

Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall So, P O Box 94986  
Lincoln, NE 68509-4986

2/16/16 *di*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
CERTIFIES THAT

**Good Samaritan Society - Millard**  
MEETS STATUTORY REQUIREMENTS AS  
SNF/NF DUAL CERT  
Lic # 264010

Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

**EXPIRES**  
03/31/2017



Courtesy R. Phillips, MPA  
Chief Executive Officer  
Department of Health and Human Services

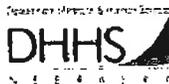
Cut on heavy line and place on license.

FACILITY NAME: Good Samaritan Society - Millard  
ADDRESS: 12856 DEAUVILLE DRIVE, OMAHA, NE 68137

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

12-3-14



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
Licensure Unit

Make Payment to DHHS LU  
Renewal Fees:  
1 - 50 beds: \$1550  
51 - 100 beds: \$1750  
101 or more: \$1950

Expiration Date  
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check  Skilled Nursing Facility  Nursing Facility  Intermediate Care Facility

IDENTIFYING INFORMATION

- 1. NAME AND ADDRESS OF FACILITY:  
Good Samaritan Society - Millard  
12856 DEAUVILLE DRIVE  
OMAHA, NE 68137
- 2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSURE UNIT  
FEB 08 2016  
RECEIVED

LICENSE NO: 264010  
 TELEPHONE NUMBER: (402) 895-2266  
 FAX NUMBER: (402) 895-8964  
 ADMINISTRATOR: BRANDI PETRIK  
 DIRECTOR OF NURSING: MAEGAN DRUMMOND, R.N. Maegan  
 E-Mail Address, if available: gss5130@good-sam.com

REC'D HHS ACCOUNTING  
2016 FEB 10 A 10:53

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
 4. NUMBER OF BEDS TO BE RELICENSED: 106

5. ACCREDITATION/CERTIFICATION:  JCAHO  Medicare  Medicaid  Other  
 Are you requesting deemed status?  yes  no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:  
 If different from Current Services listed, please check changes.

Physical Therapy  Alzheimers/Special Care Unit  Speech Therapy  
 Pediatric  Respiratory  Occupational Therapy  
 Behavioral Needs

Current Services  
 PHYSICAL THERAPY  
 OCCUPATIONAL THERAPY  
 SPEECH THERAPY

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY  
 (Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 5038, 4800 WEST 57TH STREET  
 SIOUX FALLS, SD 57108

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Governmental (\_\_\_\_ State, \_\_\_\_ District, \_\_\_\_ County, \_\_\_\_ City or Municipal)
- Other (Please Specify) \_\_\_\_\_

(check one)  
 Profit  Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Sylvia Gussc Asst. Secretary  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas A. Sulverson  
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

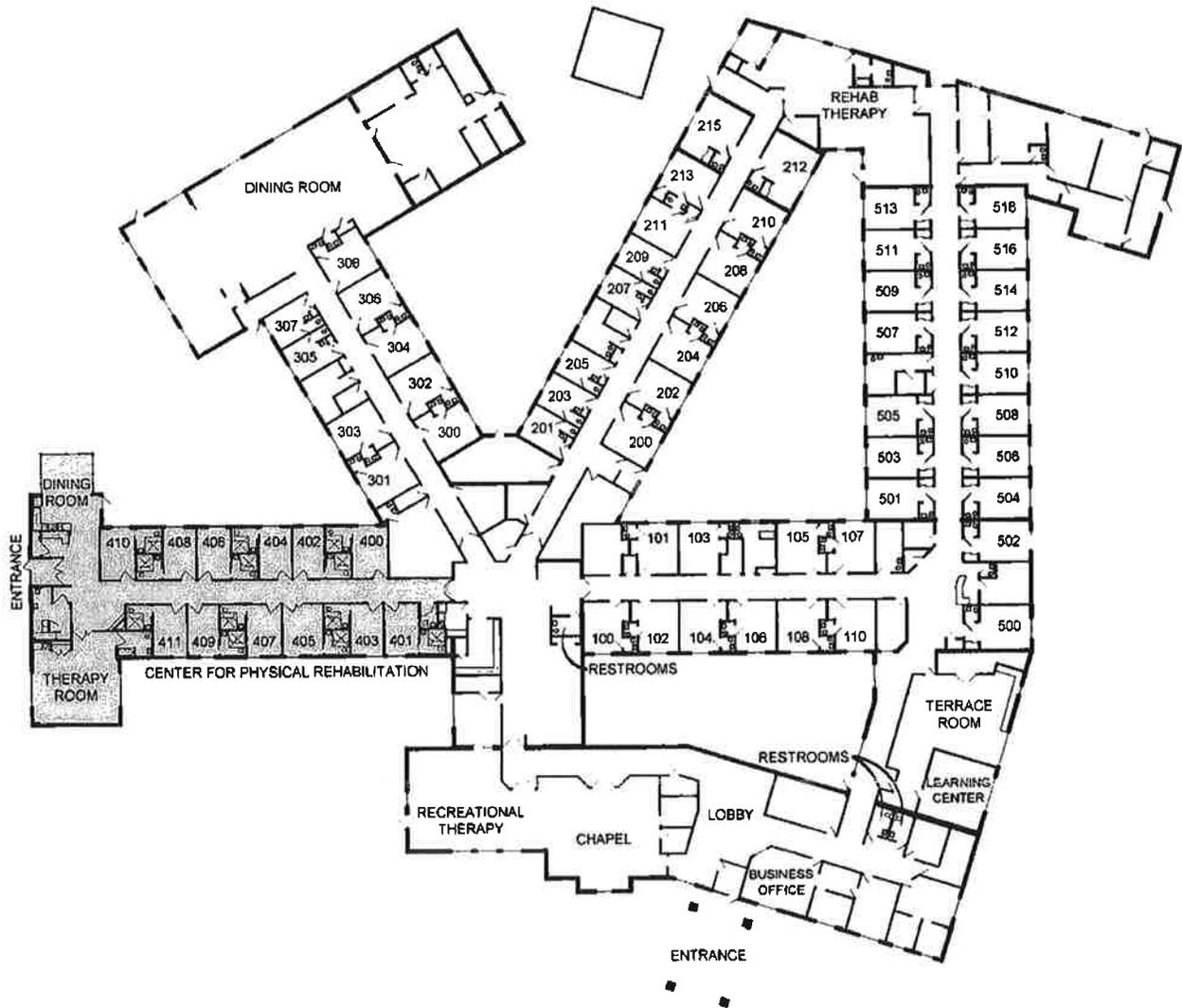
SIGNATURE

1/15/16  
 DATE

1/15/16  
 DATE



# Facility Floor Plan



All Rooms are Medicare & Medicaid Certified

12856 Deauville Dr. • Omaha, NE 68137 • (402) 895-2266 • [www.good-sam.com](http://www.good-sam.com)



The Evangelical Lutheran Good Samaritan Society provides housing and services to qualified individuals without regard to race, color, religion, gender, disability, familial status, national origin or other protected statuses according to applicable federal, state or local laws. Some services may be provided by a third party. All faiths or beliefs are welcome. Copyright © 2014 The Evangelical Lutheran Good Samaritan Society. All rights reserved. 14-G0549

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402758

Name of Facility: **Good Samaritan Society - Millard**

Type of Facility: **Nursing Home**

Location: **12856 Deauville Dr., Omaha**

Maximum **106 Beds**

Occupancy:

Date Issued: **12/3/2014**

Approved By:



Inspected By: **8725 Susen Lindner**  
Deputy State Fire Marshal

State Fire Marshal



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

**THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY  
4800 WEST 57TH STREET, SIOUX FALLS, SD 57108**

**BOARD OF DIRECTORS**

<b>Chairperson</b>	John F. Holt 421 Ridge Road; Albert Lea, MN 56007
<b>First Vice Chairperson</b>	H. Theodore Grindal 514 River Street; Minneapolis, MN 55401
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<b>Member-Executive Committee</b>	Alan R. Gard 17504 Riggs Street; Omaha, NE 68135
<b>President and Chief Executive Officer</b>	David J. Horazdovsky 1112 East Dove Trail; Sioux Falls, SD 57108
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	Michael J. Deuth 14272 Cottage Grove Drive; Baxter, MN 56425
	Heather L. Krzmarzick 3908 West 90 <sup>th</sup> Street; Sioux Falls, SD 57108
	Connie S. March-Curtis 1025 Mallard Lane; Peotone, IL 60468
	Guy R. Matson 925 Stagecoach Drive; Las Cruces, NM 88011
	John R. Racek 11 Saint Albans Road East; Hopkins, MN 55305
	Jill A. Schumann 45 Blossom Lane; Biglerville, PA 17307
	Dennis D. Stene 4200 S. Woodwind Lane; Sioux Falls, SD 57103
	Sharon A. St. Mary 347 Lewis Street; St. Paul, MN 55117
	Vacancy

THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY  
4800 West 57<sup>th</sup> Street  
Sioux Falls, SD 57108

**OFFICERS OF THE CORPORATION**

President	David J. Horazdovsky
Executive Vice President	Thomas A. Syverson
Executive Vice President	Bergen J. Peterson
Executive Vice President and Treasurer	George Grant Tribble
Assistant Treasurer	Joseph E. Herdina
Secretary	Thomas J. Kapusta
Assistant Secretary	Sylvia F. Gause