

October 21, 2015

Mary Carhart
Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005


IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Carhart:

On October 13, 2015 we conducted a revisit to verify that your facility had achieved and maintained compliance. Enclosed is the State Form: Revisit Report showing that your facility was found to be in compliance.

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

Sincerely,


Diana Meyer, RN BSN - Program Manager
Office of Acute Care Facilities
DHHS Public Health - Licensure Unit
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(402) 471-3484 FAX (402) 742-8319
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DM/smm

Enclosures: State Form: Revisit Report

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-C 10/13/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELLEVUE HEALTH CENTER

**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 was conducted on 10/13/2015 by representatives of the Department. The facility was found to be in compliance with 175 NAC 7-006.06, 175 NAC 7-006.09E and 175 NAC 7-006.15B.	G 000		

Licensure Unit

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

TITLE

(X6) DATE