



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

3/16/16 dj

| | |
|---|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT | |
| Good Samaritan Society - Grand Island Village MEETS STATUTORY REQUIREMENTS AS | |
| Services | SNF/NF DUAL CERT |
| PHYSICAL THERAPY | Lic # NH0010 |
| OCCUPATIONAL THERAPY | |
| SPEECH THERAPY | |
| RESPIRATORY THERAPY | |
| EXPIRES 03/31/2017 |   Courtney R. Fritsch, MPA Chief Executive Officer Department of Health and Human Services |

Cut on heavy line and place on license.

FACILITY NAME: Good Samaritan Society - Grand Island Village

ADDRESS: 4061 TIMBERLINE STREET & 4055 TIMBERLINE STREET, GRAND ISLAND, NE 68803

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.

3-17-15



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
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Good Samaritan Society - Grand Island Village
4061 TIMBERLINE STREET & 4055 TIMBERLINE STREET
GRAND ISLAND, NE 68803

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

c/o: GOOD SAMARITAN SOCIETY - GRAND ISLAND VILLAGE
ATTN: ADMINISTRATOR
4075 TIMBERLINE STREET
GRAND ISLAND NE 68802

LICENSURE UNIT

MAR 10 2016

RECEIVED

LICENSE NO: NH0010

TELEPHONE NUMBER: (308) 384-3535

FAX NUMBER: (308) 675-0980

ADMINISTRATOR: ~~CHERI THEESEN~~ Jose Gillespie

DIRECTOR OF NURSING: ~~MARJORIE GRAFF, R.N.~~ Tammy Wichman

E-Mail Address, if available: qss4990@good-sam.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____

4. NUMBER OF BEDS TO BE RELICENSED: 61

5. ACCREDITATION/CERTIFICATION: [] JCAHO [checked] Medicare [checked] Medicaid [] Other
Are you requesting deemed status? [checked] yes [] no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

Current Services

PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY

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

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)
[checked] 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.

G. Grant Tribble
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Sylvia Gause, Asst. Secretary
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

3-4-16
DATE

3-4-16
DATE

3-17-15

FEB 05 2016



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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|-------------------------|--------|
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GRAND ISLAND NE 68802

REC'D HHS ACCOUNTING
2016 FEB 10 A 10:59

LICENSE NO: NH0010
 TELEPHONE NUMBER: (308) 384-3535
 FAX NUMBER: (308) 675-0980
 ADMINISTRATOR: ~~CHERI THEESEN~~ TIMOTHY SCHNEIDER *cc: k R*
 DIRECTOR OF NURSING: ~~MARJORIE GRAFF, R.N.~~ JUDY PARVIN
 E-Mail Address, if available: qss4990@good-sam.com

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 Pediatric Respiratory Occupational Therapy
 Behavioral Needs

Current Services
 PHYSICAL THERAPY
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 (Legal Name of individual or business organization)
 MAILING ADDRESS: P O BOX 5038, 4800 WEST 57TH STREET
SIOUX FALLS, SD 57108

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 Sole Proprietorship
 Partnership
 Limited Partnership
 Corporation
 Limited Liability Company
 Governmental (_____ State, _____ District, _____ County, _____ City or Municipal)
 Other (Please Specify) _____

(check one)
 Profit Non Profit

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- (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.

Tim A. Schneider, R.N. _____ 1-20-16
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT SIGNATURE DATE

 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT SIGNATURE DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402985

Name of Facility: Good Samaritan Society - Grand Island Village

Type of Facility: Nursing Home

Location: 4061 4055 Timberline, 2912 Good Samaritan Place
Grand Island

Maximum Occupancy: 61 Beds

Date Issued: 3/17/2015

Approved By:



State Fire Marshal

Inspected By: 8748 Mark Manchester
Deputy State Fire Marshal



POST IN PROMINENT PLACE

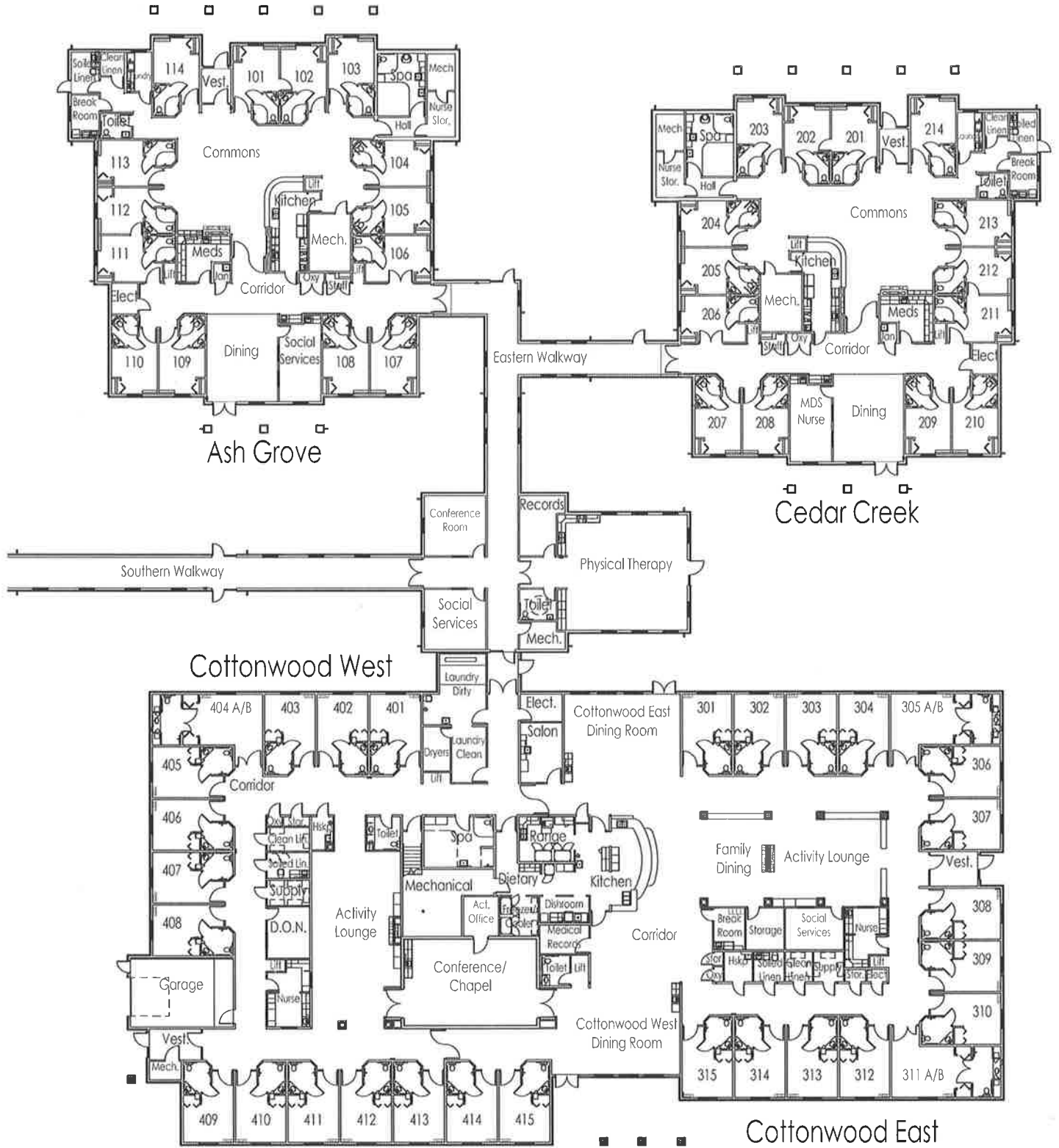


Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

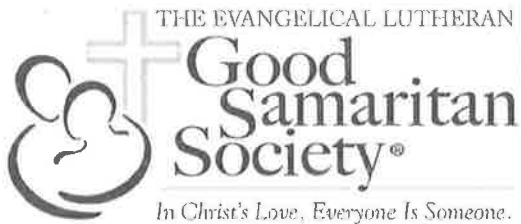
**THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY
4800 WEST 57TH STREET, SIOUX FALLS, SD 57108**

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 |
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| | 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 |





Floor Plan



Location: 4990
 Good Samaritan Society - Grand Island Village
 4075 Timberline Street
 Grand Island, Nebraska 68803

Sheet Title:
Floor Plan
 Project Name:
Skilled Nursing Buildings

Not To Scale 
 Date: December 29, 2014
 Drawn By:
 Checked By:


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 |