



Division of Public Health

Mailing Address: Box 94986
Lincoln, NE 68509-4986
Deliveries: 301 Centennial Mall South 3rd Floor/Licensure Unit

State of Nebraska

Dave Heineman, Governor

October 20, 2010

Ms. Mary Carhart
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

Dear Ms. Carhart:

IMPORTANT NOTICE - PLEASE READ CAREFULLY

On September 29, 2010 we conducted a revisit to verify that your Health Clinic located at 1002 West Mission, Bellevue, NE 68005 had achieved and maintained compliance. Enclosed is the State Form showing that your facility was found to be in compliance at this revisit.

If you have any questions regarding this correspondence, please contact this office.

Sincerely,

Joann Erickson, Administrator
Office of Acute Care Facilities
Licensure Unit – Division of Public Health
(402) 471-3484 - FAX (402) 471-0555
Joann.Erickson@nebraska.gov

JE/smm

Enclosures: State Form

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/29/2010
NAME OF PROVIDER OR SUPPLIER BELLEVUE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 WEST MISSION BELLEVUE, NE 68005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	Initial Comments A revisit survey was conducted on 9-29-2010 by representatives of the Department. The facility was found to be in compliance with all deficiencies cited on the 12-3-2009 survey.	G 000		

Licensure Unit

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE