

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

3/21/16dy



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

MATELYN RETIREMENT COMMUNITY LLC
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF236

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: MATELYN RETIREMENT COMMUNITY LLC
ADDRESS: 602 O STREET, ST PAUL, NE 68873

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.

5-12-15



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:

MATELYN RETIREMENT COMMUNITY LLC
602 O STREET
ST PAUL, NE 68873

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

LICENSURE UNIT

MAR 07 2016

RECEIVED

LICENSE NO: ALF236

TELEPHONE NUMBER: (308) 754-6022

FAX NUMBER: (308) 754-9126

ADMINISTRATOR: MELISSA MILLER

EMAIL: admin@matelyn.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: 32

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: _____

REC'D HHS ACCOUNTING
2016 MAR -8 A 11:20

W

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: MATELYN RETIREMENT COMMUNITY, LLC

(Legal Name of Individual or Business Organization)

MAILING ADDRESS: 602 O STREET
ST. PAUL, NE 68873

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.

Keith Harris

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Ramona Harris

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

3/1/2016

DATE

3/1/2016

DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403031

Name of Facility: **Matelyn Retirement Community LLC Assisted Living**
Type of Facility: **Assisted Living**
Location: **602 O Street, St Paul**
Maximum Occupancy: **32 Beds**
Date Issued: **5/12/2015**

Approved By:

Inspected By: **8739 Brandon Lubke**
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.

MATELYN RETIREMENT COMMUNITY
BOARD OF DIRECTORS

Keith Harris
Ramona Harris
1405 Sherman St.
St. Paul, NE 68873
308-675-0141
308-380-9459 (cell)
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754-4813 (cell 750-7328)
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Michael & Rebecca Evers
26 Hillcrest
Kearney, NE 68845
(w) NE Fire Sprinkler (308) 381-2033 (only there 3-4 hrs. wk)
(h) (308) 234-9101
beckyandmike@charter.net

Jim Christensen
P.O. Box 266
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754-5467
750-0030 cell
jchristensen@christenseninsurance.com

Jerry Hehnke
Jerry's Sheetmetal
P.O. Box 484
907 West Oklahoma
Grand Island, NE 68802
384-2881 (Tami Hehnke is in office)
K. C.'s cell 380-6559
Jerry's cell 380-1803
tami@jerrysheetmetal.com

John and Linda Rasmussen
4324 Michigan Avenue
Grand Island, NE 68803
(308) 382-7936

Dennis Ackman
4903 35th
Columbus, NE 68601
(402) 563-2818 Home
(402) 750-1593 Cell
kathrynackman7733@earthlink.net (USER UNKNOWN)

MAR 14 2016

RECEIVED

ASSISTED LIVING WING

* all rooms can be 1 or 2
Occupancy - with no more than
32 total Residents

