

NEBRASKA NURSING HOMES/LONG TERM CARE FACILITIES

	Licensed Facilities	Licensed Beds
NURSING FACILITY (LIC)	1	72
SKILLED NURSING FACILITY (LIC)	10	733
NURSING FACILITY (19)	14	744
SKILLED NURSING FACILITY (18)	1	42
SKILLED NSG/NSG FAC DISTINCT PART	10	1,155
SNF/NF DUAL CERT	187	13,995
	223	16,741

SPECIAL CARE UNIT

Alzheimer	20
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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: 11/15/2018

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 JEFF FRITZEN, ADMINISTRATOR MICHELLE DENKER, 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 STEPHANIE RUCKER, ADMINISTRATOR CHELSEA HLADKY, Director of Nursing	SNF/NF	285298	NH0027		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 46 ICF - 0 Total Lic Beds - 46	PHYSICAL THERAPY
ALBION (BOONE) - 68620	Good Samaritan Society - Albion	P O BOX 271, 1222 SOUTH 7TH STREET	(402) 395-5050 FAX: (402) 395-2303	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY KAREN GLESINGER, ADMINISTRATOR JESSICA DONNER, 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	P O BOX 950, 1633 SWEETWATER	(308) 762-2525 FAX: (308) 762-2528	VSL ALLIANCE, LLC ALICE SMITH, ADMINISTRATOR LISA MULLEN, 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 STACY NEUBAUER, ADMINISTRATOR RAMONA COFFEY, 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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ARAPAHOE (FURNAS) - 68922	Good Samaritan Society - Arapahoe	P O BOX 448, 601 MAIN STREET	(308) 962-5230 FAX: (308) 962-5276	CYNTHIA THOMAS, ADMINISTRATOR JENNIFER ROGERS, Director of Nursing	SNF/NF	285175	314001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 30 ICF - 0 Total Lic Beds - 30	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
ASHLAND (SAUNDERS) - 68003	Ashland Care Center	1700 FURNAS STREET	(402) 944-7031 FAX: (402) 944-3674	FIVE STAR QUALITY CARE-NE, LLC JOSEPH SHAFER, ADMINISTRATOR CARA NICHOLSON, Director of Nursing c/o: ASHLAND CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285140	694001	SNF/NF	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	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY JESSICA EBY, ADMINISTRATOR MICHELLE DVORAK, Director of Nursing	SNF/NF	285177	414001	SNF/NF	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	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY CASSANDRA GREENE, ADMINISTRATOR AMANDA HARRIFELD, Director of Nursing	SNF/NF	285112	564001	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 102 ICF - 0 Total Lic Beds - 102	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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AURORA (HAMILTON) - 68818	Memorial Community Care	1423 SEVENTH STREET	(402) 694-8230	FAX: (402) 694-5024 MEMORIAL COMMUNITY HEALTH, INC. DIANE KELLER, ADMINISTRATOR JULIE PICEK, 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	PO BOX 166, 1313 1ST STREET	(402) 694-2128	FAX: (402) 694-6366 QUALITY CARE SOLUTIONS, LLC TIMOTHY GROSHANS, ADMINISTRATOR HANNAH DUNLAP, Director of Nursing	SNF/NF	285263	NH0031	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 66 ICF - 0 Total Lic Beds - 66	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BASSETT (ROCK) - 68714	Rock County Hospital LTC	100 EAST SOUTH STREET	(402) 684-3366	FAX: (402) 684-3677 ROCK COUNTY STACEY KNOX, ADMINISTRATOR DAWN WALDNER, Director of Nursing	NF LTCH	28E278	LTCH002	Medicare - 0 Medicaid - 30 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 30	
BATTLE CREEK (MADISON) - 68715	Community Pride Care Center	901 SOUTH 4TH STREET	(402) 675-7845	FAX: (402) 675-1003 CITY OF BATTLE CREEK STEVEN FREESE, ADMINISTRATOR DONNA JACKSON, Director of Nursing	SNF/NF	285208	524001	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 50 ICF - 0 Total Lic Beds - 50	
BAYARD (MORRILL) - 69334	Chimney Rock Villa	P O BOX A, 106 EAST 13TH STREET	(308) 586-1142	FAX: (308) 586-2113 CITY OF BAYARD KIMBERLY BURRY, ADMINISTRATOR CASEY SHARP, 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

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BEATRICE (GAGE) - 68310	Beatrice Health and Rehabilitation	1800 IRVING STREET	(402) 223-2311 FAX: (833) 896-5731	MONROE HEALTHCARE, INC SPENCER MORRIS, ADMINISTRATOR AMY KNOWLES, Director of Nursing	S/NF DP	285130	324003		Medicare - 14 Medicaid - 0 Medicare/Medicaid - 73 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 KATHY CALLAHAN-THIES, Director of Nursing	SNF/NF	285203	NH0015		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 80 ICF - 0 Total Lic Beds - 80	ALZHEIMERS/SPECIAL CAI
BEAVER CITY (FURNAS) - 68926	Beaver City Manor	P O BOX 70, 905 FLOYD STREET	(308) 268-5111 FAX: (308) 268-6006	CITY OF BEAVER CITY ANGELA WOODRING, PROVISIONAL ADM SARA LENTZ, Director of Nursing	SNF/NF	285269	314002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 28 ICF - 0 Total Lic Beds - 28	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BEEMER (CUMING) - 68716	Colonial Haven	424 HARRISON	(402) 528-3268 FAX: (402) 528-3410	VILLAGE OF BEEMER LAUREN LIERMAN, ADMINISTRATOR SHAYLA RISCH, 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 SOUTH 40TH STREET	(402) 595-2180 FAX: (402) 591-4943	NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS DAVID WILLIAMSON, ADMINISTRATOR MATTHEW BAUMAN, Director of Nursing	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

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Administration	Accreditation							
BELLEVUE (SARPY) - 68005	S/NF DP	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	285133 684001				Medicare - 107 Medicaid - 0 Medicare/Medicaid - 44 ICF - 0 Total Lic Beds - 151	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BENKELMAN (DUNDY) - 69021	SNF/NF	Sarah Ann Hester Memorial Home P O BOX 646, 407 DAKOTA STREET (308) 423-2179 FAX: (308) 423-2107 SARAH ANN HESTER MEMORIAL HOME JANICE EDWARDS, ADMINISTRATOR SHELLIE CARROLL, Director of Nursing	285241 274001				Medicare - 0 Medicaid - 0 Medicare/Medicaid - 56 ICF - 0 Total Lic Beds - 56	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BERTRAND (PHELPS) - 68927	SNF/NF	Bertrand Nursing Home PO BOX 97, 100 MINOR AVENUE (308) 472-3341 FAX: (308) 472-5356 VILLAGE OF BERTRAND AMY GRUBE, ADMINISTRATOR TERESA STADLER, Director of Nursing	285258 614001				Medicare - 0 Medicaid - 0 Medicare/Medicaid - 26 ICF - 0 Total Lic Beds - 26	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
BLAIR (WASHINGTON) - 68008	SNF/NF	Crowell Memorial Home 245 SOUTH 22ND STREET (402) 426-2177 FAX: (402) 426-2577 CROWELL MEMORIAL HOME JACLYN SVENDGARD, ADMINISTRATOR PRUDENCE CEMER, Director of Nursing	285210 794001				Medicare - 0 Medicaid - 0 Medicare/Medicaid - 74 ICF - 0 Total Lic Beds - 74	
BLAIR (WASHINGTON) - 68008	SNF/NF	Good Shepherd Lutheran Home 2242 WRIGHT STREET (402) 426-4663 FAX: (402) 426-1988 GOOD SHEPHERD LUTHERAN COMMUNITY SHARON COLLING, ADMINISTRATOR LEANDREA BOWMAN, Director of Nursing	285148 794002				Medicare - 0 Medicaid - 0 Medicare/Medicaid - 84 ICF - 0 Total Lic Beds - 84	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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Administration	Accreditation						
BLOOMFIELD (KNOX) - 68718	SNF/NF					Medicare - 0	OCCUPATIONAL THERAPY
Good Samaritan Society - Bloomfield	285156					Medicaid - 0	PEDIATRIC
P O BOX 307, 300 NORTH SECOND ST	494001					Medicare/Medicaid - 70	PHYSICAL THERAPY
(402) 373-2531 FAX: (402) 373-4806						ICF - 0	SPEECH THERAPY
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY						Total Lic Beds - 70	
KYLA SPRAKEL, ADMINISTRATOR							
PATRICIA DOERING, Director of Nursing							
BLUE HILL (WEBSTER) - 68930	SNF/NF					Medicare - 0	OCCUPATIONAL THERAPY
Blue Hill Care Center	285144					Medicaid - 0	PHYSICAL THERAPY
414 NORTH WILLSON	814001					Medicare/Medicaid - 62	SPEECH THERAPY
(402) 756-2080 FAX: (402) 756-2104						ICF - 0	
FIVE STAR QUALITY CARE-NE, LLC						Total Lic Beds - 62	
ANGELA CAUBARRUS, ADMINISTRATOR							
LISA ALLEN-CAMPBELL, Director of Nursing							
c/o: BLUE HILL CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458							
BRIDGEPORT (MORRILL) - 69336	SNF/NF					Medicare - 0	OCCUPATIONAL THERAPY
Skyview Care and Rehab at Bridgeport	285224					Medicaid - 0	PHYSICAL THERAPY
505 O STREET	544002					Medicare/Medicaid - 44	SPEECH THERAPY
(308) 262-0725 FAX: (308) 262-0470						ICF - 0	
SENEX FOUNDATION OF NEBRASKA, INC						Total Lic Beds - 44	
RONALD STAVELY, ADMINISTRATOR							
JAMA OENNING, Director of Nursing							
BROKEN BOW (CUSTER) - 68822	SNF/NF					Medicare - 0	ALZHEIMERS/SPECIAL CAI
Broken Bow Care and Rehabilitation Center, LLC	285120					Medicaid - 0	OCCUPATIONAL THERAPY
224 EAST SOUTH E STREET	104001					Medicare/Medicaid - 79	PHYSICAL THERAPY
(308) 872-6421 FAX: (308) 872-8361						ICF - 0	SPEECH THERAPY
BROKEN BOW CARE AND REHABILITATION CENTER, LLC						Total Lic Beds - 79	
KURT LUTH, ADMINISTRATOR							
JENNIFER LARSON, Director of Nursing							
BROKEN BOW (CUSTER) - 68822	SNF/NF LTCH					Medicare - 0	OCCUPATIONAL THERAPY
Brookestone View	285297					Medicaid - 0	PHYSICAL THERAPY
850 LAUREL PARKWAY DRIVE	NH0022					Medicare/Medicaid - 60	SPEECH THERAPY
(308) 767-2300 FAX: (308) 767-2080						ICF - 0	
VSL BROKEN BOW, LLC						Total Lic Beds - 60	
MADISON GUTHRIE, ADMINISTRATOR							
CHRISTINA FURROW, Director of Nursing							

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BURWELL (GARFIELD) - 68823	Community Memorial Health Center LTC	P O BOX 340, 295 NORTH 8TH STREET	(308) 346-4440 FAX: (308) 346-5184	KALLY CLOETER, ADMINISTRATOR DIANE KASLON, Director of Nursing	SNF/NF LTCH	285257	LTCH005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 67 ICF - 0 Total Lic Beds - 67	
BUTTE (BOYD) - 68722	Butte Senior Living	210 BROADWAY	(402) 775-2355 FAX: (402) 775-2332	TEALWOOD CARE CENTERS TAMMY BOETTCHER, ADMINISTRATOR SARA CLAUSSEN, 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	PO BOX 250, 600 WEST KIMBALL STREET	(308) 836-2267 FAX: (308) 836-2269	CALLAWAY GOOD LIFE CENTER, INC VICKY HENDRICKS, ADMINISTRATOR SUSAN OMAN, Director of Nursing c/o: CALLAWAY GOOD LIFE CENTER, INC PO BOX 250, CALLAWAY NE 68825	SNF/NF	285200	104002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 35 ICF - 0 Total Lic Beds - 35	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CAMBRIDGE (FURNAS) - 69022	Cambridge Manor	P O BOX 488, WEST HWY 6 & 34	(308) 697-3329 FAX: (308) 697-4912	TRI VALLEY HEALTH SYSTEM JOYCE DEAVER, ADMINISTRATOR BARBARA HELBERG, Director of Nursing	NF	28E195	314004		Medicare - 0 Medicaid - 34 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 34	
CENTRAL CITY (MERRICK) - 68826	Central City Care Center	2720 SOUTH 17TH AVENUE	(308) 946-3088 FAX: (308) 946-2068	FIVE STAR QUALITY CARE NE, INC KATHERINE KLINGSPORN, ADMINISTRATOR ASHLEY NELSON, Director of Nursing c/o: CENTRA CITY CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285147	534001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 63 ICF - 0 Total Lic Beds - 64	ALZHEIMER UNIT BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

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CENTRAL CITY (MERRICK) - 68826	Litzenberg Memorial County Hospital	1715 26TH STREET	(308) 946-3015 FAX: (308) 946-5914	EMILY TRIPLETT, ADMINISTRATOR GAYLENE BENNETT, Director of Nursing	SNF/NF LTCH	285292	LTCH006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 46 ICF - 0 Total Lic Beds - 46	
CHADRON (DAWES) - 69337	Crest View Care Center	420 GORDON AVENUE	(308) 432-3355 FAX: (308) 432-4535	KISMET CDR, LLC CATHY SNYDER, ADMINISTRATOR JULIE SCHLUETER, 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	212 SUNRISE DRIVE	(402) 892-3494 FAX: (402) 892-3290	CITY OF CLARKSON HEATHER EAGLE, ADMINISTRATOR MELANIE KUDERA, Director of Nursing	SNF/NF	285116	174001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 51 ICF - 0 Total Lic Beds - 52	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
COLERIDGE (CEDAR) - 68727	Park View Haven Nursing Home	309 NORTH MADISON STREET	(402) 283-4224 FAX: (402) 283-4221	VILLAGE TRUSTEES OF COLERIDGE LEIGH BLOOMQUIST, ADMINISTRATOR JOHN LOWE, 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 TANYA BABEL, ADMINISTRATOR DAN SMITH, 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

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COLUMBUS (PLATTE) - 68602	Columbus Care and Rehabilitation Center, LLC	P O BOX 625, 2855 40TH AVENUE	(402) 564-8014 FAX: (402) 564-0885	NICHOLAS MANN, ADMINISTRATOR MELINDA MOLT, Director of Nursing	SNF/NF	285092	634001	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 145 ICF - 0 Total Lic Beds - 145	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
COLUMBUS (PLATTE) - 68601	Columbus Community Hospital LTC	4600 38TH STREET	(402) 564-7118 FAX: (402) 562-3378	MICHAEL HANSEN, ADMINISTRATOR GINA OLSON, Director of Nursing	SNF-LIC LTC		LTCH007	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 4	
COLUMBUS (PLATTE) - 68601	Morys Haven	1112 15TH STREET	(402) 564-3197 FAX: (402) 564-2218	TERRI GROTELUSCHEN, ADMINISTRATOR TARA WATCHORN, Director of Nursing c/o: MORYS HAVEN FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285152	634002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 48 ICF - 0 Total Lic Beds - 48	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
COZAD (DAWSON) - 69130	Cozad Care and Rehabilitation Center, LLC	318 WEST 18TH STREET	(308) 784-3715 FAX: (308) 784-3746	KILEY GOFF, PROVISIONAL ADM LORETTA SMITH, Director of Nursing	SNF/NF	285093	224001	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	P O BOX 526, FIRST & PADDOCK STREET	(308) 665-1224 FAX: (308) 665-2450	STEPHANIE HUFFMAN, ADMINISTRATOR BETH BARBER, 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	P O BOX 289, 1603 MAIN STREET	(402) 358-5701 FAX: (402) 358-5365	TODD CONSRUCK, PROVISIONAL ADM TANYA CURTIS, Director of Nursing	SNF/NF LTCH	285284	LTCH008		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	
CRETE (SALINE) - 68333	Premier Estates of Crete, LLC	830 EAST 1ST STREET	(402) 826-4325 FAX: (402) 826-5061	TARA GABEL, ADMINISTRATOR LADONNA TAYLOR, Director of Nursing c/o: PREMIER ESTATES OF CRETE, LLC TRILLIUM HEALTHCARE CONSULTING, 5115 EAST STATE RD 64, BRADENTON FL 34208	SNF/NF	285170	674001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 104 ICF - 0 Total Lic Beds - 104	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
CRETE (SALINE) - 68333	Tabitha Nursing Center at Crete	1800 EAST 13TH STREET	(402) 826-6800 FAX: (402) 826-6894	TABITHA INC. SHERRI DUE, 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 - 44 ICF - 0 Total Lic Beds - 44	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 BARBARA ALDRICH, ADMINISTRATOR TRUDY SVOBODA, 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. TRISHA STEAGER, PROVISIONAL ADM CAMAREN OLSON, 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

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
DESHLE (THAYER) - 68340	Parkview Haven Nursing Home	P O BOX 667, 1203 4TH STREET	(402) 365-7237 FAX: (402) 365-7737	CITY OF DESHLER MIRANDA ISERNHAGEN, PROVISIONAL ADM JUDY KUJATH, 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
DODGE (DODGE) - 68633	Parkview Home, Inc	930 2ND STREET	(402) 693-2212 FAX: (402) 693-2496	PARKVIEW HOME, INC. LORI FRANZLUEBBERS, ADMINISTRATOR KELLY JOHNSON, 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	VSL ELKHORN, LLC MICHELLE JARMAN, PROVISIONAL ADM 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	CONSOLIDATED RESOURCES HEALTH CARE FUND I, L.P. BENJAMIN EDDY, ADMINISTRATOR CYNTHIA SENKBILE, 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	P O BOX 315, 607 SMITH AVENUE	(308) 785-3302 FAX: (308) 785-3193	VILLAGE OF ELWOOD KATE REINERS, ADMINISTRATOR LACIE FRAZHO, 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

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
EMERSON (DAKOTA) - 68733	Heritage of Emerson	607 NEBRASKA STREET	(402) 695-2683 FAX: (402) 695-2188	VSL EMERSON, LLC SHELLEE HUGGENBERGER, ADMINISTRATOR SHERRI BROWN, 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
FAIRBURY (JEFFERSON) - 68352	Gardenside LTC-JCHC	P O BOX 277, 2200 NORTH H STREET	(402) 729-5220 FAX: (402) 729-2102	JEFFERSON COMMUNITY HEALTH CENTER INC DEBRA SUTTON, ADMINISTRATOR VERONICA KOENIG, Director of Nursing	SNF/NF LTCH	285282	LTCH010	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 39 ICF - 0 Total Lic Beds - 40	
FAIRBURY (JEFFERSON) - 68352	Heritage Care Center	P O BOX 667, 909 17TH STREET	(402) 729-2289 FAX: (402) 729-5233	VSL FAIRBURY, LLC HARRIET LAMBRECHT, ADMINISTRATOR MARTINA SLOANE, Director of Nursing	SNF/NF	285262	444001	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 100 ICF - 0 Total Lic Beds - 100	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FAIRMONT (FILLMORE) - 68354	Fairview Manor	255 F STREET	(402) 268-2271 FAX: (402) 268-3901	VILLAGE OF FAIRMONT TAMARA SCHEIL, ADMINISTRATOR JOAN RIEL, Director of Nursing	SNF/NF	285206	284002	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 VALERIE BUCKMINSTER, ADMINISTRATOR CLAUDIA GEIER, Director of Nursing	SNF/NF	285114	664001	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 101 ICF - 0 Total Lic Beds - 119	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
FALLS CITY (RICHARDSON) - 68355	Falls City Nursing and Rehabilitation Center	1720 BURTON DRIVE	(402) 245-4466 FAX: (888) 673-2159	LESA DURYEA, ADMINISTRATOR MICHELE FREDERICK, Director of Nursing	SNF/NF	285055	664002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 63 ICF - 0 Total Lic Beds - 65	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FRANKLIN (FRANKLIN) - 68939	Franklin Care and Rehabilitation Center, LLC	1006 M STREET	(308) 425-6262 FAX: (308) 425-8589	CANDACE GIBSON, ADMINISTRATOR DEB MEADE, 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) 727-3656	RACHEL REIMAN, 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	D. KIRK SWEENEY, ADMINISTRATOR KHRISTY SWEENEY, 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	D. KIRK SWEENEY, ADMINISTRATOR CARLY VACHAL, 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

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
FREMONT (DODGE) - 68025	Premier Estates of Fremont, LLC	2550 NORTH NYE AVENUE	(402) 727-1710 FAX: (402) 727-1619	PREMIER ESTATES OF FREMONT, LLC CAROLYN RIGGS, ADMINISTRATOR TRACIE CONGER, Director of Nursing	SNF/NF	285103	254002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 147 ICF - 0 Total Lic Beds - 147	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
FULLERTON (NANCE) - 68638	Fullerton Care and Rehabilitation Center, LLC	PO BOX 648, 202 NORTH ESTHER	(308) 536-2488 FAX: (308) 536-3226	FULLERTON CARE AND REHABILITATION CENTER, LLC CHELSEY STEENSNES, PROVISIONAL ADM NICOLE BELTRAN, 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
GENEVA (FILLMORE) - 68361	Heritage Crossings	501 NORTH 13TH STREET	(402) 759-3194 FAX: (402) 759-3140	VSL GENEVA, LLC LAURA LEA, ADMINISTRATOR AMELIA FRANSSSEN, 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	P O BOX 310, 606/706 EWING AVENUE	(402) 993-2283 FAX: (402) 993-2373	CITY OF GENOA AMANDA ROEBUCK, ADMINISTRATOR FAITH WEAVER, Director of Nursing	NF	28E271	554002	Medicare - 0 Medicaid - 39 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 39	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, PROVISIONAL ADM JENNIFER BALTZ, 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

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
GORDON (SHERIDAN) - 69343	Gordon Countryside Care	500 EAST 10TH STREET	(308) 282-0806 FAX: (308) 282-0251	GORDON MEMORIAL HOSPITAL DISTRICT DORIS BROWN, ADMINISTRATOR MARIE DREYER, Director of Nursing	NF	28E257	734001		Medicare - 0 Medicaid - 40 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 40	
GOTHENBURG (DAWSON) - 69138	Hilltop Estates	P O BOX 429, 2520 AVENUE M	(308) 537-7138 FAX: (308) 537-7130	K. C. HEALTH CARE ENTERPRISES, INC. SCOTT BAHE, ADMINISTRATOR NICOLE GAONA, 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
GRAND ISLAND (HALL) - 68803	CHI Health St. Francis	2116 WEST FAIDLEY AVENUE	(308) 398-5880 FAX: (308) 398-5589	CATHOLIC HEALTH INITIATIVES ED HANNON, ADMINISTRATOR	SNF/NF LTCH	285081	LTCH014		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	
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 JEFFREY HARVEY, ADMINISTRATOR HEATHER BROWN, 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 RESPIRATORY 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) - 68801	Grand Island Lakeview Care and Rehabilitation Center,	1405 WEST HWY 34	(308) 382-6397 FAX: (308) 382-0125	TRACY SCHUYLER, ADMINISTRATOR KAREN RUSSELL, Director of Nursing	SNF/NF	285106	374003		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	Grand Island Park Place Care and Rehabilitation Center	610 NORTH DARR AVENUE	(308) 382-2635 FAX: (308) 382-0418	TRACY SCHUYLER, PROVISIONAL ADM LORI HOSTETLER, Director of Nursing	SNF/NF	285105	374005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 85 ICF - 0 Total Lic Beds - 85	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
GRAND ISLAND (HALL) - 68803	Grand Island Veterans Home	2300 WEST CAPITAL AVE	(308) 385-6252 FAX: (402) 742-1168	ALEXANDER WILLFORD, ADMINISTRATOR DANIELLE DEEVER, Director of Nursing	SNF-LIC		374004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 296	ALZHEIMER UNIT
GRAND ISLAND (HALL) - 68803	Tiffany Square	3119 WEST FAIDLEY AVENUE	(308) 384-2333 FAX: (308) 384-3620	BRENDA EWERS-NORDHUES, ADMINISTRATOR KEVIN VOGT, 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
GRAND ISLAND (HALL) - 68803	Wedgewood Care Center	800 STOEGER DRIVE	(308) 382-5440 FAX: (308) 381-2005	SHERRILL ACTON, ADMINISTRATOR CARY UMMEL, Director of Nursing	SNF/NF	285221	374002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 76 ICF - 0 Total Lic Beds - 76	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

c/o: WEDGEWOOD CARE CENTER FIVE STAR QUALITY CARE ATTN: LICENSING, 400 CENTRE STREET, NEWTON
MA 02458

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
GRANT (PERKINS) - 69140	Golden Ours Convalescent Home	902 CENTRAL AVENUE	(308) 352-7200 FAX: (308) 352-7291	PERKINS COUNTY HOSPITAL DISTRICT SHAUN MEYER, ADMINISTRATOR JOLENE LOBNER, Director of Nursing	NF LTCH	28E199	LTCH015	Medicare - 0 Medicaid - 50 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 50	
GREELEY (GREELEY) - 68842	Greeley Care Home	201 E O'CONNOR AVENUE	(308) 428-5145 FAX: (308) 428-2013	VILLAGE OF GREELEY DORENE SPIES, ADMINISTRATOR CHRISTY FREOUF, Director of Nursing	SNF/NF	285286	364001	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 26 ICF - 0 Total Lic Beds - 26	OCCUPATIONAL THERAPY PHYSICAL THERAPY
GRETNA (SARPY) - 68028	Gretna Care Center	700 HIGHWAY 6	(402) 332-3446 FAX: (402) 332-4645	FIVE STAR QUALITY CARE-NE, LLC WILLIAM GERKEN, ADMINISTRATOR	SNF/NF	285146	684002	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 63 ICF - 0 Total Lic Beds - 63	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
c/o: GRETN CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458									
HARTINGTON (CEDAR) - 68739	Hartington Care and Rehabilitation Center, LLC	PO BOX 107, 401 DARLENE STREET	(402) 254-3905 FAX: (402) 254-3963	HARTINGTON CARE AND REHABILITATION CENTER, LLC KAY VANNESS, ADMINISTRATOR AMY DICKES, 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 RUTH SANDS-JERKE, ADMINISTRATOR KRISTI SEDERSTEN, 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

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
HASTINGS (ADAMS) - 68901	Good Samaritan Society - Hastings Village	926 EAST E STREET	(402) 460-3235 FAX: (402) 463-3740	DORIN VAIPAN, ADMINISTRATOR JERI WICHMAN, 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
HAY SPRINGS (SHERIDAN) - 69347	Pioneer Manor Nursing Home	P O BOX 310, 318 N 3RD STREET	(308) 638-4483 FAX: (308) 638-7385	KRYSTYN TURMAN, PROVISIONAL ADM TRACY PAWNEE-LEGGINS, 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 Care Home	P O BOX 166, 755 SOUTH 3RD STREET	(402) 768-3930 FAX: (402) 768-3931	DOUG CHOS, ADMINISTRATOR PATRICK YACKS, Director of Nursing	NF	28E279	764003		Medicare - 0 Medicaid - 64 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 64	ALZHEIMERS/SPECIAL CAI BEHAVIORAL NEEDS
HEBRON (THAYER) - 68370	Blue Valley Lutheran Nursing Home	P O BOX 166, 220 PARK AVENUE	(402) 768-3900 FAX: (402) 768-3901	KENT HOHENSEE, ADMINISTRATOR TIFFANY NUTSCH, Director of Nursing	SNF/NF	285259	764002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HEMINGFORD (BOX BUTTE) - 69348	Hemingford Community Care Center	P O BOX 307, 605 DONALD AVENUE	(308) 487-3301 FAX: (308) 487-5447	PEGGY RATZLAFF, ADMINISTRATOR AMBER ALLEN, Director of Nursing	SNF/NF	285265	044003		Medicare - 0 Medicaid - 36 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 36	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
HENDERSON (YORK) - 68371	Henderson Care Center	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) 995-8702	CHRISTIAN HOMES, INC. CHERLYN HUNT, ADMINISTRATOR CINDY PETERSON, 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
HOLDREGE (PHELPS) - 68949	Holdrege Memorial Homes, Inc	1320 11TH AVENUE	(308) 995-8631 FAX: (308) 995-8636	HOLDREGE MEMORIAL HOMES KEVIN MORIARTY, ADMINISTRATOR LINDA CARPENTER, Director of Nursing	SNF/NF	285067	614003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 94 ICF - 0 Total Lic Beds - 94	
HOOPER (DODGE) - 68031	Hooper Care Center	400 EAST BIRCHWOOD DRIVE	(402) 654-3362 FAX: (402) 654-2570	VSL HOOPER, LLC DIANE VILLWOK, ADMINISTRATOR MARY LUTHER, Director of Nursing	SNF/NF	285229	254004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 48 ICF - 0 Total Lic Beds - 48	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
HUMBOLDT (RICHARDSON) - 68376	Colonial Acres Nursing Home	1043 10TH STREET	(402) 862-3123 FAX: (402) 862-2153	CITY OF HUMBOLDT DAVID YOUNG, ADMINISTRATOR SUSAN MICHELS, 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

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
IMPERIAL (CHASE) - 69033	Imperial Manor Nursing Home	P O BOX 757, 933 GRANT STREET	(308) 882-5333 FAX: (308) 882-4699	ERIC HAIDER, ADMINISTRATOR MARJORIE HAIDER, 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) - 68847	Good Samaritan Society - St John's	3410 CENTRAL AVENUE	(308) 234-1888 FAX: (308) 236-7157	SHAWN LEACH, PROVISIONAL ADM ERICA COVEY, Director of Nursing	SNF/NF	285189	074004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 77 ICF - 0 Total Lic Beds - 77	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	JEFF ACHTENBERG, ADMINISTRATOR LAURIE TVRDIK, 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) - 68847	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

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
KENESAW (ADAMS) - 68956	Premier Estates of Kenesaw, LLC	P O BOX 10, 100 WEST ELM AVENUE	(402) 752-3212 FAX: (402) 752-3174	CRISTINA ELLIS, 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
KIMBALL (KIMBALL) - 69145	Kimball County Manor	810 EAST 7TH STREET	(308) 235-4693 FAX: (308) 235-2082	SARAH STULL, 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) 256-9522	JOAN THIES, 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
LEXINGTON (DAWSON) - 68850	Plum Creek Care Center	1505 NORTH ADAMS STREET	(308) 324-5531 FAX: (308) 324-5630	NICOLE GALLIANO, Director of Nursing	SNF/NF	285159	224003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 66 ICF - 0 Total Lic Beds - 66	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68509	Diagnostic & Evaluation Center Hospital & Clinic	3220 WEST VAN DORN STREET	(402) 471-2861 FAX: (402) 479-6300	TERESA ROYER, Director of Nursing	SNF-LIC		NH0013		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 14	BEHAVIORAL NEEDS PHYSICAL THERAPY RESPIRATORY THERAPY
										c/o: DEPT OF CORRECTIONAL SERVICES, JOHN WILSON DIAGNOSTIC & EVALUATION CENTER HOSPITAL & CLINIC, PO BOX 94661, LINCOLN NE 68509

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	Eastmont Towers	6315 O STREET	(402) 489-6591 FAX: (402) 484-4711	CHRISTIAN RETIREMENT HOMES BETH NELSEN, ADMINISTRATOR MERRIT BEUNING, Director of Nursing	SNF	285036	504003		Medicare - 20 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 42	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68504	Gateway Senior Living	225 NORTH 56TH STREET	(402) 464-6371 FAX: (402) 467-0299	GATEWAY PROPERTIES, INC. MARK SROCZYNSKI, ADMINISTRATOR STACY QUAKENBUSH, Director of Nursing c/o: GATEWAY PROPERTIES, INC. 2230 NORTH SOMERS STREET, FREMONT NE 68025	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	(402) 682-6825 FAX: (531) 739-3501	HILLCREST FIRETHORN, LLC REBECCA SMITH, ADMINISTRATOR SUZANNE BRAATEN, Director of Nursing c/o: HILLCREST FIRETHORN 1902 HARLAN DRIVE, SUITE A, BELLEVUE NE 68005	SNF/NF	285300	NH0029		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 72 ICF - 0 Total Lic Beds - 72	PHYSICAL THERAPY
LINCOLN (LANCASTER) - 68506	Holmes Lake Rehabilitation & Care Center	6101 NORMAL BLVD	(402) 489-7175 FAX: (402) 489-5270	MID AMERICA CARE CENTERS, INC. LAVONNE HARROM, ADMINISTRATOR RUTH GAJARDO, 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) - 68516	Homestead Nursing & Rehabilitation Center	4735 SOUTH 54TH STREET	(402) 488-0977 FAX: (402) 488-4507	HOMESTEAD NURSING & REHABILITATION CENTER, LLC MATT ROMSHEK, ADMINISTRATOR KRISTINA WATSON, Director of Nursing c/o: HOMESTEAD NURSING & REHABILITATION CENTER, LLC 2201 W MAIN STREET, EVANSTON IL 60202	SNF/NF	285049	504006		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	Sumner Place	1750 SOUTH 20TH STREET	(402) 475-6791 FAX: (402) 475-3792	VSL LINCOLN SUMNER, LLC LARRY VAN HUNNIK, ADMINISTRATOR MINDY ZUHAIRI, 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 HEATHER JUREY, Director of Nursing	SNF/NF	285288	NH0014		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 34 ICF - 0 Total Lic Beds - 34	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68510	Tabitha Nursing Home	4720 RANDOLPH STREET	(402) 483-7671 FAX: (402) 486-8518	TABITHA HEALTH CARE SERVICES TONYA RICHARDS, ADMINISTRATOR BRENDA SOTO, Director of Nursing	SNF/NF	285057	504009		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 214 ICF - 0 Total Lic Beds - 214	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
LINCOLN (LANCASTER) - 68506	The Ambassador Lincoln	4405 NORMAL BLVD	(402) 488-2355 FAX: (402) 488-2779	THE AMBASSADOR LINCOLN, INC. JADE HARRAH, ADMINISTRATOR SUZANNE BRAATEN, Director of Nursing	SNF/NF	285066	504002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 122 ICF - 0 Total Lic Beds - 122	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
LOUISVILLE (CASS) - 68037	Louisville Care Center	410 WEST 5TH STREET	(402) 234-2125 FAX: (402) 234-2431	CITY OF LOUISVILLE/LOUISVILLE CARE CENTER KARI WOCKENFUSS, ADMINISTRATOR AMIE MARTIN, 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

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
LOUP CITY (SHERMAN) - 68853	Rose Lane Home	RR 2 BOX 46, 1005 NORTH 8TH STREET	(308) 745-0303 FAX: (308) 745-0253	VSL LOUP CITY, LLC NICOLE WOZNICK, ADMINISTRATOR ANDREA OBERMILLER, 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	P O BOX 250	(402) 837-5381 FAX: (402) 837-4216	OMAHA TRIBE OF NEBRASKA MARK MORGAN, PROVISIONAL ADM ALEXANDRA HENRY, Director of Nursing	NF	28A065	774001		Medicare - 0 Medicaid - 25 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 25	
MADISON (MADISON) - 68748	Countryside Home	703 NORTH MAIN STREET	(402) 454-3373 FAX: (402) 454-9021	CITY OF MADISON LINDA ANDERSON, ADMINISTRATOR MINDY BUCKENDAHL, 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
MCCOOK (RED WILLOW) - 69001	Hillcrest Nursing Home	P O BOX 1087, 309 WEST 7TH STREET	(308) 345-4600 FAX: (308) 345-4737	RED WILLOW COUNTY BRADLEY CHEEK, ADMINISTRATOR WHITNEY KUHLEN, Director of Nursing	SNF/NF	285080	654001		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	Crestview Care Center	1100 WEST 1ST STREET	(402) 761-2261 FAX: (402) 761-3268	FIVE STAR QUALITY CARE-NE, LLC CHERYL RUNYAN, ADMINISTRATOR NICOLE FARLESS, Director of Nursing	SNF/NF	285132	724001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 54 ICF - 0 Total Lic Beds - 54	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

c/o: CRESTVIEW CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458

TOWN (County) Zip Code	Name of Facility	Address	Fac Type	No. and Type of Beds	Services
	Phone Number		Provider ID		
	Licensee		License No		
	Administration		Accreditation		
MILFORD (SEWARD) - 68405			SNF/NF	Medicare - 0	
Sunrise Country Manor			285232	Medicaid - 0	
PO BOX A, 610 224TH STREET			724002	Medicare/Medicaid - 80	
(402) 761-3230 FAX: (402) 761-3283				ICF - 0	
SUNRISE COUNTRY, INC.				Total Lic Beds - 80	
SETH STAUFFER, ADMINISTRATOR					
CANDANCE PORTER, Director of Nursing					
MINDEN (KEARNEY) - 68959			SNF/NF	Medicare - 0	ALZHEIMER UNIT
Bethany Home, Inc			285270	Medicaid - 0	OCCUPATIONAL THERAPY
515 WEST FIRST STREET			464002	Medicare/Medicaid - 64	PHYSICAL THERAPY
(308) 832-1594 FAX: (308) 832-0662				ICF - 0	SPEECH THERAPY
BETHANY HOME, INC.				Total Lic Beds - 64	
ROBERT TANK, ADMINISTRATOR					
CASSIE SCHMIDT, Director of Nursing					
MITCHELL (SCOTTS BLUFF) - 69357			SNF/NF	Medicare - 0	
Mitchell Care Center			285287	Medicaid - 0	
1723 23RD STREET			704003	Medicare/Medicaid - 50	
(308) 623-1212 FAX: (308) 623-2052				ICF - 0	
CITY OF MITCHELL				Total Lic Beds - 50	
STEPHANIE HAHN, ADMINISTRATOR					
CRYSTAL WICKHAM, Director of Nursing					
MULLEN (HOOKER) - 69152			NF LTCH	Medicare - 0	
Pioneer Memorial Community Hospital Association			28E175	Medicaid - 30	
P O BOX 578, 206 NW 4TH STREET			LTCH024	Medicare/Medicaid - 0	
(308) 546-2217 FAX: (308) 546-2300				ICF - 0	
MULLEN HOSPITAL DISTRICT				Total Lic Beds - 30	
NICOLE HOFFMANN, PROVISIONAL ADM					
JERRY COOPER, Director of Nursing					
NEBRASKA CITY (OTOE) - 68410			SNF/NF	Medicare - 0	ALZHEIMERS/SPECIAL CAI
Nebraska City Care and Rehabilitation Center, LLC			285109	Medicaid - 0	OCCUPATIONAL THERAPY
1420 NORTH 10TH STREET			584003	Medicare/Medicaid - 64	PHYSICAL THERAPY
(402) 873-3304 FAX: (402) 873-6307				ICF - 0	SPEECH THERAPY
NEBRASKA CITY CARE AND REHABILITATION CENTER, LLC				Total Lic Beds - 64	
JOSEPH KEZAR, ADMINISTRATOR					
HEATH HAYNES, 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
NEBRASKA CITY (OTOE) - 68410	The Ambassador Nebraska City, Inc	1800 14TH AVENUE	(402) 873-6650 FAX: (402) 873-6621	THE AMBASSADOR HOLDING COMPANY SHANNON BUCKMINSTER, 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	Neligh Care and Rehabilitation Center, LLC	PO BOX 66, 1100 NORTH T STREET	(402) 887-5428 FAX: (402) 887-4832	NELIGH CARE AND REHABILITATION CENTER, LLC STEPHANIE STUHR, PROVISIONAL ADM ALYSON PELAN, Director of Nursing	SNF/NF	285124	024001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 ICF - 0 Total Lic Beds - 70	ALZHEIMERS/SPECIAL CAI 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 CAROL METZ, PROVISIONAL ADM 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) 371-7626	VSL NORFOLK KATIE FREDERICK, ADMINISTRATOR SARA SUDBECK, Director of Nursing	SNF/NF	285089	524004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 108 ICF - 0 Total Lic Beds - 108	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
NORFOLK (MADISON) - 68701	Norfolk Care and Rehabilitation Center, LLC	1900 VICKI LANE	(402) 371-2303 FAX: (402) 371-1133	NORFOLK CARE AND REHABILITATION CENTER, LLC KAY VANNESS, ADMINISTRATOR PAMELA JENKINS, Director of Nursing	SNF/NF	285101	524005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 67 ICF - 0 Total Lic Beds - 67	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	Norfolk Veterans Home	600 E BENJAMIN AVENUE	(402) 370-3330	FAX: (402) 370-3190 NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS JERRY EISENHAEUER, ADMINISTRATOR LACEY MOELLER, Director of Nursing	SNF-LIC	NH0001			Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 159	ALZHEIMER UNIT PHYSICAL THERAPY
NORFOLK (MADISON) - 68701	St. Joseph's Rehabilitation and Care Center	401 NORTH 18TH STREET	(402) 644-7375	FAX: (402) 379-4867 FAITH REGIONAL HEALTH SERVICES LISA PARKS, PROVISIONAL ADM DIANE DERICKS, 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 BEND (DODGE) - 68649	Birchwood Manor	1120 WALNUT ST	(402) 652-3242	FAX: (402) 652-3547 CELEBRATE LIFE, INC. KELLEY SEITZ, ADMINISTRATOR MEGAN NIEWOHNER, Director of Nursing	SNF/NF	285247	254005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 53 ICF - 0 Total Lic Beds - 53	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
NORTH PLATTE (LINCOLN) - 69101	Centennial Park Retirement Village	510 CENTENNIAL CIRCLE	(308) 534-7000	FAX: (308) 534-8216 FIVE STAR QUALITY CARE-NE, LLC BETH BLOCK, ADMINISTRATOR CHRISTINE JOHANSEN, Director of Nursing c/o: CENTENNIAL PARK RETIREMENT VILLAGE FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285094	514001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 68 ICF - 0 Total Lic Beds - 68	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 NOLAN GURNSEY, ADMINISTRATOR JASMINE MOORE, 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

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
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 MIKAYLA WENGLER, ADMINISTRATOR SHAWN SMITH, Director of Nursing	SNF/NF	285165	514003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 71 ICF - 0 Total Lic Beds - 71	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
c/o: NORTH PLATTE CARE CENTER, LLC TRILLIUM HEALTHCARE CONSULTING LLC, 5115 EAST STATE RD 64, BRADENTON FL 34208										
O' NEILL (HOLT) - 68763	O'Neill Care and Rehabilitation Center, LLC	PO BOX 756, 1102 NORTH HARRISON	(402) 336-2384	FAX: (402) 336-4206 O'NEILL CARE AND REHABILITATION CENTER, LLC ANDREA GARTNER, PROVISIONAL ADM SHALYNNE HOHNHOLT, 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 CITY OF OAKLAND AMIE CLAUSEN, ADMINISTRATOR CHRISTINA ARNOLD, 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 MARGARET ROGERS, ADMINISTRATOR SHANNON LADD, 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) - 68144	Azria Health at Montclair	2525 SOUTH 135TH AVENUE	(402) 333-2304	FAX: (402) 330-1428 AHMO, LLC SILVESTER JUANES, ADMINISTRATOR TAMMY COX, Director of Nursing	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
c/o: AZRIA HEALTH AT MONTCLAIR 364 CHURCH AVENUE, WOODMERE NY 11598										

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) - 68105	Azria Health Midtown	910 SOUTH 40TH STREET	(402) 342-2015 FAX: (402) 341-0657	AZM, LLC ISAAC SMITH, ADMINISTRATOR HEAVENLEE BROWN, 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
OMAHA (DOUGLAS) - 68114	Brighton Gardens of Omaha	9220 WESTERN AVENUE	(402) 393-7313 FAX: (402) 393-7340	SOLOMON HOLDINGS I - THE TRIANGLE LLC NATASHA URINKO, ADMINISTRATOR AMY ROWAN, Director of Nursing	S/NF DP	285274	264601		Medicare - 33 Medicaid - 0 Medicare/Medicaid - 12 ICF - 0 Total Lic Beds - 45	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 JOHN TURNER, ADMINISTRATOR KAREN ZELENSKY, 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) 444-7314 FAX: (402) 444-6287	DOUGLAS COUNTY JEAN HARTNETT, ADMINISTRATOR SHANNAN BRADLEY, 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	Florence Home	7915 NORTH 30TH STREET	(402) 827-6000 FAX: (402) 827-6005	FLORENCE HOME ANN ERICKSON, ADMINISTRATOR TRISTA DRISCOLL, 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

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) - 68137	Good Samaritan Society - Millard	12856 DEAUVILLE DRIVE	(402) 895-2266 FAX: (402) 895-8964	AIMEE MIDDLETON, ADMINISTRATOR DEANNA NOVAK, 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) 739-3000 FAX: (531) 365-3001	BRANDI PETRIK, ADMINISTRATOR CYNTHIA SCHLOTFELD, Director of Nursing	SNF/NF	285302	NH0030		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 76 ICF - 0 Total Lic Beds - 76	PHYSICAL THERAPY
OMAHA (DOUGLAS) - 68152	Immanuel Fontenelle	6809 N 68TH PLAZA	(402) 572-2595 FAX: (402) 572-3279	IMMANUEL LONG TERM CARE PATRICK FAIRBANKS, ADMINISTRATOR CYNTHIA LEO GOFTA, Director of Nursing c/o: SENIOR VP & CHIEF OPERATIONS OFFICER IMMANUEL, 1044 N. 115TH STREET, STE. 500, OMAHA NE 68154	SNF/NF	285085	264600		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 165 ICF - 0 Total Lic Beds - 165	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68134	Keystone Ridge Post Acute Nursing and Rehabilitation	7350 GRACELAND DRIVE	(402) 572-5750 FAX: (888) 673-2151	GOOD HOPE HEALTHCARE, INC SPENCER BARTLETT, ADMINISTRATOR HEAVENLEE BROWN, Director of Nursing c/o: KEYSTONE RIDGE POST ACUTE NURSING AND REHAB 27101 PUERTA REAL, SUITE 450, MISSION VIEJO CA 92691	S/NF DP	285238	264016		Medicare - 26 Medicaid - 0 Medicare/Medicaid - 74 ICF - 0 Total Lic Beds - 100	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68104	Life Care Center of Omaha	6032 VILLE DE SANTE DRIVE	(402) 571-6770 FAX: (402) 571-6273	CONSOLIDATED RESOURCES HEALTH CARE FUND I, L.P. PETER STYGAR, ADMINISTRATOR KRISTIN YEUTTER, Director of Nursing	SNF/NF	285137	264019		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 128 ICF - 0 Total Lic Beds - 128	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	Maple Crest Health Center	2824 NORTH 66TH AVENUE	(402) 551-2110 FAX: (402) 551-4636	AMERICAN BAPTIST HOMES OF THE MIDWEST EUGENIE AHOUNOU, ADMINISTRATOR SHELLY BARR, Director of Nursing	SNF/NF	285149	264009		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 175 ICF - 0 Total Lic Beds - 175	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68154	Old Mill Rehabilitation (Omaha TCU)	1131 PAPILLION PARKWAY	(402) 934-7500 FAX: (402) 934-7560	SNF OMAHA OPERATING COMPANY, LLC MICHELE DEIN, ADMINISTRATOR NICOLE MOORE, Director of Nursing	SNF/NF	285289	NH0017		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 44 ICF - 0 Total Lic Beds - 44	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68106	Omaha Metro Care and Rehabilitation Center, LLC	5505 GROVER STREET	(402) 558-0225 FAX: (402) 558-2537	OMAHA METRO CARE AND REHABILITATION CENTER, LLC STEPHANIE CLIFTON, ADMINISTRATOR MELISSA NEIGER, Director of Nursing	SNF/NF	285097	264006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 155 ICF - 0 Total Lic Beds - 155	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68117	Omaha Nursing and Rehabilitation Center	4835 SOUTH 49TH STREET	(402) 733-7200 FAX: (888) 673-2175	SOUTHSIDE HEALTHCARE, INC MARTIN BROWN, ADMINISTRATOR LISA TOMPKINS, Director of Nursing	S/NF DP	285240	264013		Medicare - 17 Medicaid - 0 Medicare/Medicaid - 53 ICF - 0 Total Lic Beds - 70	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68104	Quality Living, Inc.	6404 NORTH 70TH PLAZA	(402) 573-3700 FAX: (402) 573-3790	QUALITY LIVING, INC. ALICIA ELSON, ADMINISTRATOR JENNIFER CLARK, Director of Nursing	NF	28A060	264014		Medicare - 0 Medicaid - 116 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 129	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) - 68112	Ridgecrest Rehabilitation Center, LLC	3110 SCOTT CIRCLE	(402) 455-6636 FAX: (402) 455-0407	RIDGECREST REHABILITATION CENTER, LLC TRACY ROBINSON, PROVISIONAL ADM VICTORIA ZARATE, Director of Nursing c/o: RIDGECREST REHABILITATION CENTER, LLC 2201 MAIN STREET, EVANSTON IL 60202	SNF/NF	285239	264602		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 108 ICF - 0 Total Lic Beds - 108	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OMAHA (DOUGLAS) - 68124	River City Nursing and Rehabilitation	7410 MERCY ROAD	(402) 397-1220 FAX: (402) 397-4102	RIVER CITY NURSING LLC CASSANDRA PUTNAM, ADMINISTRATOR LINDA THIEDE, Director of Nursing	SNF/NF	285058	264002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 174 ICF - 0 Total Lic Beds - 174	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY 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) - 68104	Sorensen Care and Rehabilitation Center, LLC	4809 REDMAN AVENUE	(402) 455-5025 FAX: (402) 455-1819	SORENSEN CARE AND REHABILITATION CENTER, LLC ERIN DYE, ADMINISTRATOR PEGGY BOYD, Director of Nursing	SNF/NF	285107	264012		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 74 ICF - 0 Total Lic Beds - 74	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 LEGUILLON, ADMINISTRATOR MARY SMITH, Director of Nursing	S/NF DP	285078	264017		Medicare - 0 Medicaid - 152 Medicare/Medicaid - 32 ICF - 0 Total Lic Beds - 184	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
OMAHA (DOUGLAS) - 68114	The Ambassador Omaha	1540 NORTH 72ND STREET	(402) 393-6500 FAX: (402) 393-8693	JAKE BLEACH, ADMINISTRATOR POLLY STERN, Director of Nursing	S/NF DP	285127	264003		Medicare - 0 Medicaid - 48 Medicare/Medicaid - 98 ICF - 0 Total Lic Beds - 146	OCCUPATIONAL THERAPY PEDIATRIC PHYSICAL THERAPY RESPIRATORY 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 BRODY CHANDLER, ADMINISTRATOR DENISE KASS, 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	Valley View Senior Village	220 SOUTH 26TH STREET	(308) 728-4245 FAX: (308) 728-7809	VALLEY VIEW SENIOR VILLAGE, LLC CINDY TAPPHORN, ADMINISTRATOR SUSAN VLACH, Director of Nursing	SNF/NF LTCH	285294	NH0021		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OSCEOLA (POLK) - 68651	Good Samaritan Society - Osceola	600 CENTER DRIVE	(402) 747-2691 FAX: (402) 747-3685	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY EMILY TRIPLETT, ADMINISTRATOR JENNIFER SCHULTZ, Director of Nursing	SNF/NF	285193	644001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 47 ICF - 0 Total Lic Beds - 47	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
OSHKOSH (GARDEN) - 69154	Regional West Garden County Nursing Home	1100 WEST 2ND	(308) 772-3283 FAX: (308) 772-9916	REGIONAL WEST GARDEN COUNTY WILLIAM GILES, ADMINISTRATOR DAWN CRAWFORD, Director of Nursing	NF LTCH	28E180	LTCH036		Medicare - 0 Medicaid - 40 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 40	

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
PIERCE (PIERCE) - 68767	Premier Estates of Pierce, LLC	P O BOX 189, 515 EAST MAIN STREET	(402) 329-6228 FAX: (402) 329-4188	CHRISTIAN KOENIG, ADMINISTRATOR CHRISTANNA DALE, Director of Nursing	SNF/NF	285139	624001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 75 ICF - 0 Total Lic Beds - 75	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PIERCE (PIERCE) - 68769	Plainview Manor	P O BOX 219, 101 HARPER STREET	(402) 582-3849 FAX: (402) 582-3850	JULEEN JOHNSON, ADMINISTRATOR TAMI ANDERSON, Director of Nursing	SNF/NF	285273	624002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 39 ICF - 0 Total Lic Beds - 39	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
PLATTSMOUTH (CASS) - 68048	Plattsmouth Care and Rehabilitation Center, LLC	602 SOUTH 18TH STREET	(402) 296-2800 FAX: (402) 296-5424	CHASITY COOVER, PROVISIONAL ADM JULIE JEFFERIS, Director of Nursing	SNF/NF	285104	114002		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	MARY STOCKTON, ADMINISTRATOR SHELLY MULLINS, Director of Nursing	NF LIC		NH0004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 72	ALZHEIMERS/SPECIAL CAI PHYSICAL THERAPY
PONCA (DIXON) - 68770	Elms Health Care Center	P O BOX 628, 410 BALL PARK ROAD	(402) 755-2233 FAX: (402) 755-2245	JACQUELINE HATCHER, ADMINISTRATOR SALLY STUBBS, 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

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
RANDOLPH (CEDAR) - 68771	Colonial Manor of Randolph	P O BOX 67, 811 SOUTH MAIN STREET	(402) 337-0444 FAX: (888) 673-2167	RANDOLPH HEALTHCARE, INC TARA HELENTHAL, ADMINISTRATOR JEAN GALL, 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
RAVENNA (BUFFALO) - 68869	Good Samaritan Society - Ravenna	411 WEST GENOA	(308) 452-3230 FAX: (308) 452-3709	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY JEFF ACHTENBERG, ADMINISTRATOR DIANE PANOWICZ, Director of Nursing	SNF/NF	285202	074006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 61	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 KIM GRAMS, ADMINISTRATOR JULIE MORGANFLASH, 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. DONNA SCHELLENBERGER, INTERIM ADMINIS PAMELA MCDONALD, Director of Nursing	NF	28E300	NH0025		Medicare - 0 Medicaid - 60 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 60	
SCHUYLER (COLFAX) - 68661	Schuyler Care and Rehabilitation Center, LLC	2023 COLFAX STREET	(402) 352-3977 FAX: (402) 352-2541	SCHUYLER CARE AND REHABILITATION CENTER, LLC TAYLOR SCHOMMER, PROVISIONAL ADM PATRICIA MEISTER, Director of Nursing	SNF/NF	285110	174002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 53 ICF - 0 Total Lic Beds - 53	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 NORTHFIELD RETIREMENT COMMUNITIES SHELLEY RAMIREZ, ADMINISTRATOR JESSICA HOAGLUND, 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	Scottsbluff Care and Rehabilitation Center, LLC	111 WEST 36TH STREET	(308) 635-2019	FAX: (308) 635-2438 SCOTTSBLUFF CARE AND REHABILITATION CENTER, LLC LISA MCDERMED, ADMINISTRATOR ANGELA WAHL, Director of Nursing	SNF/NF	285095	704005		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 160 ICF - 0 Total Lic Beds - 160	ALZHEIMERS/SPECIAL CAI PHYSICAL 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 KEVIN COLLINS, ADMINISTRATOR CARRIE SNYGG, Director of Nursing	SNF-LIC		704006		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 62	BEHAVIORAL NEEDS PHYSICAL THERAPY RESPIRATORY THERAPY
SEWARD (SEWARD) - 68434	Ridgewood Rehabilitation & Care Center	624 PINEWOOD AVENUE	(402) 643-2902	FAX: (402) 643-6894 VSL SEWARD, LLC RUTH (PEG) BECKER, ADMINISTRATOR JEANNE SCHOEN, Director of Nursing	SNF/NF	285279	724003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 82 ICF - 0 Total Lic Beds - 82	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
SIDNEY (CHEYENNE) - 69162	Sidney Care and Rehabilitation Center, LLC	1435 TOLEDO STREET	(308) 254-4756	FAX: (308) 254-3212 SIDNEY CARE AND REHABILITATION CENTER, LLC ROXANNE SMITH, ADMINISTRATOR TELENA KERST, Director of Nursing	SNF/NF	285113	154001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 41 ICF - 0 Total Lic Beds - 41	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY 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
SIDNEY (CHEYENNE) - 69162	Sidney Regional Medical Center-Extended Care	549 KELLER DRIVE	(308) 254-5825 FAX: (308) 254-8745	CHEYENNE COUNTY HOSPITAL ASSOCIATION, INC. JUDY FRERICHS, ADMINISTRATOR SUSAN WECKER, Director of Nursing	SNF/NF	285290	154002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 63	
SOUTH SIOUX CITY (DAKOTA) - 68776	Matneys Colonial Manor	3200 G STREET	(402) 494-3043 FAX: (402) 494-8830	MATNEY'S COLONIAL MANOR, INC TERESA MAGDANZ, PROVISIONAL ADM ANITA LENZEN, Director of Nursing	SNF/NF	285082	204003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 77 ICF - 0 Total Lic Beds - 77	
SOUTH SIOUX CITY (DAKOTA) - 68776	Regency Square Care Center	3501 DAKOTA AVENUE	(402) 494-4273 FAX: (402) 494-1267	RVP ENTERPRISES JANE WESSEL-STREIT, ADMINISTRATOR ANGELA CAMPBELL, Director of Nursing	SNF/NF	285076	204002		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 EYDIE SCHRAD, Director of Nursing	SNF/NF	285201	034002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 55 ICF - 0 Total Lic Beds - 55	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 BRENDA EWERS-NORDHUES, ADMINISTRATOR JERI WICHMAN, 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

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
STANTON (STANTON) - 68779	Stanton Health Center	P O BOX 407, 301 17TH STREET	(402) 439-2111 FAX: (402) 439-2132	VAIL OLESON, ADMINISTRATOR JILL DANIEL, 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	P O BOX 367, 615 EAST 9TH STREET	(402) 764-2711 FAX: (402) 764-4352	MIDWEST COVENANT HOME, INC CHRISTOPHER YOUNG, ADMINISTRATOR TRACI RYSTROM, Director of Nursing	SNF/NF	285062	644002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	
STUART (HOLT) - 68780	Parkside Manor	P O BOX 350, 607 NORTH MAIN STREET	(402) 924-3601 FAX: (402) 924-3615	STUART VILLAGE NURSING HOME BOARD PARKSIDE MANOR 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	
SUPERIOR (NUCKOLLS) - 68978	Good Samaritan Society - Superior	1710 IDAHO STREET	(402) 879-4791 FAX: (402) 879-3149	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY MATTHEW BLUM, ADMINISTRATOR ANN HOBSON, Director of Nursing	SNF/NF	285187	574002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 69 ICF - 0 Total Lic Beds - 69	
SUTHERLAND (LINCOLN) - 69165	Sutherland Care Center	P O BOX 307, 333 MAPLE STREET	(308) 386-4393 FAX: (308) 386-4378	FIVE STAR QUALITY CARE-NE, LLC ASHLEY JOHNSON, ADMINISTRATOR LORIE KELLEY-NORTON, Director of Nursing	SNF/NF	285141	514004		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	ALZHEIMER UNIT OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

c/o: SUTHERLAND CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON
MA 02458

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
SUTTON (CLAY) - 68979	Sutton Community Home, Inc.	1106 NORTH SAUNDERS	(402) 773-5557	FAX: (402) 773-5559 SUTTON COMMUNITY HOME, INC. HANNAH ELLIOTT, ADMINISTRATOR MARY ROSE, 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	P O BOX F-1, 1622 WALNUT STREET	(402) 269-2251	FAX: (402) 269-2639 THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY DIANNA EPP, ADMINISTRATOR LORI ZAHN, 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
TECUMSEH (JOHNSON) - 68450	Belle Terrace	1133 NORTH THIRD ST	(402) 335-3357	FAX: (402) 858-9123 OAKWOOD VENTURES, LLC LISA ANDREW, PROVISIONAL ADM TERRI BUCK, Director of Nursing	SNF/NF	285237	454001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 67 ICF - 0 Total Lic Beds - 67	
TECUMSEH (JOHNSON) - 68450	Tecumseh State Correctional Institution	PO BOX 900, 2725 N HWY 50	(402) 335-5140	FAX: (402) 335-1278 NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES AMY SMITH, PROVISIONAL ADM 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

c/o: DEPT OF CORRECTIONAL SERVICES, JOHN WILSON TECUMSEH STATE CORRECTIONAL INSTITUTION, PO BOX 94661, LINCOLN NE 68509

TOWN (County) Zip Code	Name of Facility	Fac Type	No. and Type of Beds	Services
Address	Phone Number	Provider ID		
Licensee	Administration	License No		
		Accreditation		
TEKAMAH (BURT) - 68061	Tekamah Care and Rehabilitation Center, LLC	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 44 ICF - 0 Total Lic Beds - 76	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
823 M STREET	(402) 374-1414 FAX: (402) 374-1601	285118		
	TEKAMAH CARE AND REHABILITATION CENTER, LLC	084003		
	HEATHER GEIS, ADMINISTRATOR			
	KAYLEE MAGILL, Director of Nursing			
TRENTON (HITCHCOCK) - 69044	El Dorado Manor Nursing Home	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 40 ICF - 0 Total Lic Beds - 40	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
71434 HWY 25, BOX 97	(308) 334-5241 FAX: (308) 334-5243	285253		
	VILLAGE OF TRENTON	404001		
	MANDY BROUSSARD, PROVISIONAL ADM			
	ELAINE BERRY, Director of Nursing			
UTICA (SEWARD) - 68456	Utica Community Care Center	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 41 ICF - 0 Total Lic Beds - 41	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
1350 CENTENNIAL AVENUE	(402) 534-2041 FAX: (402) 534-3546	285161		
	FIVE STAR QUALITY CARE NE, INC	724004		
	MELANIE RUHL-SCHLUTER, ADMINISTRATOR			
	DIANNA GRUBER, Director of Nursing			
	c/o: UTICA COMMUNITY CARE CENTER FIVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458			
VALENTINE (CHERRY) - 69201	Good Samaritan Society - Valentine	SNF/NF	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 52 ICF - 0 Total Lic Beds - 52	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY
601 WEST 4TH STREET	(402) 376-1260 FAX: (402) 376-1553	285176		
	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	144001		
	KALYN BARTON, ADMINISTRATOR			
	JEAN VACKINER, 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
VALLEY (DOUGLAS) - 68064	Valhaven Care and Rehabilitation Center, LLC	300 WEST MEIGS STREET	(402) 359-2533 FAX: (402) 359-5838	JOHN TANNER, ADMINISTRATOR JASON KEENAN, 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 LACEY VANIS, Director of Nursing	SNF/NF	285190	494002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 58 ICF - 0 Total Lic Beds - 58	BEHAVIORAL NEEDS OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WAHOO (SAUNDERS) - 68066	Saunders Medical Center	1760 COUNTY RD J	(402) 443-4685 FAX: (402) 443-1433	SAMUEL PROKOPEC, ADMINISTRATOR STEPHANIE MYRBERG, Director of Nursing	SNF/NF LTCH	285296	LTCH035	NONE	Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	
WAHOO (SAUNDERS) - 68066	South Haven Living Center	1400 MARK DRIVE	(402) 443-3737 FAX: (402) 443-5867	REVONNA WHITE, ADMINISTRATOR SHANNON LOCKE-GYHRA, Director of Nursing	SNF/NF	285231	694005		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	HEATHER JORDAN, ADMINISTRATOR TARA HASSLER, Director of Nursing	SNF/NF	285209	244002		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
WAUNETA (CHASE) - 69045	Wauneta Care and Therapy Center	PO BOX 520, 427 LEGION STREET	(308) 394-5738	FAX: (308) 394-5733 LISA KISINGER, ADMINISTRATOR DEBRA ANDREW, Director of Nursing	SNF/NF	285220	134002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WAUSA (KNOX) - 68786	Wausa Care and Rehabilitation Center, LLC	703 SOUTH VIVIAN	(402) 586-2216	FAX: (402) 586-2352 PAMELA ALBIN, ADMINISTRATOR RHONDA BARTAK, Director of Nursing	SNF/NF	285111	494003		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 42 ICF - 0 Total Lic Beds - 42	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WAVERLY (LANCASTER) - 68462	Waverly Care Center	11041 NORTH 137TH ST	(402) 786-2626	FAX: (402) 786-2630 MICHAEL LANGE, ADMINISTRATOR DEANNA QUALSET, Director of Nursing c/o: WAVERLY CARE CENTER FIRVE STAR QUALITY CARE, ATTN: LICENSING, 400 CENTRE STREET, NEWTON MA 02458	SNF/NF	285143	504011		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 54 ICF - 0 Total Lic Beds - 54	OCCUPATIONAL THERAPY PHYSICAL THERAPY RESPIRATORY THERAPY SPEECH THERAPY
WAYNE (WAYNE) - 68787	Careage Campus of Care	811 EAST 14TH STREET	(402) 375-1922	FAX: (888) 673-2157 LINDAHL HEALTHCARE, INC TARA HELENTAL, ADMINISTRATOR CRYSTAL DREDGE, Director of Nursing	SNF/NF	285135	804001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WEST POINT (CUMING) - 68788	Premier Estates of West Point, LLC	960 PROSPECT ROAD	(402) 372-2441	FAX: (402) 372-5811 JEFFREY BAKER, PROVISIONAL ADM KEYRA ROBERG, Director of Nursing c/o: PREMIER ESTATES OF WEST POINT, LLC TRILLIUM HEALTHCARE CONSULTING, 5115 EAST STATE RD 64, BRADENTON FL 34208	SNF/NF	285158	184002		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
WEST POINT (CUMING) - 68788	St Joseph's Hillside Villa	540 E WASHINGTON STREET	(402) 372-3477 FAX: (402) 372-6600	ST. JOSEPH'S ELDER SERVICES, INC DAVID DEEMER, ADMINISTRATOR TAMMY DEEMER, Director of Nursing	SNF-LIC	NH0033			Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 54	PHYSICAL THERAPY
WILBER (SALINE) - 68465	Wilber Care Center	611 NORTH MAIN	(402) 821-2331 FAX: (402) 821-2568	CITY OF WILBER BARBARA DREYER, ADMINISTRATOR MICHELE VANA, Director of Nursing	SNF/NF	285172	674002		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60	OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY
WISNER (CUMING) - 68791	Wisner Care Center	1105 9TH STREET	(402) 529-3286 FAX: (402) 529-6560	CITY OF WISNER JONATHAN BRANDOW, PROVISIONAL ADM SARAH KIMMEL, 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
WOOD RIVER (HALL) - 68883	Good Samaritan Society - Wood River	1401 EAST STREET	(308) 583-2214 FAX: (308) 583-2181	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY KASSANDRA SHULTZ, PROVISIONAL ADM TINA DETERS, Director of Nursing	SNF/NF	285198	374007		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 63	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	STATE OF NEBRASKA DIANA TOMEK, PROVISIONAL ADM TANITA TROESTER, Director of Nursing	SNF-LIC	NH0019			Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 2	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
YORK (YORK) - 68467	York General Hearthstone	P O BOX 159, 2600 NORTH LINCOLN AVENUE	(402) 362-4333 FAX: (402) 363-0235	YORK GENERAL HEALTH CARE SERVICES JOSEPH JAY COLBURN, ADMINISTRATOR TREVA JACOBSEN, Director of Nursing	SNF/NF	285131	824001		Medicare - 0 Medicaid - 0 Medicare/Medicaid - 129 ICF - 0 Total Lic Beds - 129	ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY

Total Facilities: 222