

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


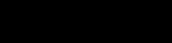
*1-21-16 dj*

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

**Good Samaritan Society - Atkinson**  
MEETS STATUTORY REQUIREMENTS AS  
SNF/NF DUAL CERT  
Lic # 414001

Services  
PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

**EXPIRES**  
03/31/2017

  
  
Chief Executive Officer  
Department of Health and Human Services

Cut on heavy line and place on license.

**FACILITY NAME:** Good Samaritan Society - Atkinson  
**ADDRESS:** 409 NEELY STREET, ATKINSON, NE 68713

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.



**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 - Atkinson  
409 NEELY STREET  
ATKINSON, NE 68713

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSURE UNIT  
JAN 29 2016  
RECEIVED

LICENSE NO: 414001

TELEPHONE NUMBER: (402) 925-2875

FAX NUMBER: (402) 925-2450

ADMINISTRATOR: JESSICA EBY

DIRECTOR OF NURSING: LINDA PRICE, R.N. Tina Lindgren, R.N.

E-Mail Address, if available: qss4840@good-sam.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 61

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 Gause, Asst. Secretary  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas A. Sverson EVP/COO  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1/5/16  
DATE  
1/5/16  
DATE

4-2-15



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 - Atkinson  
409 NEELY STREET  
ATKINSON, NE 68713

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSURE UNIT  
JAN 14 2016  
RECEIVED

LICENSE NO: 414001

TELEPHONE NUMBER: (402) 925-2875

FAX NUMBER: (402) 925-2450

ADMINISTRATOR: JESSICA EBY

DIRECTOR OF NURSING: LINDA PRICE, R.N.

E-Mail Address, if available: gss4840@good-sam.com

Tina Lindgren, RN cc kb

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

\_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: 61

5. ACCREDITATION/CERTIFICATION:

Are you requesting deemed status?  JCAHO  Medicare  Medicaid  Other

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:

If different from Current Services listed, please check changes.

- Physical Therapy
- Alzheimer's/Special Care Unit
- Speech Therapy
- Pediatric
- Respiratory
- Occupational Therapy
- Behavioral Needs

Current Services

PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

REC'D DHSS ACCOUNTING  
2016 JAN 20 A 11:35

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 Gause, Asst. Secretary  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas A. Sylverson EVP/COO  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1/5/16  
DATE  
1/5/16  
DATE

**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
<b>Member-Executive Committee</b>	Gwen Wagstrom Halaas 3549 Ivy Drive; Grand Forks, ND 58201
<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
	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 <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

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402986

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

Type of Facility: **Nursing Home**

Location: **409 E Neely, Atkinson**

Maximum  
Occupancy: **61 Beds**

Date Issued: **4/2/2015**

Approved By:

Inspected By: **8718 Don Fast**  
**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.

