

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

KD/LS
5/12/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
GOLDEN LIVINGCENTER ALF - COLUMBUS MEETS STATUTORY REQUIREMENTS AS ASSISTED-LIVING FACILITY	
Services AGED/DISABLED MED WVR	Lic # ALF015
EXPIRES 04/30/2017	  Courtney N. Phillips, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: GOLDEN LIVINGCENTER ALF - COLUMBUS

ADDRESS: PO BOX 625, 3912 27TH STREET, COLUMBUS, NE 68601

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.

3/20/15

LICENSURE UNIT

0451



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

MAY 09 2016 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

RECEIVED

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY: GOLDEN LIVINGCENTER ALF - COLUMBUS...
2. PREFERRED MAILING ADDRESS...
LICENSE NO: ALF015
TELEPHONE NUMBER: (402) 564-8014
FAX NUMBER: (402) 564-0885
ADMINISTRATOR: DOUG WILLIAMS
EMAIL: gle00451@goldenliving.com legaldept@goldenliving.com
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:
4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 38
5. SPECIFY SPECIAL POPULATIONS:
6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No

REC'D HHS ACCOUNTING 2016 MAY 11 A 11:43

OWNERSHIP INFORMATION

- 7. OWNERSHIP OF FACILITY: GGNSC COLUMBUS LLC
MAILING ADDRESS: 1000 FIANNA WAY, MD 4840 FORT SMITH, AR 72919
8. BUSINESS ORGANIZATION: (Check one)
Sole Proprietorship
Partnership
Limited Partnership
Corporation
X Limited Liability Company
Governmental (Check one) State, District, County, City or Municipal
Other (Please Specify)

(check one) Profit Non Profit

CERTIFICATION

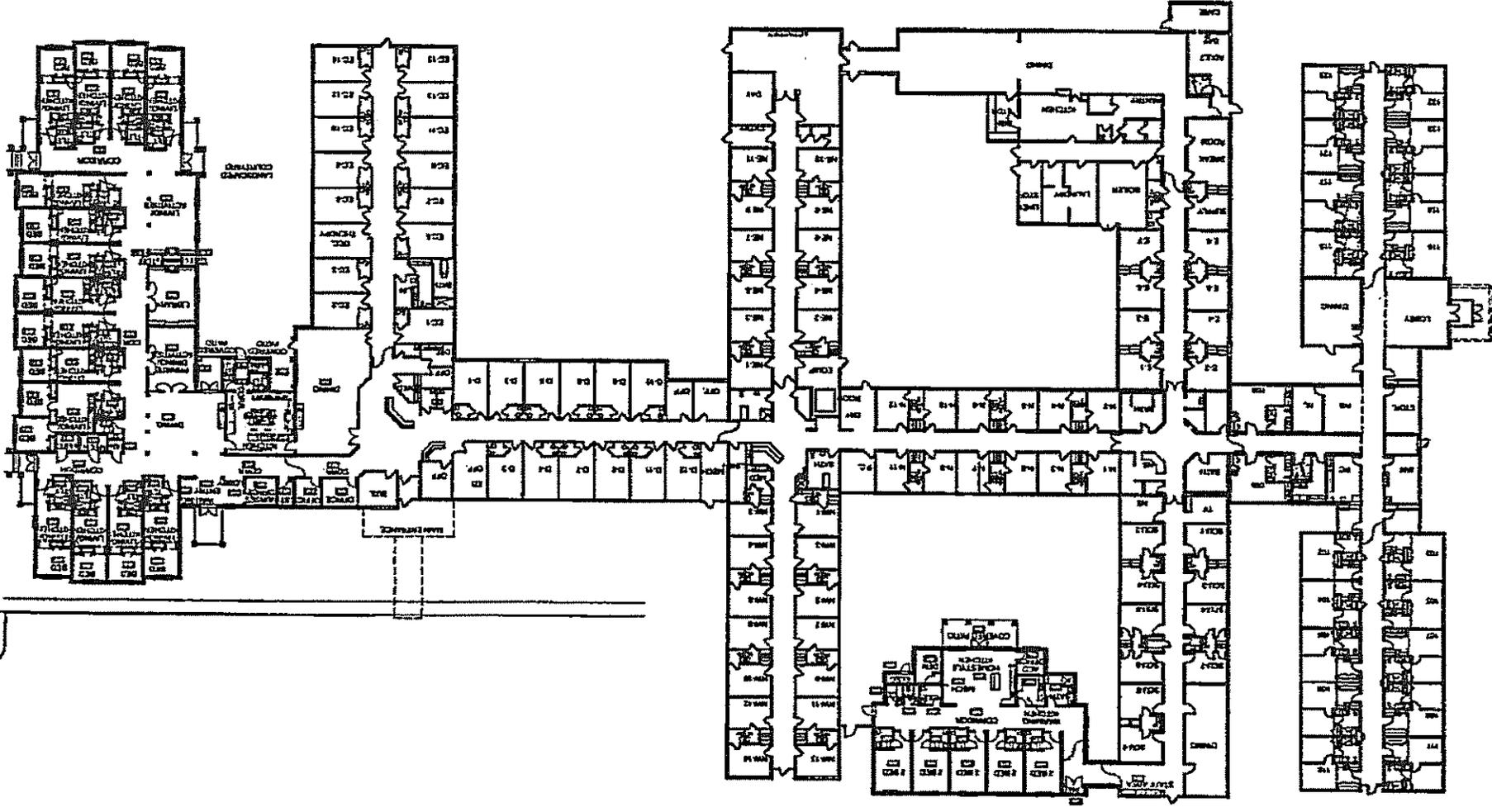
I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply 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.

Holly A Pasmussen-Jones
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Ann Truitt
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]
SIGNATURE

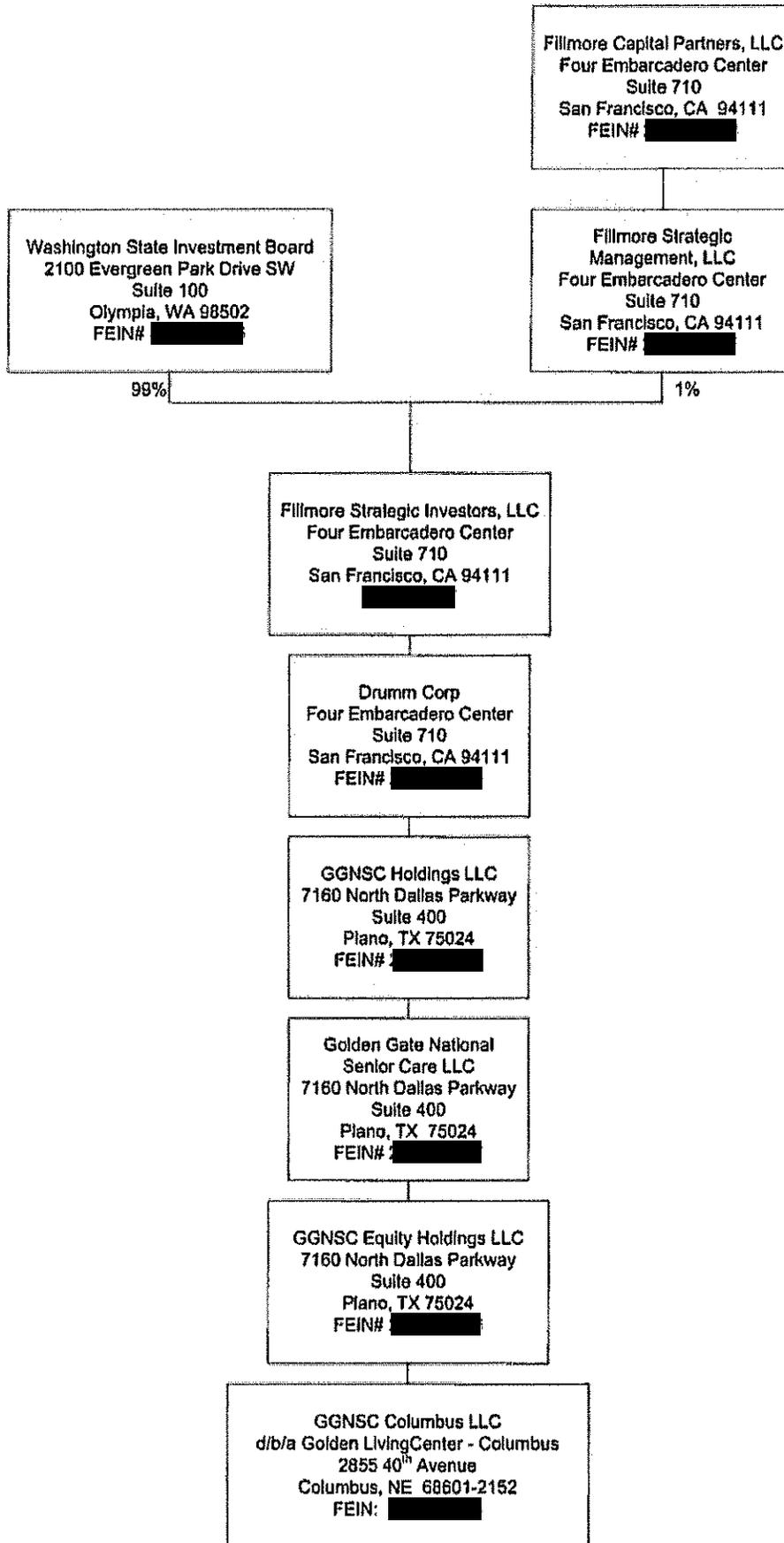
5-5-16
DATE
5-5-16
DATE



OVERALL FACILITY PLAN

DHSI

Golden LivingCenter - Columbus



Officers and Directors Report

As of 4/19/2016

GGNSC Columbus LLC

Directors

Name	Title
Julianne Williams	Director

Officers

	Name	Title
Executive Officer	Julianne Williams	President
	Nicholas R Finn	Senior Vice President
General Officer	Name	Title
	Tina C Chavis	Vice President
	Paul M Helm	Vice President
	Larry N Joseph	Vice President
	Salvatore F Salamone	Vice President
	Holly Rasmussen-Jones	Secretary
	Ann Truitt	Treasurer & Assistant Secretary
	Greg D Swartz	Assistant Secretary
Roberta G Williams	Assistant Secretary	

Address for Notification:
1000 Fianna Way
Fort Smith, AR 72919

NEBRASKA STATE FIRE MARSHAL

OCCUPANCY PERMIT

Certificate Number: 402827

Name of Facility: **Golden LivingCenter ALF - Columbus**

Type of Facility: **Assisted Living**

Location: **3912 - 27th Street, Columbus**

Maximum
Occupancy: **38 Beds**

Date Issued: **3/3/2015**

Approved By:

Inspected By: **8743 James Sloup**
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.