

STATE OF NEBRASKA

ROSTER

LONG TERM CARE FACILITIES



Department of Health and Human Services
Division of Public Health, Licensure Unit

Nebraska State Office Building
301 Centennial Mall South
PO Box 94669
Lincoln, NE 68509-4669

Long Term Care licenses expire March 31st each year

NEBRASKA NURSING HOMES/LONG TERM CARE FACILITIES

	Licensed Facilities	Licensed Beds
NURSING FACILITY (LIC)	1	72
SKILLED NURSING FACILITY (LIC)	7	610
NURSING FACILITY (19)	10	614
SKILLED NURSING FACILITY (18)	1	23
SKILLED NSG/NSG FAC DISTINCT PART	6	854
SNF/NF DUAL CERT	168	12,733
	193	14,906

SPECIAL CARE UNIT

Alzheimer	18	
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LEGEND

S/NF DP LTC	Long Term Care Hospital / Distinct Part
SNF/NF LTCH	Long Term Care Hospital / Dual
SNF LIC LTC	Long Term Care Hospital / License Only
NF LTCH	Long Term Care Hospital / Nursing Facility
SNF LTCH	Long Term Care Hospital / Skilled Nursing Facility
NF	Nursing Facility (19) - Medicaid Certified
NF LIC	Nursing Facility / License Only
SNF/ICF	Skilled Nursing Facility / Intermediate Care Facility
S/NF DP	Skilled Nursing Facility / Distinct Part - Medicare/Medicaid Distinct Part
SNF-LIC	Skilled Nursing Facility / License Only
SNF/NF	Skilled Nursing Facility / Nursing Facility - ALL BEDS Medicare/Medicaid Certified
18	Medicare Certified
19	Medicaid Certified
LIC	License Only

Please contact the Licensure Unit or the provider to determine current Medicare/Medicaid status

Updated: 1/16/2024

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
ADAMS (GAGE) - 68301	Gold Crest Retirement Center	200 LEVI LANE	(402) 988-7115 FAX: (402) 988-2087	COFFMAN-LEVI CHARITABLE TRUST, INC JENNIFER GRAFF, ADMINISTRATOR KILI KRAUTER, Director of Nursing	SNF/NF	285065	324001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 52 ICF - 0 Total Lic Beds - 52	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
AINSWORTH (BROWN) - 69210	Sandhills Care Center	143 N FULLERTON STREET	(402) 387-1294 FAX: (402) 382-3536	AINSWORTH BROWN COUNTY CARE CENTER PENNY JACOBS, ADMINISTRATOR SARA MAYHEW, Director of Nursing	SNF/NF	285298	NH0027		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 46 ICF - 0 Total Lic Beds - 46	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ALBION (BOONE) - 68620	Good Samaritan Society - Albion	1222 SOUTH 7TH STREET P O BOX 271	(402) 395-5050 FAX: (402) 395-2303	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY GINA RANKIN, ADMINISTRATOR SHALYNNE HOHNHOLT, Director of Nursing	SNF/NF	285197	034001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ALLIANCE (BOX BUTTE) - 69301	Highland Park Care Center	1633 SWEETWATER P O BOX 950	(308) 762-2525 FAX: (308) 762-2528	VSL ALLIANCE, LLC ALICE SMITH, ADMINISTRATOR SUE RICE, Director of Nursing	SNF/NF	285063	044002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ALMA (HARLAN) - 68920	Good Samaritan Society - Colonial Villa	719 NORTH BROWN STREET	(308) 928-2128 FAX: (308) 928-2012	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY LINNEA DETRICK, ADMINISTRATOR HEIDI KAUK, Director of Nursing	SNF/NF	285185	394001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 53 ICF - 0 Total Lic Beds - 53	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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ASHLAND (SAUNDERS) - 68003	The Meadows at Ashland	1700 FURNAS STREET	(402) 944-7031 FAX: (402) 944-3674	JEFFREY BAKER, ADMINISTRATOR AMANDA NOVAK, Director of Nursing	SNF/NF	285140	NH0061		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 97 ICF - 0 Total Lic Beds - 97	ALZHEIMER UNIT BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
ASHLAND (SAUNDERS) - 68003	The Meadows at Ashland	1700 FURNAS STREET	(402) 944-7031 FAX: (402) 944-3674	JEFFREY BAKER, ADMINISTRATOR AMANDA NOVAK, Director of Nursing	SNF/NF	285140	NH0061		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 97 ICF - 0 Total Lic Beds - 97	ALZHEIMER UNIT BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
ATKINSON (HOLT) - 68713	Good Samaritan Society - Atkinson	409 NEELY STREET	(402) 925-2875 FAX: (402) 925-2450	GINA RANKIN, ADMINISTRATOR BONNIE SCHICK, Director of Nursing	SNF/NF	285177	414001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 61	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ATKINSON (HOLT) - 68713	Good Samaritan Society - Atkinson	409 NEELY STREET	(402) 925-2875 FAX: (402) 925-2450	GINA RANKIN, ADMINISTRATOR BONNIE SCHICK, Director of Nursing	SNF/NF	285177	414001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 61	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
AUBURN (NEMAHA) - 68305	Good Samaritan Society - Auburn	1322 U STREET	(402) 274-4954 FAX: (402) 274-4424	CASSANDRA GREENE, ADMINISTRATOR TAMMY BURSOVSKY, Director of Nursing	SNF/NF	285112	564001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 102 ICF - 0 Total Lic Beds - 102	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
AUBURN (NEMAHA) - 68305	Good Samaritan Society - Auburn	1322 U STREET	(402) 274-4954 FAX: (402) 274-4424	CASSANDRA GREENE, ADMINISTRATOR TAMMY BURSOVSKY, Director of Nursing	SNF/NF	285112	564001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 102 ICF - 0 Total Lic Beds - 102	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
AURORA (HAMILTON) - 68818	Memorial Community Care	1423 SEVENTH STREET	(402) 694-8230 FAX: (402) 694-5024	JUSTIN WOLF, ADMINISTRATOR CHRISTINA BUCKHALTER, Director of Nursing	NF LTCH	28E191	LTCH001		Medicare - 0 Medicaid - 48 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 48	
AURORA (HAMILTON) - 68818	Memorial Community Care	1423 SEVENTH STREET	(402) 694-8230 FAX: (402) 694-5024	JUSTIN WOLF, ADMINISTRATOR CHRISTINA BUCKHALTER, Director of Nursing	NF LTCH	28E191	LTCH001		Medicare - 0 Medicaid - 48 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 48	
AURORA (HAMILTON) - 68818	Westfield Quality Care of Aurora	1313 1ST STREET PO BOX 166	(402) 694-2128 FAX: (402) 694-6366	MICHELLE BROEKEMIER, ADMINISTRATOR JENNIFER HAYNES, Director of Nursing	SNF/NF	285263	NH0031		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
AURORA (HAMILTON) - 68818	Westfield Quality Care of Aurora	1313 1ST STREET PO BOX 166	(402) 694-2128 FAX: (402) 694-6366	MICHELLE BROEKEMIER, ADMINISTRATOR JENNIFER HAYNES, Director of Nursing	SNF/NF	285263	NH0031		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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BASSETT (ROCK) - 68714	Rock County Hospital Long Term Care	100 EAST SOUTH STREET	(402) 684-2991 FAX: (402) 684-3825	ROCK COUNTY STACEY KNOX, ADMINISTRATOR KATIE SHIFFLET, Director of Nursing	SNF/NF LTCH	285304	NH0035		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 30 ICF - 0 Total Lic Beds - 30	
BATTLE CREEK (MADISON) - 68715	Community Pride Care Center	901 SOUTH 4TH STREET	(402) 675-2955 FAX: (402) 675-1003	CITY OF BATTLE CREEK ANGELA CAUBARRUS, ADMINISTRATOR DONNA TAYLOR, Director of Nursing	SNF/NF	285208	524001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 50 ICF - 0 Total Lic Beds - 50	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BAYARD (MORRILL) - 69334	Chimney Rock Villa	106 EAST 13TH STREET P O BOX A	(308) 586-1142 FAX: (308) 586-3015	CITY OF BAYARD SAMANTHA CLAUSE, ADMINISTRATOR KAYLA IBARRA, Director of Nursing	SNF/NF	285260	544001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 49 ICF - 0 Total Lic Beds - 49	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BEATRICE (GAGE) - 68310	Beatrice Health and Rehabilitaion	1800 IRVING STREET	(402) 223-2311 FAX: (402) 228-1601	MONROE HEALTHCARE, INC NATASHIA JOBMAN, PROVISIONAL ADM KIMBERLY MEERS, Director of Nursing	SNF/NF	285130	324003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 87 ICF - 0 Total Lic Beds - 87	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BEATRICE (GAGE) - 68310	Good Samaritan Society - Beatrice	401 S 22ND STREET	(402) 228-3304 FAX: (402) 223-5220	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY CORRENE ADAMS, ADMINISTRATOR CERICE CORNELIUS, Director of Nursing	SNF/NF	285203	NH0015		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 80 ICF - 0 Total Lic Beds - 80	ALZHEIMERS/SPECIAL CAI

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BEAVER CITY (FURNAS) - 68926	Beaver City Manor	905 FLOYD STREET P O BOX 70	(308) 268-5111 FAX: (308) 268-6006	CITY OF BEAVER CITY ANGELA WOODRING, ADMINISTRATOR SARA LENTZ, Director of Nursing	SNF/NF	285269	314002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 30 ICF - 0 Total Lic Beds - 30	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BEEMER (CUMING) - 68716	Colonial Haven	424 HARRISON ST	(402) 528-3268 FAX: (402) 528-3410	VILLAGE OF BEEMER DAVID DEEMER, ADMINISTRATOR CHRISTINA ARNOLD, Director of Nursing	SNF/NF	285204	184001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 34 ICF - 0 Total Lic Beds - 34	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
BELLEVUE (SARPY) - 68123	Eastern Nebraska Veterans Home	12505 HARRISON TULL DR	(402) 595-2180 FAX: (402) 591-4943	NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS MATTHEW BAUMAN, ADMINISTRATOR MICHELLE TAGEL, Director of Nursing 12505 HARRISON TULL DR, BELLEVUE NE 68123	SNF-LIC		NH0005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 120	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BELLEVUE (SARPY) - 68005	Hillcrest Health & Rehab	1702 HILLCREST DRIVE	(402) 291-8500 FAX: (402) 682-4255	RED OAK HEALTH SERVICES, INC TAMMY WESTON, ADMINISTRATOR KIM NICHOLS, Director of Nursing 1902 HARLAN DRIVE, SUITE A, BELLEVUE NE 68005	S/NF DP	285133	NH0044		Medicare - 85 Medicaid - 0 Medicare/Medicaid - 66 ICF - 0 Total Lic Beds - 151	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BENKELMAN (DUNDY) - 69021	Sarah Ann Hester Memorial Home	407 DAKOTA STREET P O BOX 646	(308) 423-2179 FAX: (308) 423-2107	SARAH ANN HESTER MEMORIAL HOME JANICE EDWARDS, ADMINISTRATOR SHELLIE CARROLL, Director of Nursing	SNF/NF	285241	274001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 56 ICF - 0 Total Lic Beds - 56	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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BERTRAND (PHELPS) - 68927	Bertrand Nursing Home	100 MINOR AVENUE PO BOX 97	(308) 472-3341 FAX: (308) 472-5356	AMY GRUBE, ADMINISTRATOR TERESA STADLER, Director of Nursing	SNF/NF	285258	614001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 26 ICF - 0 Total Lic Beds - 26	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BLAIR (WASHINGTON) - 68008	Crowell Memorial Home	245 SOUTH 22ND STREET	(402) 426-2177 FAX: (402) 426-2577	JACLYN SVENDGARD, ADMINISTRATOR PRUDENCE CEMER, Director of Nursing	SNF/NF	285210	794001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 74 ICF - 0 Total Lic Beds - 74	
BLAIR (WASHINGTON) - 68008	Good Shepherd Lutheran Home	2242 WRIGHT STREET	(402) 426-4663 FAX: (402) 426-1988	MICHELE DEIN, ADMINISTRATOR EILEEN TRINIDAD, Director of Nursing	SNF/NF	285148	NH0054		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 84 ICF - 0 Total Lic Beds - 84	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BLOOMFIELD (KNOX) - 68718	Good Samaritan Society - Bloomfield	300 NORTH SECOND ST P O BOX 307	(402) 373-2531 FAX: (402) 373-4806	MADISON TERNUS, ADMINISTRATOR CHRISTINA MAHONEY, Director of Nursing	SNF/NF	285156	494001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	OCCUPATIONAL THERAPY PEDIATRIC PHYSICAL THERAPY SPEECH THERAPY
BLUE HILL (WEBSTER) - 68930	The Pines at Blue Hill	414 NORTH WILLSON	(402) 756-2080 FAX: (402) 756-2079	DIXIE JACKSON, ADMINISTRATOR RHONDA HELLNER, Director of Nursing c/o: BCP BLUE HILL, LLC 702 S HIGHWAY 6, GRETNA NE 68028	SNF/NF	285144	NH0062		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 62 ICF - 0 Total Lic Beds - 62	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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BRIDGEPORT (MORRILL) - 69336	Skyview Care and Rehab at Bridgeport	505 O STREET	(308) 262-0725	FAX: (308) 262-0470 SENEX FOUNDATION OF NEBRASKA, INC LORA SULLIVAN, ADMINISTRATOR NIKILI HILL, Director of Nursing	SNF/NF	285224	544002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 48 ICF - 0 Total Lic Beds - 48	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BROKEN BOW (CUSTER) - 68822	Brookestone View	850 LAUREL PARKWAY DRIVE	(308) 767-2300	FAX: (308) 767-2080 VSL BROKEN BOW, LLC MADISON GUTHRIE, ADMINISTRATOR SHANNON POWERS, Director of Nursing	SNF/NF	285297	NH0022		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BURWELL (GARFIELD) - 68823	Community Memorial Health Center	1015 F STREET P O BOX 340	(308) 346-4440	FAX: (308) 346-5184 COMMUNITY MEMORIAL HOSPITAL, INC. HAYLEY GROSHANS, ADMINISTRATOR JENNIFER SANDOZ, Director of Nursing	SNF/NF	285257	NH0036		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BUTTE (BOYD) - 68722	Butte Senior Living	210 BROADWAY	(402) 775-2355	FAX: (402) 775-2332 TEALWOOD CARE CENTERS TAMMY BOETTCHER, ADMINISTRATOR STEPHANIE BUNNER, Director of Nursing	SNF/NF	285180	054001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 40 ICF - 0 Total Lic Beds - 40	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CALLAWAY (CUSTER) - 68825	Callaway Good Life Center, Inc	600 WEST KIMBALL STREET PO BOX 250	(308) 836-2267	FAX: (308) 836-2269 CALLAWAY GOOD LIFE CENTER, INC SAVANNA HOLLIBAUGH, DIRECTOR OF NUR MARY SPANEL, Director of Nursing	SNF/NF	285200	104002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 38 ICF - 0 Total Lic Beds - 38	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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CALLAWAY (CUSTER) - 68825	Callaway Good Life Center, Inc	600 WEST KIMBALL STREET PO BOX 250	(308) 836-2267 FAX: (308) 836-2269	CALLAWAY GOOD LIFE CENTER, INC SAVANNA HOLLIBAUGH, DIRECTOR OF NUR SAVANNA HOLLIBAUGH, Director of Nursing	SNF/NF	285200	104002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 38 ICF - 0 Total Lic Beds - 38	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CENTRAL CITY (MERRICK) - 68826	Litzenberg Memorial County Hospital	1715 26TH STREET	(308) 946-2920 FAX: (308) 946-3774	LITZENBERG MEMORIAL MERRICK COUNTY EMILY TRIPLETT, ADMINISTRATOR SALLY BERNEY, Director of Nursing	SNF/NF LTCH	285292	LTCH006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 46 ICF - 0 Total Lic Beds - 46	
CENTRAL CITY (MERRICK) - 68826	The Oaks at Central City	2720 SOUTH 17TH AVENUE	(308) 946-3088 FAX: (308) 946-2068	THE OAKS AT CENTRAL CITY LLC ANDREA FOWLER, ADMINISTRATOR DAWN DANKERT, Director of Nursing c/o: AZRIA HEALTH CENTRAL CITY , 702 S HIGHWAY 6, GRETNA NE 68028	SNF/NF	285147	NH0057		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 63 ICF - 0 Total Lic Beds - 64	ALZHEIMER UNIT BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CHADRON (DAWES) - 69337	Crest View Care Center	420 GORDON AVENUE	(308) 432-3355 FAX: (308) 432-4535	KISMET CDR, LLC HELEN WICHMAN, ADMINISTRATOR ANNA STETSON, Director of Nursing	SNF/NF	285150	214001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CLARKSON (COLFAX) - 68629	Clarkson Community Care Center Inc	212 SUNRISE DRIVE	(402) 892-3494 FAX: (402) 892-3290	CLARKSON COMMUNITY CARE CENTER INC HEATHER EAGLE, ADMINISTRATOR HOLLY REARDON, Director of Nursing	SNF/NF	285116	NH0040		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 51 ICF - 0 Total Lic Beds - 52	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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COLERIDGE (CEDAR) - 68727	Park View Haven Nursing Home	309 NORTH MADISON STREET	(402) 283-4224	FAX: (402) 283-4221	VILLAGE OF COLERIDGE NANCY MOSEL, ADMINISTRATOR KANDICE SEIP, Director of Nursing	SNF/NF	285073	124001	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 34 ICF - 0 Total Lic Beds - 34	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
COLUMBUS (PLATTE) - 68601	Brookestone Acres	4715 38TH STREET	(402) 942-9260	FAX: (402) 942-9297	VSL COLUMBUS, LLC RAVEN SCHMID, ADMINISTRATOR SARAH DANKERT, Director of Nursing	SNF/NF	285291	NH0018	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 80 ICF - 0 Total Lic Beds - 80	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
COLUMBUS (PLATTE) - 68601	Emerald Nursing & Rehab Columbus	2855 40TH AVENUE P O BOX 625	(402) 564-8014	FAX: (402) 564-0885	COLUMBUS OPERATIONS LLC CHELSEY ROAN, ADMINISTRATOR FAITH WEAVER, Director of Nursing	SNF/NF	285092	NH0064	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 145 ICF - 0 Total Lic Beds - 145	ALZHEIMERS UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
COZAD (DAWSON) - 69130	Emerald Nursing & Rehab Cozad	318 WEST 18TH STREET	(308) 784-3715	FAX: (308) 784-3746	COZAD OPERATIONS LLC KILEY GOFF, ADMINISTRATOR NICOLE ZOOK, Director of Nursing	SNF/NF	285093	NH0066	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 67 ICF - 0 Total Lic Beds - 67	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CRAWFORD (DAWES) - 69339	Ponderosa Villa	755 FIRST STREET P O BOX 526	(308) 665-1224	FAX: (308) 665-2450	CITY OF CRAWFORD FAITH CHMELKA, ADMINISTRATOR YULIYA BROWN, Director of Nursing	SNF/NF	285250	214002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 35 ICF - 0 Total Lic Beds - 35	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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CREIGHTON (KNOX) - 68729	Avera Creighton Care Centre	1603 MAIN STREET P O BOX 289	(402) 358-5701 FAX: (402) 358-5365	TODD CONSRUCK, ADMINISTRATOR JODI VELLEK, Director of Nursing	SNF/NF LTCH	285284	LTCH008		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	
CRETE (SALINE) - 68333	Tabitha Nursing Center at Crete	1800 EAST 13TH STREET	(402) 826-6800 FAX: (402) 826-6894	TABITHA INC. KELSIE RYAN, ADMINISTRATOR MICHELLE HUNTER, Director of Nursing c/o: TABITHA, INC. ATTENTION: CFO, 4720 RANDOLPH STREET, LINCOLN NE 68510	SNF/NF	285283	NH0024		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 38 ICF - 0 Total Lic Beds - 38	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
DAVID CITY (BUTLER) - 68632	David Place	260 SOUTH 10TH STREET	(402) 367-3144 FAX: (402) 367-4246	VSL DAVID CITY, LLC ANDREW FUSTON, ADMINISTRATOR VALERIE SORENSEN, Director of Nursing	SNF/NF	285074	094001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 86 ICF - 0 Total Lic Beds - 86	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
DAVID CITY (BUTLER) - 68632	St. Joseph's Villa, Inc.	927 SEVENTH STREET	(402) 367-3045 FAX: (402) 367-3730	ST. JOSEPH'S VILLA, INC. CANDACE GIBSON, ADMINISTRATOR APRIL EVANS, Director of Nursing	SNF/NF	285249	094002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
DESHLER (THAYER) - 68340	Parkview Haven Nursing Home	1203 4TH STREET P O BOX 667	(402) 365-7237 FAX: (402) 365-7737	CITY OF DESHLER MIRANDA ISERNHAGEN, ADMINISTRATOR TIFFANY FINKE, Director of Nursing	SNF/NF	285261	764001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 49 ICF - 0 Total Lic Beds - 49	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
DODGE (DODGE) - 68633	Parkview Home, Inc	930 2ND STREET	(402) 693-2212 FAX: (402) 693-2511	MELISSA BOVILL, PROVISIONAL ADM SHAYLA RISCH, Director of Nursing	SNF/NF	285243	254001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 62 ICF - 0 Total Lic Beds - 64	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ELKHORN (DOUGLAS) - 68022	Brookestone Meadows Rehabilitation And Care Center	600 BROOKESTONE MEADOWS PLAZA	(402) 289-2696 FAX: (402) 289-1090	JASON NITZ, ADMINISTRATOR DAWN TRUCKENBROD, Director of Nursing c/o: BROOKESTONE MEADOWS C/O VETTER HOLDING INC, 5020 S 118TH ST, OMAHA NE 68135	SNF/NF	285276	NH0006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 140 ICF - 0 Total Lic Beds - 140	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ELKHORN (DOUGLAS) - 68022	Life Care Center of Elkhorn	20275 HOPPER STREET	(402) 289-2572 FAX: (402) 289-0925	JARED RODMAN, ADMINISTRATOR TAMMY COX, Director of Nursing	SNF/NF	285134	264001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 135 ICF - 0 Total Lic Beds - 135	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ELWOOD (GOSPER) - 68937	Elwood Care Center	607 SMITH AVENUE P O BOX 315	(308) 785-3302 FAX: (308) 785-3193	KATE REINERS, ADMINISTRATOR LACEY BOWDEN, Director of Nursing	SNF/NF	285215	354001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 43 ICF - 0 Total Lic Beds - 47	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
EMERSON (DAKOTA) - 68733	Heritage of Emerson	607 NEBRASKA STREET	(402) 695-2683 FAX: (402) 695-2188	VSL EMERSON, LLC BICHU KURUVILLA, ADMINISTRATOR MELISSA HAMPSON, Director of Nursing	SNF/NF	285222	204001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 38 ICF - 0 Total Lic Beds - 38	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
FAIRBURY (JEFFERSON) - 68352	Heritage Care Center	909 17TH STREET P O BOX 667	(402) 729-2289 FAX: (402) 729-5233	VSL FAIRBURY, LLC MARTINA SLOANE, ADMINISTRATOR MELINDA STONE, Director of Nursing	SNF/NF	285262	444001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 100 ICF - 0 Total Lic Beds - 100	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FAIRBURY (JEFFERSON) - 68352	Jefferson Community Health & Life Gardenside	2200 NORTH H STREET P O BOX 277	(402) 729-5220 FAX: (402) 729-2102	JEFFERSON COMMUNITY HEALTH CENTER INC BURKE KLINE, ADMINISTRATOR LAURA DEBOER, Director of Nursing	SNF/NF LTCH	285282	LTCH010	SNF/NF LTCH	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 39 ICF - 0 Total Lic Beds - 40	
FAIRMONT (FILLMORE) - 68354	Fairview Manor	255 F STREET	(402) 268-2271 FAX: (402) 268-3901	VILLAGE OF FAIRMONT TAMARA SCHEIL, ADMINISTRATOR JAN O'BRIEN, Director of Nursing	SNF/NF	285206	284002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 40 ICF - 0 Total Lic Beds - 40	
FALLS CITY (RICHARDSON) - 68355	Falls City Care Center	2800 TOWLE STREET	(402) 245-5252 FAX: (402) 245-2592	KISMET FNB, LLC CHRISTOPHER YOUNG, ADMINISTRATOR MICHELE FREDERICK, Director of Nursing	SNF/NF	285114	664001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 101 ICF - 0 Total Lic Beds - 119	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FALLS CITY (RICHARDSON) - 68355	Falls City Nursing and Rehabilitation Center	1720 BURTON DRIVE	(402) 245-4466 FAX: (402) 245-4418	STANTON LAKE HEALTHCARE, INC TARA HELENTHAL, ADMINISTRATOR LESLIE HALL, Director of Nursing	SNF/NF	285055	664002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 63 ICF - 0 Total Lic Beds - 65	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
FRANKLIN (FRANKLIN) - 68939	Arbor Care Centers-Franklin LLC	1006 M STREET	(308) 425-6262	FAX: (308) 425-8589 ARBOR CARE CENTERS-FRANKLIN LLC KATHRYN PETERMAN, PROVISIONAL ADM CYNTHIA KNUDTSON, Director of Nursing	SNF/NF	285096	294002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 42 ICF - 0 Total Lic Beds - 42	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FREMONT (DODGE) - 68025	Dunklau Gardens	450 EAST 23RD STREET	(402) 721-1610	FAX: (402) 727-3333 METHODIST FREMONT HEALTH TAMMY DEEMER, ADMINISTRATOR JAYMA BROWN, Director of Nursing	SNF/NF LTCH	285119	LTCH037		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 106 ICF - 0 Total Lic Beds - 106	
FREMONT (DODGE) - 68025	Nye Legacy Health & Rehabilitation Center	3210 N CLARKSON	(402) 721-9300	FAX: (402) 753-4800 FREMONT CARE CENTER, INC. PATRICK FAIRBANKS, ADMINISTRATOR SARAH WIESE, Director of Nursing c/o: NYE LEGACY HEALTH & REHABILITATION CENTER C/O FREMONT CARE CENTER INC, 2230 N SOMERS, FREMONT NE 68025	SNF/NF	285278	NH0008		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 100 ICF - 0 Total Lic Beds - 100	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
FREMONT (DODGE) - 68025	Nye Pointe Health & Rehab Ctr	2700 LAVERNA STREET	(402) 727-4900	FAX: (402) 727-8163 FREMONT CARE CENTER, INC. PATRICK FAIRBANKS, ADMINISTRATOR JOSEPH PLUTH, Director of Nursing	SNF/NF	285235	254003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 43 ICF - 0 Total Lic Beds - 43	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FULLERTON (NANCE) - 68638	Arbor Care Centers-Fullerton LLC	202 NORTH ESTHER PO BOX 648	(308) 536-2488	FAX: (308) 536-4134 ARBOR CARE CENTERS-FULLERTON LLC AARON KLAASMEYER, ADMINISTRATOR PAYTON NACHTMAN, Director of Nursing	SNF/NF	285115	554001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 75 ICF - 0 Total Lic Beds - 75	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No Accreditation	No. and Type of Beds	Services
GENEVA (FILLMORE) - 68361	Heritage Crossings	501 NORTH 13TH STREET	(402) 759-3194 FAX: (402) 759-3140	VSL GENEVA, LLC SHERRI DUE, ADMINISTRATOR AMANDA GRANT, Director of Nursing	SNF/NF	285230	284003	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 68 ICF - 0 Total Lic Beds - 68	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GENOA (NANCE) - 68640	Genoa Community Hospital/LTC	606 EWING AVENUE P O BOX 310	(402) 993-2283 FAX: (402) 993-2373	CITY OF GENOA AMANDA ROEBUCK, ADMINISTRATOR JAMI KAMPSCHNEIDER, Director of Nursing	NF	28E271	554002	Medicare - 0 Medicaid - 39 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 39	ALZHEIMERS/SPECIAL CAI BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GERING (SCOTTS BLUFF) - 69341	Heritage Estates	2325 LODGE DRIVE	(308) 436-5007 FAX: (308) 436-5920	VSL GERING, LLC CORY MORRIS, ADMINISTRATOR JENNIFER LUJAN, Director of Nursing	SNF/NF	285071	NH0002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 102 ICF - 0 Total Lic Beds - 102	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GORDON (SHERIDAN) - 69343	Gordon Countryside Care	500 EAST 10TH STREET	(308) 282-0806 FAX: (308) 282-0251	GORDON MEMORIAL HOSPITAL STEPHANIE HUFFMAN, ADMINISTRATOR ELISHA OTTE, Director of Nursing	NF	28E257	734001	Medicare - 0 Medicaid - 40 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 40	
GOTHENBURG (DAWSON) - 69138	Hilltop Estates	2520 AVENUE M P O BOX 429	(308) 537-7138 FAX: (308) 537-7130	K. C. HEALTH CARE ENTERPRISES, INC. SCOTT BAHE, ADMINISTRATOR LORETTA SMITH, Director of Nursing	SNF/NF	285163	224002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No Accreditation	No. and Type of Beds	Services
GRAND ISLAND (HALL) - 68803	CHI Health St. Francis	2116 WEST FAIDLEY AVENUE	(308) 398-5880 FAX: (308) 398-5589	CATHOLIC HEALTH INITIATIVES EDWARD HANNON, ADMINISTRATOR	SNF/NF LTCH	285081	LTCH014	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	
GRAND ISLAND (HALL) - 68801	Emerald Nursing & Rehab Lakeview	1405 WEST HWY 34	(308) 382-6397 FAX: (308) 382-0125	GRAND ISLAND LAKEVIEW OPERATIONS LLC JESSICA LAWLESS, ADMINISTRATOR HEATHER MILLER, Director of Nursing	SNF/NF	285106	NH0067	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 95 ICF - 0 Total Lic Beds - 95	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GRAND ISLAND (HALL) - 68803	Good Samaritan Society - Grand Island Village	4061 TIMBERLINE STREET & 4055 TIMBERLINE STREET	(308) 384-3535 FAX: (308) 675-0980	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY BRENT BASKERVILLE, ADMINISTRATOR JANNA COPE, Director of Nursing c/o: GOOD SAMARITAN SOCIETY - GRAND ISLAND VILLAGE ATTN: ADMINISTRATOR, 4075 TIMBERLINE STREET, GRAND ISLAND NE 68802	SNF/NF	285285	NH0010	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 67 ICF - 0 Total Lic Beds - 67	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GRAND ISLAND (HALL) - 68803	Tabitha At Prairie Commons	3490 EWOLDT STREET	(308) 321-1122 FAX: (308) 321-8107	TABITHA GRAND ISLAND, INC. JESSICA ANDERSEN, ADMINISTRATOR ELIZABETH CUMMINGS, Director of Nursing	SNF/NF	285307	NH0051	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	PHYSICAL THERAPY
GRAND ISLAND (HALL) - 68803	The Cedars at Broadwell	800 STOEGER DRIVE	(308) 382-5440 FAX: (308) 381-2005	THE CEDARS AT BROADWELL LLC DANIELLE MUIR, ADMINISTRATOR CYNTHIA BUETTNER, Director of Nursing c/o: AZRIA HEALTH BROADWELL , 702 S HIGHWAY 6, GRETNA NE 68028	SNF/NF	285221	NH0055	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 76 ICF - 0 Total Lic Beds - 76	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
GRAND ISLAND (HALL) - 68803	Tiffany Square	3119 WEST FAIDLEY AVENUE	(308) 384-2333 FAX: (308) 384-3620	VSL GRAND ISLAND, LLC STEPHANIE OLSON, ADMINISTRATOR JAMIE ZAPP, Director of Nursing	SNF/NF	285087	374006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 103 ICF - 0 Total Lic Beds - 103	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GRETNA (SARPY) - 68028	The Willows at Gretna	700 HIGHWAY 6	(402) 332-3446 FAX: (402) 332-4645	THE WILLOWS AT GRETNA MICHAEL AUBREY, ADMINISTRATOR AMANDA DEVRIES, Director of Nursing c/o: AZRIA HEALTH GRETNA , 702 S HIGHWAY 6, GRETNA NE 68028	SNF/NF	285146	NH0060		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 63 ICF - 0 Total Lic Beds - 63	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HARTINGTON (CEDAR) - 68739	Arbor Care Centers-Hartington LLC	401 W DARLENE STREET PO BOX 107	(402) 254-3905 FAX: (402) 254-3963	ARBOR CARE CENTERS-HARTINGTON LLC MISTY WYLIE, ADMINISTRATOR JESSICA PUPPE, Director of Nursing	SNF/NF	285088	124002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HARVARD (CLAY) - 68944	Harvard Rest Haven	400 EAST 7TH STREET	(402) 772-7591 FAX: (402) 772-7111	CITY OF HARVARD SHARON RYAN, PROVISIONAL ADM BEATRIZ LEDEZMA, Director of Nursing	SNF/NF	285272	164002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 37 ICF - 0 Total Lic Beds - 37	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HASTINGS (ADAMS) - 68901	Good Samaritan Society - Hastings Village	926 EAST E STREET	(402) 463-3181 FAX: (402) 463-3740	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY SHAWN LEACH, ADMINISTRATOR JENNIFER THOMAS, Director of Nursing	SNF/NF	285072	014001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 175 ICF - 0 Total Lic Beds - 175	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
HAY SPRINGS (SHERIDAN) - 69347	Pioneer Manor Nursing Home	318 N 3RD STREET P O BOX 310	(308) 638-4483 FAX: (308) 638-7385	CITY OF HAY SPRINGS KRYSTYN TURMAN, ADMINISTRATOR KASSANDRA HARTMAN, Director of Nursing	SNF/NF	285212	734002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 57 ICF - 0 Total Lic Beds - 57	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HEBRON (THAYER) - 68370	Blue Valley Lutheran Nursing Home	220 PARK AVENUE P O BOX 166	(402) 768-3900 FAX: (402) 768-3901	BLUE VALLEY LUTHERAN HOMES SOCIETY, INC. LORI WITTLER, PROVISIONAL ADM KEITH TRIMM, Director of Nursing	SNF/NF	285259	764002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HEMINGFORD (BOX BUTTE) - 69348	Hemingford Care Center	605 DONALD AVENUE P O BOX 307	(308) 487-3301 FAX: (308) 487-5447	SENEX OF HEMINGFORD, LLC LORA SULLIVAN, ADMINISTRATOR AMBER ALLEN, Director of Nursing	SNF/NF	285306	NH0046		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 39 ICF - 0 Total Lic Beds - 39	ALZHEIMERS/SPECIAL CAI BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HENDERSON (YORK) - 68371	Legacy Square	1621 FRONT STREET	(402) 723-5301 FAX: (402) 723-4520	HENDERSON HEALTH CARE SERVICES, INC CHERYL BROWN, ADMINISTRATOR BARBARA CHELEWSKI, Director of Nursing	NF LTCH	28E173	LTCH017		Medicare - 0 Medicaid - 40 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 40	
HOLDREGE (PHELPS) - 68949	Christian Homes Health Care Center	1923 WEST 4TH AVENUE	(308) 995-4493 FAX: (308) 248-0033	CHRISTIAN HOMES, INC. CHERLYN HUNT, ADMINISTRATOR ERIKA MUTHART, Director of Nursing	SNF/NF	285246	614002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 86 ICF - 0 Total Lic Beds - 86	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
	HOLDREGE (PHELPS) - 68949	Holdrege Memorial Homes, Inc	1320 11TH AVENUE	(308) 995-8631 FAX: (308) 995-8636 HOLDREGE MEMORIAL HOMES KEVIN MORIARTY, ADMINISTRATOR EMILY POPPLE, Director of Nursing	SNF/NF	285067	614003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 94 ICF - 0 Total Lic Beds - 94	
	HUMBOLDT (RICHARDSON) - 68376	Colonial Acres Nursing Home	1043 10TH STREET	(402) 862-3123 FAX: (402) 862-2153 CITY OF HUMBOLDT ELIZABETH SHARP, ADMINISTRATOR CLAUDIA GEIER, Director of Nursing	SNF/NF	285248	664003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 49 ICF - 0 Total Lic Beds - 49	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
	IMPERIAL (CHASE) - 69033	Imperial Manor Nursing Home	933 GRANT STREET P O BOX 757	(308) 882-5333 FAX: (308) 882-4699 CITY OF IMPERIAL LINNEA DETRICK, ADMINISTRATOR GAIL DINNEL, Director of Nursing	SNF/NF	285252	134001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
	KEARNEY (BUFFALO) - 68845	Brookestone Gardens	2615 WEST 11TH STREET	(308) 236-0211 FAX: (308) 234-1707 VSL KEARNEY, LLC KATELYN HONAS, ADMINISTRATOR LACIE FRAZHO, Director of Nursing	SNF/NF	285305	NH0034		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 54 ICF - 0 Total Lic Beds - 54	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
	KEARNEY (BUFFALO) - 68847	Central Nebraska Veterans Home	4510 EAST 56TH STREET	(308) 865-6000 FAX: (402) 742-1168 NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS DORIN VAIPAN, ADMINISTRATOR KRISTINE HUGHBANKS, Director of Nursing	SNF-LIC		NH0032		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 225	ALZHEIMERS/SPECIAL CAI

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
KEARNEY (BUFFALO) - 68847	Good Samaritan Society - St John's	3410 CENTRAL AVENUE	(308) 234-1888 FAX: (308) 236-7157	JENNIFER STRAUSS, PROVISIONAL ADM CHRISANNE WICKHAM, Director of Nursing	SNF/NF	285189	074004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 56 ICF - 0 Total Lic Beds - 56	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
KEARNEY (BUFFALO) - 68847	Good Samaritan Society - St Luke's Village	2201 EAST 32ND STREET	(308) 237-3108 FAX: (308) 237-3799	JESSICA BARTEK, PROVISIONAL ADM JORDON KACOU, Director of Nursing	SNF/NF	285192	074005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
KEARNEY (BUFFALO) - 68847	Mother Hull Home	125 EAST 23RD STREET	(308) 234-2447 FAX: (308) 234-6823	STEPHANIE SIMMONS, ADMINISTRATOR KRISTINA ROBERTS, Director of Nursing	SNF/NF	285254	074002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	
KEARNEY (BUFFALO) - 68845	Mt Carmel Home - Keens Memorial	412 WEST 18TH STREET	(308) 237-2287 FAX: (308) 237-7264	EMILY BIRDSLEY, ADMINISTRATOR KATHERINE JOHNSON, Director of Nursing	SNF/NF	285216	074003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 75 ICF - 0 Total Lic Beds - 75	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
KENESAW (ADAMS) - 68956	Premier Estates of Kenesaw, LLC	100 WEST ELM AVENUE P O BOX 10	(402) 752-3212 FAX: (402) 752-3286	AUDREY PEREZ, ADMINISTRATOR NANCY STEPHENS, Director of Nursing	SNF/NF	285166	014003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 76 ICF - 0 Total Lic Beds - 76	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

c/o: PREMIER ESTATES OF KENESAW, LLC TRILLIUM HEALTHCARE CONSULTING, 5115 EAST STATE RD 64, BRADENTON FL 34208

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
KIMBALL (KIMBALL) - 69145	Kimball County Manor	810 EAST 7TH STREET	(308) 235-4693	FAX: (308) 235-2082 KIMBALL COUNTY MANOR SARAH STULL, ADMINISTRATOR ENIOLA BARKER, Director of Nursing	SNF/NF	285256	484001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 49 ICF - 0 Total Lic Beds - 49	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LAUREL (CEDAR) - 68745	Hillcrest Care Center	702 CEDAR AVENUE	(402) 256-3961	FAX: (402) 256-9005 CITY OF LAUREL MEGAN WIECK, ADMINISTRATOR KATE KVOLS, Director of Nursing	SNF/NF	285178	124003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68506	AMBASSADOR HEALTH OF LINCOLN	4405 NORMAL BLVD	(402) 488-2355	FAX: (402) 488-2779 THE AMBASSADOR LINCOLN, INC. MICHAEL LANGE, ADMINISTRATOR ANGELA HAYNES, Director of Nursing	SNF/NF	285066	LTCH039		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 122 ICF - 0 Total Lic Beds - 122	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68510	Eastmont	6315 O STREET	(402) 489-6591	FAX: (402) 484-4711 CHRISTIAN RETIREMENT HOMES AMY FISH, ADMINISTRATOR ASHLEY NUSS, Director of Nursing	SNF	285036	504003		Medicare - 23 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 23	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68516	Emerald Nursing & Rehab Brookside	4735 SOUTH 54TH STREET	(402) 488-0977	FAX: (402) 441-7118 EMERALD NURSING & REHAB BROOKSIDE LLC CLARA OWOLABI, ADMINISTRATOR JENNY HOYT, Director of Nursing	SNF/NF	285049	NH0049		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 173 ICF - 0 Total Lic Beds - 173	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
LINCOLN (LANCASTER) - 68502	Emerald Nursing & Rehab Lancaster	1001 SOUTH STREET	(402) 441-7101 FAX: (402) 441-7118	EMERALD NURSING & REHAB LANCASTER LLC CRYSTAL SCHELL, ADMINISTRATOR BETH NELSEN, Director of Nursing	SNF/NF	285275	NH0047		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 293 ICF - 0 Total Lic Beds - 293	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68504	Gateway Vista	225 NORTH 56TH STREET	(402) 464-6371 FAX: (402) 467-0299	GATEWAY PROPERTIES, INC. MIKEL ARDLEY, ADMINISTRATOR MICHELLE THOMPSON, Director of Nursing	SNF/NF	285266	504004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 80 ICF - 0 Total Lic Beds - 80	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68520	Hillcrest Firethorn	8601 FIRETHORN LANE	(531) 739-3500 FAX: (531) 739-3501	HILLCREST FIRETHORN, LLC STACI SVENDGARD, ADMINISTRATOR KRISTINA WATSON, Director of Nursing	SNF/NF	285300	NH0029		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 72 ICF - 0 Total Lic Beds - 72	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68506	Holmes Lake Rehabilitation & Care Center	6101 NORMAL BLVD	(402) 489-7175 FAX: (402) 489-5684	MID AMERICA CARE CENTERS, INC. LAVONNE HARRON, ADMINISTRATOR OLGA SOKOLOVA, Director of Nursing	SNF/NF	285164	504005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 97 ICF - 0 Total Lic Beds - 97	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68522	NDCS--Reception and Treatment Center	3218 WEST VAN DORN ST	(402) 479-5630 FAX: (402) 479-6367	NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES CASSANDRA PUTNAM, ADMINISTRATOR LORI PALIK, Director of Nursing	SNF-LIC		NH0050		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 32 ICF - 0 Total Lic Beds - 32	BEHAVIORAL NEEDS PHYSICAL THERAPY RESPIRATORY THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
LINCOLN (LANCASTER) - 68512	Old Cheney Rehabilitation	5431 SOUTH 16TH STREET	(531) 739-3200 FAX: (531) 739-3299	SNF LINCOLN OPERATING COMPANY, LLC CHRISTIAN KOENIG, ADMINISTRATOR CAROLYN PHILLIPS, Director of Nursing	SNF/NF	285299	NH0028		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68526	Southlake Village Rehabilitation & Care Center	9401 ANDERMATT DRIVE	(402) 327-6300 FAX: (402) 476-6395	VSL LINCOLN SOUTHLAKE, LLC DAVID BERGMANN, ADMINISTRATOR JACQUELYN MCCALL, Director of Nursing	SNF/NF	285219	NH00011		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 126 ICF - 0 Total Lic Beds - 126	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68506	St. Jane de Chantal	2200 SOUTH 52ND STREET	(402) 413-3607 FAX: (402) 413-3620	MADONNA REHABILITATION HOSPITAL MELODY GAGNER, ADMINISTRATOR DONNA HANEY, Director of Nursing c/o: ATTN: PAUL A. DONGILLI MADONNA REHABILITATION HOSPITAL, 5401 SOUTH STREET, LINCOLN NE 68506	S/NF DP LTC	285004	LTCH022		Medicare - 0 Medicaid - 30 Medicare/Medicaid - 96 ICF - 0 Total Lic Beds - 126	
LINCOLN (LANCASTER) - 68502	Sumner Place	1750 SOUTH 20TH STREET	(402) 475-6791 FAX: (402) 475-3792	VSL LINCOLN SUMNER, LLC KAITLIN CLEGG, ADMINISTRATOR MINDY RUESCHHOFF, Director of Nursing	SNF/NF	285002	504008		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 104 ICF - 0 Total Lic Beds - 104	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68516	Tabitha At The Landing	6120 SOUTH 34TH STREET	(402) 486-8919 FAX: (402) 328-9248	TABITHA INC. KELSIE RYAN, ADMINISTRATOR JOLANTA DERR, Director of Nursing	SNF/NF	285288	NH0014		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 50 ICF - 0 Total Lic Beds - 50	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
LINCOLN (LANCASTER) - 68510	Tabitha Nursing Home	4720 RANDOLPH STREET	(402) 483-7671 FAX: (402) 486-8518	TONYA NOACK, ADMINISTRATOR ENGLISH CAMERO, Director of Nursing	SNF/NF	285057	504009		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 197 ICF - 0 Total Lic Beds - 197	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LOUISVILLE (CASS) - 68037	Louisville Care Center	410 WEST 5TH STREET	(402) 234-2125 FAX: (402) 234-2431	ANGELA BUGLEWICZ, PROVISIONAL ADM LYNN FORSUNG, Director of Nursing	S/NF DP	285267	114001		Medicare - 6 Medicaid - 0 Medicare/Medicaid - 55 ICF - 0 Total Lic Beds - 61	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LOUP CITY (SHERMAN) - 68853	Rose Lane Home	RR 2 BOX 46, 1005 NORTH 8TH STREET	(308) 745-0303 FAX: (308) 745-0253	MATTHEW GIESELMAN, ADMINISTRATOR DIANE PANOWICZ, Director of Nursing	SNF/NF	285228	744001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
MACY (THURSTON) - 68039	Carl T Curtis Health Education Center Nursing Home	100 INDIAN HILLS DRIVE PO BOX 250	(402) 837-5381 FAX: (402) 837-4216	OMAHA TRIBE OF NEBRASKA GIDGET WINGAD, ADMINISTRATOR BRENDA PROVOST, Director of Nursing	NF	28A065	774001		Medicare - 0 Medicaid - 25 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 25	
MADISON (MADISON) - 68748	Arbor Care Centers-Countryside LLC	703 NORTH MAIN STREET	(402) 454-3373 FAX: (402) 454-9021	HEATHER DEBOLT, ADMINISTRATOR SAMANTHA REIGLE, Director of Nursing	SNF/NF	285207	524002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
MCCOOK (RED WILLOW) - 69001	Hillcrest Nursing Home	309 WEST 7TH STREET P O BOX 1087	(308) 345-4600 FAX: (308) 777-2012	RENEE WRIGHT, ADMINISTRATOR TAMMI SIMPSON, Director of Nursing	SNF/NF	285080	654001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 100 ICF - 0 Total Lic Beds - 100	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
MILFORD (SEWARD) - 68405	Sunrise Country Manor	610 224TH STREET PO BOX A	(402) 761-3230 FAX: (402) 761-3283	SETH STAUFFER, ADMINISTRATOR VICKI BLACKWELL, Director of Nursing	SNF/NF	285232	724002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 80 ICF - 0 Total Lic Beds - 80	
MINDEN (KEARNEY) - 68959	Bethany Home, Inc	515 WEST FIRST STREET	(308) 832-1594 FAX: (308) 832-0662	ROBERT TANK, ADMINISTRATOR CASSIE GRUBE, Director of Nursing	SNF/NF	285270	464002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
MITCHELL (SCOTTS BLUFF) - 69357	Mitchell Care Center	1723 23RD STREET	(308) 623-1212 FAX: (308) 623-2052	STEPHANIE HAHN, ADMINISTRATOR CRYSTAL WICKHAM, Director of Nursing	SNF/NF	285287	704003	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 50 ICF - 0 Total Lic Beds - 50	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NEBRASKA CITY (OTOE) - 68410	Prestige Care Center of Nebraska City	1420 NORTH 10TH STREET	(402) 873-3304 FAX: (402) 873-6307	JEANNE ENGEL, ADMINISTRATOR	SNF/NF	285109	584003	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
NEBRASKA CITY (OTOE) - 68410	The Ambassador Nebraska City, Inc	1800 14TH AVENUE	(402) 873-6650 FAX: (402) 873-6621	THE AMBASSADOR HOLDING COMPANY LORETTA PAUL-ALLEN, ADMINISTRATOR TAMELA OSBORN, Director of Nursing	SNF/NF	285126	584001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 71 ICF - 0 Total Lic Beds - 71	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NELIGH (ANTELOPE) - 68756	Arbor Care Centers-Neligh LLC	1100 NORTH T STREET PO BOX 66	(402) 887-5428 FAX: (402) 887-4832	ARBOR CARE CENTERS-NELIGH LLC LACEY VANIS, PROVISIONAL ADM JENNIFER COWLING, Director of Nursing	SNF/NF	285124	024001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NEWMAN GROVE (MADISON) - 68758	Mid-Nebraska Lutheran Home	109 NORTH 2ND STREET	(402) 447-6203 FAX: (402) 447-6244	MID-NEBRASKA LUTHERAN HOME CHAD THOMPSON, ADMINISTRATOR DORA MILLER, Director of Nursing	SNF/NF	285213	524003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 45 ICF - 0 Total Lic Beds - 45	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORFOLK (MADISON) - 68702	Heritage of Bel Air	1203 NORTH 13TH STREET	(402) 371-4991 FAX: (402) 379-0044	VSL NORFOLK TRACY ZAMORA, ADMINISTRATOR KAMARA HACKEROTT, Director of Nursing	SNF/NF	285089	524004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 108 ICF - 0 Total Lic Beds - 108	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORFOLK (MADISON) - 68701	Norfolk Veterans Home	600 E BENJAMIN AVENUE	(402) 370-3330 FAX: (402) 370-3190	NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS JOSHUA STAFURSKY, ADMINISTRATOR LACEY MOELLER, Director of Nursing	SNF-LIC	NH0001			Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 159	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
NORFOLK (MADISON) - 68701	St. Joseph's Rehabilitation and Care Center	401 NORTH 18TH STREET	(402) 644-7375 FAX: (402) 644-7384	FAITH REGIONAL HEALTH SERVICES KENNETH STEVENS, ADMINISTRATOR HEATHER PERSINGER, Director of Nursing	SNF/NF	285160	524007		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 83 ICF - 0 Total Lic Beds - 83	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORTH PLATTE (LINCOLN) - 69101	Linden Court	4000 WEST PHILIP AVENUE	(308) 532-5774 FAX: (308) 532-6252	VSL NORTH PLATTE COURT, LLC WINSOME BACKER, ADMINISTRATOR CHRISTINE JOHANSEN, Director of Nursing	SNF/NF	285083	514005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 135 ICF - 0 Total Lic Beds - 135	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORTH PLATTE (LINCOLN) - 69101	North Platte Care Center, LLC	2900 WEST E STREET	(308) 534-2200 FAX: (308) 534-9069	NORTH PLATTE CARE CENTER, LLC KRISTIN ARROWSMITH-SKILES, ADMINISTRATOR BRANDI WRIGHT, Director of Nursing c/o: NORTH PLATTE CARE CENTER, LLC TRILLIUM HEALTHCARE CONSULTING LLC, 5115 EAST STATE RD 64, BRADENTON FL 34208	SNF/NF	285165	514003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 71 ICF - 0 Total Lic Beds - 71	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORTH PLATTE (LINCOLN) - 69101	The Maples at Centennial	510 CENTENNIAL CIRCLE	(308) 534-7000 FAX: (308) 534-8216	THE MAPLES AT CENTENNIAL LLC JOHANNA HEINIS, ADMINISTRATOR JOHANNA HEINIS, Director of Nursing c/o: CENTENNIAL PARK RETIREMENT VILLAGE FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285094	NH0058		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 68 ICF - 0 Total Lic Beds - 68	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORTH PLATTE (LINCOLN) - 69101	The Maples at Centennial	510 CENTENNIAL CIRCLE	(308) 534-7000 FAX: (308) 534-8216	THE MAPLES AT CENTENNIAL LLC JOHANNA HEINIS, ADMINISTRATOR JENNIFER BELGUM, Director of Nursing c/o: CENTENNIAL PARK RETIREMENT VILLAGE FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285094	NH0058		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 68 ICF - 0 Total Lic Beds - 68	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
O' NEILL (HOLT) - 68763	Arbor Care Centers-O'Neill LLC	1102 NORTH HARRISON STREET PO BOX 756	(402) 336-2384 FAX: (402) 336-4206	HEATHER SALMON, ADMINISTRATOR JUSTINE BOLLWITT, Director of Nursing	SNF/NF	285108	414002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 84 ICF - 0 Total Lic Beds - 84	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OAKLAND (BURT) - 68045	Oakland Heights	207 SOUTH ENGDAHL AVENUE	(402) 685-5683 FAX: (402) 685-5684	DAVID DEEMER, ADMINISTRATOR PAIGE KNAUSS, Director of Nursing	SNF/NF	285281	084002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 45 ICF - 0 Total Lic Beds - 45	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OGALLALA (KEITH) - 69153	Indian Hills Manor	1720 NORTH SPRUCE	(308) 284-4068 FAX: (308) 284-8381	KISMET OGA, LLC CHAD BOS, ADMINISTRATOR TAYLOR YORK, Director of Nursing	SNF/NF	285091	474001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 82 ICF - 0 Total Lic Beds - 82	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68114	Ambassador Health of Omaha	1540 NORTH 72ND STREET	(402) 393-6500 FAX: (402) 393-6502	THE AMBASSADOR OMAHA, INC. JAKE BLEACH, ADMINISTRATOR POLLY STERN, Director of Nursing	S/NF DP	285127	LTCH038		Medicare - 0 Medicaid - 48 Medicare/Medicaid - 98 ICF - 0 Total Lic Beds - 146	OCCUPATIONAL THERAPY PEDIATRIC PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68105	Azria Health Midtown	910 SOUTH 40TH STREET	(402) 342-2015 FAX: (402) 341-0657	AZM, LLC BETH BLOCK, ADMINISTRATOR DINAH MILES, Director of Nursing	SNF/NF	285218	264007		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 65	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
OMAHA (DOUGLAS) - 68144	Azria Health Montclair	2525 SOUTH 135TH AVENUE	(402) 333-2304 FAX: (402) 330-1428	AHMO, LLC LINDSEY PIHLGREN, ADMINISTRATOR WANDA HUGHES, Director of Nursing c/o: AZRIA HEALTH MONTCLAIR 364 CHURCH AVENUE, WOODMERE NY 11598	SNF/NF	285054	264011		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 175 ICF - 0 Total Lic Beds - 175	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68137	Brookestone Village	4330 SOUTH 144TH STREET	(402) 614-4000 FAX: (402) 614-4001	VSL OMAHA, LLC ABIGAIL MEREDITH, ADMINISTRATOR KAREN WALKER, Director of Nursing	SNF/NF	285242	264603		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 140 ICF - 0 Total Lic Beds - 140	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68105	Douglas County Health Center	4102 WOOLWORTH AVENUE	(402) 444-7041 FAX: (402) 444-6287	DOUGLAS COUNTY ERIN NELSON, ADMINISTRATOR RANAE MANNING, Director of Nursing	SNF/NF	285019	264024		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 254 ICF - 0 Total Lic Beds - 254	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68112	Emerald Nursing & Rehab Legacy Pointe	3110 SCOTT CIRCLE	(402) 455-6636 FAX: (402) 455-0407	EMERALD NURSING & REHAB LEGACY POINTE LLC CHADD RUSSELL, ADMINISTRATOR MELISSA NEIGER, Director of Nursing	SNF/NF	285239	NH0048		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 108 ICF - 0 Total Lic Beds - 108	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68106	Emerald Nursing & Rehab Omaha	5505 GROVER STREET	(402) 558-0225 FAX: (402) 558-0227	OMAHA OPERATIONS LLC KRISTINA PILEGE, PROVISIONAL ADM LEANDREA BOWMAN, Director of Nursing	SNF/NF	285097	NH0065		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 155 ICF - 0 Total Lic Beds - 155	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
OMAHA (DOUGLAS) - 68124	Emerald Nursing & Rehabilitation Mercy	7410 MERCY ROAD	(402) 397-1220 FAX: (402) 397-4102	D. KIRK SWEENEY, ADMINISTRATOR RACHAEL KENNEDY-BENNETT, Director of Nursing	SNF/NF	285058	NH0053		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 174 ICF - 0 Total Lic Beds - 174	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68112	Florence Home	7915 NORTH 30TH STREET	(402) 827-6000 FAX: (402) 827-6005	ANN ERICKSON, ADMINISTRATOR JENNIFFER EBLING, Director of Nursing	SNF/NF	285173	264005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 126 ICF - 0 Total Lic Beds - 126	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68137	Good Samaritan Society - Millard	12856 DEAUVILLE DRIVE	(402) 895-2266 FAX: (402) 895-8964	NICKLOS NORBY, ADMINISTRATOR TERRI POPE-WOOD, Director of Nursing	SNF/NF	285098	264010		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 106 ICF - 0 Total Lic Beds - 106	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68144	Hillcrest Millard	13225 WESTWOOD LANE	(531) 365-3000 FAX: (531) 365-3001	AMBER KENDALL, ADMINISTRATOR WANDA PEREZ, Director of Nursing 1902 HARLAN DRIVE, BELLEVUE NE 68005	SNF/NF	285302	NH0030		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 76 ICF - 0 Total Lic Beds - 76	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68134	Keystone Ridge Post Acute Nursing and Rehabilitation	7501 KEYSTONE DRIVE	(402) 572-5750 FAX: (402) 572-5777	JENNIFER HOPKINS, ADMINISTRATOR HEATHER PULCINI, Director of Nursing c/o: KEYSTONE RIDGE POST ACUTE NURSING AND REHAB 27101 PUERTA REAL, SUITE 450, MISSION VIEJO CA 92691	SNF/NF	285238	264016		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 100 ICF - 0 Total Lic Beds - 100	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
OMAHA (DOUGLAS) - 68104	Life Care Center of Omaha	6032 VILLE DE SANTE DRIVE	(402) 571-6770	FAX: (402) 571-6273	SNF/NF	285137	264019		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 128 ICF - 0 Total Lic Beds - 128	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CONSOLIDATED RESOURCES HEALTH CARE FUND I, L.P. PETER STYGAR, ADMINISTRATOR EILEEN RAINE, Director of Nursing										
OMAHA (DOUGLAS) - 68104	Maple Crest Health Center	2824 NORTH 66TH AVENUE	(402) 551-2110	FAX: (402) 551-4636	SNF/NF	285149	264009		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 175 ICF - 0 Total Lic Beds - 175	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
AMERICAN BAPTIST HOMES OF THE MIDWEST EUGENIE AHOUNOU, ADMINISTRATOR TERESA LAWSON, Director of Nursing										
OMAHA (DOUGLAS) - 68152	Newport House	6798 N 67TH PLAZA	(402) 572-2595	FAX: (402) 572-3279	SNF/NF	285085	NH0043		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 96 ICF - 0 Total Lic Beds - 96	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
IMMANUEL LONG TERM CARE JOHN TURNER, ADMINISTRATOR CYNTHIA LEO GOFTA, Director of Nursing c/o: SENIOR VP & CHIEF OPERATIONS OFFICER IMMANUEL, 1044 N. 115TH STREET, STE. 500, OMAHA NE 68154										
OMAHA (DOUGLAS) - 68154	Old Mill Rehabilitation (Omaha TCU)	1131 PAPILLION PARKWAY	(402) 934-7500	FAX: (402) 934-7560	SNF/NF	285289	NH0017		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 44 ICF - 0 Total Lic Beds - 44	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SNF OMAHA OPERATING COMPANY, LLC JACQUE MOSS, ADMINISTRATOR JUDY SAGVOLD, Director of Nursing										
OMAHA (DOUGLAS) - 68117	Omaha Nursing and Rehabilitation Center	4835 SOUTH 49TH STREET	(402) 733-7200	FAX: (402) 733-1736	SNF/NF	285240	264013		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SOUTHSIDE HEALTHCARE, INC NEIL HAYHURST, ADMINISTRATOR SHANNON SEVERS, Director of Nursing										

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
OMAHA (DOUGLAS) - 68104	Quality Living, Inc.	6404 NORTH 70TH PLAZA	(402) 573-3700 FAX: (402) 573-3790	MICHALA WITAS, ADMINISTRATOR JENNIFER CLARK, Director of Nursing	NF	28A060	264014		Medicare - 0 Medicaid - 120 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 133	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68154	Rose Blumkin Jewish Home	323 SOUTH 132ND STREET	(402) 330-4272 FAX: (402) 330-2725	JEWISH FEDERATION OF OMAHA, INC. CHRIS ULVEN, ADMINISTRATOR ROCHELLE CASH, Director of Nursing	SNF/NF	285059	264015		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 105 ICF - 0 Total Lic Beds - 105	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68108	St. Joseph Villa Nursing Center	2305 SOUTH 10TH STREET	(402) 345-5683 FAX: (402) 345-1817	DELMAR GARDENS OF OMAHA, LLC HECTOR LEGUILLLOW, ADMINISTRATOR RENEE EDWARDS, Director of Nursing	S/NF DP	285078	264017		Medicare - 0 Medicaid - 128 Medicare/Medicaid - 56 ICF - 0 Total Lic Beds - 184	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68130	The Lighthouse at Lakeside Village	17600 ARBOR STREET	(402) 717-0200 FAX: (402) 717-0201	IMMANUEL LONG TERM CARE ALLEN CRESS, ADMINISTRATOR BIANCA CARMEL-COOPER, Director of Nursing c/o: IMMANUEL C/O SENIOR VP & CHIEF OPERATIONS OFFICER 1044 NORTH 115TH STREET, STE.500, OMAHA NE 68154	SNF/NF	285280	NH0009		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ORD (VALLEY) - 68862	Arbor Care Centers - Ord, LLC	220 SOUTH 26TH STREET	(308) 728-8164 FAX: (308) 728-7864	ARBOR CARE CENTERS - ORD, LLC MELISSA VANDEWALLE, ADMINISTRATOR CARLOS MARTE, Director of Nursing	SNF/NF LTCH	285294	NH0037		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
OSCEOLA (POLK) - 68651	Good Samaritan Society - Osceola	600 CENTER DRIVE	(402) 747-2691	FAX: (402) 747-3685	SNF/NF	285193	644001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY EMILY TRIPLETT, ADMINISTRATOR THERESE SCHLEGELMILCH, Director of Nursing										
OSHKOSH (GARDEN) - 69154	Regional West Garden County Nursing Home	1100 WEST 2ND	(308) 772-3283	FAX: (308) 772-9916	NF LTCH	28E180	LTCH036		Medicare - 0 Medicaid - 40 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 40	
REGIONAL WEST GARDEN COUNTY BRADLEY HOWELL, ADMINISTRATOR JOLENE LOBNER, Director of Nursing										
PAPILLION (SARPY) - 68133	Hillcrest Country Estates-Cottages	6082 GRAND LODGE AVENUE	(402) 885-7000	FAX: (402) 885-7001	S/NF DP	285293	NH0045		Medicare - 0 Medicaid - 26 Medicare/Medicaid - 22 ICF - 0 Total Lic Beds - 186	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HCE - COTTAGES, LLC KALEB HIGHT, ADMINISTRATOR KELLI GREGERSON, Director of Nursing c/o: HILLCREST COUNTRY ESTATES 1902 HARLAN DRIVE, SUITE A, BELLEVUE NE 68005										
PAPILLION (SARPY) - 68046	Hillcrest Shadow Lake LLC	1507 E GOLD COAST ROAD	(402) 339-6010	FAX: (402) 339-9274	NF	28E299	NH0041		Medicare - 0 Medicaid - 114 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 114	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HILLCREST SHADOW LAKE LLC BARRY EMERSON, ADMINISTRATOR SARAH FORSBERG, Director of Nursing c/o: HILLCREST SHADOW LAKE 1902 HARLAN DRIVE, SUITE A, BELLEVUE NE 68005										
PAPILLION (SARPY) - 68046	Papillion Manor	610 SOUTH POLK STREET	(402) 339-7700	FAX: (402) 592-9155	SNF/NF	285268	684004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 110 ICF - 0 Total Lic Beds - 110	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
VSL PAPILLION, LLC ASHLEY WALTERS, ADMINISTRATOR MAUREEN BLAYLOCK, Director of Nursing										

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
PAWNEE CITY (PAWNEE) - 68420	Premier Estates of Pawnee, LLC	438 12TH STREET P O BOX 513	(402) 852-2975 FAX: (402) 852-2979	CHRISTEN SOBRILSKY, ADMINISTRATOR VICKI ALLEN, Director of Nursing	SNF/NF	285157	594001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PAWNEE CITY (PAWNEE) - 68420	Premier Estates of Pawnee, LLC	438 12TH STREET P O BOX 513	(402) 852-2975 FAX: (402) 852-2979	CHRISTEN SOBRILSKY, ADMINISTRATOR VICKI ALLEN, Director of Nursing	SNF/NF	285157	594001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PIERCE (PIERCE) - 68767	Premier Estates of Pierce, LLC	515 EAST MAIN STREET P O BOX 189	(402) 329-6228 FAX: (402) 329-4188	IDEN RAMEY, ADMINISTRATOR RHONDA ROHRICH, Director of Nursing	SNF/NF	285139	624001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 75 ICF - 0 Total Lic Beds - 75	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PIERCE (PIERCE) - 68767	Premier Estates of Pierce, LLC	515 EAST MAIN STREET P O BOX 189	(402) 329-6228 FAX: (402) 329-4188	IDEN RAMEY, ADMINISTRATOR RHONDA ROHRICH, Director of Nursing	SNF/NF	285139	624001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 75 ICF - 0 Total Lic Beds - 75	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PLAINVIEW (PIERCE) - 68769	Plainview Manor	101 W HARPER AVE P O BOX 219	(402) 582-3849 FAX: (402) 582-3850	JULEEN JOHNSON, ADMINISTRATOR PAMELA ALBIN, Director of Nursing	SNF/NF	285273	624002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 39 ICF - 0 Total Lic Beds - 39	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PLAINVIEW (PIERCE) - 68769	Plainview Manor	101 W HARPER AVE P O BOX 219	(402) 582-3849 FAX: (402) 582-3850	JULEEN JOHNSON, ADMINISTRATOR PAMELA ALBIN, Director of Nursing	SNF/NF	285273	624002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 39 ICF - 0 Total Lic Beds - 39	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PLATTSMOUTH (CASS) - 68048	Prestige Care Center of Plattsmouth	602 SOUTH 18TH STREET	(402) 296-2800 FAX: (402) 296-5424	MIRIAM WALL, ADMINISTRATOR TRISTA DRISCOLL, Director of Nursing	SNF/NF	285104	114002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 111 ICF - 0 Total Lic Beds - 111	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PLATTSMOUTH (CASS) - 68048	Prestige Care Center of Plattsmouth	602 SOUTH 18TH STREET	(402) 296-2800 FAX: (402) 296-5424	MIRIAM WALL, ADMINISTRATOR TRISTA DRISCOLL, Director of Nursing	SNF/NF	285104	114002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 111 ICF - 0 Total Lic Beds - 111	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PLATTSMOUTH (CASS) - 68048	The Nebraska Masonic Home	1300 AVENUE D	(402) 296-7300 FAX: (402) 296-3855	APRIL JOHNSTON, ADMINISTRATOR KELLI GREGERSON, Director of Nursing	NF LIC	NH0004		NF LIC	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 72	ALZHEIMERS/SPECIAL CAI PHYSICAL THERAPY
PLATTSMOUTH (CASS) - 68048	The Nebraska Masonic Home	1300 AVENUE D	(402) 296-7300 FAX: (402) 296-3855	APRIL JOHNSTON, ADMINISTRATOR KELLI GREGERSON, Director of Nursing	NF LIC	NH0004		NF LIC	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 72	ALZHEIMERS/SPECIAL CAI PHYSICAL THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
PONCA (DIXON) - 68770	Elms Health Care Center	410 BALL PARK ROAD P O BOX 628	(402) 755-2233 FAX: (402) 755-2245	LINDSAY TRAMP, PROVISIONAL ADM HAILEY CRAIG, Director of Nursing	SNF/NF	285191	244001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 42 ICF - 0 Total Lic Beds - 44	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
RANDOLPH (CEDAR) - 68771	Colonial Manor of Randolph	811 SOUTH MAIN STREET P O BOX 67	(402) 337-0444 FAX: (402) 337-1746	RANDOLPH HEALTHCARE, INC BLAKE MILLER, PROVISIONAL ADM SALLY STUBBS, Director of Nursing	SNF/NF	285183	124004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 45 ICF - 0 Total Lic Beds - 45	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
RED CLOUD (WEBSTER) - 68970	Heritage of Red Cloud	636 NORTH LOCUST STREET	(402) 746-2296 FAX: (402) 746-2325	VSL RED CLOUD, LLC LINDA WILLIAMS, ADMINISTRATOR ERIN MEFFERD, Director of Nursing	SNF/NF	285225	814002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 43 ICF - 0 Total Lic Beds - 43	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
RUSHVILLE (SHERIDAN) - 69360	Oglala Sioux Lakota Nursing Home	7835 ELDERS DRIVE, STATE HIGHWAY 87	(308) 862-4020 FAX: (308) 862-4024	OGLALA SIOUX LAKOTA NURSING HOME, INC. TIFFANY SHANGREAU, ADMINISTRATOR MARQUE LITTLE WHITE MAN, Director of Nursing	NF	28E300	NH0025		Medicare - 0 Medicaid - 72 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 72	ALZHEIMERS/SPECIAL CAI
SCOTTSBLUFF (SCOTTS BLUFF) - 69361	Monument Rehabilitation and Care Center	111 WEST 36TH STREET	(308) 635-2019 FAX: (308) 635-2438	SCOTTSBLUFF OPERATIONS LLC SHELLEY RAMIREZ, ADMINISTRATOR BRENNNA MCBRIEN, Director of Nursing	SNF/NF	285095	704005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 160 ICF - 0 Total Lic Beds - 160	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
SCOTTSBLUFF (SCOTTS BLUFF) - 69361	Northfield Retirement Communities Care Center	2100 CIRCLE DRIVE	(308) 632-4342 FAX: (308) 630-8170	KIMBERLY BURRY, ADMINISTRATOR CONNIE LUCIUS, Director of Nursing	SNF/NF	285271	704004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 66 ICF - 0 Total Lic Beds - 66	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SCOTTSBLUFF (SCOTTS BLUFF) - 69361	Western Nebraska Veterans Home	1102 WEST 42ND STREET	(308) 632-0300 FAX: (308) 632-1384	NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS RONALD STAVELY, ADMINISTRATOR AMBER KLEIN, Director of Nursing	SNF-LIC		704006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 62	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
SEWARD (SEWARD) - 68434	Ridgewood Rehabilitation & Care Center	624 PINEWOOD AVENUE	(402) 643-2902 FAX: (402) 643-6894	VSL SEWARD, LLC JEANNE SCHOEN, ADMINISTRATOR AMANDA WASSINGER, Director of Nursing	SNF/NF	285279	724003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 82 ICF - 0 Total Lic Beds - 82	ALZHEIMERS UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SIDNEY (CHEYENNE) - 69162	S R M C Long Term Care, LLC	549 KELLER DRIVE	(308) 254-7303 FAX: (308) 254-8745	SRMC LONG TERM CARE LLC JUDY FRERICHS, ADMINISTRATOR SUSAN WECKER, Director of Nursing c/o: SIDNEY REGIONAL MEDICAL CENTER-EXTENDED CARE 549 KELLER DRIVE, SIDNEY NE 69162	NF	28E302	NH0052		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 63	ALZHEIMERS/SPECIAL CAI BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SOUTH SIOUX CITY (DAKOTA) - 68776	Continental Springs, LLC	3200 G STREET	(402) 494-3043 FAX: (402) 494-8830	CONTINENTAL SPRINGS, LLC KYLE CAMARATA, ADMINISTRATOR KRISTIN RODRIGUEZ, Director of Nursing	SNF/NF	285082	204003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 77 ICF - 0 Total Lic Beds - 77	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
SOUTH SIOUX CITY (DAKOTA) - 68776	The Palm at Regency Square	3501 DAKOTA AVENUE	(402) 494-4273 FAX: (402) 494-1267	THE PALM AT REGENCY SQUARE LLC CHRISTINE BEAGLE, ADMINISTRATOR RAQUEL KOLKER, Director of Nursing	SNF/NF	285076	NH0056		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 72 ICF - 0 Total Lic Beds - 72	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ST EDWARD (BOONE) - 68660	Cloverlodge Care Center	301 NORTH 13TH STREET	(402) 678-2294 FAX: (402) 678-2446	VSL ST EDWARD, LLC THERESA NABER, ADMINISTRATOR JENNIFER NAUENBURG, Director of Nursing	SNF/NF	285201	034002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ST PAUL (HOWARD) - 68873	Brookefield Park	1405 HERITAGE DRIVE	(308) 754-5486 FAX: (308) 754-5385	VSL ST PAUL, LLC ROB FOXWORTHY, ADMINISTRATOR THERESA JORGENSEN, Director of Nursing	SNF/NF	285226	NH0016		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
STANTON (STANTON) - 68779	Stanton Health Center	301 17TH STREET P O BOX 407	(402) 439-2111 FAX: (402) 439-2132	CITY OF STANTON JONATHAN BRANDOW, ADMINISTRATOR TONI LEATHERS, Director of Nursing	SNF/NF	285102	754001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
STROMSBURG (POLK) - 68666	Midwest Covenant Home	615 EAST 9TH STREET P O BOX 367	(402) 764-2711 FAX: (402) 764-4352	MIDWEST COVENANT HOME, INC SHEILA BJERRUM, ADMINISTRATOR ANGEL ESCHENWECK, Director of Nursing	SNF/NF	285062	644002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 51 ICF - 0 Total Lic Beds - 51	

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
STUART (HOLT) - 68780	Parkside Manor	607 NORTH MAIN STREET P O BOX 350	(402) 924-3601 FAX: (402) 924-3615	LUCAS KAUP, ADMINISTRATOR LISA KORINKO, Director of Nursing	SNF/NF	285245	414003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 40 ICF - 0 Total Lic Beds - 40	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SUPERIOR (NUCKOLLS) - 68978	Good Samaritan Society - Superior	1710 IDAHO STREET	(402) 879-4791 FAX: (402) 879-3149	LORI RENZ, PROVISIONAL ADM HEATHER BERENTES, Director of Nursing	SNF/NF	285187	574002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 69 ICF - 0 Total Lic Beds - 69	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SUTHERLAND (LINCOLN) - 69165	The Birch at Sutherland	333 MAPLE STREET P O BOX 307	(308) 386-4393 FAX: (308) 386-4378	ASHLEY JOHNSON, ADMINISTRATOR PATRICIA ANNETTS, Director of Nursing c/o: AZRIA HEALTH SUTHERLAND , 702 S HIGHWAY 6, GRETN A NE 68028	SNF/NF	285141	NH0063		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SUTTON (CLAY) - 68979	Sutton Community Home, Inc.	1106 NORTH SAUNDERS	(402) 773-5557 FAX: (402) 773-5559	AMY SCHELKOPF, ADMINISTRATOR ELAINE BERRY, Director of Nursing	SNF/NF	285277	164003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 31 ICF - 0 Total Lic Beds - 31	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SYRACUSE (OTOE) - 68446	Good Samaritan Society - Syracuse	1622 WALNUT STREET P O BOX F-1	(402) 269-2251 FAX: (402) 269-2639	STEPHEN SHELL, ADMINISTRATOR CHARLIE RICHARDS, Director of Nursing	SNF/NF	285138	584004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 88 ICF - 0 Total Lic Beds - 88	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No Accreditation	No. and Type of Beds	Services	
TECUMSEH (JOHNSON) - 68450	Tecumseh State Correctional Institution	PO BOX 900, 2725 N HWY 50	(402) 335-5140 FAX: (402) 335-1278	CASSANDRA PUTNAM, ADMINISTRATOR SARA ALLEN, Director of Nursing	SNF-LIC	NH0012		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 10	BEHAVIORAL NEEDS PHYSICAL THERAPY RESPIRATORY THERAPY	
TEKAMAH (BURT) - 68061	Arbor Care Centers-Tekamah LLC	823 M STREET	(402) 374-1414 FAX: (402) 374-1601	LINDA KLAASMEYER, ADMINISTRATOR KORALYNN VOSKAMP, Director of Nursing	SNF/NF	285118	084003	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 44 ICF - 0 Total Lic Beds - 46	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY	
VALLEY (DOUGLAS) - 68064	Arbor Care Center-Valhaven, LLC	300 WEST MEIGS STREET	(402) 359-2533 FAX: (402) 359-5838	TODD MUCKEY, ADMINISTRATOR SUZANNE GASPER, Director of Nursing	SNF/NF	285117	264020	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 66 ICF - 0 Total Lic Beds - 66	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY	
VERDIGRE (KNOX) - 68783	Alpine Village Retirement Center	706 JAMES STREET	(402) 668-2209 FAX: (402) 668-2335	LUCAS KAUP, ADMINISTRATOR TRICIA CHRISTIANSEN, Director of Nursing	SNF/NF	285190	494002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY	
WAHOO (SAUNDERS) - 68066	Saunders Medical Center	1760 COUNTY RD J	(402) 443-4685 FAX: (402) 443-1433	SAUNDERS MEDICAL CENTER MICHELLE YOSICK, ADMINISTRATOR JACLYN SMITH-DWERLKOTTE, Director of Nursing	SNF/NF LTCH	285296	LTCH035	NONE	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	

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WAHOO (SAUNDERS) - 68066	South Haven Living Center	1400 MARK DRIVE	(402) 443-3737 FAX: (402) 443-5867	VSL WAHOO, LLC SARA CASEY, ADMINISTRATOR KIMBERLIE BOHAC, Director of Nursing	SNF/NF	285231	694005	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 85 ICF - 0 Total Lic Beds - 85	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WAKEFIELD (DIXON) - 68784	Wakefield Health Care Center	306 ASH STREET	(402) 287-2244 FAX: (402) 287-2245	CITY OF WAKEFIELD TRACI HAGLUND, ADMINISTRATOR KAYLA MILLER, Director of Nursing	SNF/NF	285209	244002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 40 ICF - 0 Total Lic Beds - 40	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WAUNETA (CHASE) - 69045	Wauneta Care and Therapy Center	427 LEGION STREET PO BOX 520	(308) 394-5738 FAX: (308) 394-5733	VILLAGE OF WAUNETA JANICE EDWARDS, ADMINISTRATOR DARR STEHNO, Director of Nursing	SNF/NF	285220	134002	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WAVERLY (LANCASTER) - 68462	The Mulberry at Waverly	11041 NORTH 137TH ST	(402) 786-2626 FAX: (402) 786-2630	THE MULBERRY AT WAVERLY LLC KATHERINE KLINGSPORN, ADMINISTRATOR CHRISTINA COLLINS, Director of Nursing c/o: AZRIA HEALTH WAVERLY , 702 S HIGHWAY 6, GRETNA NE 68028	SNF/NF	285143	NH0059	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 54 ICF - 0 Total Lic Beds - 54	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
WAYNE (WAYNE) - 68787	Wayne Countryview Care and Rehabilitation	811 EAST 14TH STREET	(402) 375-1922 FAX: (402) 375-1923	LINDAHL HEALTHCARE, INC CHERI WINGERT, ADMINISTRATOR DANETTE FRAHM, Director of Nursing	SNF/NF	285135	804001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN (County) Zip Code	Name of Facility	Address	Phone Number	Licensee Administration	Fac Type	Provider ID	License No	Accreditation	No. and Type of Beds	Services
WEST POINT (CUMING) - 68788	St Joseph's Hillside Villa	540 E WASHINGTON STREET	(402) 372-1118 FAX: (402) 372-5200	SAMUEL PROKOPEC, ADMINISTRATOR KELLY JOHNSON, Director of Nursing	SNF/NF	285303	NH0033		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 54 ICF - 0 Total Lic Beds - 54	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WILBER (SALINE) - 68465	Wilber Care Center	611 NORTH MAIN	(402) 821-2331 FAX: (402) 821-2568	MATTHEW ROSS, ADMINISTRATOR CARIN JELINEK, Director of Nursing	SNF/NF	285172	674002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WISNER (CUMING) - 68791	Wisner Care Center	1105 9TH STREET	(402) 529-3286 FAX: (402) 529-6560	SAMMYE NYMAN, PROVISIONAL ADM RICHELLE WESEMANN, Director of Nursing	SNF/NF	285151	184003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 38 ICF - 0 Total Lic Beds - 38	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
YORK (YORK) - 68467	Nebraska Correctional Center For Women (NCCW) Me	1107 RECHARGE ROAD	(402) 362-3317 FAX: (402) 362-1941	CASSANDRA PUTNAM, ADMINISTRATOR TANITA TROESTER, Director of Nursing c/o: DEPARTMENT OF CORRECTIONAL SERVICES NCCW ATTN: CASSANDRA PUTNAM, PO BOX 94661, LINCOLN NE 68509	SNF-LIC		NH0019		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 2	BEHAVIORAL NEEDS PHYSICAL THERAPY RESPIRATORY THERAPY
YORK (YORK) - 68467	York General Hearthstone	2600 NORTH LINCOLN AVENUE P O BOX 159	(402) 362-4333 FAX: (402) 363-0235	JOSEPH JAY COLBURN, ADMINISTRATOR SHEALI TONNIGES, Director of Nursing	SNF/NF	285131	824001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 127 ICF - 0 Total Lic Beds - 127	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

TOWN	(County)	Zip Code					
Name of Facility			Fac Type				
Address			Provider ID				
Phone Number			License No		No. and Type of		
Licensee			Accreditation		Beds		Services
Administration							

Total Facilities: 195