

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

2/10/16 di

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Good Samaritan Society - St John's</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 074004	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2017	  Courtney A. Frings, MPA Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Good Samaritan Society - St John's  
ADDRESS: 3410 CENTRAL AVENUE, KEARNEY, NE 68847

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.

3/13/15



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

LICENSURE UNIT  
FEB 02 2016

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 - St John's  
3410 CENTRAL AVENUE  
KEARNEY, NE 68847

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

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

LICENSE NO: 074004

TELEPHONE NUMBER: (308) 234-1888

FAX NUMBER: (308) 236-7157

ADMINISTRATOR: RACY BAUER

DIRECTOR OF NURSING: SHEILA SCHUTTE, R.N.

E-Mail Address, if available: gss5080@good-sam.com

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

4. NUMBER OF BEDS TO BE RELICENSED: 77

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
- Pediatrics
- Behavioral Needs
- Alzheimers/Special Care Unit
- Respiratory
- Speech Therapy
- Occupational Therapy

Current Services

PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY

2016 FEB - 8 A 11: 17  
READ DHSS ACCOUNTING

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 Acst. Secretary  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Thomas A. Sylverson  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1/22/16  
DATE  
1/22/16  
DATE

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

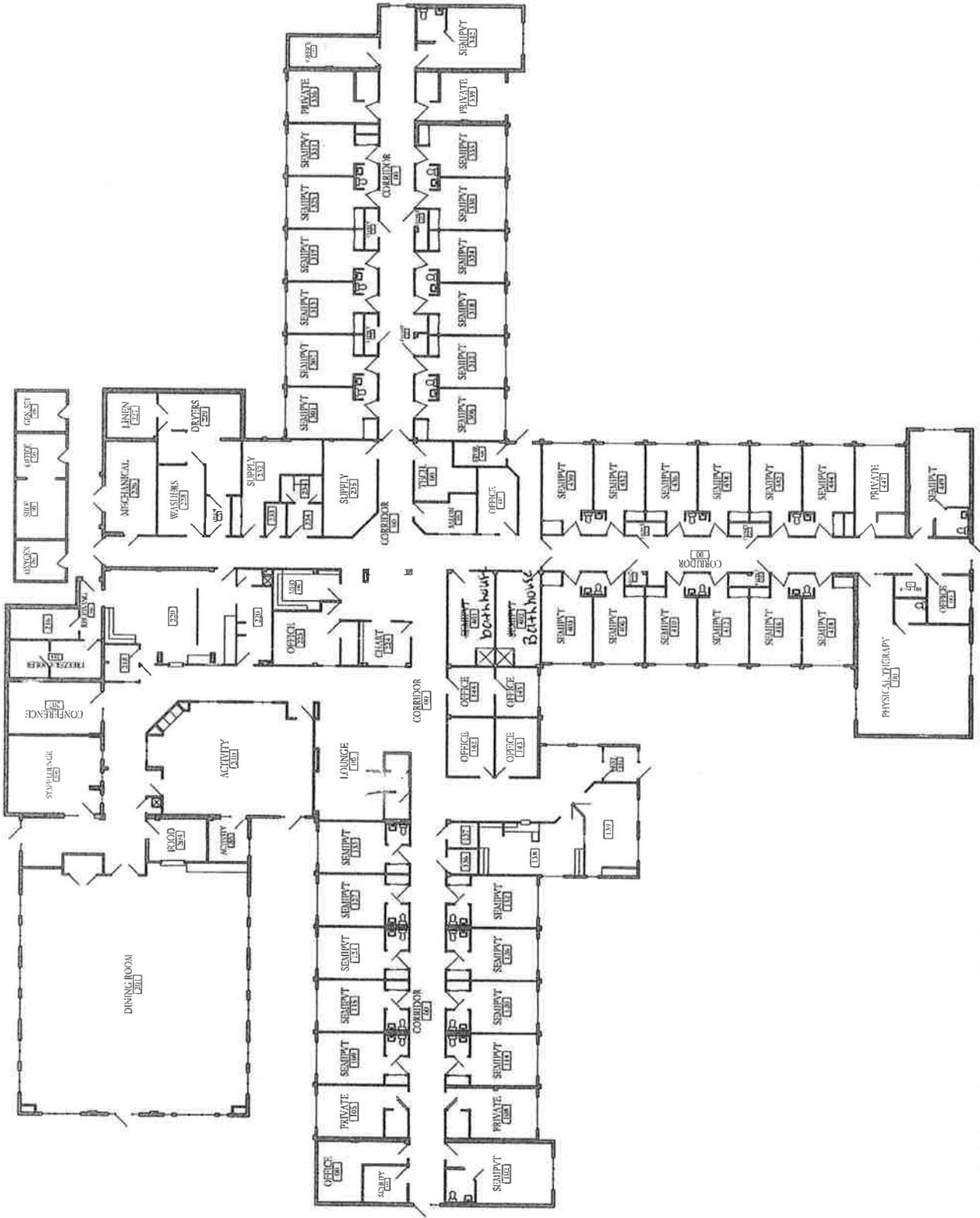
**BOARD OF DIRECTORS**

<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
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	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: 402904

Name of Facility: Good Samaritan Society - St. John's

Type of Facility: Nursing Home

Location: 3410 Central Ave., Kearney

Maximum

77 Beds

Occupancy:

Date Issued: 3/13/2015

Approved By:



Inspected By: 8716 Todd Wright  
Deputy State Fire Marshal

State Fire Marshal



### POST IN PROMINENT PLACE



Change in occupancy classification is not failure by the State Fire Marshal unless  
notification is given according to law.