

**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 dj*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Good Samaritan Society - Albion</b> MEETS STATUTORY REQUIREMENTS AS	
SNF/NF DUAL CERT	
Services	Lic # 034001
PHYSICAL THERAPY	
OCCUPATIONAL THERAPY	
SPEECH THERAPY	
<b>EXPIRES</b> 03/31/2017	 Courtney 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 - Albion**

**ADDRESS: P O BOX 271, 1222 SOUTH 7TH STREET, ALBION, NE 68620**

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.

8-10-15



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

LICENSURE UNIT

FEB 08 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 **RECEIVED**

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

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Good Samaritan Society - Albion  
P O BOX 271, 1222 SOUTH 7TH STREET  
ALBION, NE 68620

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

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

LICENSE NO: 034001

TELEPHONE NUMBER: (402) 395-5050

FAX NUMBER: (402) 395-2303

ADMINISTRATOR: KERRY DAVIDSON, R.N.

DIRECTOR OF NURSING: CHERYL MUSIL, R.N.

E-Mail Address, if available: gss4800@good-sam.com

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

4. NUMBER OF BEDS TO BE RELICENSED: 60

5. ACCREDITATION/CERTIFICATION:

Are you requesting deemed status?  yes  no

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

Alzheimers/Special Care Unit

Speech Therapy

Pediatric

Respiratory

Occupational Therapy

Behavioral Needs

REC'D HISS ACCOUNTING  
2016 FEB 10 A 10:51

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. Sylverson  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

\_\_\_\_\_  
SIGNATURE

1/15/16  
DATE

1/15/16  
DATE

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

**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

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403157

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

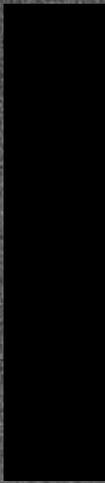
Type of Facility: **Nursing Home**

Location: **1222 S 7th St Albion**

Maximum Occupancy: **60 Beds**

Date Issued: **8/10/2015**

Approved By:



State Fire Marshal

Inspected By: **8718 Don Fast**  
Deputy State Fire Marshal

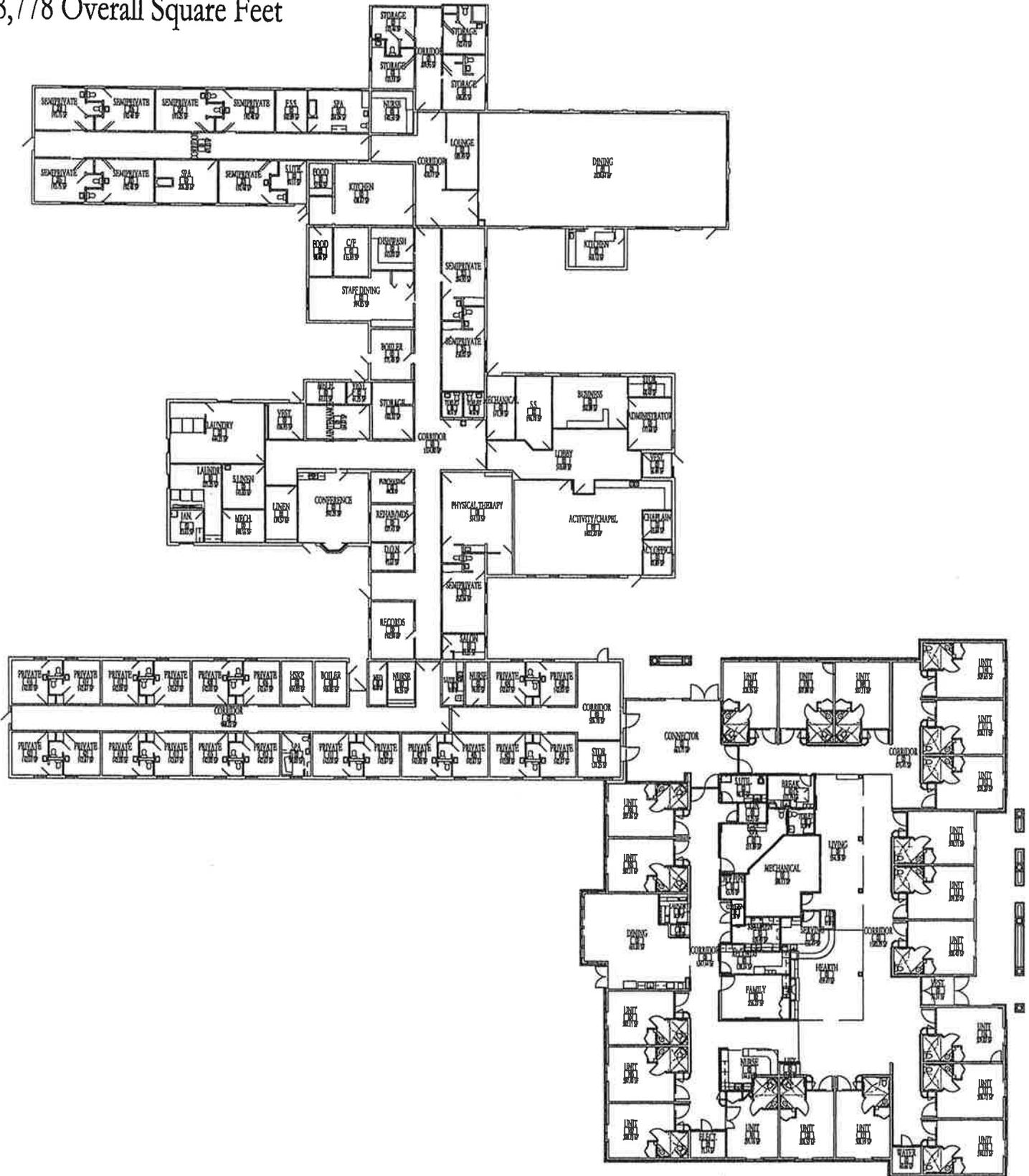


## POST IN PROMINENT PLACE



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

38,778 Overall Square Feet



**Floor Plan**

Not To Scale



Sheet	[Shaded area]		
Project	Baseplan	Interior Plan	Site
Date	8/11/2012	Location	Albion, Nebraska
Client	Good Samaritan Society - Albion/Wolf Memorial		Sheet No.
			4800

THE EVANGELICAL LUTHERAN

**Good Samaritan Society®**

*In Christ's Love, Everyone Is Someone.*