

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

3/21/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

PATHFINDER PLACE

MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Lic # ALF130




Christy A. Young, MPA
Chief Executive Officer
Department of Health and Human Services

EXPIRES
04/30/2017

Cut on heavy line and place on license.

FACILITY NAME: PATHFINDER PLACE

ADDRESS: 3010 NORTH CLARKSON, FREMONT, NE 68025

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.

3-4-15

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

MAR 14 2016

Expiration Date
04/30/2016

RECEIVED

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:
PATHFINDER PLACE
3010 NORTH CLARKSON
FREMONT, NE 68025
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:
c/o: PATHFINDER PLACE
ENLIVANT - LEGAL DEPT
330 N WABASH AVE, SUITE 3700
CHICAGO IL 60611

LICENSE NO: ALF130

TELEPHONE NUMBER: (402) 721-7714

FAX NUMBER: (402) 727-4225

ADMINISTRATOR: ERIC BENSON

EMAIL: EnlivantNebraskaDHHS@enlivant.com

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alicense@enlivant.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 47

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: PATHFINDER AID OPCO LLC
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 330 N WABASH, SUITE 3700
CHICAGO, IL 60611

8. BUSINESS ORGANIZATION: (Check one):

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

Akhil Sharma
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Daniel Guill
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

2016 MAR 17
REC'D DHHS
3/11/16
DATE 3/11/16
DATE

Ownership/Control Attachment
Pathfinder Place

Intermediate AID Co LLC

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

UPREIT AID CO, LLC

<u>Officers</u>	<u>Title</u>	<u>Managers</u>
Ronald Cami	Vice President	Kelvin Davis
Clive Bode	Treasurer	Avi Banyasz
Jack Richard Callison, Jr.	Authorized Officer	Jeff Smith
Akhil Sharma	Authorized Officer	Frank Johnson
Daniel Marshall Guill	Authorized Officer	James Williams
		Donald McNamara
		Denise Coll
		Jack Richard Callison, Jr.

Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Parent AID OPCO TRS, LLC

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

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Chicago, IL 60611

Ownership/Control Attachment
Pathfinder Place

Master Tenant (CMBS) AID OPCO LLC

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<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

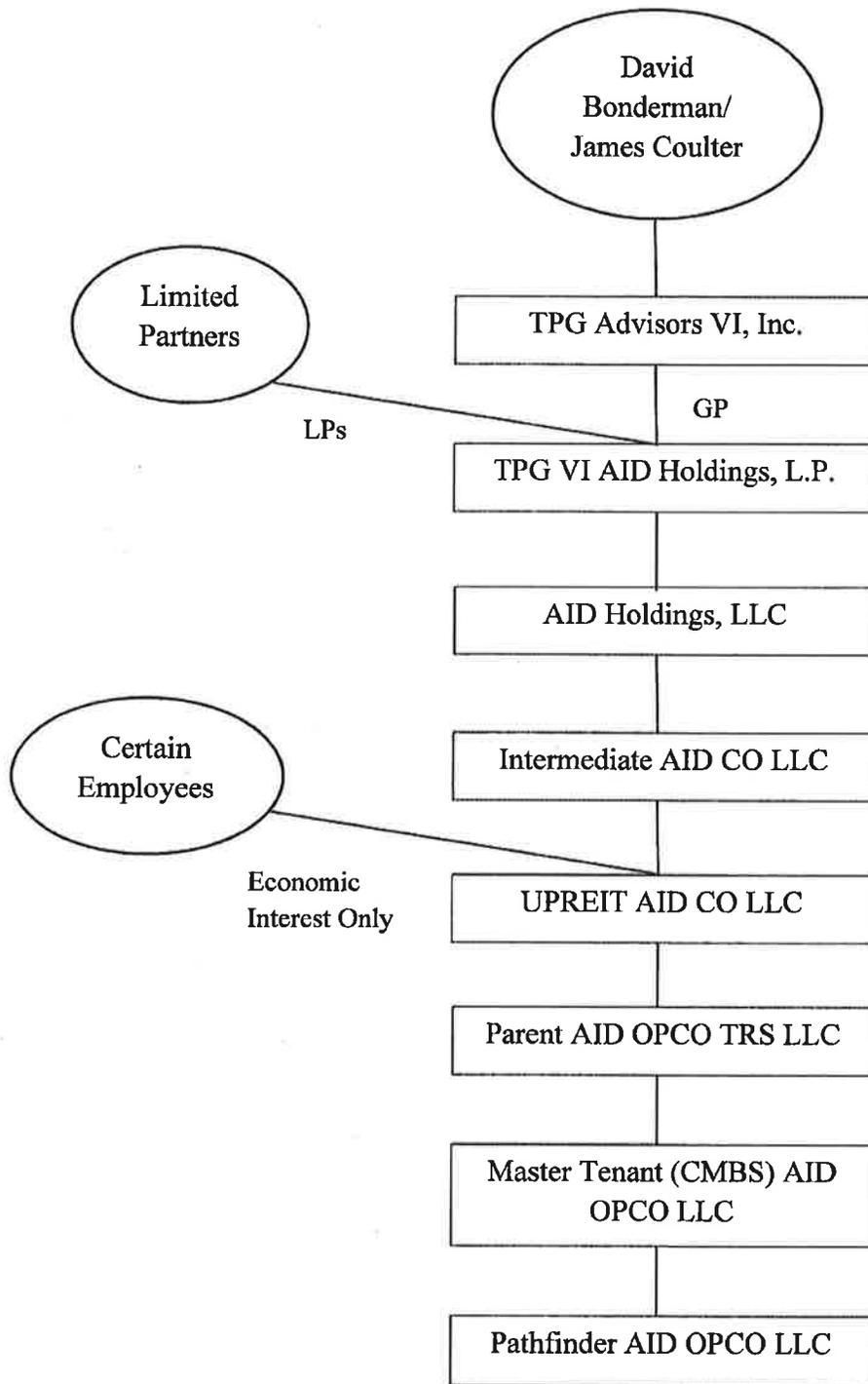
Address: 330 N. Wabash Ave, Suite 3700
Chicago, IL 60611

Pathfinder AID OPCO LLC

<u>Officers</u>	<u>Title</u>	<u>Manager</u>
Ronald Cami	Vice President	Member Managed
Clive Bode	Treasurer	
Jack Richard Callison, Jr.	Authorized Officer	
Akhil Sharma	Authorized Officer	
Daniel Marshall Guill	Authorized Officer	

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Ownership/Control Attachment
Pathfinder Place



NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403197

Name of Facility: **Pathfinder Place**
Type of Facility: **Assisted Living**
Location: **3010 N Clarkson Fremont**
Maximum Occupancy: **47 Beds**
Date Issued: **3/4/2015**

Approved By:



State Fire Marshal

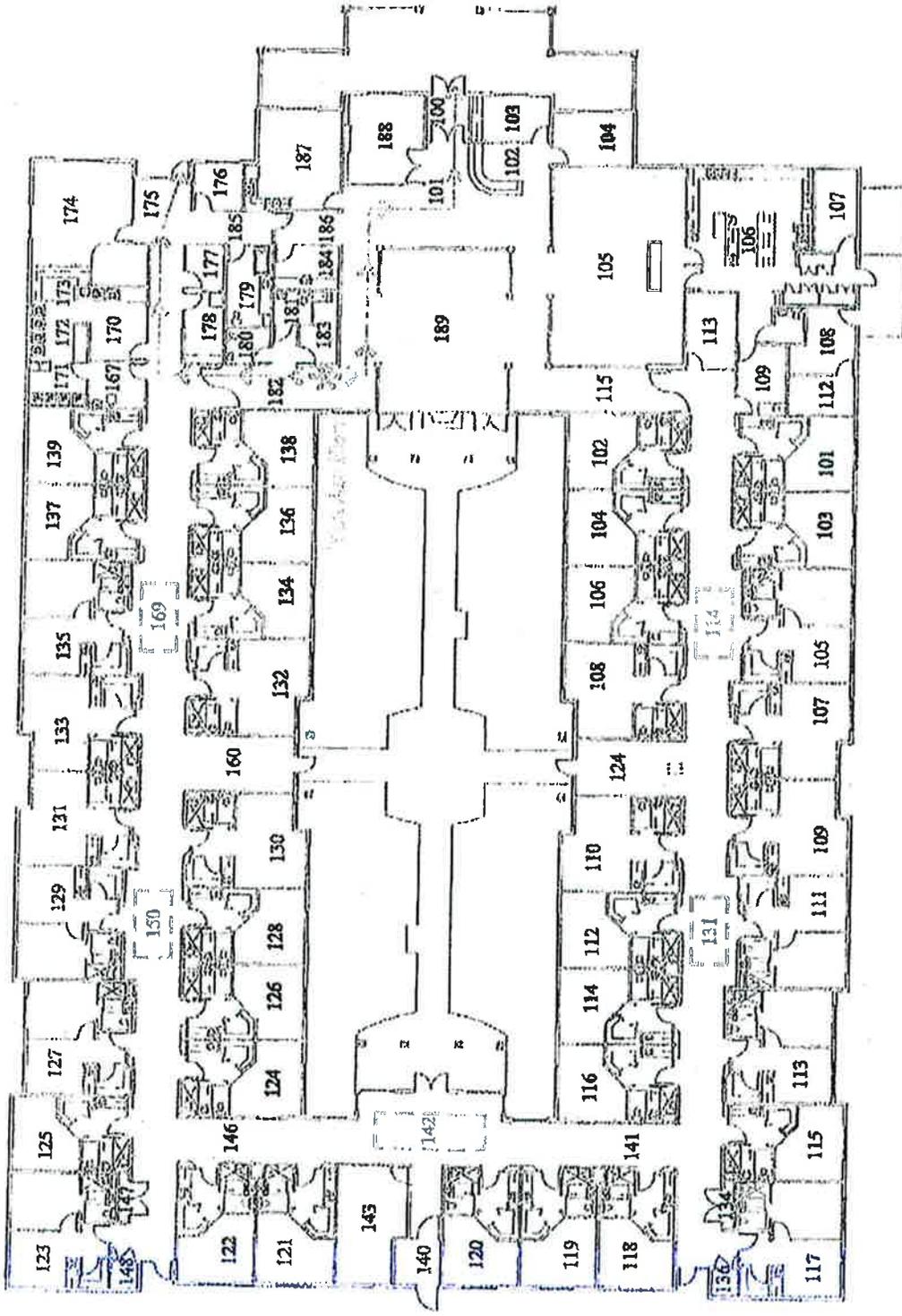


Inspected By: **8713 Alan Viox**
Deputy State Fire Marshal



POST IN PROMINENT PLACE

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



Pathfinder Place - Fremont, Nebraska