

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 | 167 | 12,676 |
| | 192 | 14,849 |

SPECIAL CARE UNIT

| | | |
|-----------|----|--|
| Alzheimer | 17 | |
|-----------|----|--|

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: 4/15/2024

| 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 HANNAH BAILEY, 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 ANNA MANNIS, 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 c/o: AZRIA HEALTH ASHLAND AZRIA HEALTH ASHLAND, 702 S HIGHWAY 6, GRETNA NE 68028 | 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 | KRISTY SIGLER, PROVISIONAL ADM JANNA COPE, 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 |
| 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 |

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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 SHELLEY MCINTOSH, PROVISIONAL ADM 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 Rehabilitation | 1800 IRVING STREET | (402) 223-2311 FAX: (402) 228-1601 | MONROE HEALTHCARE, INC TARA HELENTHAL, ADMINISTRATOR 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 | 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 | JACOB DEEMER, PROVISIONAL ADM 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 CARE 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) 426-4351 | CANDACE GIBSON, ADMINISTRATOR | HEATHER CROOK, 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 STREET | (402) 756-2080 FAX: (402) 756-2079 | DIXIE JACKSON, ADMINISTRATOR | RHONDA HELLNER, Director of Nursing | SNF/NF | 285144 | NH0062 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 62 ICF - 0 Total Lic Beds - 62 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |

c/o: BCP BLUE HILL, LLC 702 S HIGHWAY 6, GRETNA NE 68028

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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 KAYLA IBARRA, 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 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 |

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| 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 DENEANE BEARD, 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 |
| 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 |

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| 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 | ALZHEIMER 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 |
| CREIGHTON (KNOX) - 68729 | Avera Creighton Care Centre | 1603 MAIN STREET P O BOX 289 | (402) 358-5701 | FAX: (402) 358-5365 SACRED HEART HEALTH SERVICES 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 | |

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| 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 AUTAUM POLEY, 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) 367-4345 | ST. JOSEPH'S VILLA, INC. ALEXANDER WILLFORD, 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 KAREN HISSONG, 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) 693-2511 | PARKVIEW HOME, INC. MELISSA BOVILL, PROVISIONAL ADM JOYCE MELOTZ, 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 |

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| ELKHORN (DOUGLAS) - 68022 | Brookestone Meadows Rehabilitation And Care Center | 600 BROOKESTONE MEADOWS PLAZA | (402) 289-2696 FAX: (402) 289-1090 | VSL ELKHORN, LLC | JASON NITZ, ADMINISTRATOR DAWN TRUCKENBROD, Director of Nursing | 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. | 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 | VILLAGE OF ELWOOD | KATE REINERS, ADMINISTRATOR LACEY RAWN, 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 |
| 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 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 100 ICF - 0 Total Lic Beds - 100 | 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 |
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| 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 | | 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 | | 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 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 101 ICF - 0 Total Lic Beds - 119 | ALZHEIMERS/SPECIAL CARE 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 BETH BROOKS, 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 | Arbor Care Centers-Franklin LLC | 1006 M STREET | (308) 425-6262 FAX: (308) 425-8589 | ARBOR CARE CENTERS-FRANKLIN LLC KENNETH KLAASMEYER, ADMINISTRATOR MEGAN WILSEY, 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 |

| 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 |
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| 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 MICA HOLLAND, 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 |
| 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 |

| 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 |
|-------------------------------|------------------------------|------------------------------|------------------------------------|--|-------------|-------------|------------|---------------|--|--|
| GENOA (NANCE) - 68640 | Genoa Community Hospital/LTC | 606 EWING AVENUE P O BOX 310 | (402) 993-2283 FAX: (402) 993-2373 | 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 |
| GRAND ISLAND (HALL) - 68803 | CHI Health St. Francis | 2116 WEST FAIDLEY AVENUE | (308) 398-5880 FAX: (308) 398-5589 | CATHOLIC HEALTH INITIATIVES CURT COLEMAN, ADMINISTRATOR | SNF/NF LTCH | 285081 | LTCH014 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36 | |

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| 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 LORI RENZ, ADMINISTRATOR DANIELLE DUPUIS, 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) 675-8107 | TABITHA GRAND ISLAND, INC. TONYA VAN PELT, ADMINISTRATOR ELIZABETH CUMMINGS, Director of Nursing | SNF/NF | 285307 | NH0051 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH 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 CINDY PETERSON, 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 |
| 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 |

| 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 |
|--------------------------------|---|---------------------------------|------------------------------------|--|----------|-------------|------------|---------------|--|--|
| GRETNA (SARPY) - 68028 | The Willows at Gretna | 700 HIGHWAY 6 | (402) 332-3446 FAX: (402) 332-4645 | KYLE CAMARATA, 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 | BEHAVIORAL NEEDS 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 | MISTY WYLIE, ADMINISTRATOR HEATHER BRUMMER, 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 | GRETCHEN HUEFTLE, ADMINISTRATOR 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 | 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 |
| HAY SPRINGS (SHERIDAN) - 69347 | Pioneer Manor Nursing Home | 318 N 3RD STREET P O BOX 310 | (308) 638-4483 FAX: (308) 638-7385 | 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 |

| 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 |
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| 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. SCOTT FANGMEIER, PROVISIONAL ADM DANITA CHAMBERS, 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 CHARLENE ZANDER, 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 |
| 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 | |

| 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 |
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| HUMBOLDT (RICHARDSON) - 68376 | Colonial Acres Nursing Home | 1043 10TH STREET | (402) 862-3123 FAX: (402) 862-2153 | CITY OF HUMBOLDT ELIZABETH SHARP, ADMINISTRATOR CYNTHIA SHANNON, 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 HEATHER SALMON, 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 ANDREW WISMER, 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 |
| KEARNEY (BUFFALO) - 68847 | Good Samaritan Society - St John's | 3410 CENTRAL AVENUE | (308) 234-1888 FAX: (308) 236-7157 | THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY JENNIFER LEACH, ADMINISTRATOR NICOLE ZOOK, 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 |

| 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 |
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| 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 TONI TOMBLIN, 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 CORPUS CHRISTI CARMELITES, INC. 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: (941) 751-2135 PREMIER ESTATES OF KENESAW, LLC AUDREY PEREZ, ADMINISTRATOR NANCY STEPHENS, Director of Nursing c/o: PREMIER ESTATES OF KENESAW, LLC TRILLIUM HEALTHCARE CONSULTING, 5115 EAST STATE RD 64, BRADENTON FL 34208 | 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 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 |

| 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 |
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| 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 LLC | 4735 SOUTH 54TH STREET | (402) 488-0977 | FAX: (402) 441-7118 EMERALD NURSING & REHAB BROOKSIDE LLC CLARA OWOLABI, ADMINISTRATOR TORI ALLEN, Director of Nursing | SNF/NF | 285049 | NH0068 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 173 ICF - 0 Total Lic Beds - 173 | ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| LINCOLN (LANCASTER) - 68502 | Emerald Nursing & Rehab Lancaster LLC | 1001 SOUTH STREET | (402) 441-7101 | FAX: (402) 441-7118 EMERALD NURSING & REHAB LANCASTER LLC CRYSTAL SCHELL, ADMINISTRATOR ANITA KNECHT, Director of Nursing c/o: LANCASTER REHABILITATION CENTER, LLC 2201 MAIN STREET, EVANSTON IL 60202 | SNF/NF | 285275 | NH0069 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 293 ICF - 0 Total Lic Beds - 293 | ALZHEIMERS/SPECIAL CAI 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 |
|-----------------------------|--|------------------------|------------------------------------|---|----------|-------------|------------|---------------|--|---|
| LINCOLN (LANCASTER) - 68504 | Gateway Vista | 225 NORTH 56TH STREET | (402) 464-6371 FAX: (402) 467-0299 | MIKEL ARDLEY, ADMINISTRATOR MICHELLE THOMPSON, 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 | (531) 739-3500 FAX: (531) 739-3501 | STACI SVENDGARD, ADMINISTRATOR KRISTINA WATSON, 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 | 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. GEORGE PERLEBACH, PROVISIONAL ADM 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 |
| 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 |

| 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 |
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| 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 CARE OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| LINCOLN (LANCASTER) - 68516 | Tabitha At The Landing | 6120 SOUTH 34TH STREET | (402) 486-8919 FAX: (402) 421-0140 | 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 |
| LINCOLN (LANCASTER) - 68510 | Tabitha Nursing Home | 4720 RANDOLPH STREET | (402) 483-7671 FAX: (402) 486-8518 | TABITHA HEALTH CARE SERVICES TONYA NOACK, ADMINISTRATOR INGLISH 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 |

| 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 |
|-----------------------------|--|------------------------------------|------------------------------------|--|----------|-------------|------------|---------------|--|--|
| LOUISVILLE (CASS) - 68037 | Louisville Care Center | 410 WEST 5TH STREET | (402) 234-2125 FAX: (402) 234-2431 | CITY OF LOUISVILLE/LOUISVILLE CARE CENTER ANGELA BUGLEWICZ, PROVISIONAL ADM ALEXAH LUSH, 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 | VSL LOUP CITY, LLC 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 | ARBOR CARE CENTERS-COUNTRYSIDE LLC 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 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| MCCOOK (RED WILLOW) - 69001 | Hillcrest Nursing Home | 309 WEST 7TH STREET P O BOX 1087 | (308) 345-4600 FAX: (308) 777-2012 | RED WILLOW COUNTY RENEE WRIGHT, ADMINISTRATOR TAMMI SIMPSON, 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 |

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|---------------------------------|---------------------------------------|---------------------------|------------------------------------|---|----------|-------------|------------|---------------|--|--|
| 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 | | 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 | | 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 | | 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 STORMY COLE, Director of Nursing | SNF/NF | 285109 | 584003 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64 | ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| NEBRASKA CITY (OTOE) - 68410 | The Ambassador Nebraska City, Inc | 1800 14TH AVENUE | (402) 873-6650 FAX: (402) 873-6621 | 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 |

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|--------------------------------|---|-------------------------------|----------------|--|----------|-------------|------------|---------------|--|--|
| 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 JOSEPH ROMSHEK, ADMINISTRATOR 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 KERRY MUTSCHELKNAUS, 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 |
| 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 |

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| 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 | SNF/NF | 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: (941) 751-2135 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 | SNF/NF | 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) 534-3126 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 | SNF/NF | 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) 534-3126 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 | SNF/NF | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 68 ICF - 0 Total Lic Beds - 68 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| O' NEILL (HOLT) - 68763 | Arbor Care Centers-O'Neill LLC | 1102 NORTH HARRISON STREET PO BOX 756 | (402) 336-2384 | FAX: (402) 336-4206 ARBOR CARE CENTERS-O'NEILL LLC MELISSA VANDEWALLE, ADMINISTRATOR HANNAH WRIGHT, Director of Nursing | SNF/NF | 285108 | 414002 | SNF/NF | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 84 ICF - 0 Total Lic Beds - 84 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |

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| OAKLAND (BURT) - 68045 | Oakland Heights | 207 SOUTH ENGDAHL AVENUE | (402) 685-5683 | FAX: (402) 685-5684 | CITY OF OAKLAND 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) - 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 |

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| OMAHA (DOUGLAS) - 68112 | Emerald Nursing & Rehab Legacy Pointe llc | 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 | NH0070 | | 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 HAYNES-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 |
| OMAHA (DOUGLAS) - 68124 | Emerald Nursing & Rehabilitation Mercy | 7410 MERCY ROAD | (402) 397-1220 | FAX: (402) 397-4102 | MERCY CARE CENTER CHRISTEN SOBRILSKY, 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 | FLORENCE HOME 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) 894-7465 | THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY 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 |

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|-------------------------|--|---------------------------|------------------------------------|---|----------|-------------|------------|---------------|--|---|
| OMAHA (DOUGLAS) - 68144 | Hillcrest Millard | 13225 WESTWOOD LANE | (531) 365-3000 FAX: (531) 365-3001 | HILLCREST MILLARD, LLC AMBER KENDALL, ADMINISTRATOR DOTTIE RICE, 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 | GOOD HOPE HEALTHCARE, INC JENNIFER HOPKINS, ADMINISTRATOR TAMMY SMITH, 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 |
| 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 JAIME FOX, 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 |
| 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 TERESA LAWSON, 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 RESPIRATORY THERAPY SPEECH THERAPY |
| OMAHA (DOUGLAS) - 68152 | Newport House | 6798 N 67TH PLAZA | (402) 572-2595 FAX: (402) 572-3279 | 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 | SNF/NF | 285085 | NH0043 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 96 ICF - 0 Total Lic Beds - 96 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |

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| 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 JEFFREY TAPLETT, 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) - 68117 | Omaha Nursing and Rehabilitation Center | 4835 SOUTH 49TH STREET | (402) 733-7200 FAX: (402) 733-1736 | SOUTHSIDE HEALTHCARE, INC NEIL HAYHURST, ADMINISTRATOR SHANNON SEVERS, Director of Nursing | SNF/NF | 285240 | 264013 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 70 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. 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 |

| 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 | THE BANYAN AT MONTCLAIR | 2525 SOUTH 135TH AVENUE | (402) 333-2304 | FAX: (402) 330-1428 | | SNF/NF | 285054 | NH0072 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 175 ICF - 0 Total Lic Beds - 175 | ALZHEIMERS/SPECIAL CAI OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| | THE BANYAN AT MONTCLAIR LLC | LINDSEY PIHLGREN, ADMINISTRATOR | KRISTIN YEUTTER, Director of Nursing c/o: AZRIA HEALTH MONTCLAIR 364 CHURCH AVENUE, WOODMERE NY 11598 | | | | | | | | |
| OMAHA (DOUGLAS) - 68105 | THE CYPRESS AT MIDTOWN | 910 SOUTH 40TH STREET | (402) 342-2015 | FAX: (402) 341-0657 | | SNF/NF | 285218 | NH0071 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 61 ICF - 0 Total Lic Beds - 65 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| | THE CYPRESS AT MIDTOWN LLC | CURTIS NIELSEN, ADMINISTRATOR | ANDREA MILLS, Director of Nursing | | | | | | | | |
| OMAHA (DOUGLAS) - 68130 | The Lighthouse at Lakeside Village | 17600 ARBOR STREET | (402) 717-0200 | FAX: (402) 717-0201 | | SNF/NF | 285280 | NH0009 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 36 ICF - 0 Total Lic Beds - 36 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| | 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 | | | | | | | | |
| ORD (VALLEY) - 68862 | Arbor Care Centers - Ord, LLC | 220 SOUTH 26TH STREET | (308) 730-8164 | FAX: (308) 728-7864 | | SNF/NF LTCH | 285294 | NH0037 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 60 ICF - 0 Total Lic Beds - 60 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| | ARBOR CARE CENTERS - ORD, LLC | MELISSA VANDEWALLE, ADMINISTRATOR | FAITH WEAVER, Director of Nursing | | | | | | | | |
| 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 | LINDSEY TONNIGES, 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 |
|------------------------|------------------------------|--|-----------------------------|-----------------------------------|----------|-------------|------------|---------------|--|--|
| | 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 | |
| | PAPILLION (SARPY) - 68046 | Brookestone of Papillion | 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 |
| | 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 |
| | 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 |
| | PAWNEE CITY (PAWNEE) - 68420 | Premier Estates of Pawnee, LLC | 438 12TH STREET P O BOX 513 | (402) 852-2975 FAX:(941) 751-2135 | SNF/NF | 285157 | 594001 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 64 ICF - 0 Total Lic Beds - 64 | 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
BRADLEY HOWELL, ADMINISTRATOR
JOLENE LOBNER, Director of Nursing

PAPILLION (SARPY) - 68046
Brookestone of Papillion
610 SOUTH POLK STREET
(402) 339-7700 FAX:(402) 592-9155
VSL PAPILLION, LLC
ASHLEY WALTERS, ADMINISTRATOR
MAUREEN BLAYLOCK, Director of Nursing

PAPILLION (SARPY) - 68133
Hillcrest Country Estates-Cottages
6082 GRAND LODGE AVENUE
(402) 885-7000 FAX:(402) 885-7001
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
HILLCREST SHADOW LAKE LLC
BARRY EMERSON, ADMINISTRATOR
WANDA PEREZ, Director of Nursing
c/o: HILLCREST SHADOW LAKE 1902 HARLAN DRIVE, SUITE A, BELLEVUE NE 68005

PAWNEE CITY (PAWNEE) - 68420
Premier Estates of Pawnee, LLC
438 12TH STREET P O BOX 513
(402) 852-2975 FAX:(941) 751-2135
PREMIER ESTATES OF PAWNEE, LLC
ASHLEY LAFLIN, PROVISIONAL ADM
VICKI ALLEN, Director of Nursing
c/o: PREMIER ESTATES OF PAWNEE 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 |
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| PIERCE (PIERCE) - 68767 | Premier Estates of Pierce, LLC | 515 EAST MAIN STREET P O BOX 189 | (402) 329-6228 | FAX: (941) 751-2135 | PREMIER ESTATES OF PIERCE, LLC KYLA SPRAKEL, ADMINISTRATOR RHONDA ROHRICH, Director of Nursing c/o: PREMIER ESTATES OF PIERCE, LLC TRILLIUM HEALCARE CONSULTING, 5115 EAST STATE RD 64, BRADENTON NE 34208 | SNF/NF | 285139 | 624001 | | 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 | CITY OF PLAINVIEW JULEEN JOHNSON, ADMINISTRATOR PAMELA ALBIN, 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 | Prestige Care Center of Plattsmouth | 602 SOUTH 18TH STREET | (402) 296-2800 | FAX: (402) 296-5424 | PLATTSMOUTH OPERATIONS LLC RICK PRUSA, ADMINISTRATOR TRISTA DRISCOLL, 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 | THE NEBRASKA MASONIC HOME APRIL JOHNSTON, ADMINISTRATOR LACIE KENNEDY, Director of Nursing | NF LIC | | NH0004 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 72 | ALZHEIMERS/SPECIAL CAI PHYSICAL 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, ADMINISTRATOR 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 |

| 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 |
|------------------------|---|--|-------------------------------------|------------------------------------|----------|-------------|------------|---------------|--|---|
| | RED CLOUD (WEBSTER) - 68970 | Heritage of Webster County | 636 NORTH LOCUST STREET | (402) 746-2296 FAX: (402) 746-2325 | SNF/NF | 285225 | NH0073 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 43 ICF - 0 Total Lic Beds - 43 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| | WEBSTER COUNTY COMMUNITY HOSPITAL FOUNDATION, LLC | BETHANY DANIELS, PROVISIONAL ADM CURTIS JENSEN, Director of Nursing | | | | | | | | |
| | RUSHVILLE (SHERIDAN) - 69360 | Oglala Sioux Lakota Nursing Home | 7835 ELDERS DRIVE, STATE HIGHWAY 87 | (308) 862-4020 FAX: (308) 862-4024 | NF | 28E300 | NH0025 | | Medicare - 0 Medicaid - 72 Medicare/Medicaid - 0 ICF - 0 Total Lic Beds - 72 | ALZHEIMERS/SPECIAL CAI |
| | OGLEALA SIOUX LAKOTA NURSING HOME, INC. | TIFFANY SHANGREAU, ADMINISTRATOR MARQUE LITTLE WHITE MAN, Director of Nursing | | | | | | | | |
| | SCOTTSBLUFF (SCOTTS BLUFF) - 69361 | Monument Rehabilitation and Care Center | 111 WEST 36TH STREET | (308) 635-2019 FAX: (308) 635-2438 | 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 |
| | SCOTTSBLUFF OPERATIONS LLC | SHELLEY RAMIREZ, ADMINISTRATOR JULIE LOPEZ, Director of Nursing | | | | | | | | |
| | SCOTTSBLUFF (SCOTTS BLUFF) - 69361 | Northfield Retirement Communities Care Center | 2100 CIRCLE DRIVE | (308) 632-4342 FAX: (308) 630-8170 | SNF/NF | 285271 | 704004 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 66 ICF - 0 Total Lic Beds - 66 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| | NORTHFIELD RETIREMENT COMMUNITIES | KIMBERLY BURRY, ADMINISTRATOR CASEY SHARP, Director of Nursing | | | | | | | | |
| | SCOTTSBLUFF (SCOTTS BLUFF) - 69361 | Western Nebraska Veterans Home | 1102 WEST 42ND STREET | (308) 632-0300 FAX: (308) 632-1384 | 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 |
| | NEBRASKA DEPARTMENT OF VETERAN'S AFFAIRS | RONALD STAVELY, ADMINISTRATOR AMBER KLEIN, 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 |
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| SEWARD (SEWARD) - 68434 | Ridgewood Rehabilitation & Care Center | 624 PINEWOOD AVENUE | (402) 643-2902 FAX: (402) 643-6894 | VSL SEWARD, LLC JEANNE SCHOEN, ADMINISTRATOR TERESA HOFER, 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 | S R M C Long Term Care, LLC | 549 KELLER DRIVE | (308) 254-7303 FAX: (308) 254-8745 | SRMC LONG TERM CARE LLC JUDY FRERICH, 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 CLARA OWOLABI, 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 |
| 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 KATHERINE KLINGSPORN, 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 |

| 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 |
|-----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|----------|-------------|------------|---------------|--|--|
| 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 ANGELA WISE, ADMINISTRATOR ANGEL ESCHENWECK, Director of Nursing | SNF/NF | 285062 | 644002 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 51 ICF - 0 Total Lic Beds - 51 | |
| STUART (HOLT) - 68780 | Parkside Manor | 607 NORTH MAIN STREET P O BOX 350 | (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 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| SUPERIOR (NUCKOLLS) - 68978 | Good Samaritan Society - Superior | 1710 IDAHO STREET | (402) 879-4791 FAX:(402) 879-3149 | THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY 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 |

| 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 |
|------------------------------|---|--------------------------------|------------------------------------|--|----------|-------------|------------|---------------|--|--|
| SUTHERLAND (LINCOLN) - 69165 | The Birch at Sutherland | 333 MAPLE STREET P O BOX 307 | (308) 386-4393 FAX: (308) 386-4378 | ASHLEY JOHNSON, ADMINISTRATOR MICHELLE WILLS, Director of Nursing | 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 JANETTE NEALY, 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 | 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 |

c/o: DEPT OF CORRECTIONAL SERVICES, CASSANDRA PUTNAM TECUMSEH STATE CORRECTIONAL INSTITUTION,
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 |
|---------------------------|----------------------------------|-----------------------|------------------------------------|--|-------------|-------------|------------|---------------|--|--|
| VALLEY (DOUGLAS) - 68064 | Arbor Care Center-Valhaven, LLC | 300 WEST MEIGS STREET | (402) 359-2533 FAX: (402) 359-5838 | TODD MUCKEY, ADMINISTRATOR SARA FORSBERG, 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 KYLIE THOENE, Director of Nursing | SNF/NF | 285190 | 494002 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 45 ICF - 0 Total Lic Beds - 45 | OCCUPATIONAL THERAPY PHYSICAL THERAPY SPEECH THERAPY |
| WAHOO (SAUNDERS) - 68066 | Saunders Medical Center | 1760 COUNTY RD J | (402) 443-4685 FAX: (402) 443-1433 | MICHELLE YOSICK, ADMINISTRATOR JACLYN SMITH-DWERLKOTTE, Director of Nursing | SNF/NF LTCH | 285296 | | LTCH035 | 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 | KATIE FREDERICK, ADMINISTRATOR KIMBERLIE BOHAC, 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 | TRACI HAGLUND, ADMINISTRATOR KAYLA MILLER, Director of Nursing | SNF/NF | 285209 | 244002 | | Medicare - 0 Medicaid - 0 Medicare/Medicaid - 40 ICF - 0 Total Lic Beds - 40 | 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 | 427 LEGION STREET PO BOX 520 | (308) 394-5738 FAX: (308) 394-5733 | JANICE EDWARDS, ADMINISTRATOR DARR STEHNO, 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 |
| WAVERLY (LANCASTER) - 68462 | The Mulberry at Waverly | 11041 NORTH 137TH ST | (402) 786-2626 FAX: (402) 786-2630 | PATRICIA PECK, ADMINISTRATOR CHRISTINA COLLINS, Director of Nursing c/o: AZRIA HEALTH WAVERLY , 702 S HIGHWAY 6, GRETNA NE 68028 | SNF/NF | 285143 | NH0059 | | 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 MIRANDA KILCOIN, ADMINISTRATOR SARA SUDBECK, 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 | St Joseph's Hillside Villa | 540 E WASHINGTON STREET | (402) 372-1118 FAX: (402) 372-5200 | ST. JOSEPH'S ELDER SERVICES, INC 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 | NICOLE LANE, ADMINISTRATOR MICHELENE PRUSS, 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 |

| 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 |
|-------------------------|--|---------------------------------------|----------------|--|----------|-------------|------------|---------------|--|--|
| WISNER (CUMING) - 68791 | Wisner Care Center | 1105 9TH STREET | (402) 529-3286 | FAX: (402) 529-6560 CITY OF WISNER JONATHAN BRANDOW, ADMINISTRATOR 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 NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES 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 YORK GENERAL HEALTH CARE SERVICES 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 |

Total Facilities: 193