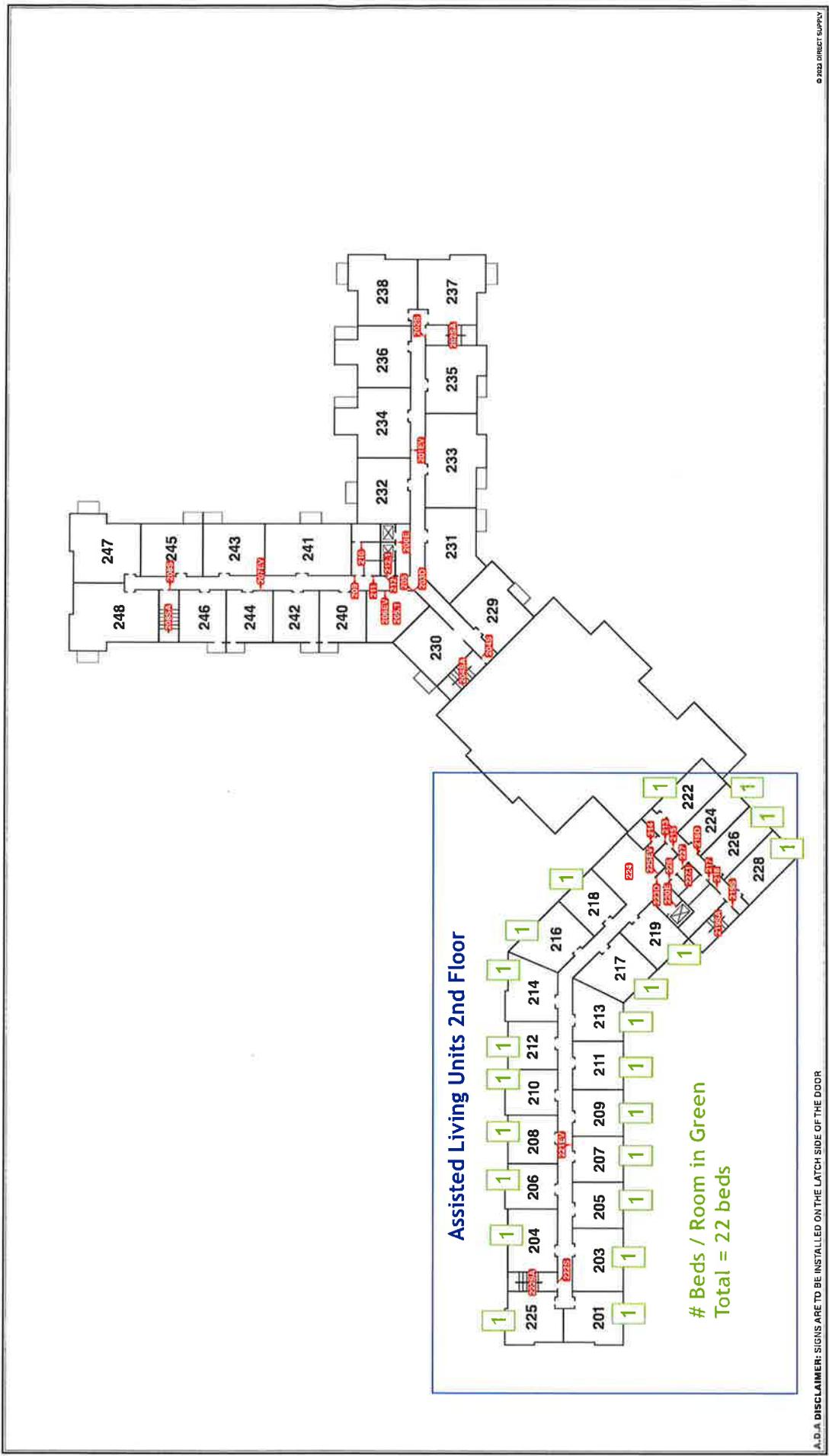
2nd Floor	XV XX	3rd Floor	XV XX	4th Floor	XV XX
1st Floor	XV XX	2nd Floor	XV XX	3rd Floor	XV XX
Basement	XV XX	4th Floor	XV XX	5th Floor	XV XX

DD:	1/31/22	Quote #	40315
SS:	DF	IJO #	86230
DB:	AC		

Building:	1
Floor:	1
Section:	N/A
Room Qty:	37

The Brant at Gretna

Gretna, NE



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2nd Floor					
Rev. XX					

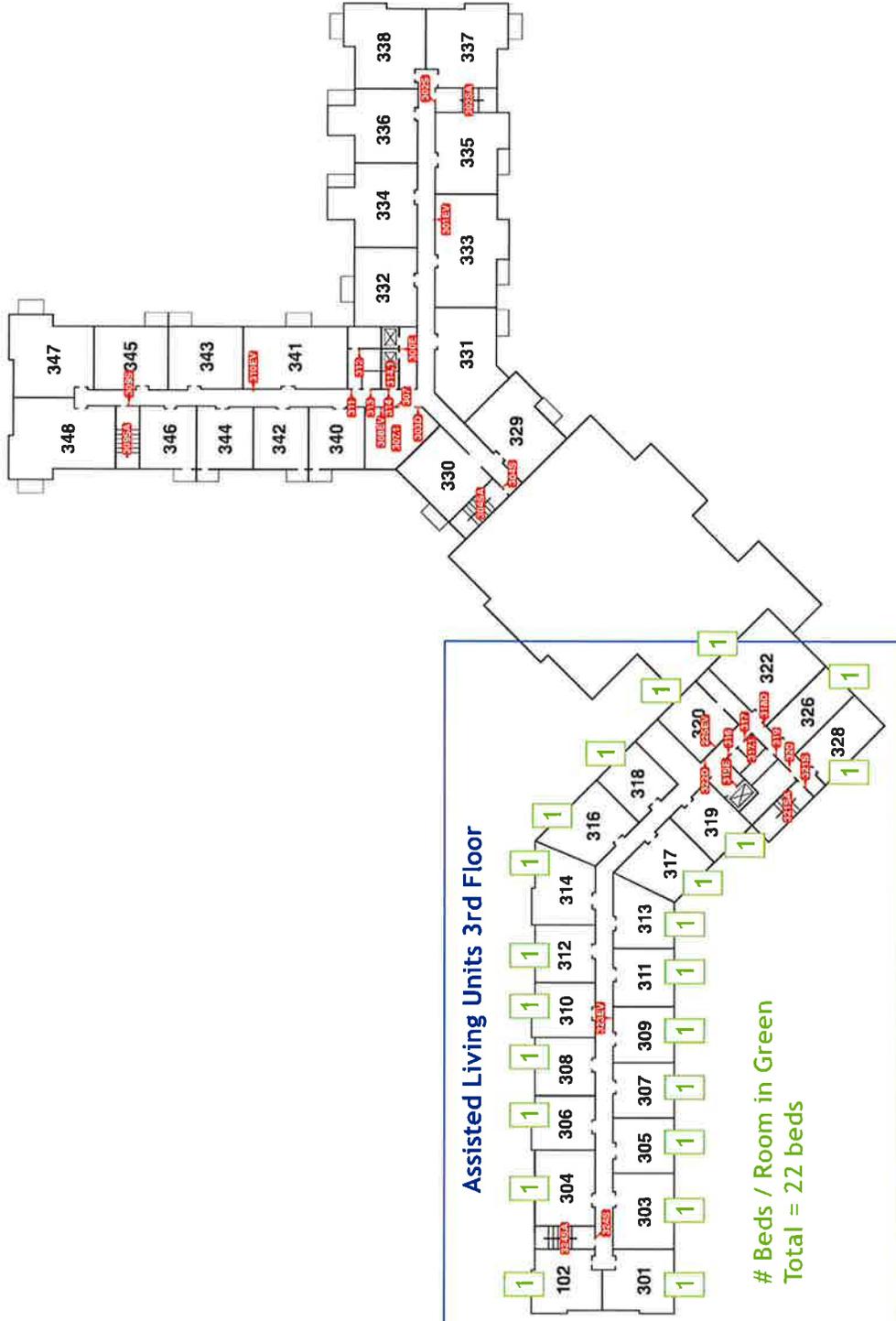
DD:	1/31/22	Quote #	40315
SS:	DF	I/O #	86230
DB:	AC		

Building:	1
Floor:	2
Section:	N/A
Room Qty:	41

The Brant at Gretna

Gretna, NE

A.D.A. DISCLAIMER: SIGNS ARE TO BE INSTALLED ON THE LATCH SIDE OF THE DOOR



Assisted Living Units 3rd Floor

Beds / Room in Green
Total = 22 beds

A.D.A. DISCLAIMER: SIGNS ARE TO BE INSTALLED ON THE LATCH SIDE OF THE DOOR

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2nd Floor	XV	XV	XV	XV	XV
3rd Floor	XX	XX	XX	XX	XX
4th Floor	XX	XX	XX	XX	XX
5th Floor	XX	XX	XX	XX	XX

DD:	1/13/22	Quads #	40315
SS:	DF	IJO #	86230
DB:	AC		

Building:	1
Floor:	3
Section:	N/A
Room Qty:	41

The Brant at Gretna

Gretna, NE



A.D.A. DISCLAIMER: SIGNS ARE TO BE INSTALLED ON THE LATCH SIDE OF THE DOOR

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REV	DATE	BY	CHK
XX	XX	XX	XX
XX	XX	XX	XX
XX	XX	XX	XX
XX	XX	XX	XX

DD:	1/31/22	Quote #	40315
SS:	DF	I/O #	86230
DB:	AC		

Building:	1
Floor:	4
Section:	N/A
Room Qty:	19

The Brant at Gretna

Gretna, NE

For Office of LTC use only	
Approval date:	_____
License number:	_____
License expiration date:	_____

Alzheimer's Special Care Unit Disclosure And Memory Care Endorsement Application

Please read the following instructions for assistance in completing the Alzheimer's Disclosure Form:

1. Open the attached application and complete it electronically.
2. All five sections of the application must be completed on the form. The boxes for A through J in section 5 "Disclosure Information" are expandable. All of your information will fit under each area, therefore, additional documents are not necessary.
3. Please obtain the authorized representative's signature, scan and email the form for Department review to: dhhs.healthcarefacilities@nebraska.gov
4. Please retain a copy of the form for your records.

1. License type (Select one)			
<input type="checkbox"/>	Alzheimer's/Special Care Unit Disclosure		
<input checked="" type="checkbox"/>	Alzheimer's Memory Care Endorsement (For Assisted Living Facilities Only)		
2. Type of application (Select one)			
<input checked="" type="checkbox"/>	Initial	Projected Opening Date: <u>1/03/2023</u>	
<input type="checkbox"/>	Renewal	License #	_____
<input type="checkbox"/>	Change of ownership		
3. Facility information			
Name of facility:		<u>The Brant, LLC</u> <i>(Doing Business As (DBA) name registered with Secretary of State)</i>	
		Facility	
Phone:	<u>402-819-0669</u>	FAX: <u>N/A</u>	E-mail: <u>ed@thebrant.com</u>
Street address:	<u>6991 S 178th Plaza</u>		
City, State, ZIP:	<u>Omaha, NE 68136</u>	County:	<u>Sarpy</u>
Mailing address:	<u>6991 S 178th Plaza Omaha NE 68136</u>		
Administrator:	<u>Cindy Burbach</u>		
Maximum Capacity for Alzheimer's Beds	<u>20</u>		
4. Applicant information			
Owner (licensee)		<input checked="" type="checkbox"/> Management	
Name of legal owning entity:		<u>The Brant, LLC</u> <i>(Exactly as registered with the Secretary of State)</i>	
Contact name:	<u>Cindy Burbach</u>		
Phone:	<u>402-819-0669</u>	FAX: <u>N/A</u>	E-mail: <u>CBurbach@TheBrant.com</u>
Street address:	<u>6991 S 178th Plaza</u>		
City, State, ZIP:	<u>Omaha, NE 68136</u>		

5. Disclosure information

Please attach additional page if needed.

A) Overall Philosophy and Mission Statement:

The Brant will provide a home for those individuals who are no longer able to live independently as a result of Alzheimer's disease, dementia, or a related disorder. The Brant's mission is to provide services in The Brant's memory care in an environment where all residents can live well and authentically. An environment that is cultivated through person centered and person driven care where we respect everyone's values and demonstrate compassion, continuity, clear communication, and shared decision making. Humanity is the core of the care in the community, and we embrace intersectionality. Each resident's physical, mental, emotional, spiritual, environmental, and social needs are embraced.

B) Criteria for placement in, transfer to:

Each individual resident's needs will be screened by the community's staff, to ensure those needs can be met by The Brant. This screening is completed with permission of the family/responsible party.

The following criteria must be met to be a resident of The Brant Memory Care Unit:

1. All residents of will have a diagnosis of Alzheimer's or related dementia disorder.
2. The resident's everyday function is being affected by one or more of the following:
 - Short-term memory loss
 - Disorientation to time, place, date
 - Poor judgment and problems with abstract thinking
 - Impaired ability in managing personal finances resulting in making inappropriate financial decisions.
 - Difficulties communicating his/her immediate needs
 - Sleep patterns
 - Wandering
 - Increased agitation or restlessness in late afternoonDemonstrating an inability to properly perform activities of daily living (ADL's) and assistance is required with more than one ADL of bathing, dressing, grooming, toileting and incontinence care, mobility, eating, and behavior symptoms.
3. The individual does not have aggressive behaviors or "other" behaviors which represent a risk to the health and safety of other residents in the facility that the facility can reasonably accommodate by staff trained in dementia care.
4. If there is a history of continual falls, this must be noted and the frequency of these falls assessed.
5. The individual's medical health is stable and pre-existing conditions are noted.

C) Criteria for discharge:

Discharge / Transfer Criteria:

The Brant reserves the right to discharge any resident whose needs cannot be met or their condition does not meet the criteria for placement in The Brant. The resident's responsible party will be given a thirty (30) day written notice when discharge from the facility is planned, unless immediate discharge is appropriate to ensure the safety of the resident, the safety of the other residents, or to meet the needs of acute medical conditions. The final decision regarding discharge from the facility will be the Executive Director's. Discharge may be necessary when one or more of the following occur:

1. If the individual's health become unstable or unpredictable;
2. If the individual has aggressive behaviors or behaviors which represent a risk to the health and safety of other residents in the facility beyond that which the facility can reasonably accommodate by staff trained in dementia care; or
3. If the individual's requires assistance with activities of daily living (ADL's) (bathing, dressing, grooming, toileting and incontinence care, mobility, eating, and behavior symptoms), and health maintenance activities beyond which are authorized by an assisted living license in Nebraska.

D) Process for assessment and establishing the plan of care:

The Brant evaluates each resident at the time of admission and negotiates a written service agreement with the resident. Each resident will have a current service agreement in his, her or their chart always. The service agreement is initiated at the time of admission. Anytime a change has been noted by the Executive Director or designee, the resident service agreement will be updated with input from the family and/or responsible party. Any time the responsible party wishes to change any item or items in the service agreement, this will be done between the Executive Director or the Executive Director's designee and the responsible party. The frequency of services provided will be listed on the resident service agreement, and if there is an update to the service agreement, it will be shared immediately with the direct care team members pursuant to The Brant policy and procedure.

POLICY

The community provides special care for persons who have a form of dementia or a related diagnosis in accordance with their established service plan.

PROCEDURE

1. All employees are oriented that all tenants/residents are to be treated in a manner that maintains their self-esteem and self-worth.
2. All employees of the community receive training from qualified persons to learn and apply the skills necessary to care for the needs of a tenant/resident with dementia or a related diagnosis.
3. The executive director and licensed nursing staff monitor staff performance and interactions with the tenants/residents. They ensure employee interactions are therapeutic and skills are appropriate, and they identify new learning needs of the employees.
4. Direct care staff of the community follow the tenant/resident service plan to meet the tenant's/resident's care and service needs.

5. All employees of the community maintain the physical environment so as to meet the safety and dignity needs of each tenant/resident

E) Staffing numbers/pattern for each shift:

The Director of Wellness is the RN at 40 hours per week that oversees Assisted Living and Memory Care.

Staffing (8 or 12 hour shifts?): 8 Hour Shifts

Positions: LPN, MA, CNA:

- LPN 5 days a week 8 hours a day,
- 1 MA 3 shifts per day, day, evening, night 8 hrs,
- 3 CNA day shift,
- 2 CNA evening shift,
- 1 CNA night shift.

Number/type of Staff present: LPN, MA, CNA

Shift: 7-3,3-11-11-7

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

Staff Training and Continuing Education Practices:

The Brant provides orientation and training to allow each staff member to meet the needs of each resident. Education will include four hours annually of topics pertaining to the form of care or treatment for the resident with dementia. The topics will include, but are not limited to:

1. Resident rights: The Art of Caring;
2. Service agreements;
3. Advance directives;
4. Emergency procedures and Fire Safety;
5. Abuse, neglect, and misappropriation of money or property;
6. Disaster preparedness;
7. PPE Lessons-Personal Protective Equipment;
8. How Infections Spread;
9. Blood Borne Pathogens Safety Training;
10. Cleaning and Disinfecting Your Community;
11. Sparkling Surfaces;
12. Controlling Violence in Healthcare and Preventing Elder Abuse;
13. Corporate Compliance Program;
14. Dementia (Mental Decline and Caregiving Challenges, Physical Decline in Caregiving Challenge, Understanding and Managing Difficult Behavior)
15. Protecting Your Body at Work Part 2, The Mechanics of Lifting and Moving

G) Physical environment and features, including security features:

The Brant was created and designed to support the functioning of cognitively impaired adult residents. The design features include secured exits, private and secure outdoor space, group dining, visibility by staff, activities areas, room to wander, and quiet areas.

H) Resident activities related to dementia care:

The activity programming at The Brant is designed to meet the interest and lifestyles of each resident. Activities consist of music, exercise, crafts, and sensory programming. Residents are allowed to function at their own pace and to participate in only the activities they choose.

POLICY To provide each tenant/resident with activities and lifestyle choices that are appropriate, stimulating, and promote the physical, mental, and psychosocial well-being of the tenants/residents.

PROCEDURE

1. The program provides appropriate activities for each tenant/resident. Activities reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities, and skills that have meaning and purpose for the tenant/resident.
2. The tenant's/resident's interests are considered when the written plan for activities is developed for the upcoming month to include planned activities for all days of the week, including weekends and evenings. Activities are planned to support the tenant's/resident's service plan and are consistent with the program statement and occupancy policies.
3. A written schedule/calendar of activities is developed at least monthly and made available to tenants/residents and/or tenant's/resident's legal representative.
4. A variety of individualized and group activities is scheduled as an opportunity for stimulation, socialization, the chance to maintain physical endurance and alertness of tenants/residents, as well as the opportunity for outings and activities outside of the community. Tenants/residents are given the opportunity to choose their levels of participation in all activities offered in the program.
5. Care staff have available equipment and supplies and/or knowledge of spontaneous activity ideas for the tenants/residents to partake in when not involved in the planned activities.
6. For tenants/residents who are unable to plan their own activities, including tenants/residents with dementia, a list of person-centered planned and spontaneous activities is developed based on the tenant's/resident's abilities and personal interests.

I) Family support program:

Family Involvement:

The Brant recognizes the importance of, and encourages, family involvement. Families are asked to participate in preparation of the service agreement/plan of care, activity programs, meals, and other areas as may be appropriate. We believe it is imperative to honor each

resident and their families' social interests, life history and activity preferences. Each resident who lives in memory care is provided with a custom entry box for their front door. Seasonal and holiday décor are utilized to decorate the entry box and individualize each resident's entryway. It is a purposeful and fun activity for resident and their families.

Family support programs such as education, encouragement, emotional support, and training, are available from The Brant staff or partner organizations. The community will provide in house education and partner with expert organizations for additional resources and educational opportunities. The community will host an in-house Alzheimer's walk to honor our residents and allow families to walk with their loved ones during the event. The memory care community has been thoughtfully planned out with programs that encourage family participation. Families are encouraged to attend any of the scheduled activities presented on the monthly social calendars, join their loved one for dinner, and/or absorb the healing powers of nature in the private and secure courtyard.

J) Cost/Fees of care:

The Brant memory care has an all-inclusive charge based on a resident's level of care. The needs of the resident are evaluated prior to admission and the cost determined at that time then communicated to the resident prior to the resident signing a service agreement. The charges may change after admission based on continued evaluations and discussions with the resident.

Monthly fee \$6900-7300 All inclusive.
Respite Fee \$250 per day

Applicant Signature

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.

Cindy Burbach

(Print Name of authorized representative)

12.02.2022

(Date)

 _____
12.2.22

(Date)