



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

2/26/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>SOUTHVIEW HEIGHTS</b> MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF161
<b>EXPIRES</b> 04/30/2017	  Courtney A. Votaw, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

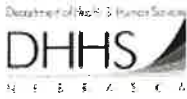
FACILITY NAME: SOUTHVIEW HEIGHTS

ADDRESS: 5110 SOUTH 49TH STREET, STE 105, OMAHA, NE 68117

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.

LICENSURE UNIT



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

FEB 22 2016

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

RECEIVED

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:
SOUTHVIEW HEIGHTS
5110 SOUTH 49TH STREET, STE 105
OMAHA, NE 68117

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

LICENSE NO: ALF161
TELEPHONE NUMBER: (402) 731-2118
FAX NUMBER: (402) 733-2778
ADMINISTRATOR: RENNY GRIGAITIS
EMAIL: southviewheights@yahoo.com

2016 FEB 24 A 11:59
REC'D HHS ACCOUNTING

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 70

5. SPECIFY SPECIAL POPULATIONS: (Please check) N/A

- Special Care Unit for Alzheimer's or Dementia or Related Disorders
Other -- Please Specify

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: SOUTHVIEW HEIGHTS, INC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 5110 SOUTH 49TH STREET
OMAHA, NE 68117

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
Partnership
Limited Partnership
Corporation
Limited Liability Company
Governmental
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.

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

RENNY GRIGAITIS

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-18-16

DATE

2-15-16

DATE



Board of Directors:

Nijole Ward  
President  
525 s 205 St  
Elkhorn NE 68022

Lonnie Grigaitis  
Vice President  
9417 West Dodge Rd  
Omaha NE 68114

Renny Grigaitis  
Secretary/Treasurer  
13119 Jefferson Cr  
Omaha NE 68137

Name	RENNY GRIGANTI'S	Address	13119 JEFFERSON CIR	% Interest	33.33%
SSN/FTIN		Address	Omaha NE 68137	% Interest	
Name	LONNIE GRIGANTI'S	Address	9714 WEST DODGER RD	% Interest	33.33%
SSN/FTIN		Address	Omaha NE	% Interest	
Name	NIJOLE WARD	Address	525 S 205 ST	% Interest	33.33%
SSN/FTIN		Address	ELKHORN NE 68022	% Interest	
Name		Address		% Interest	
SSN/FTIN		Address		% Interest	



# NEBRASKA STATE FIRE MARSHAL CERTIFICATE OF OCCUPANCY



Omaha Fire Prevention Bureau - State Fire Marshal Delegated Authority

Name of Facility: SOUTHVIEW HEIGHTS - ASSISTED-LIVING FACILITY

Location: 5110 South 49th Street, Suite 102, Omaha, NE 68117

Date Issued: April 15, 2015 Certificate No.: 2015-122

Maximum Occupancy: - 70 beds - Persons

Inspected By: Captain Chris Hopkins #694

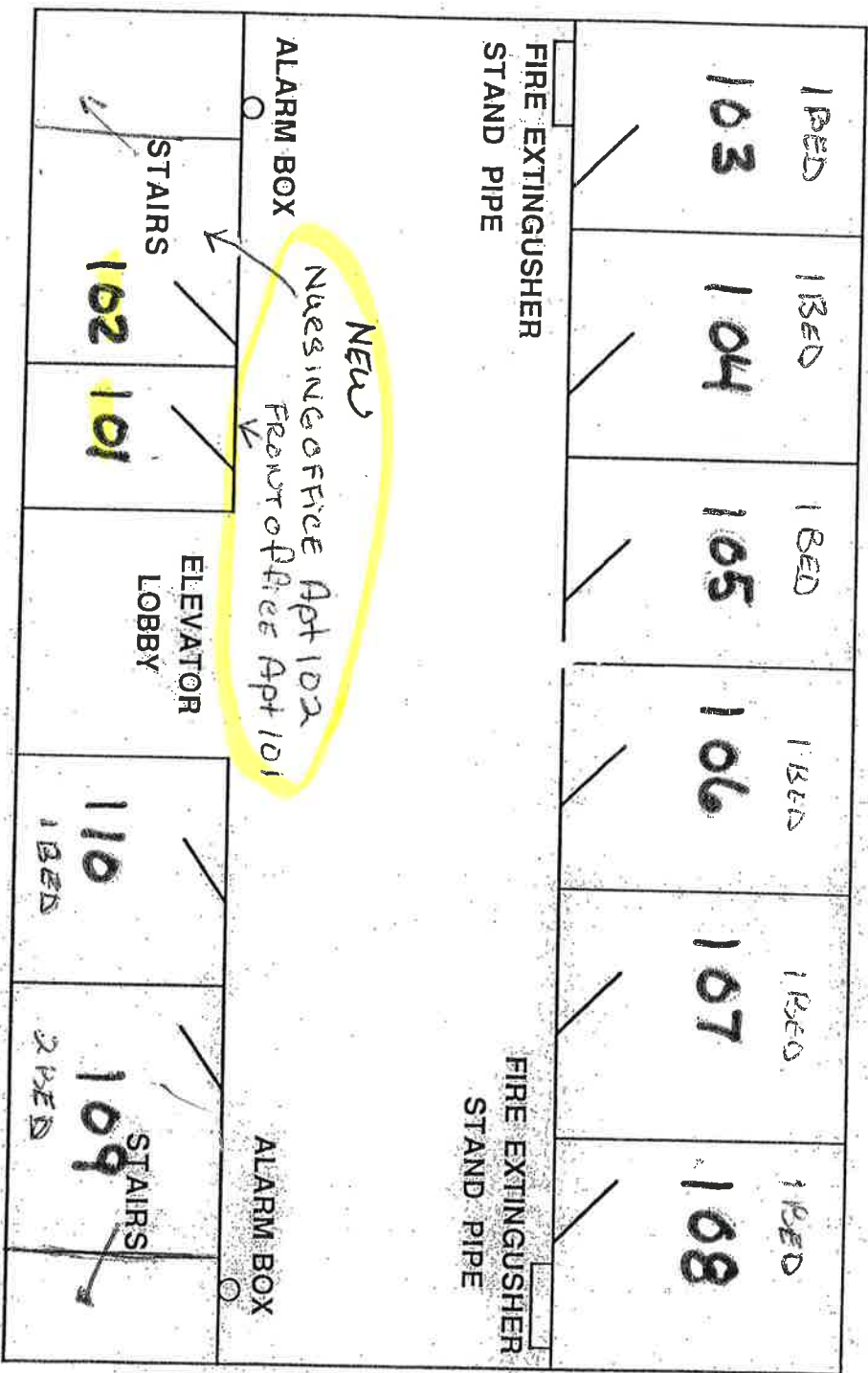
Approved By:



# POST IN A PROMINENT PLACE

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

# 1ST FLOOR

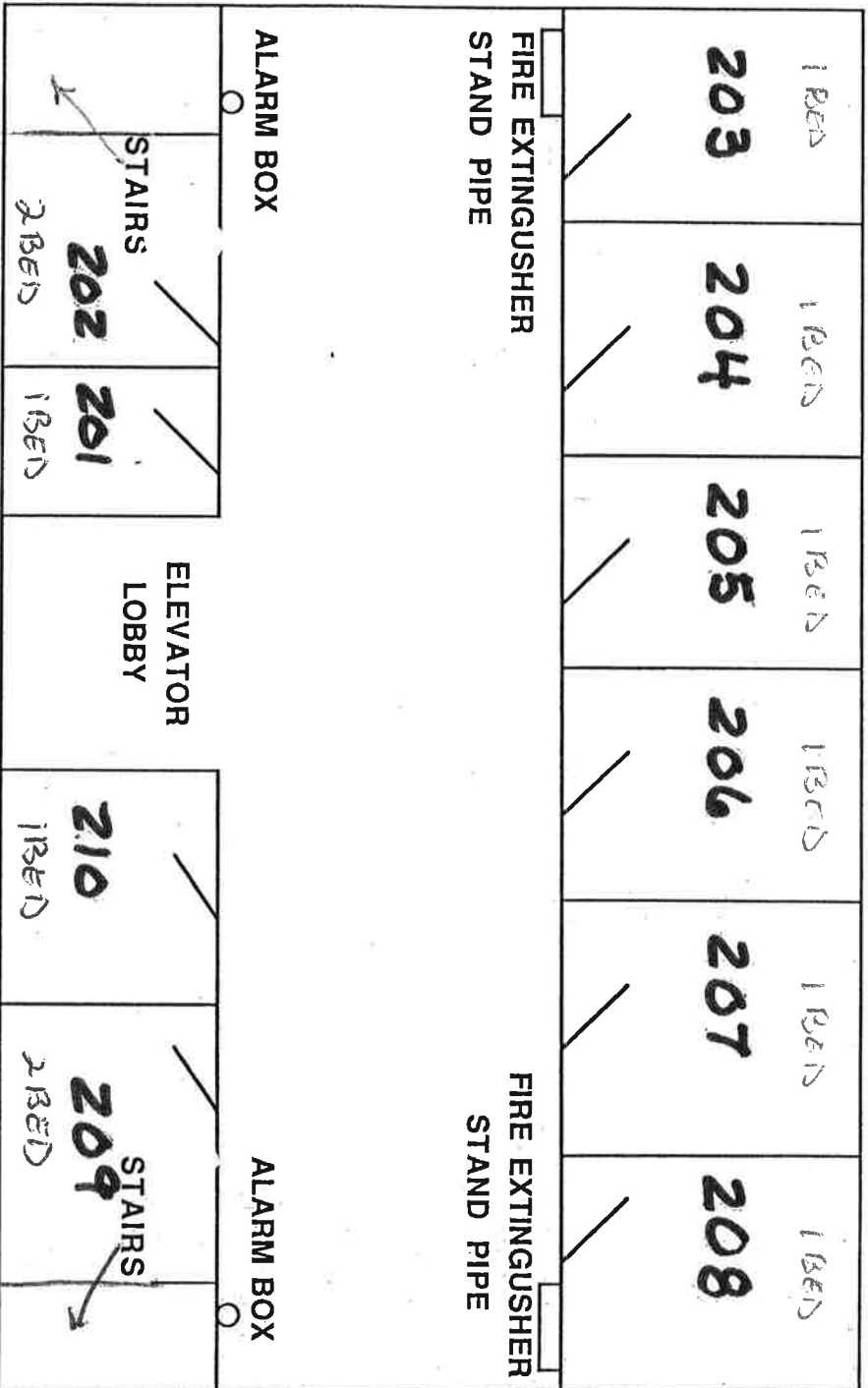


SOUTH  
PARKING  
LOT

IN CASE OF FIRE:

1. PULL ALARM BOX
2. EXIT BY STAIRWAY (DO NOT USE ELEVATOR)
3. MEET IN LOWER LEVEL OR SOUTH END PARKING LOT

# 2ND FLOOR

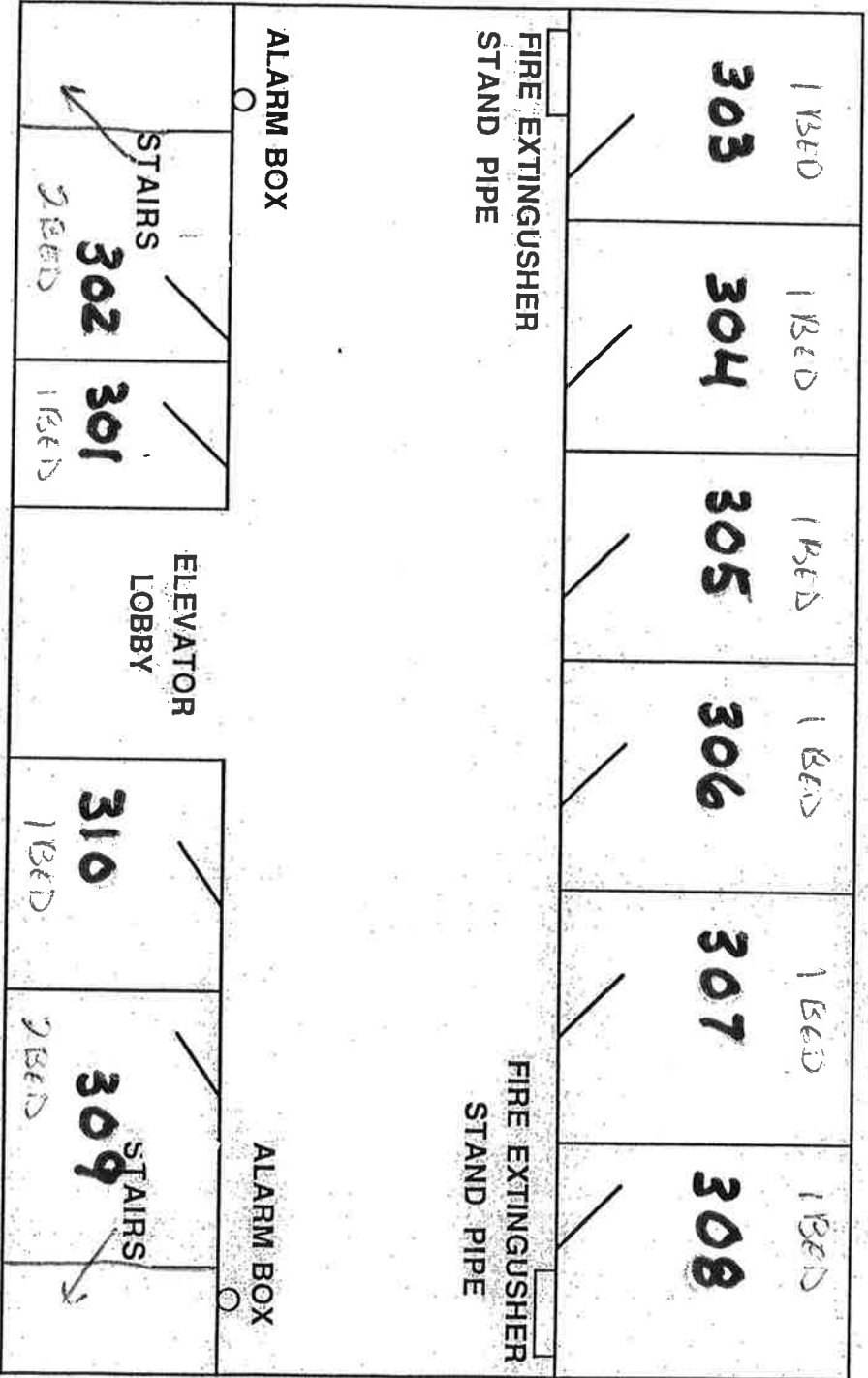


SOUTH  
PARKING  
LOT

- IN CASE OF FIRE:
1. PULL ALARM BOX
  2. EXIT BY STAIRWAY (DO NOT USE ELEVATOR)
  3. MEET IN LOWER LEVEL OR SOUTH END PARKING LOT

# 3RD FLOOR

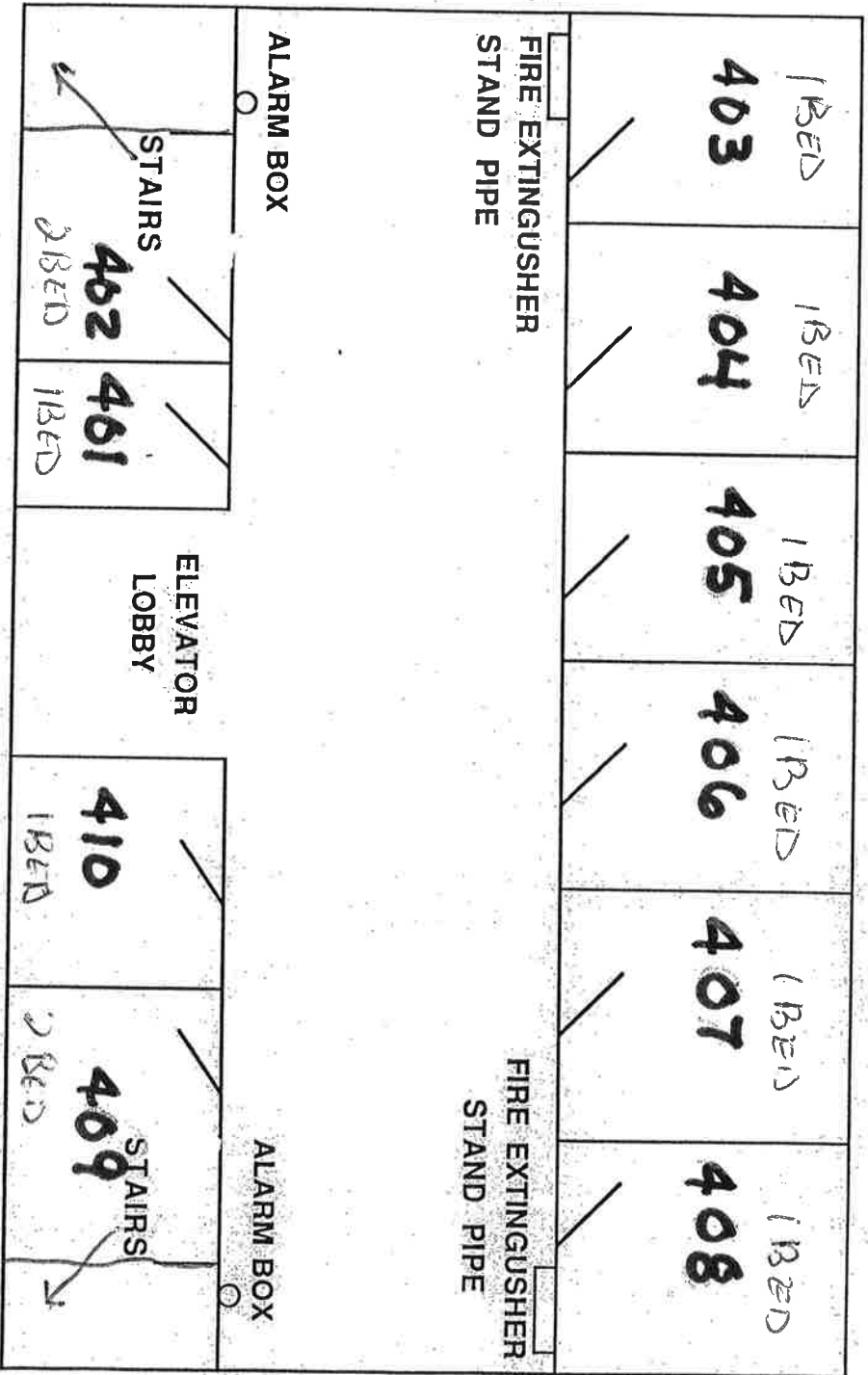
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SOUTH  
PARKING  
LOT

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1. PULL ALARM BOX
  2. EXIT BY STAIRWAY (DO NOT USE ELEVATOR)
  3. MEET IN LOWER LEVEL OR SOUTH END PARKING LOT

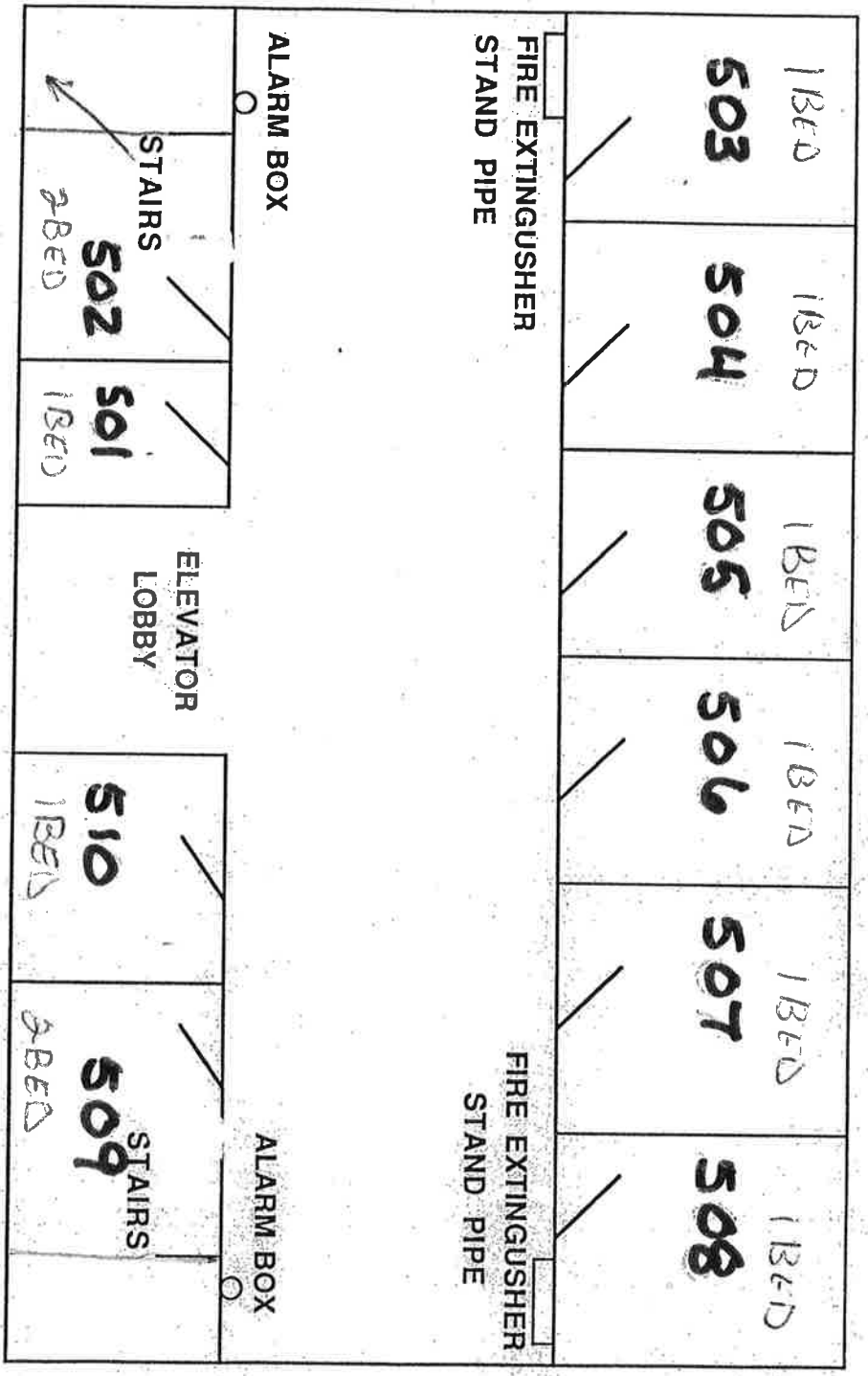
# 4TH FLOOR



SOUTH  
PARKING  
LOT

- IN CASE OF FIRE:
1. PULL ALARM BOX
  2. EXIT BY STAIRWAY (DO NOT USE ELEVATOR)
  3. MEET IN LOWER LEVEL OR SOUTH END PARKING LOT

# 5TH FLOOR



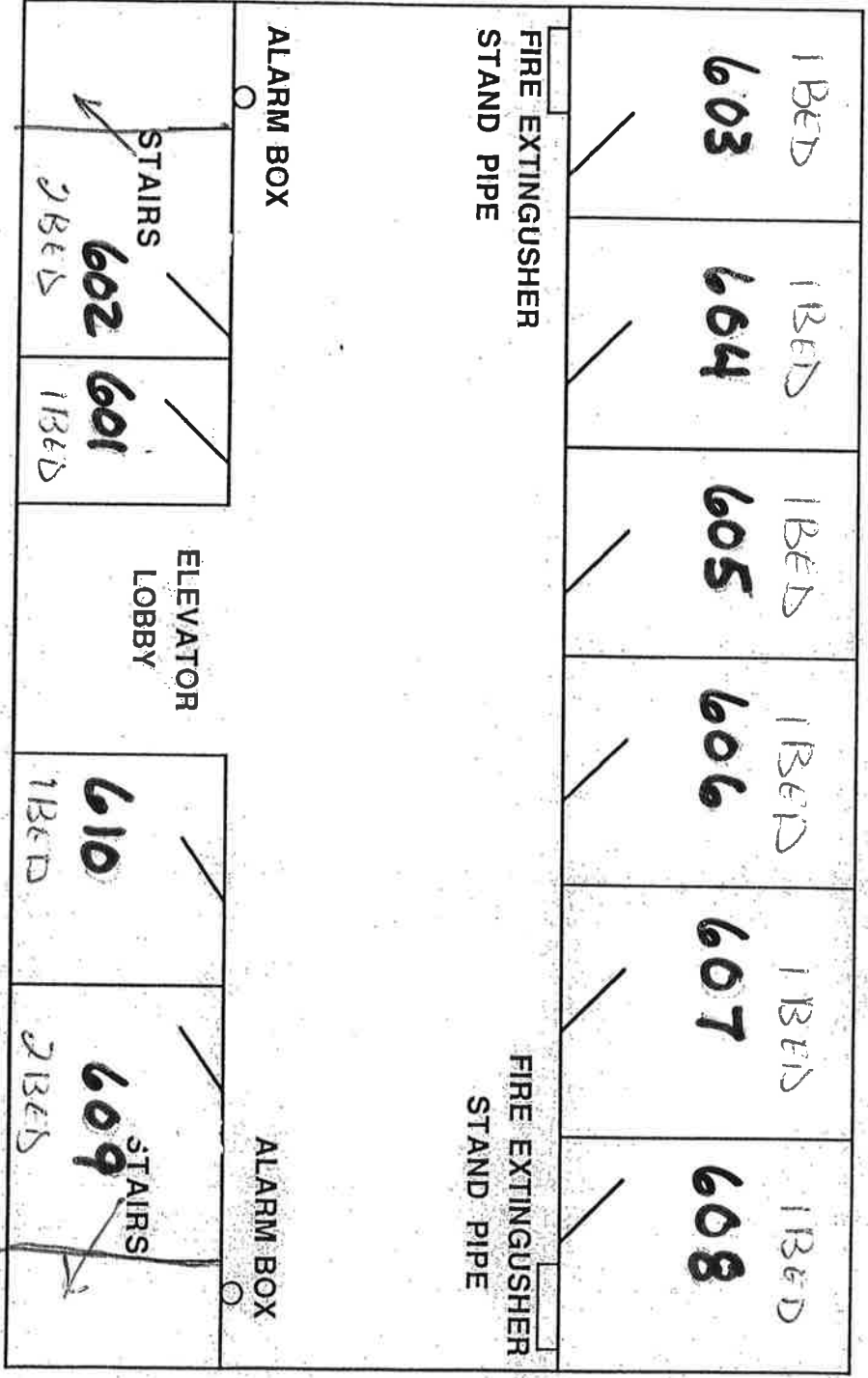
SOUTH  
PARKING  
LOT

IN CASE OF FIRE: 1. PULL ALARM BOX

2. EXIT BY STAIRWAY (DO NOT USE ELEVATOR)

3. MEET IN LOWER LEVEL OR SOUTH END PARKING LOT

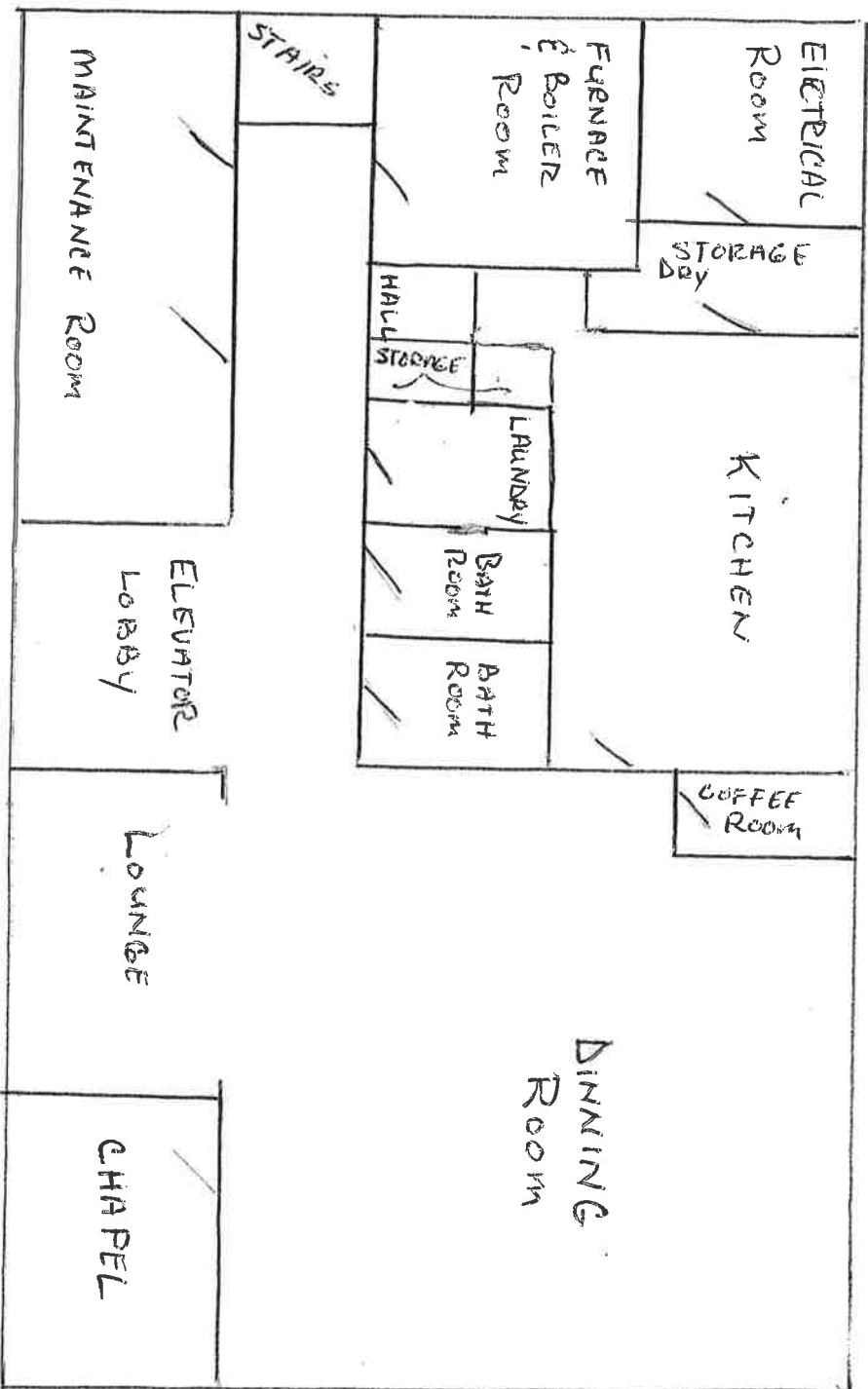
# 6TH FLOOR



SOUTH  
PARKING  
LOT

- IN CASE OF FIRE:
1. PULL ALARM BOX
  2. EXIT BY STAIRWAY (DO NOT USE ELEVATOR)
  3. MEET IN LOWER LEVEL OR SOUTH END PARKING LOT

# Basement Level



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