

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

2/10/16dy

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

Good Samaritan Society - Osceola
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 644001

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 - Osceola
ADDRESS: 600 CENTER DRIVE, OSCEOLA, NE 68651

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.

6-10-15



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

JAN 29 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
[X] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Good Samaritan Society - Osceola
600 CENTER DRIVE
OSCEOLA, NE 68651

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

[Blank lines for mailing address]

LICENSE NO: 644001

TELEPHONE NUMBER: (402) 747-2691

FAX NUMBER: (402) 747-3685

ADMINISTRATOR: EMILY TRIPLETT

DIRECTOR OF NURSING: MICHELLE MICEK, R.N.

E-Mail Address, if available: qss5200@good-sam.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 47

5. ACCREDITATION/CERTIFICATION:
[] JCAHO [X] Medicare [X] 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.

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

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

REC'D SIOUX COUNTY
2016 FEB -3 A 11:

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 [X] 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. Sec.
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

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

[Redacted Signature]

SIGNATURE

1/8/16
DATE

1/8/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403054

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

Type of Facility: **Nursing Home**

Location: **600 Center Drive, Osceola**

Maximum
Occupancy: **47 Beds**

Date Issued: **6/10/2015**

Approved By:



Inspected By: **8748 Mark Manchester**
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

Chairperson	John F. Holt 421 Ridge Road; Albert Lea, MN 56007
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	Heather L. Krzmarzick 3908 West 90 th Street; Sioux Falls, SD 57108
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	John R. Racek 11 Saint Albans Road East; Hopkins, MN 55305
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	Vacancy

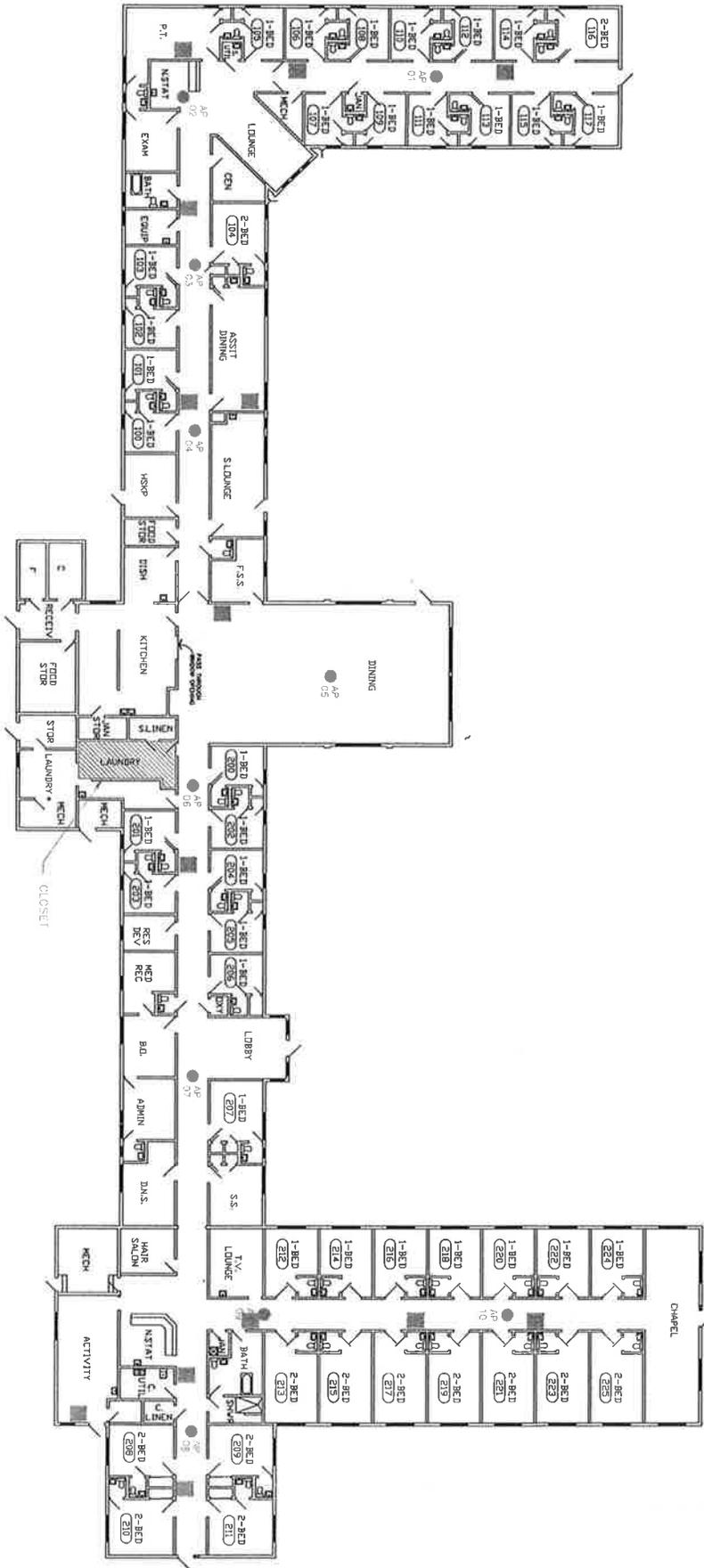
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 West 57th Street
Sioux Falls, SD 57108

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



FLOOR PLAN



LEGEND

● = ACCESS POINT

AP LAYOUT

A1

DATE: 11/11/11
 DRAWN BY: J. H. HARRIS
 CHECKED BY: J. H. HARRIS
 PROJECT: OSCEOLA GOOD SAMARITAN SITE #5200
 SHEET 1 OF 1

OSCEOLA GOOD SAMARITAN SITE #5200

OSCEOLA, NE

NO. OF ACCESS POINTS	1
NO. OF ACCESS POINTS PER ROOM	1
NO. OF ACCESS POINTS PER FLOOR	1
NO. OF ACCESS POINTS PER SITE	1

Computer Cable Connection

YOUR RY SYSTEMS INTEGRATOR

2810 HARLAN DRIVE, P.O. BOX 1269
 BELLEVUE, NEBRASKA

A PROUD PARTNER

YOUR COMPANY'S SUCCESS

