



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

3/11/16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
CENTENNIAL PARK RETIREMENT VILLAGE, LTD MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF026
EXPIRES 04/30/2017	  Courtney R. Phillips, WPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: CENTENNIAL PARK RETIREMENT VILLAGE, LTD
ADDRESS: 510 CENTENNIAL CIRCLE, NORTH PLATTE, NE 69101

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.

FEB 29 2016



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

RECEIVED
Expiration Date
04/30/2016

Table with 2 columns: Renewal Fees, Amount. Rows: 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:
CENTENNIAL PARK RETIREMENT VILLAGE, LTD
510 CENTENNIAL CIRCLE
NORTH PLATTE, NE 69101

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

c/o: CENTENNIAL PARK RETIREMENT VILLAGE, LTD
FIVE STAR QUALITY CARE, ATTN: LICENSING
400 CENTRE STREET
NEWTON MA 02458

LICENSE NO: ALF026
TELEPHONE NUMBER: (308) 534-7000
FAX NUMBER: (308) 534-8216
ADMINISTRATOR: TINA MULLER
EMAIL: licensing@5sqc.com

2016 MAR -2 A 11:53
REC'D DHHS LICENSING

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 57

5. SPECIFY SPECIAL POPULATIONS: (Please check)

- 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: FIVE STAR QUALITY CARE-NE, LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 400 CENTRE STREET
NEWTON, MA 02458

8. BUSINESS ORGANIZATION: (Check one):

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

(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.

Richard A. Doyle, Treasurer & CFO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

2/22/16
DATE

Bence S. Mackay Jr., President & CEO
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

2/22/16
DATE

TABLE OF CORPORATE/OWNERSHIP STRUCTURE
for the property known as "Centennial Park Retirement Village", licensed under
"Five Star Quality Care-NE, LLC"

Five Star Quality Care, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Maryland Corporation
(100%)

FSQ, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Corporation
(100%)

Five Star Quality Care-NE, Inc.
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Corporation
(100%)

Operator
Five Star Quality Care-NE, LLC
400 Centre Street, Newton, MA 02458
Ph: 617-796-8387 Fax: 617-219-1435
Federal ID#: [REDACTED]
Delaware Limited Liability Company
(100%)

**Ownership Control - Officers & Directors
for
Five Star Quality Care-NE, LLC
400 Centre Street
Newton, MA 02458
Phone: 617-796-8387 FAX: 617-219-1435**

Title	Name	Ownership Percentage
Officers		
President & Chief Executive Officer	Bruce J. Mackey Jr.	0.00%
Senior Vice President & Chief Operating Officer	R. Scott Herzig	0.00%
Treasurer & Chief Financial Officer	Richard A. Doyle	0.00%
Vice President, General Counsel & Assistant Secretary	Katherine E. Potter	0.00%
Corporate Secretary	Jennifer B. Clark	0.00%
Directors/Trustees		
Director	Barry M. Portnoy	0.00%
Director	Gerard M. Martin	0.00%
Five Star Quality Care-NE, Inc. [FID#: ██████████] is the 100% sole member of Five Star Quality Care-NE, LLC [FID#: ██████████]		



North Platte Fire Department

Bureau of Fire Prevention

CERTIFICATE OF OCCUPANCY

Name of Facility

Centennial Park Retirement Village

Location

510 Centennial Circle, North Platte, NE 69101

Date Issued

3/30/2015

Certificate No. N#

1089

Maximum Occupancy

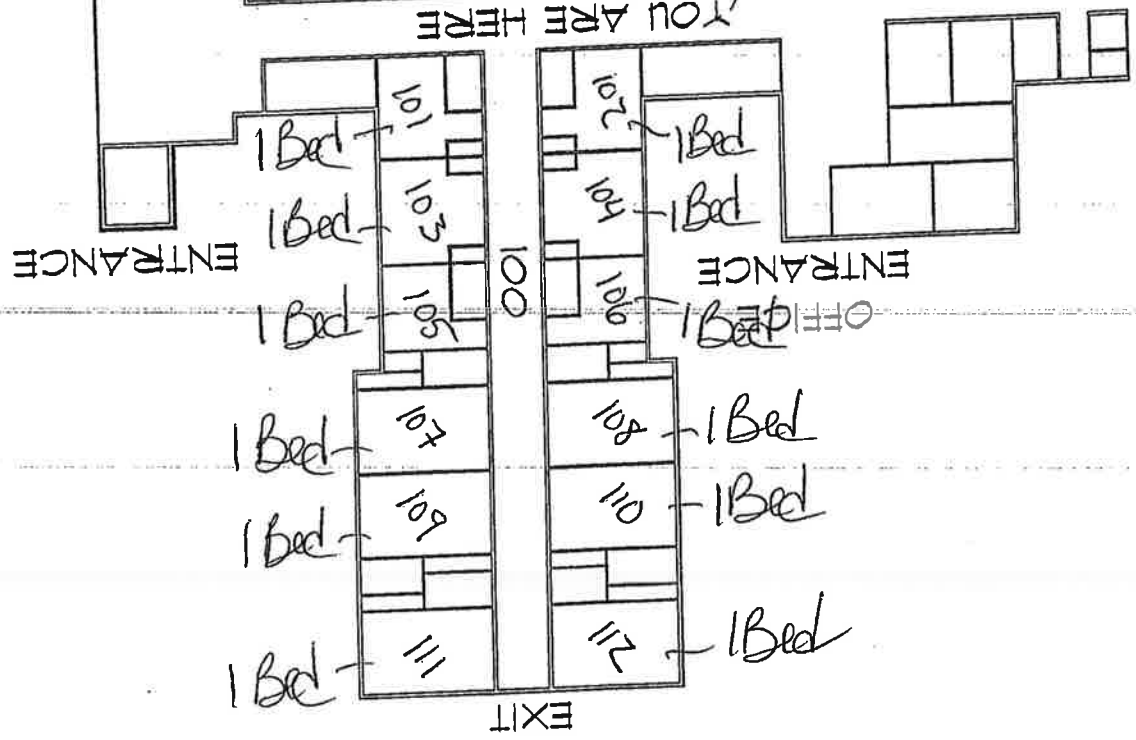
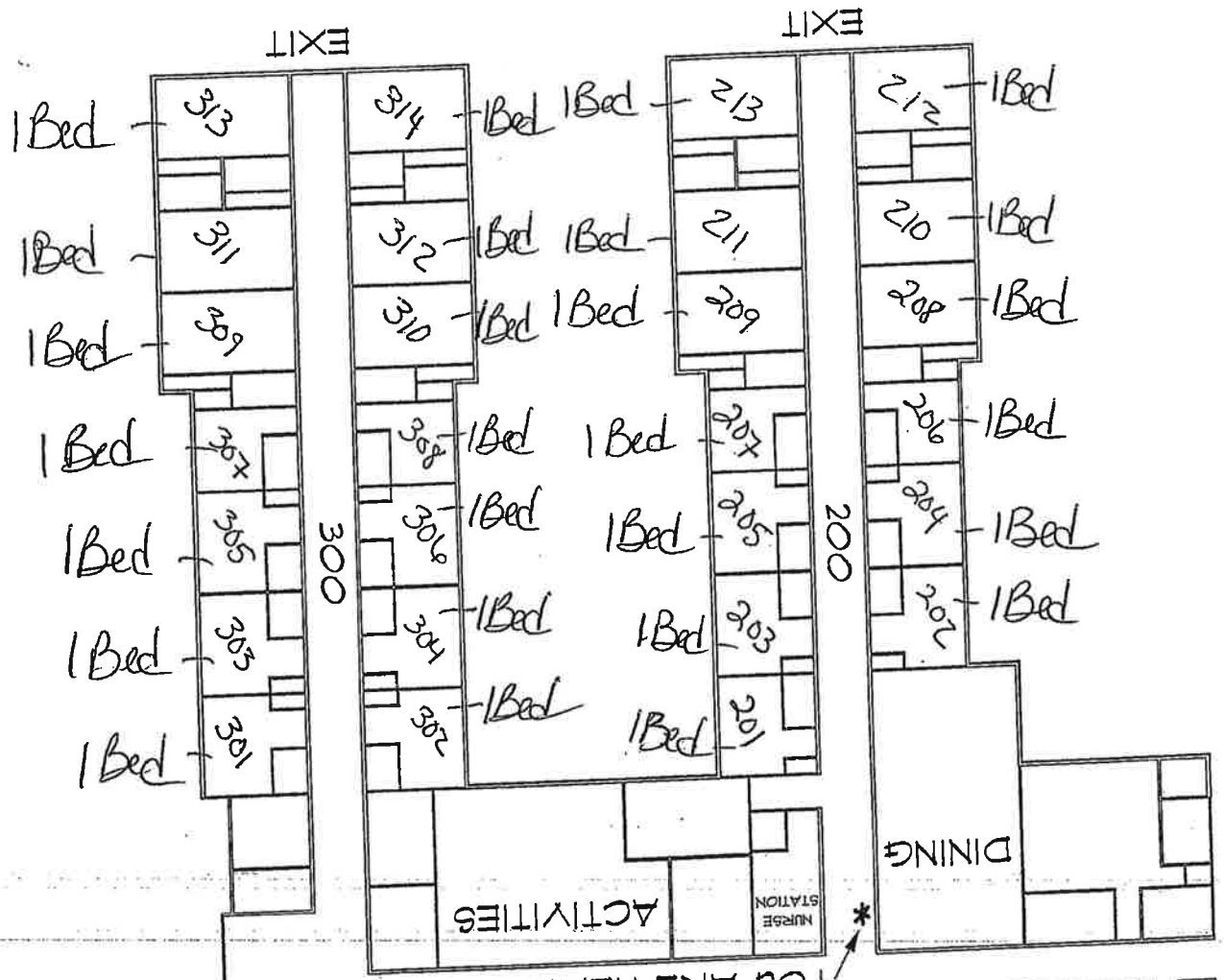
5

Persons

POST IN PROMINENT PLACE

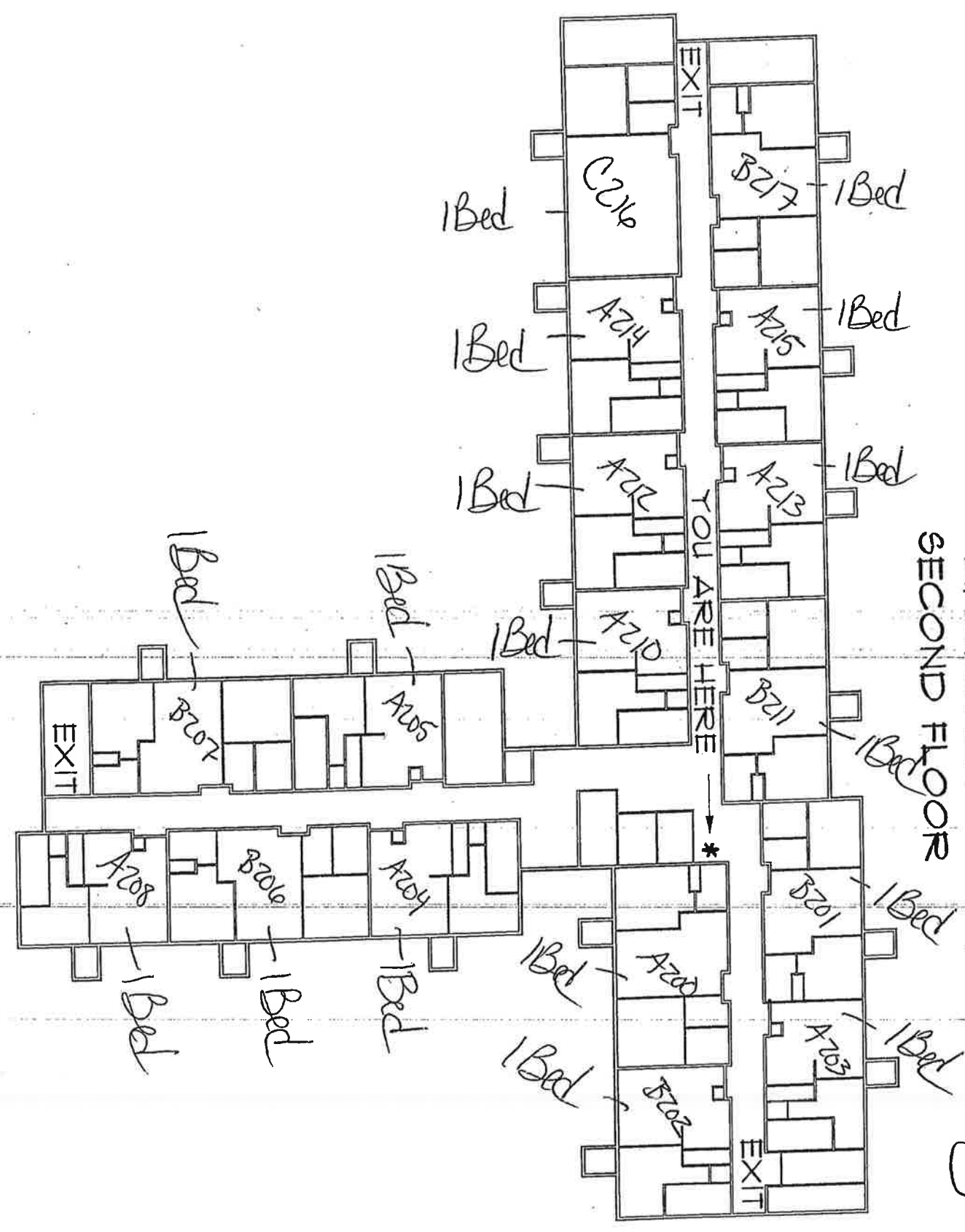
VALID FROM DATE OF ISSUE OR UPON ANY CHANGE IN OCCUPANCY OR OWNERSHIP

Yellow Copy - To Be Presented to The State Licensing Agency, if Necessary.



ASSISTED LIVING

APARTMENTS Independent Living
SECOND FLOOR



APARTMENTS
FIRST FLOOR

Independent living

