

**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only Received <u>6/6/12</u> Amount <u>1470.00</u>
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# 031563

**I. IDENTIFICATION**

Name The Good Samaritan Society - Jeffersontown  
 Address 3500 Good Samaritan Way  
 City/County/Zip Jeffersonton / Jefferson / 40299  
 Telephone number 502-247-7403  
 Administrator Beverly M. Edwards  
 Date facility operation began at current address November 1979  
 Date facility began operation under current owner June 30, 1989

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>98</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

**II. CONTROL (check one in each column)**

State	<u>Profit</u>	Individual
County	<u>Nonprofit</u>	Partnership
City		<u>Corporation</u>
<u>Private</u>		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

The Evangelical Lutheran Good Samaritan Society  
2480 W. 57th Street  
Sioux Falls, SD 57117

<b>RECEIVED</b>
JUN 06 2012
OFFICE OF INSPECTOR GENERAL

(OVER)

JK

If facility owned or leased by a corporation, complete the following:

Name of corporation The Evangelical Lutheran Good Samaritan Society  
 Address of corporation 4800 W. 5th Street, Sioux Falls, SD 57108  
 President or Chairman David Horazdovsky  
 Vice President vacancy  
 Secretary Mrs. Sylvia Gause  
 Treasurer Mrs. Raye Wae Nylander

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

The Evangelical Lutheran Parent  
Good Samaritan Society  
4800 W. 5th Street  
Sioux Falls, SD 57108

Management Company

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

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Beverly M. Edwards  
 Signature of authorized representative

Administrator 6/4/12  
 Title Date

Return Application and fee to:

Office of Inspector General  
 275 East Main Street, 5E-A  
 Frankfort, Kentucky 40621

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

**BOARD OF DIRECTORS**

**Chairperson** Mrs. Susan E. Nickerson

**First Vice  
Chairperson** Ms. Patricia K. Haugen

**Member-Executive  
Committee** Mr. Neil L. Culsvig

**Member-Executive  
Committee** Mr. Christopher T. Johnson

**President and Chief  
Executive Officer** Mr. David J. Horazdovsky

Mr. Elwin L. Brown

Mrs. Lori J. Bussler

Rev. Andrea DeGroot-Nesdahl

Mrs. Kari Berit Ramlo Gustafson

Mrs. Teresa M. Hildebrandt

Rev. John F. Holt

Mrs. Michele J. Juffer

Mr. Bruce O. Kalls

Mr. Scott N. Peters

Mrs. Joanna L. Randall

Mrs. Sharon A. St. Mary

**THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY**  
4800 West 57<sup>th</sup> Street  
Sioux Falls, SD 57108

**OFFICERS OF THE CORPORATION**

<b>President</b>	<b>David J. Horazdovsky</b>
<b>Executive Vice President</b>	<b>Cynthia L. Moegenburg</b>
<b>Executive Vice President and Treasurer</b>	<b>Raye Nae Nylander</b>
<b>Assistant Treasurer</b>	<b>Joseph Herdina</b>
<b>Secretary</b>	<b>Sylvia Gause</b>
<b>Assistant Secretary</b>	<b>Misty Ham-Quick</b>