
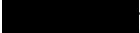


**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

3/30/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Good Samaritan Society - Syracuse MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Lic # 584004	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
EXPIRES 03/31/2017	  <small>Courtesy R. N. Nishpa, RPA Chief Executive Officer Department of Health and Human Services</small>

Cut on heavy line and place on license.

FACILITY NAME: Good Samaritan Society - Syracuse

ADDRESS: P O BOX F-1, 1622 WALNUT STREET, SYRACUSE, NE 68446

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.

7-31-15



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

Table with 1 column: Renewal Fees. Rows: 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
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Good Samaritan Society - Syracuse
P O BOX F-1, 1622 WALNUT STREET
SYRACUSE, NE 68446

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

LICENSURE UNIT

MAR 23 2016

RECEIVED

2016 MAR 25 A 10:51
READ DHHS ACCOUNT

LICENSE NO: 584004

TELEPHONE NUMBER: (402) 269-2251

FAX NUMBER: (402) 269-2639

ADMINISTRATOR: DIANNA EPP

DIRECTOR OF NURSING: LORI ZAHN, R.N.

E-Mail Address, if available: gss5310@good-sam.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 88

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] JCAHO [checked] Medicare [checked] Medicaid [] Other

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
[X] Corporation
[] Limited Liability Company
[] Governmental (State, District, County, City or Municipal)
[] Other (Please Specify)

(check one)
[] Profit [checked] 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 Gause, Asst. Secretary
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas A. Sylverson
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

3/21/16
DATE

3/21/16
DATE

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

BOARD OF DIRECTORS

Chairperson	John F. Holt 421 Ridge Road; Albert Lea, MN 56007
First Vice Chairperson	H. Theodore Grindal 514 River Street; Minneapolis, MN 55401
Member-Executive Committee	Gwen Wagstrom Halaas 3549 Ivy Drive; Grand Forks, ND 58201
Member-Executive Committee	Alan R. Gard 17504 Riggs Street; Omaha, NE 68135
President and Chief Executive Officer	David J. Horazdovsky 1112 East Dove Trail; Sioux Falls, SD 57108
	Benjamin P. Anderson 3403 Café Court; Kissimmee, FL 34746
	Patricia L. Camero 284 Opihikao Way; Honolulu, HI 96825
	Michael J. Deuth 14272 Cottage Grove Drive; Baxter, MN 56425
	Heather L. Krzmarzick 3908 West 90 th 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 57th 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

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403144

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

Type of Facility: **Nursing Home**

Location: **1622 Walnut St., Syracuse**

Maximum
Occupancy: **88 Beds**

Date Issued: **7/31/2015**

Approved By:



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

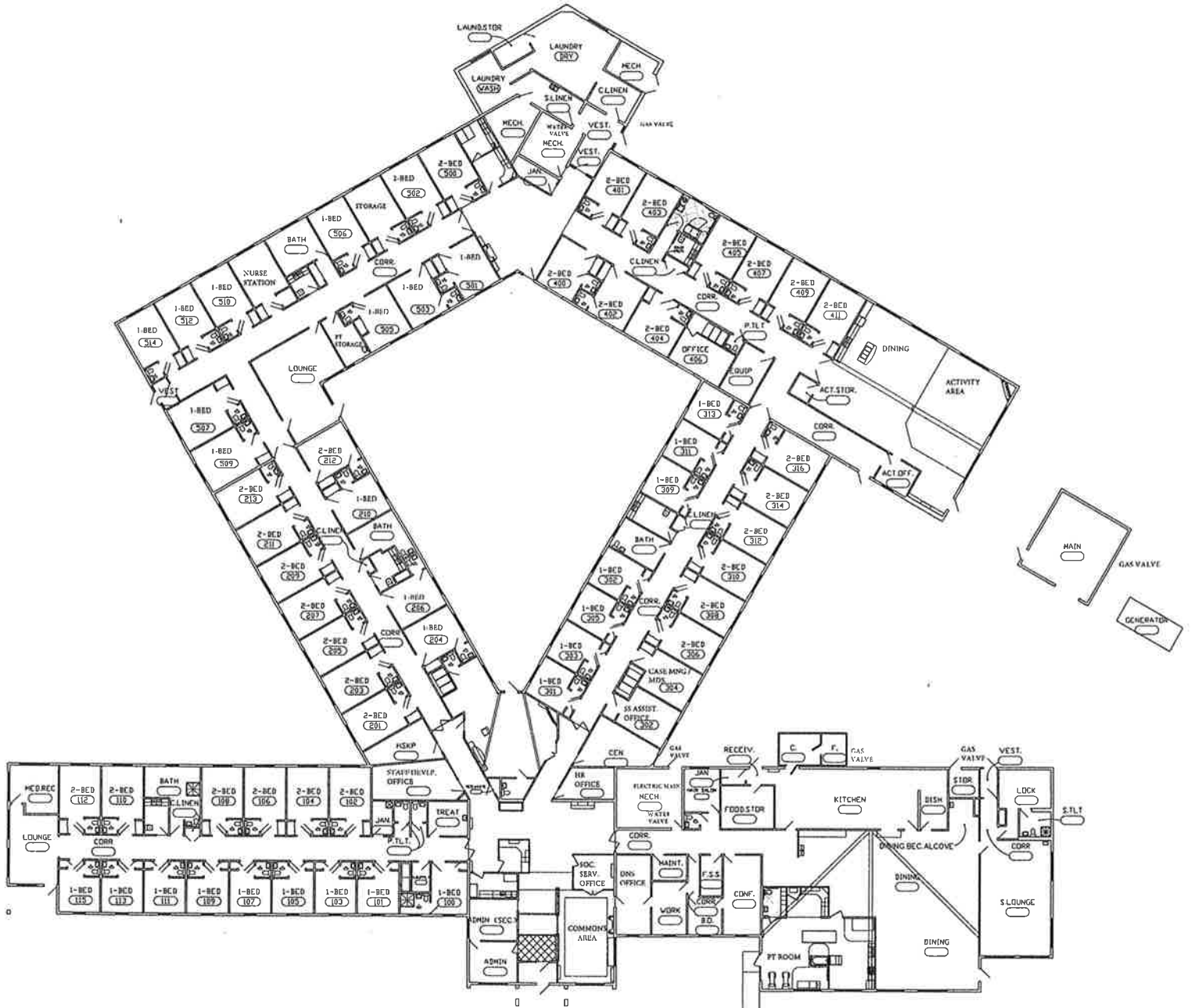
State Fire Marshal



POST IN PROMINENT PLACE

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

GOOD SAMARITAN SOCIETY - SYRACUSE



531 - SYRACUSE GOOD SAMARITAN CENTER
SYRACUSE, NE



FLOOR PLAN
SCALE: 1/16" = 1'-0"