



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

4-7-16 dg

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
REGENCY SQUARE CARE CENTER MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF145
EXPIRES 04/30/2017	  Courtney A. Young, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: REGENCY SQUARE CARE CENTER

ADDRESS: 3501 DAKOTA AVENUE, SOUTH SIOUX CITY, NE 68776

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.

12-2-14



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:
REGENCY SQUARE CARE CENTER
3501 DAKOTA AVENUE
SOUTH SIOUX CITY, NE 68776

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

LICENSE NO: ALF145
TELEPHONE NUMBER: (402) 494-4273
FAX NUMBER: (402) 494-1267
ADMINISTRATOR: JANE WESSEL-STREIT *Kaitlin Thomas* *CCR*
EMAIL: dhhs@regencysquareseniorliving.com

LICENSURE UNIT

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

MAR 28 2016

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 38

RECEIVED

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: RVP ENTERPRISES
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 2230 N SOMERS AVE
FREMONT, NE 68025

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation *S-corp*
- Limited Liability Company
- Governmental (Check one) State, District, County, City or Municipal
- Other (Please Specify) _____

RECEIVED
2016 MAR 30 A 9:00
REGISTRATION ACCOUNTING

(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.

Russell Peterson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2-24-16
DATE

Jennifer Peterson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2-24-16
DATE

Corporation Name	Type	EIN #	Date Organized	Ownership	Date of Birth	Soc Sec #	Type
Fremont Care Center, Inc.	S-Corp		6/8/1998	.5% - Russell V. Peterson .5% - Jennifer Peterson			SNF
d/b/a Nye Pointe & d/b/a Nye Legacy				49.5% Russell V. Peterson, Jr. Irrevocable Trust 49.5% Jennifer J. Peterson, Jr. Irrevocable Trust			
Nye Meadows, Inc	S-Corp		7/31/2013	50% - Russell Peterson, Jr. 50% - Jennifer Peterson (wife)			ALF/Independent
d/b/a The Meadows							
Nye Square Ltd Partnership	Partnership		5/24/1988	5% Limited Partner - Russell V. Peterson 5% Limited Partner - Jennifer Peterson 90% - General Partner - Peterson Group, Inc. Peterson Group Ownership as follows: 10.43% - Russell V. Peterson, Jr. 10.03% - Jennifer Peterson (wife) 2.5% - Mackenzie Ockuly (Daughter) 2.5% - Anna Peterson (Daughter) 2.5% - Katherin Peterson (Daughter) 2.5% - Blake Peterson (Son) 34.77% Russell V. Peterson, Jr. Irrevocable Trust 34.77% Jennifer J. Peterson, Jr. Irrevocable Trust			ALF/Independent Outpatient Therapy PT/OT/ST
RVP Enterprises, Inc.	S-Corp		7/3/1995	50% - Russell Peterson, Jr. 50% - Jennifer Peterson (wife)			SNF/ALF
d/b/a Regency Square							
Gateway Properties, Inc.	S-Corp		2/22/2006	50% - Russell Peterson, Jr. 50% - Jennifer Peterson (wife)			ALF/SNF
d/b/a Gateway Senior Living							
d/b/a Gateway Vista							

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402750

Name of Facility: **Regency Square Care Center Assisted Living**

Type of Facility: **Assisted Living**

Location: **3501 Dakota Ave., South Sioux City**

Maximum Occupancy: **38 Beds**

Date Issued: **12/2/2014**

Approved By:



Inspected By: **8718 Don Fast**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

All now 500's
 i.e. 500, 502, 503, etc

