

# Missouri Long Term Care Facilities Directory

## ABBEY WOODS CENTER FOR REHABILITATION AND HEALING

5026 FARAON ST  
 SAINT JOSEPH MO 64506-3375  
**Mailing Address** 5026 FARAON ST  
 SAINT JOSEPH MO 64506-3375

**Telephone** (816) 279-1591 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 100  
**County** BUCHANAN **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 01463

## ABC HEALTH CARE

307 EAST SOUTH ST  
 HARRISONVILLE MO 64701-3241  
**Mailing Address** 307 EAST SOUTH ST  
 HARRISONVILLE MO 64701-3241

**Telephone** (816) 380-7399 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** CASS **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 00025

## ABERDEEN HEIGHTS

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 36  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 27570

## ABERDEEN HEIGHTS

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 38  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare** **Facility Number** 27570

## ABERDEEN HEIGHTS

505 COUCH AVE  
 KIRKWOOD MO 63122-5536  
**Mailing Address** 505 COUCH AVE  
 KIRKWOOD MO 63122-5536

**Telephone** (314) 909-6000 **Alzheimer's Unit** Yes  
**Level of Care:** ICF **Bed Capacity** 16  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 27570

## ACKERT PARK SKILLED NURSING & REHABILITATION CENTER

894 LELAND AVE  
 UNIVERSITY CITY MO 63130-3239  
**Mailing Address** 894 LELAND AVE  
 UNIVERSITY CITY MO 63130-3239

**Telephone** (314) 726-4767 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 130  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 02100

## ADAMS STREET-A STONEBRIDGE COMMUNITY

1024 ADAMS ST  
 JEFFERSON CITY MO 65101-3408  
**Mailing Address** 1024 ADAMS ST  
 JEFFERSON CITY MO 65101-3408

**Telephone** (573) 635-1320 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** COLE **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 01339

## ADDINGTON PLACE OF LEE'S SUMMIT

2160 SE BLUE PARKWAY  
 LEE'S SUMMIT MO 64063-1007  
**Mailing Address** 2160 SE BLUE PARKWAY  
 LEE'S SUMMIT MO 64063-1007

**Telephone** (816) 554-0101 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 88  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Facility Number** 28136

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**ADDINGTON PLACE OF SHOAL CREEK**

9601 NORTH TULLIS DR  
 KANSAS CITY MO 64157-7890  
**Mailing Address** 9601 NORTH TULLIS DR  
 KANSAS CITY MO 64157-7890

**Telephone** (816) 407-9667  
**Level of Care:** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 28129

**ADRIAN MANOR HEALTH & REHABILITATION CENTER**

402 WEST 1ST STREET  
 ADRIAN MO 64720-9277  
**Mailing Address** 402 WEST 1ST STREET  
 ADRIAN MO 64720-9277

**Telephone** (816) 297-2107  
**Level of Care:** SNF  
**County** BATES  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 00032

**ADVANCE ASSISTED LIVING**

252 PAYTON PLACE  
 ADVANCE MO 63730-7251  
**Mailing Address** PO BOX 790  
 ADVANCE MO 63730-0790

**Telephone** (573) 722-5200  
**Level of Care:** ALF  
**County** STODDARD  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 28426

**ADVANCE NURSING CENTER**

315 SOUTH TILLEY ST  
 ADVANCE MO 63730-7230  
**Mailing Address** 315 S TILLEY ST  
 ADVANCE MO 63730-7230

**Telephone** (573) 722-3440  
**Level of Care:** SNF  
**County** STODDARD  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 11722

**AKINS HEALTH CARE, INC**

4432 WEST BELLE PL  
 SAINT LOUIS MO 63108-2617  
**Mailing Address** 4432 WEST BELLE PL  
 SAINT LOUIS MO 63108-2617

**Telephone** (314) 652-8908  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 00078

**ALBANY PLACE**

520 S ALBANY  
 BOLIVAR MO 65613-2116  
**Mailing Address** PO BOX 176  
 BOLIVAR MO 65613-0176

**Telephone** (417) 777-8040  
**Level of Care:** RCF\*\*  
**County** POLK  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 24731

**ALEXIAN BROTHERS LANSDOWNE VILLAGE**

4624 LANSDOWNE AVE  
 SAINT LOUIS MO 63116-1523  
**Mailing Address** 4624 LANSDOWNE AVE  
 SAINT LOUIS MO 63116-1523

**Telephone** (314) 351-6888  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 145  
**DMH Licensed** No  
**Facility Number** 14557

**ALEXIAN BROTHERS SHERBROOKE VILLAGE**

4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378  
**Mailing Address** 4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378

**Telephone** (314) 544-1111  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 167  
**DMH Licensed** No  
**Facility Number** 15436

**ALEXIAN BROTHERS SHERBROOKE VILLAGE**

4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378  
**Mailing Address** 4005 RIPA AVE  
 SAINT LOUIS MO 63125-2378

**Telephone** (314) 544-1111  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 88  
**DMH Licensed** No  
**Facility Number** 15436

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**ALLWAYS KARE RESIDENTIAL FACILITY, INC**

5076 WATERMAN  
 SAINT LOUIS MO 63108-1102  
**Mailing Address** 5076 WATERMAN  
 SAINT LOUIS MO 63108-1102

**Telephone** (314) 367-9516  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 05212

**AMANDA LUCKETT MURPHY HOPEWELL CENTER RESIDENTIAL CARE FACILITY**

5117 WATERMAN BLVD  
 SAINT LOUIS MO 63108-1103  
**Mailing Address** 5117 WATERMAN BLVD  
 SAINT LOUIS MO 63108-1103

**Telephone** (314) 361-4059  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 10664

**AMBROSE PARK RESIDENTIAL CARE**

517 NORTH OAK  
 COLE CAMP MO 65325-1264  
**Mailing Address** PO BOX 252  
 COLE CAMP MO 65325-0252

**Telephone** (660) 668-3140  
**Level of Care:** RCF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 26313

**ANNA DODSON HOME**

4616 HIGHWAY D  
 FARMINGTON MO 63640-7241  
**Mailing Address** 4616 HWY D  
 FARMINGTON MO 63640-7241

**Telephone** (573) 756-5530  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 02160

**ANNA DODSON HOME**

4616 HIGHWAY D  
 FARMINGTON MO 63640-7241  
**Mailing Address** 4616 HWY D  
 FARMINGTON MO 63640-7241

**Telephone** (573) 756-5530  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 17  
**DMH Licensed** Yes  
**Facility Number** 02160

**ANNA'S HOUSE RESIDENTIAL CARE FACILITY LLC**

194 STATE HIGHWAY MM  
 NIANGUA MO 65713-8411  
**Mailing Address** 194 STATE HWY MM  
 NIANGUA MO 65713-8411

**Telephone** (417) 839-7637  
**Level of Care:** RCF  
**County** WEBSTER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** Yes  
**Facility Number** 13487

**APERION CARE HIDDEN LAKE**

11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757  
**Mailing Address** 11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757

**Telephone** (314) 355-8833  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 18442

**APERION CARE HIDDEN LAKE**

11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757  
**Mailing Address** 11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757

**Telephone** (314) 355-8833  
**Level of Care:** ALF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 18442

**APERION CARE HIDDEN LAKE**

11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757  
**Mailing Address** 11728 HIDDEN LAKE DR  
 SAINT LOUIS MO 63138-1757

**Telephone** (314) 355-8833  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 18442

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**APPLE RIDGE CARE CENTER**

100 WEST THOMAS AVE  
 WAVERLY MO 64096-9143  
**Mailing Address** PO BOX 188  
 WAVERLY MO 64096-0188

**Telephone** (660) 493-2232  
**Level of Care:** SNF  
**County** LAFAYETTE  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 08823

**APPLEGATE RETIREMENT HOME**

1204 TELEGRAPH RD  
 SAINT LOUIS MO 63125-2528  
**Mailing Address** 1204 TELEGRAPH RD  
 SAINT LOUIS MO 63125-2528

**Telephone** (314) 631-2003  
**Level of Care:** RCF\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 14409

**APPLETON CITY MANOR**

600 NORTH OHIO ST  
 APPLETON CITY MO 64724-1609  
**Mailing Address** PO BOX 98  
 APPLETON CITY MO 64724-0098

**Telephone** (660) 476-2128  
**Level of Care:** SNF  
**County** SAINT CLAIR  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 01637

**ARBOR HEALTH, LLC**

1004 PENNSYLVANIA AVE  
 UNIVERSITY CITY MO 63130-2325  
**Mailing Address** 1004 PENNSYLVANIA AVE  
 UNIVERSITY CITY MO 63130-2325

**Telephone** (314) 240-5613  
**Level of Care:** RCF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 45  
**DMH Licensed** Yes  
**Facility Number** 11784

**ARBORS AT GLENDALE GARDENS - MEMORY CARE BY AMERICARE, THE**

1300 SOUTH MAIN  
 CLINTON MO 64735-2728  
**Mailing Address** 1300 S MAIN  
 CLINTON MO 64735-2728

**Telephone** (660) 885-2272  
**Level of Care:** ALF\*\*  
**County** HENRY  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 17054

**ARBORS AT HIGHLAND CREST - ALZHEIMERS ASSISTED LIVING BY AMERICARE, THE**

620 GILASPY ROAD  
 KIRKSVILLE MO 63501-4678  
**Mailing Address** 620 GILASPY RD  
 KIRKSVILLE MO 63501-4678

**Telephone** (660) 627-8004  
**Level of Care:** ALF\*\*  
**County** ADAIR  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 23608

**ARBORS AT LAKEVIEW BEND - ASSISTED LIVING BY AMERICARE, THE**

1700 ASBURY CIRCLE WEST  
 MEXICO MO 65265-1400  
**Mailing Address** 1722 HUNTINGFIELD DR  
 MEXICO MO 65265-3808

**Telephone** (573) 581-8777  
**Level of Care:** ALF\*\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 13544

**ARBORS AT MOUNT CARMEL, THE**

723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729  
**Mailing Address** 723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729

**Telephone** (636) 946-4140  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 29396

**ARBORS AT VICTORIAN PLACE OF CUBA, MEMORY CARE ASSISTED LIVING BY AMERICARE, THE**

903 HWY DD  
 CUBA MO 65453-8089  
**Mailing Address** 903 HWY DD  
 CUBA MO 65453-8089

**Telephone** (573) 885-0379  
**Level of Care:** ALF\*\*  
**County** CRAWFORD  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 27071

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**ARBORS AT VICTORIAN PLACE OF WASHINGTON, MEMORY CARE ASSISTED LIVING BY AMERICARE, THE**

2701 RABBIT TRAIL DR		<b>Telephone</b> (636) 390-0011	<b>Alzheimer's Unit</b>	Yes
WASHINGTON	MO 63090-6711	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	32
<b>Mailing Address</b> 2701 RABBIT TRAIL DR		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-6711	<b>Region</b> 6	<b>Facility Number</b>	28065

**ARBORS AT WESTBROOK TERRACE-ALZHEIMER'S ASSISTED LIVING BY AMERICARE**

3409 NORTH 10 MILE DR		<b>Telephone</b> (573) 556-5648	<b>Alzheimer's Unit</b>	Yes
JEFFERSON CITY	MO 65109-0530	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	26
<b>Mailing Address</b> 3409 NORTH 10 MILE DR		<b>County</b> COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65109-0530	<b>Region</b> 6	<b>Facility Number</b>	27914

**ARBORS AT WESTRIDGE PLACE - MEMORY CARE BY AMERICARE, THE**

539 NORTH WEST ST		<b>Telephone</b> (573) 471-6484	<b>Alzheimer's Unit</b>	Yes
SIKESTON	MO 63801-5443	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	28
<b>Mailing Address</b> 539 NORTH WEST ST		<b>County</b> SCOTT	<b>DMH Licensed</b>	No
SIKESTON	MO 63801-5443	<b>Region</b> 2	<b>Facility Number</b>	12693

**ARIZONA CARE CENTER**

101 ARIZONA ST		<b>Telephone</b> (573) 237-4830	<b>Alzheimer's Unit</b>	No
NEW HAVEN	MO 63068-1210	<b>Level of Care:</b> ALF	<b>Bed Capacity</b>	15
<b>Mailing Address</b> 101 ARIZONA ST		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	Yes
NEW HAVEN	MO 63068-1210	<b>Region</b> 6	<b>Facility Number</b>	19080

**ARMOUR OAKS SENIOR LIVING COMMUNITY**

8100 WORNALL RD		<b>Telephone</b> (816) 363-5141	<b>Alzheimer's Unit</b>	No
KANSAS CITY	MO 64114-5806	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	38
<b>Mailing Address</b> 8100 WORNALL RD		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
KANSAS CITY	MO 64114-5806	<b>Region</b> 3 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	00199

**ARMOUR OAKS SENIOR LIVING COMMUNITY**

8100 WORNALL RD		<b>Telephone</b> (816) 363-5141	<b>Alzheimer's Unit</b>	No
KANSAS CITY	MO 64114-5806	<b>Level of Care:</b> ALF	<b>Bed Capacity</b>	47
<b>Mailing Address</b> 8100 WORNALL RD		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
KANSAS CITY	MO 64114-5806	<b>Region</b> 3	<b>Facility Number</b>	00199

**ASH GROVE HEALTHCARE FACILITY**

401 NORTH MEDICAL DR		<b>Telephone</b> (417) 751-2575	<b>Alzheimer's Unit</b>	Yes
ASH GROVE	MO 65604-1004	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	82
<b>Mailing Address</b> PO BOX 247		<b>County</b> GREENE	<b>DMH Licensed</b>	No
ASH GROVE	MO 65604-0247	<b>Region</b> 1 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	00200

**ASHBROOK - ASSISTED LIVING BY AMERICARE**

500 ASHBROOK DR		<b>Telephone</b> (573) 756-5544	<b>Alzheimer's Unit</b>	No
FARMINGTON	MO 63640-9235	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	72
<b>Mailing Address</b> 500 ASHBROOK DR		<b>County</b> SAINT FRANCOIS	<b>DMH Licensed</b>	No
FARMINGTON	MO 63640-9235	<b>Region</b> 2	<b>Facility Number</b>	18138

**ASHBURY HEIGHTS OF CHILLICOTHE**

603 ST LOUIS ST		<b>Telephone</b> (660) 707-1270	<b>Alzheimer's Unit</b>	No
CHILLICOTHE	MO 64601-2438	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	12
<b>Mailing Address</b> 603 ST LOUIS ST		<b>County</b> LIVINGSTON	<b>DMH Licensed</b>	Yes
CHILLICOTHE	MO 64601-2438	<b>Region</b> 4	<b>Facility Number</b>	23909

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**ASHBURY HEIGHTS OF FAYETTE**

200 GROCE ST  
 FAYETTE MO 65248-9813  
**Mailing Address** 200 GROCE ST  
 FAYETTE MO 65248-9813

**Telephone** (660) 248-3603  
**Level of Care:** RCF  
**County** HOWARD  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 23894

**ASHBURY HEIGHTS OF FULTON**

704 WEST CHESTNUT  
 FULTON MO 65251-1254  
**Mailing Address** 704 WEST CHESTNUT  
 FULTON MO 65251-1254

**Telephone** (573) 642-2015  
**Level of Care:** RCF  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 23923

**ASHBURY HEIGHTS OF JEFFERSON CITY**

834 WEATHERED ROCK COURT  
 JEFFERSON CITY MO 65101-1824  
**Mailing Address** 834 WEATHERED ROCK CT  
 JEFFERSON CITY MO 65101-1824

**Telephone** (573) 634-7402  
**Level of Care:** RCF  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 23936

**ASHBURY HEIGHTS OF LAURIE**

299 HIGHWAY RA  
 LAURIE MO 65038-6024  
**Mailing Address** 299 HWY RA  
 LAURIE MO 65038-6024

**Telephone** (573) 374-0076  
**Level of Care:** RCF  
**County** MORGAN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 23915

**ASHBURY HEIGHTS OF MONTGOMERY CITY**

625 WEST 2ND ST  
 MONTGOMERY CITY MO 63361-1762  
**Mailing Address** 625 WEST 2ND ST  
 MONTGOMERY CITY MO 63361-1762

**Telephone** (573) 564-3386  
**Level of Care:** RCF  
**County** MONTGOMERY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20160

**ASHBURY HEIGHTS OF TIPTON**

908 SOUTH PARK  
 TIPTON MO 65081-8408  
**Mailing Address** 908 SOUTH PARK  
 TIPTON MO 65081-8408

**Telephone** (660) 433-6496  
**Level of Care:** RCF  
**County** MONITEAU  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16506

**ASHLAND HEALTHCARE**

300 SOUTH HENRY CLAY BLVD  
 ASHLAND MO 65010-9438  
**Mailing Address** 300 S HENRY CLAY BLVD  
 ASHLAND MO 65010-9438

**Telephone** (573) 657-2877  
**Level of Care:** SNF  
**County** BOONE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 17908

**ASHLAND VILLA - ASSISTED LIVING BY AMERICARE**

301 SOUTH HENRY CLAY BLVD  
 ASHLAND MO 65010-9439  
**Mailing Address** 301 S HENRY CLAY BLVD  
 ASHLAND MO 65010-9439

**Telephone** (573) 657-1920  
**Level of Care:** ALF\*\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 20303

**ASHLEY MANOR CARE CENTER**

1630 RADIO HILL RD  
 BOONVILLE MO 65233-1957  
**Mailing Address** 1630 RADIO HILL RD  
 BOONVILLE MO 65233-1957

**Telephone** (660) 882-6584  
**Level of Care:** SNF  
**County** COOPER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 00216

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**ASHTON COURT CARE AND REHABILITATION CENTRE**

1200 WEST COLLEGE ST  
 LIBERTY MO 64068-1036  
**Mailing Address** 1200 WEST COLLEGE ST  
 LIBERTY MO 64068-1036

**Telephone** (816) 781-3020 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 140  
**County** CLAY **DMH Licensed** No  
**Region 4** **Medicare/Medicaid** **Facility Number** 01961

**ASSISTED LIVING AT CHARLESS VILLAGE**

5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715  
**Mailing Address** 5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715

**Telephone** (314) 846-2002 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 18  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 05586

**ASSISTED LIVING AT THE MEADOWLANDS**

135 MEADOWLANDS ESTATES LN  
 O'FALLON MO 63366-4591  
**Mailing Address** 135 MEADOWLANDS ESTATES LN  
 O'FALLON MO 63366-4591

**Telephone** (636) 978-3600 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 86  
**County** SAINT CHARLES **DMH Licensed** No  
**Region 5** **Facility Number** 26475

**AUBURN CREEK - ASSISTED LIVING BY AMERICARE**

2910 BEAVER CREEK DR  
 CAPE GIRARDEAU MO 63701-1732  
**Mailing Address** 2910 BEAVER CREEK DR  
 CAPE GIRARDEAU MO 63701-1732

**Telephone** (573) 651-0199 **Alzheimer's Unit** Yes  
**Level of Care:** ALF **Bed Capacity** 49  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** **Facility Number** 19892

**AURORA NURSING CENTER**

1700 SOUTH HUDSON AVE  
 AURORA MO 65605-2717  
**Mailing Address** 1700 S HUDSON AVE  
 AURORA MO 65605-2717

**Telephone** (417) 678-2165 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 125  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** **Medicare/Medicaid** **Facility Number** 00234

**AUTUMN HOUSE ASSISTED LIVING**

803 EAST 12TH ST  
 ROLLA MO 65401-2711  
**Mailing Address** 803 EAST 12TH ST  
 ROLLA MO 65401-2711

**Telephone** (573) 364-3638 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 16  
**County** PHELPS **DMH Licensed** No  
**Region 6** **Facility Number** 11080

**AUTUMN OAKS CARING CENTER**

1310 HOVIS ST  
 MOUNTAIN GROVE MO 65711-1219  
**Mailing Address** 1310 HOVIS ST  
 MOUNTAIN GROVE MO 65711-1219

**Telephone** (417) 926-5128 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** WRIGHT **DMH Licensed** No  
**Region 1** **Medicare/Medicaid** **Facility Number** 07970

**AUTUMN PLACE RESIDENTIAL CARE OF JOPLIN**

2030 E ZORA ST  
 JOPLIN MO 64801-1170  
**Mailing Address** 2030 E ZORA ST  
 JOPLIN MO 64801-1170

**Telephone** (417) 626-8900 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 38  
**County** JASPER **DMH Licensed** No  
**Region 1** **Facility Number** 20779

**AUTUMN RIDGE**

300 AUTUMN RIDGE DR  
 HERCULANEUM MO 63048-1506  
**Mailing Address** 300 AUTUMN RIDGE DR  
 HERCULANEUM MO 63048-1506

**Telephone** (636) 931-8400 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 81  
**County** JEFFERSON **DMH Licensed** Yes  
**Region 2** **Facility Number** 15845

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**AUTUMN TERRACE HEALTH & REHABILITATION**

6124 RAYTOWN RD  
 RAYTOWN MO 64133-4007  
**Mailing Address** 6124 RAYTOWN RD  
 RAYTOWN MO 64133-4007

**Telephone** (816) 358-8222 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 154  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 00768

**AUTUMN VIEW GARDENS**

16219 AUTUMN VIEW TERRACE DR  
 ELLISVILLE MO 63011-4743  
**Mailing Address** 16219 AUTUMN VIEW TERRACE DR  
 ELLISVILLE MO 63011-4743

**Telephone** (636) 458-5225 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 150  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 20751

**AUTUMN VIEW GARDENS AT SCHUETZ ROAD**

11210 SCHUETZ RD  
 SAINT LOUIS MO 63146-4933  
**Mailing Address** 11210 SCHUETZ RD  
 SAINT LOUIS MO 63146-4933

**Telephone** (314) 993-9888 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 22909

**AUTUMN WOODS, INC**

5500 NW HOUSTON LAKE DR  
 KANSAS CITY MO 64151-3472  
**Mailing Address** PO BOX 12008  
 KANSAS CITY MO 64152-0008

**Telephone** (816) 587-2263 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 28  
**County** PLATTE **DMH Licensed** Yes  
**Region** 4 **Facility Number** 10857

**AVA PLACE**

1000 NW 3RD ST  
 AVA MO 65608-1269  
**Mailing Address** PO BOX 1269  
 AVA MO 65608-1269

**Telephone** (417) 683-6999 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 40  
**County** DOUGLAS **DMH Licensed** Yes  
**Region** 1 **Facility Number** 20718

**AVALON GARDEN**

4359 TAFT AVE  
 SAINT LOUIS MO 63116-1533  
**Mailing Address** 4359 TAFT AVE  
 SAINT LOUIS MO 63116-1533

**Telephone** (314) 752-2022 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 77  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 00244

**AVALON MEMORY CARE**

5342 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152  
**Mailing Address** 5342 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152

**Telephone** (314) 899-5050 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 30  
**County** SAINT LOUIS **DMH Licensed** No  
**Region** 7 **Facility Number** 30425

**AVONLEA COTTAGE OF GLADSTONE**

2801 NE 60TH ST  
 GLADSTONE MO 64119-2040  
**Mailing Address** 2801 NE 60TH ST  
 GLADSTONE MO 64119-2040

**Telephone** (816) 454-7755 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 100  
**County** CLAY **DMH Licensed** No  
**Region** 4 **Facility Number** 11794

**BAILEY STREET RESIDENTIAL CARE I**

102 BAILEY ST  
 FARMINGTON MO 63640-1819  
**Mailing Address** 102 BAILEY ST  
 FARMINGTON MO 63640-1819

**Telephone** (573) 756-6374 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region** 2 **Facility Number** 00256

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**BAISCH NURSING CENTER**

3260 BAISCH DR  
 DE SOTO MO 63020-5046  
**Mailing Address** 3260 BAISCH DR  
 DE SOTO MO 63020-5046

**Telephone** (636) 586-2291  
**Level of Care:** RCF\*  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 00910

**BAISCH NURSING CENTER**

3260 BAISCH DR  
 DE SOTO MO 63020-5046  
**Mailing Address** 3260 BAISCH DR  
 DE SOTO MO 63020-5046

**Telephone** (636) 586-2291  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region 2 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 61  
**DMH Licensed** No  
**Facility Number** 00910

**BALLWIN RIDGE HEALTH & REHABILITATION**

1441 CHARIC DR  
 WILDWOOD MO 63021-2001  
**Mailing Address** 1441 CHARIC DR  
 WILDWOOD MO 63021-2001

**Telephone** (636) 394-2522  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 17887

**BAPTIST HOME, THE**

101 RIGGS-SCOTT LN  
 IRONTON MO 63650-4338  
**Mailing Address** PO BOX 87  
 IRONTON MO 63650-0087

**Telephone** (573) 546-7429  
**Level of Care:** ICF  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 53  
**DMH Licensed** No  
**Facility Number** 00274

**BAPTIST HOME, THE**

101 RIGGS-SCOTT LN  
 IRONTON MO 63650-4338  
**Mailing Address** PO BOX 87  
 IRONTON MO 63650-0087

**Telephone** (573) 546-7429  
**Level of Care:** SNF  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 3  
**DMH Licensed** No  
**Facility Number** 00274

**BAPTIST HOME, THE**

101 RIGGS-SCOTT LN  
 IRONTON MO 63650-4338  
**Mailing Address** PO BOX 87  
 IRONTON MO 63650-0087

**Telephone** (573) 546-7429  
**Level of Care:** ALF  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 00274

**BAPTIST HOME, THE**

1625 WEST GARTON RD  
 OZARK MO 65721-6637  
**Mailing Address** PO BOX 1040  
 OZARK MO 65721-1040

**Telephone** (417) 581-2101  
**Level of Care:** ICF  
**County** CHRISTIAN  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** No  
**Facility Number** 21509

**BAPTIST HOME, THE**

500 BAPTIST HOME LN  
 CHILLICOTHE MO 64601-3973  
**Mailing Address** 500 BAPTIST HOME LN  
 CHILLICOTHE MO 64601-3973

**Telephone** (660) 646-6219  
**Level of Care:** ALF\*\*  
**County** LIVINGSTON  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 14084

**BAPTIST HOME, THE**

1625 WEST GARTON RD  
 OZARK MO 65721-6637  
**Mailing Address** PO BOX 1040  
 OZARK MO 65721-1040

**Telephone** (417) 581-2101  
**Level of Care:** ALF\*\*  
**County** CHRISTIAN  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 21509

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**BAPTIST HOME, THE**

500 BAPTIST HOME LN  
 CHILLICOTHE MO 64601-3973  
**Mailing Address** 500 BAPTIST HOME LN  
 CHILLICOTHE MO 64601-3973

**Telephone** (660) 646-6219  
**Level of Care:** ICF  
**County** LIVINGSTON  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 14084

**BARATHAVEN ALZHEIMER'S SPECIAL CARE CENTER**

1030 BARATHAVEN DR  
 DARDENNE PRAIRIE MO 63368-8606  
**Mailing Address** 1030 BARATHAVEN DR  
 DARDENNE PRAIRIE MO 63368-8606

**Telephone** (636) 329-9160  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 26902

**BARNABAS ACRES**

210 FRANKS LN  
 CAPE GIRARDEAU MO 63701-8439  
**Mailing Address** 210 FRANKS LN  
 CAPE GIRARDEAU MO 63701-8439

**Telephone** (573) 334-7679  
**Level of Care:** ALF  
**County** CAPE GIRARDEAU  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** Yes  
**Facility Number** 05130

**BARNABAS HOME, THE**

1301 MONROE ST  
 CHILLICOTHE MO 64601-1345  
**Mailing Address** 1301 MONROE ST  
 CHILLICOTHE MO 64601-1345

**Telephone** (660) 646-5180  
**Level of Care:** RCF\*  
**County** LIVINGSTON  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** Yes  
**Facility Number** 04632

**BARNABAS REDWOOD MANOR**

1194 LONDON RD  
 BOURBON MO 65441-8218  
**Mailing Address** 1194 LONDON RD  
 BOURBON MO 65441-8218

**Telephone** (573) 468-8150  
**Level of Care:** RCF  
**County** CRAWFORD  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 46  
**DMH Licensed** Yes  
**Facility Number** 08609

**BARNES-JEWISH EXTENDED CARE**

401 CORPORATE PARK DR  
 SAINT LOUIS MO 63105-4201  
**Mailing Address** 401 CORPORATE PARK DR  
 SAINT LOUIS MO 63105-4201

**Telephone** (314) 725-7447  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 15878

**BAYLESS BOARDING HOME**

3719 SAND CREEK ROAD  
 FARMINGTON MO 63640-7349  
**Mailing Address** 3719 SAND CREEK RD  
 FARMINGTON MO 63640-7349

**Telephone** (573) 747-0889  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 17300

**BEACON HILL RESIDENTIAL CARE**

2905 CAMPBELL  
 KANSAS CITY MO 64109-1417  
**Mailing Address** 2905 CAMPBELL  
 KANSAS CITY MO 64109-1417

**Telephone** (816) 531-6168  
**Level of Care:** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** Yes  
**Facility Number** 00329

**BEAUTIFUL SAVIOR HOME**

1003 SOUTH CEDAR ST  
 BELTON MO 64012-3703  
**Mailing Address** 1003 S CEDAR ST  
 BELTON MO 64012-3703

**Telephone** (816) 331-0781  
**Level of Care:** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 126  
**DMH Licensed** No  
**Facility Number** 00342

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**BEAUTIFUL SAVIOR HOME**

1003 SOUTH CEDAR ST  
 BELTON MO 64012-3703  
**Mailing Address** 1003 S CEDAR ST  
 BELTON MO 64012-3703

**Telephone** (816) 331-0781  
**Level of Care:** ALF  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 00342

**BEAUVAIS MANOR HEALTHCARE & REHAB CENTER**

3625 MAGNOLIA AVE  
 SAINT LOUIS MO 63110-4048  
**Mailing Address** 3625 MAGNOLIA AVE  
 SAINT LOUIS MO 63110-4048

**Telephone** (314) 771-2990  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 184  
**DMH Licensed** No  
**Facility Number** 09528

**BECKY'S PLACE RESIDENTIAL CARE, LLC**

500 CULLER AVE  
 BUNKER MO 63629-  
**Mailing Address** PO BOX 95  
 BUNKER MO 63629-0095

**Telephone** (573) 689-1392  
**Level of Care:** RCF  
**County** REYNOLDS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 16882

**BELLEFONTAINE GARDENS NURSING & REHAB**

9500 BELLEFONTAINE RD  
 SAINT LOUIS MO 63137-1336  
**Mailing Address** 9500 BELLEFONTAINE RD  
 SAINT LOUIS MO 63137-1336

**Telephone** (314) 388-0796  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 02598

**BELLEVIEW VALLEY NURSING HOME**

23144 HIGHWAY 32  
 BELLEVIEW MO 63623-6346  
**Mailing Address** 23144 HIGHWAY 32  
 BELLEVIEW MO 63623-6346

**Telephone** (573) 697-5311  
**Level of Care:** SNF  
**County** IRON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 122  
**DMH Licensed** No  
**Facility Number** 00382

**BENEDICT JOSEPH LABRE CENTER**

3863 CLEVELAND  
 SAINT LOUIS MO 63110-4009  
**Mailing Address** 3863 CLEVELAND  
 SAINT LOUIS MO 63110-4009

**Telephone** (314) 664-3927  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 21163

**BENTLEYS EXTENDED CARE**

3060 ASHBY ROAD  
 OVERLAND MO 63114-1342  
**Mailing Address** 3060 ASHBY RD  
 OVERLAND MO 63114-1342

**Telephone** (314) 426-0433  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 22613

**BENTON HOUSE OF BLUE SPRINGS**

1701 NW JEFFERSON ST  
 BLUE SPRINGS MO 64015-7229  
**Mailing Address** 1701 NW JEFFERSON ST  
 BLUE SPRINGS MO 64015-7229

**Telephone** (816) 224-2727  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 29729

**BENTON HOUSE OF RAYMORE**

2100 JOHNSTON DR  
 RAYMORE MO 64083-8122  
**Mailing Address** 2100 JOHNSTON DR  
 RAYMORE MO 64083-8122

**Telephone** (816) 322-2111  
**Level of Care:** ALF\*\*  
**County** CASS  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 29896

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**BENTON HOUSE OF STALEY HILLS**

11071 N WOODLAND AVE  
 KANSAS CITY MO 64155-  
**Mailing Address** 11071 N WOODLAND AVE  
 KANSAS CITY MO 64155-

**Telephone** (816) 372-1888  
**Level of Care:** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** YES  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 30774

**BENTON HOUSE OF TIFFANY SPRINGS**

5901 NW 88TH ST  
 KANSAS CITY MO 64154-1607  
**Mailing Address** 5901 NW 88TH ST  
 KANSAS CITY MO 64154-1607

**Telephone** (816) 505-4555  
**Level of Care:** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 29519

**BENTONVIEW PARK HEALTH & REHABILITATION**

410 WEST BENTON ST  
 MONETT MO 65708-1608  
**Mailing Address** 410 WEST BENTON ST  
 MONETT MO 65708-1608

**Telephone** (417) 235-6031  
**Level of Care:** SNF  
**County** BARRY  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 00954

**BENTWOOD NURSING & REHAB**

1501 CHARBONIER RD  
 FLORISSANT MO 63031-5308  
**Mailing Address** 1501 CHARBONIER RD  
 FLORISSANT MO 63031-5308

**Telephone** (314) 921-2700  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 76  
**DMH Licensed** No  
**Facility Number** 14817

**BERNARD CARE CENTER**

4335 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2205  
**Mailing Address** 4335 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2205

**Telephone** (314) 371-0200  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 141  
**DMH Licensed** No  
**Facility Number** 00436

**BERTRAND NURSING AND REHAB CENTER**

603 WEST HIGHWAY 62  
 BERTRAND MO 63823-9738  
**Mailing Address** 603 WEST HIGHWAY 62  
 BERTRAND MO 63823-9738

**Telephone** (573) 683-4290  
**Level of Care:** SNF  
**County** MISSISSIPPI  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** No  
**Facility Number** 00440

**BETH HAVEN NURSING HOME**

2500 PLEASANT ST  
 HANNIBAL MO 63401-2600  
**Mailing Address** 2500 PLEASANT ST  
 HANNIBAL MO 63401-2600

**Telephone** (573) 221-6000  
**Level of Care:** SNF  
**County** MARION  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 105  
**DMH Licensed** No  
**Facility Number** 00469

**BETHANY CARE CENTER**

1305 S 7TH ST  
 BETHANY MO 64424-1780  
**Mailing Address** 1305 S 7TH ST  
 BETHANY MO 64424-1780

**Telephone** (660) 425-2273  
**Level of Care:** SNF  
**County** HARRISON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 00481

**BETHESDA DILWORTH**

9645 BIG BEND BLVD  
 SAINT LOUIS MO 63122-6521  
**Mailing Address** 9645 BIG BEND BLVD  
 SAINT LOUIS MO 63122-6521

**Telephone** (314) 968-5460  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 400  
**DMH Licensed** No  
**Facility Number** 00508

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**BETHESDA HAWTHORNE PLACE**

1111 SOUTH BERRY ROAD  
 SAINT LOUIS MO 63122-6598  
**Mailing Address** 1111 SOUTH BERRY ROAD  
 SAINT LOUIS MO 63122-6598

**Telephone** (314) 942-5750 **Alzheimer's Unit** YES  
**Level of Care:** ALF\*\* **Bed Capacity** 60  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30509

**BETHESDA MEADOW**

322 OLD STATE ROAD  
 ELLISVILLE MO 63021-5917  
**Mailing Address** 322 OLD STATE RD  
 ELLISVILLE MO 63021-5917

**Telephone** (636) 227-3431 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 210  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 15226

**BETHESDA SOUTHGATE**

5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715  
**Mailing Address** 5943 TELEGRAPH RD  
 SAINT LOUIS MO 63129-4715

**Telephone** (314) 846-2000 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 192  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 05586

**BIG BEND RETREAT**

620 NORTH EMMERSON  
 SLATER MO 65349-1157  
**Mailing Address** 620 NORTH EMMERSON  
 SLATER MO 65349-1157

**Telephone** (660) 529-2237 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 10  
**County** SALINE **DMH Licensed** No  
**Region** 5 **Facility Number** 00546

**BIG BEND RETREAT**

620 NORTH EMMERSON  
 SLATER MO 65349-1157  
**Mailing Address** 620 NORTH EMMERSON  
 SLATER MO 65349-1157

**Telephone** (660) 529-2237 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 60  
**County** SALINE **DMH Licensed** No  
**Region** 5 **Facility Number** 00546

**BIG BEND WOODS HEALTHCARE CENTER**

110 HIGHLAND AVE  
 VALLEY PARK MO 63088-1422  
**Mailing Address** 110 HIGHLAND AVE  
 VALLEY PARK MO 63088-1422

**Telephone** (636) 225-5144 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 135  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 01170

**BIG RIVER NURSING & REHABILITATION CENTER**

6400 THE CEDARS COURT  
 CEDAR HILL MO 63016-2220  
**Mailing Address** 6400 THE CEDARS CT  
 CEDAR HILL MO 63016-2220

**Telephone** (636) 274-1777 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 150  
**County** JEFFERSON **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 12647

**BIG SPRING CARE CENTER FOR REHAB AND HEALTHCARE**

202 EAST MILL ST  
 HUMANSVILLE MO 65674-8507  
**Mailing Address** 202 EAST MILL ST  
 HUMANSVILLE MO 65674-8507

**Telephone** (417) 754-8711 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** POLK **DMH Licensed** No  
**Region** 1 **Medicare/Medicaid** **Facility Number** 18672

**BIRCH VIEW NURSING CENTER**

RR 2, BOX 2215  
 BIRCH TREE MO 65438-9215  
**Mailing Address** RR 2, BOX 2215  
 BIRCH TREE MO 65438-9215

**Telephone** (573) 292-3212 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** SHANNON **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 00560

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**BISHOP SPENCER PLACE, INC, THE**

4301 MADISON AVE  
 KANSAS CITY MO 64111-3491  
**Mailing Address** 4301 MADISON AVE  
 KANSAS CITY MO 64111-3491

**Telephone** (816) 931-4277  
**Level of Care:** SNF  
**County** JACKSON  
**Region 3** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 20635

**BISHOP SPENCER PLACE, INC, THE**

4301 MADISON AVE  
 KANSAS CITY MO 64111-3491  
**Mailing Address** 4301 MADISON AVE  
 KANSAS CITY MO 64111-3491

**Telephone** (816) 931-4277  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 20635

**BLESSED HOMES**

305 E 63RD ST  
 KANSAS CITY MO 64113-2225  
**Mailing Address** 305 E 63RD ST  
 KANSAS CITY MO 64113-2225

**Telephone** (816) 678-8061  
**Level of Care:** RCF  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** No  
**Facility Number** 27175

**BLESSING CENTER, THE**

302 NORTH MAIN  
 EDINA MO 63537-1353  
**Mailing Address** 302 NORTH MAIN  
 EDINA MO 63537-1353

**Telephone** (660) 397-2293  
**Level of Care:** RCF\*  
**County** KNOX  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 51  
**DMH Licensed** Yes  
**Facility Number** 03728

**BLOOMFIELD LIVING CENTER**

606 WEST MISSOURI ST  
 BLOOMFIELD MO 63825-9706  
**Mailing Address** 606 WEST MISSOURI ST  
 BLOOMFIELD MO 63825-9706

**Telephone** (573) 568-2137  
**Level of Care:** SNF  
**County** STODDARD  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 00629

**BLUE CASTLE OF THE OZARKS**

1830 E LAVERNE ST  
 BOLIVAR MO 65613-1488  
**Mailing Address** 1830 E LAVERNE ST  
 BOLIVAR MO 65613-1488

**Telephone** (417) 777-2583  
**Level of Care:** RCF\*  
**County** POLK  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 24698

**BLUE HILLS REST HOME, INC**

2207 NORTH BLUE MILLS RD  
 INDEPENDENCE MO 64058-2022  
**Mailing Address** 2207 N BLUE MILLS RD  
 INDEPENDENCE MO 64058-2022

**Telephone** (816) 796-3376  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 63  
**DMH Licensed** No  
**Facility Number** 11146

**BLUEGRASS TERRACE**

102 REDTAIL DR  
 ASHLAND MO 65010-1179  
**Mailing Address** 102 REDTAIL DR  
 ASHLAND MO 65010-1179

**Telephone** (573) 657-0899  
**Level of Care:** RCF  
**County** BOONE  
**Region 6**

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 25731

**BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERICARE**

3104 BLUFF CREEK DR  
 COLUMBIA MO 65201-3524  
**Mailing Address** 3104 BLUFF CREEK DR  
 COLUMBIA MO 65201-3524

**Telephone** (573) 815-9111  
**Level of Care:** ALF\*\*  
**County** BOONE  
**Region 6**

**Alzheimer's Unit** Yes  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 20625

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**BLUFFS, THE**

3105 BLUFF CREEK DR  
 COLUMBIA MO 65201-3529  
**Mailing Address** 3105 BLUFF CREEK DR  
 COLUMBIA MO 65201-3529

**Telephone** (573) 442-6060 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 132  
**County** BOONE **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 00754

**BOARDING INN, THE**

9444 MIDLAND BLVD  
 OVERLAND MO 63114-3328  
**Mailing Address** 9444 MIDLAND BLVD  
 OVERLAND MO 63114-3328

**Telephone** (314) 426-0091 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 40  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 00709

**BOLIVAR MANOR HOUSE**

404 EAST BROADWAY  
 BOLIVAR MO 65613-2019  
**Mailing Address** PO BOX 175  
 BOLIVAR MO 65613-0175

**Telephone** (417) 326-7873 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 20  
**County** POLK **DMH Licensed** Yes  
**Region** 1 **Facility Number** 04529

**BOULDERWOOD ESTATES**

1111 CARE AVE  
 NIXA MO 65714-9679  
**Mailing Address** PO BOX 870  
 NIXA MO 65714-0870

**Telephone** (417) 374-7755 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 126  
**County** CHRISTIAN **DMH Licensed** Yes  
**Region** 1 **Facility Number** 15935

**BOWLING GREEN RESIDENTIAL CARE**

119 WEST CENTENNIAL AVE  
 BOWLING GREEN MO 63334-1605  
**Mailing Address** 119 WEST CENTENNIAL AVE  
 BOWLING GREEN MO 63334-1605

**Telephone** (573) 324-5560 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 24  
**County** PIKE **DMH Licensed** Yes  
**Region** 5 **Facility Number** 07712

**BRADFORD COURT - ASSISTED LIVING BY AMERICARE**

902 NORTH MAIN  
 NIXA MO 65714-9384  
**Mailing Address** 902 NORTH MAIN  
 NIXA MO 65714-9384

**Telephone** (417) 725-0177 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 50  
**County** CHRISTIAN **DMH Licensed** No  
**Region** 1 **Facility Number** 17732

**BRENT B TINNIN MANOR**

220 EUCLID POLK DR  
 ELLINGTON MO 63638-7967  
**Mailing Address** 220 EUCLID POLK DR  
 ELLINGTON MO 63638-7967

**Telephone** (573) 663-2545 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** REYNOLDS **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 08027

**BRENTMOOR RETIREMENT COMMUNITY**

8600 DELMAR BLVD  
 SAINT LOUIS MO 63124-1973  
**Mailing Address** 8600 DELMAR BLVD  
 SAINT LOUIS MO 63124-1973

**Telephone** (314) 995-3811 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 36  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 19968

**BRIDGE AT FLORISSANT, THE**

1101 GARDEN PLAZA DR  
 FLORISSANT MO 63033-2269  
**Mailing Address** 1101 GARDEN PLAZA DR  
 FLORISSANT MO 63033-2269

**Telephone** (314) 831-0988 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 102  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 27826

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**BRIDGEWAY RESIDENTIAL CARE FACILITY**

828 JEFFERSON ST  
 FULTON MO 65251-1877  
**Mailing Address** 828 JEFFERSON ST  
 FULTON MO 65251-1877

**Telephone** (573) 642-7770  
**Level of Care:** RCF\*  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** Yes  
**Facility Number** 13522

**BRIDGEWOOD HEALTH CARE CENTER**

11515 TROOST  
 KANSAS CITY MO 64131-3769  
**Mailing Address** 11515 TROOST  
 KANSAS CITY MO 64131-3769

**Telephone** (816) 943-0101  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 166  
**DMH Licensed** No  
**Facility Number** 06555

**BRISTOL MANOR OF AURORA**

740 SOUTH HUDSON  
 AURORA MO 65605-2512  
**Mailing Address** 740 SOUTH HUDSON  
 AURORA MO 65605-2512

**Telephone** (417) 678-7535  
**Level of Care:** RCF  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20352

**BRISTOL MANOR OF BETHANY**

811 SOUTH 24TH ST  
 BETHANY MO 64424-2631  
**Mailing Address** 811 SOUTH 24TH ST  
 BETHANY MO 64424-2631

**Telephone** (660) 425-7133  
**Level of Care:** RCF  
**County** HARRISON  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19068

**BRISTOL MANOR OF BOONVILLE**

1290 ASHLEY RD  
 BOONVILLE MO 65233-2108  
**Mailing Address** 1290 ASHLEY RD  
 BOONVILLE MO 65233-2108

**Telephone** (660) 882-3393  
**Level of Care:** RCF  
**County** COOPER  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17310

**BRISTOL MANOR OF BROOKFIELD**

338 THOMPSON  
 BROOKFIELD MO 64628-2419  
**Mailing Address** 338 THOMPSON  
 BROOKFIELD MO 64628-2419

**Telephone** (660) 258-5065  
**Level of Care:** RCF  
**County** LINN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18666

**BRISTOL MANOR OF BUFFALO**

1002 SOUTH BIRCH  
 BUFFALO MO 65622-9455  
**Mailing Address** 1002 SOUTH BIRCH  
 BUFFALO MO 65622-9455

**Telephone** (417) 345-5500  
**Level of Care:** RCF  
**County** DALLAS  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18142

**BRISTOL MANOR OF BUTLER**

411 SOUTH DELAWARE  
 BUTLER MO 64730-2311  
**Mailing Address** 411 S DELAWARE  
 BUTLER MO 64730-2311

**Telephone** (660) 679-3661  
**Level of Care:** RCF  
**County** BATES  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18817

**BRISTOL MANOR OF CALIFORNIA**

605 PARKVIEW DR  
 CALIFORNIA MO 65018-2001  
**Mailing Address** 605 PARKVIEW DR  
 CALIFORNIA MO 65018-2001

**Telephone** (573) 796-4342  
**Level of Care:** RCF  
**County** MONITEAU  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17401

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**BRISTOL MANOR OF CAMDENTON**

75 FOURTH ST  
 CAMDENTON MO 65020-6891  
**Mailing Address** 75 FOURTH ST  
 CAMDENTON MO 65020-6891

**Telephone** (573) 346-6800  
**Level of Care:** RCF  
**County** CAMDEN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17914

**BRISTOL MANOR OF CAMERON**

920 NORTH HARRIS  
 CAMERON MO 64429-1145  
**Mailing Address** 920 NORTH HARRIS  
 CAMERON MO 64429-1145

**Telephone** (816) 632-6133  
**Level of Care:** RCF  
**County** DEKALB  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18295

**BRISTOL MANOR OF CARROLLTON**

1016 EAST 10TH ST  
 CARROLLTON MO 64633-9348  
**Mailing Address** 1016 EAST 10TH ST  
 CARROLLTON MO 64633-9348

**Telephone** (660) 542-2349  
**Level of Care:** RCF  
**County** CARROLL  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18316

**BRISTOL MANOR OF CARTHAGE**

2131 SOUTH RIVER AVE  
 CARTHAGE MO 64836-3350  
**Mailing Address** 2131 S RIVER AVE  
 CARTHAGE MO 64836-3350

**Telephone** (417) 358-9788  
**Level of Care:** RCF  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 20858

**BRISTOL MANOR OF CENTRALIA**

610 NORTH JEFFERSON ST  
 CENTRALIA MO 65240-1178  
**Mailing Address** 610 NORTH JEFFERSON ST  
 CENTRALIA MO 65240-1178

**Telephone** (573) 682-5913  
**Level of Care:** RCF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18286

**BRISTOL MANOR OF CLINTON**

1402 EAST FRANKLIN  
 CLINTON MO 64735-1768  
**Mailing Address** 1402 EAST FRANKLIN  
 CLINTON MO 64735-1768

**Telephone** (660) 885-8391  
**Level of Care:** RCF  
**County** HENRY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16656

**BRISTOL MANOR OF ELDON**

1201 EAST NORTH ST  
 ELDON MO 65026-2651  
**Mailing Address** 1201 EAST NORTH ST  
 ELDON MO 65026-2651

**Telephone** (573) 392-1200  
**Level of Care:** RCF  
**County** MILLER  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17701

**BRISTOL MANOR OF ELSBERRY**

1402 RIVERVIEW DR  
 ELSBERRY MO 63343-1612  
**Mailing Address** 1402 RIVERVIEW DR  
 ELSBERRY MO 63343-1612

**Telephone** (573) 898-5955  
**Level of Care:** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20015

**BRISTOL MANOR OF FULTON**

750 SIGN PAINTER ROAD  
 FULTON MO 65251-2514  
**Mailing Address** 750 SIGN PAINTER RD  
 FULTON MO 65251-2514

**Telephone** (573) 642-7557  
**Level of Care:** RCF  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 18575

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**BRISTOL MANOR OF HOLDEN**

501 WEST SECOND  
 HOLDEN MO 64040-1205  
**Mailing Address** 501 WEST SECOND  
 HOLDEN MO 64040-1205

**Telephone** (816) 732-6789  
**Level of Care:** RCF  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17951

**BRISTOL MANOR OF JEFFERSON CITY**

510 KENSINGTON PARK  
 JEFFERSON CITY MO 65109-6247  
**Mailing Address** 510 KENSINGTON PARK  
 JEFFERSON CITY MO 65109-6247

**Telephone** (573) 761-5772  
**Level of Care:** RCF  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20116

**BRISTOL MANOR OF LA MONTE**

910 SOUTH MAIN ST  
 LA MONTE MO 65337-1250  
**Mailing Address** 910 SOUTH MAIN ST  
 LA MONTE MO 65337-1250

**Telephone** (660) 347-5757  
**Level of Care:** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 21011

**BRISTOL MANOR OF LAMAR**

603 EAST 17TH ST  
 LAMAR MO 64759-2303  
**Mailing Address** 603 EAST 17TH ST  
 LAMAR MO 64759-2303

**Telephone** (417) 682-6762  
**Level of Care:** RCF  
**County** BARTON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18951

**BRISTOL MANOR OF LEXINGTON**

2615 MAIN ST  
 LEXINGTON MO 64067-1974  
**Mailing Address** 2615 MAIN ST  
 LEXINGTON MO 64067-1974

**Telephone** (660) 259-6655  
**Level of Care:** RCF  
**County** LAFAYETTE  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17543

**BRISTOL MANOR OF LINCOLN**

204 SOUTH HIGHWAY 65  
 LINCOLN MO 65338-2587  
**Mailing Address** 204 S HWY 65  
 LINCOLN MO 65338-2587

**Telephone** (660) 547-2580  
**Level of Care:** RCF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18092

**BRISTOL MANOR OF MACON**

707 RANCLAND DR  
 MACON MO 63552-1994  
**Mailing Address** 707 RANCLAND DR  
 MACON MO 63552-1994

**Telephone** (660) 385-3020  
**Level of Care:** RCF  
**County** MACON  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17865

**BRISTOL MANOR OF MARCELINE**

102 EAST HAYDEN  
 MARCELINE MO 64658-2003  
**Mailing Address** 102 EAST HAYDEN  
 MARCELINE MO 64658-2003

**Telephone** (660) 376-2210  
**Level of Care:** RCF  
**County** LINN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17764

**BRISTOL MANOR OF MARYVILLE**

323 EAST SUMMIT DR  
 MARYVILLE MO 64468-3619  
**Mailing Address** 323 EAST SUMMIT DR  
 MARYVILLE MO 64468-3619

**Telephone** (660) 582-4131  
**Level of Care:** RCF  
**County** NODAWAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19843

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**BRISTOL MANOR OF MONROE CITY**

1017 EAST LAWN ST  
 MONROE CITY MO 63456-1433  
**Mailing Address** 1017 EAST LAWN ST  
 MONROE CITY MO 63456-1433

**Telephone** (573) 735-3068  
**Level of Care:** RCF  
**County** MONROE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 20045

**BRISTOL MANOR OF NEVADA**

401 EAST WALNUT  
 NEVADA MO 64772-2457  
**Mailing Address** 401 EAST WALNUT  
 NEVADA MO 64772-2457

**Telephone** (417) 667-5700  
**Level of Care:** RCF  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 18471

**BRISTOL MANOR OF OAK GROVE**

300 NORTH AUSTIN  
 OAK GROVE MO 64075-8109  
**Mailing Address** 300 N AUSTIN  
 OAK GROVE MO 64075-8109

**Telephone** (816) 625-8691  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16552

**BRISTOL MANOR OF ODESSA**

115 SOUTH 5TH ST  
 ODESSA MO 64076-1330  
**Mailing Address** 115 S 5TH ST  
 ODESSA MO 64076-1330

**Telephone** (816) 633-8692  
**Level of Care:** RCF  
**County** LAFAYETTE  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16547

**BRISTOL MANOR OF PACIFIC**

2049 ROSE LN  
 PACIFIC MO 63069-1165  
**Mailing Address** 2049 ROSE LN  
 PACIFIC MO 63069-1165

**Telephone** (636) 257-8020  
**Level of Care:** RCF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20237

**BRISTOL MANOR OF PALMYRA**

1815 SOUTH MAIN  
 PALMYRA MO 63461-1961  
**Mailing Address** 1815 S MAIN  
 PALMYRA MO 63461-1961

**Telephone** (573) 769-2127  
**Level of Care:** RCF  
**County** MARION  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20260

**BRISTOL MANOR OF PLEASANT HILL**

2124 HIGHRIDGE  
 PLEASANT HILL MO 64080-1912  
**Mailing Address** 2124 HIGHRIDGE  
 PLEASANT HILL MO 64080-1912

**Telephone** (816) 987-2562  
**Level of Care:** RCF  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16538

**BRISTOL MANOR OF PRINCETON**

200 NORTH FULLERTON  
 PRINCETON MO 64673-1176  
**Mailing Address** 200 N FULLERTON  
 PRINCETON MO 64673-1176

**Telephone** (660) 748-4354  
**Level of Care:** RCF  
**County** MERCER  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18846

**BRISTOL MANOR OF RAYMORE**

604 EAST SUNRISE DR  
 RAYMORE MO 64083-9037  
**Mailing Address** 604 EAST SUNRISE DR  
 RAYMORE MO 64083-9037

**Telephone** (816) 322-6782  
**Level of Care:** RCF  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19730

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**BRISTOL MANOR OF REPUBLIC**

634 EAST HIGHWAY 174  
 REPUBLIC MO 65738-1124  
**Mailing Address** 634 EAST HWY 174  
 REPUBLIC MO 65738-1124

**Telephone** (417) 732-8998  
**Level of Care:** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20841

**BRISTOL MANOR OF SALISBURY**

102 NORTH WILLIE ST  
 SALISBURY MO 65281-1458  
**Mailing Address** 102 NORTH WILLIE ST  
 SALISBURY MO 65281-1458

**Telephone** (660) 388-5728  
**Level of Care:** RCF  
**County** CHARITON  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18325

**BRISTOL MANOR OF SEDALIA**

1208 EAST 24TH ST  
 SEDALIA MO 65301-8231  
**Mailing Address** 1208 EAST 24TH ST  
 SEDALIA MO 65301-8231

**Telephone** (660) 827-2028  
**Level of Care:** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 15808

**BRISTOL MANOR OF SMITHVILLE**

1502 SOUTH COMMERCIAL  
 SMITHVILLE MO 64089-8474  
**Mailing Address** 1502 S COMMERCIAL  
 SMITHVILLE MO 64089-8474

**Telephone** (816) 532-4490  
**Level of Care:** RCF  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 17515

**BRISTOL MANOR OF STOVER**

607 WEST 4TH ST  
 STOVER MO 65078-0807  
**Mailing Address** 607 WEST 4TH ST  
 STOVER MO 65078-0807

**Telephone** (573) 377-4519  
**Level of Care:** RCF  
**County** MORGAN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18863

**BRISTOL MANOR OF TRENTON**

1701 EAST 28TH ST  
 TRENTON MO 64683-1177  
**Mailing Address** 1701 EAST 28TH ST  
 TRENTON MO 64683-1177

**Telephone** (660) 359-5599  
**Level of Care:** RCF  
**County** GRUNDY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 18597

**BRISTOL MANOR OF UNIONVILLE**

715 NORTH 22ND ST, HWY 5 NORTH  
 UNIONVILLE MO 63565-1142  
**Mailing Address** 715 NORTH 22ND ST, HWY 5 NORTH  
 UNIONVILLE MO 63565-1142

**Telephone** (660) 947-2151  
**Level of Care:** RCF  
**County** PUTNAM  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19153

**BRISTOL MANOR OF WARRENSBURG**

603 CREACH  
 WARRENSBURG MO 64093-1994  
**Mailing Address** 603 CREACH  
 WARRENSBURG MO 64093-1994

**Telephone** (660) 747-8319  
**Level of Care:** RCF  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16599

**BRISTOL MANOR OF WARRENTON**

815 WOOLF ROAD  
 WARRENTON MO 63383-6184  
**Mailing Address** 815 WOOLF RD  
 WARRENTON MO 63383-6184

**Telephone** (636) 456-1437  
**Level of Care:** RCF  
**County** WARREN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 19954

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**BRISTOL MANOR OF WARSAW**

1600 ESTATE DR  
 WARSAW MO 65355-3061  
**Mailing Address** 1600 ESTATE DR  
 WARSAW MO 65355-3061

**Telephone** (660) 438-7173  
**Level of Care:** RCF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16343

**BRISTOL MANOR OF WASHINGTON**

100 WEST 12TH ST  
 WASHINGTON MO 63090-4445  
**Mailing Address** 100 WEST 12TH ST  
 WASHINGTON MO 63090-4445

**Telephone** (636) 390-0050  
**Level of Care:** RCF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 20138

**BRISTOL MANOR OF WEBB CITY**

1803 NORTH MAIN, HIGHWAY D  
 WEBB CITY MO 64870-1193  
**Mailing Address** 1803 NORTH MAIN, HIGHWAY D  
 WEBB CITY MO 64870-1193

**Telephone** (417) 673-4231  
**Level of Care:** RCF  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20537

**BRISTOL MANOR OF WENTZVILLE**

840 WEST NORTHVIEW  
 WENTZVILLE MO 63385-1036  
**Mailing Address** 840 W NORTHVIEW  
 WENTZVILLE MO 63385-1036

**Telephone** (636) 639-6777  
**Level of Care:** RCF  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20397

**BRISTOL MANOR OF WESTON**

178 WALNUT  
 WESTON MO 64098-1328  
**Mailing Address** 178 WALNUT  
 WESTON MO 64098-1328

**Telephone** (816) 386-5507  
**Level of Care:** RCF  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 16741

**BRISTOL MANOR OF WILLARD**

511 WATSON  
 WILLARD MO 65781-8314  
**Mailing Address** 511 WATSON  
 WILLARD MO 65781-8314

**Telephone** (417) 742-0090  
**Level of Care:** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 20838

**BROOK CHERITH ASSISTED LIVING**

104 EAST ELM ST  
 HUNTSVILLE MO 65259-1111  
**Mailing Address** 104 EAST ELM ST  
 HUNTSVILLE MO 65259-1111

**Telephone** (660) 277-4439  
**Level of Care:** ALF  
**County** RANDOLPH  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 10918

**BROOKDALE CREVE COEUR**

ONE NEW BALLAS PLACE  
 CREVE COEUR MO 63146-8700  
**Mailing Address** ONE NEW BALLAS PLACE  
 CREVE COEUR MO 63146-8700

**Telephone** (314) 432-5200  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 26178

**BROOKDALE WEST COUNTY**

785 HENRY AVE  
 BALLWIN MO 63011-2736  
**Mailing Address** 785 HENRY AVE  
 BALLWIN MO 63011-2736

**Telephone** (636) 527-5700  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 28149

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**BROOKDALE WORNALL PLACE**

501 WEST 107TH ST  
 KANSAS CITY MO 64114-5919  
**Mailing Address** 501 WEST 107TH ST  
 KANSAS CITY MO 64114-5919

**Telephone** (816) 941-7777  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 68  
**DMH Licensed** No  
**Facility Number** 29304

**BROOKE HAVEN HEALTHCARE**

1410 NORTH KENTUCKY AVE  
 WEST PLAINS MO 65775-1822  
**Mailing Address** 1410 NORTH KENTUCKY AVE  
 WEST PLAINS MO 65775-1822

**Telephone** (417) 256-7975  
**Level of Care:** SNF  
**County** HOWELL  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06253

**BROOKHAVEN NURSING & REHAB**

3405 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241  
**Mailing Address** 3405 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241

**Telephone** (417) 874-9600  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 09512

**BROOKING PARK**

307 SOUTH WOODS MILL RD  
 CHESTERFIELD MO 63017-3418  
**Mailing Address** 307 SOUTH WOODS MILL RD  
 CHESTERFIELD MO 63017-3418

**Telephone** (314) 576-5545  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 97  
**DMH Licensed** No  
**Facility Number** 14661

**BROOKING PARK**

307 SOUTH WOODS MILL RD  
 CHESTERFIELD MO 63017-3418  
**Mailing Address** 307 SOUTH WOODS MILL RD  
 CHESTERFIELD MO 63017-3418

**Telephone** (314) 576-5545  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 14661

**BROOKSIDE MANOR RESIDENTIAL CARE, LLC**

2434 HIGHWAY H  
 FARMINGTON MO 63640-7033  
**Mailing Address** 2434 HWY H  
 FARMINGTON MO 63640-7033

**Telephone** (573) 756-6434  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 20034

**BRUNSWICK NURSING & REHAB**

721 W HARRISON ST  
 BRUNSWICK MO 65236-1096  
**Mailing Address** 721 W HARRISON ST  
 BRUNSWICK MO 65236-1096

**Telephone** (660) 548-3182  
**Level of Care:** SNF  
**County** CHARITON  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 03123

**BUFFALO PRAIRIE CENTER FOR REHAB AND HEALTHCARE**

631 WEST MAIN ST  
 BUFFALO MO 65622-7496  
**Mailing Address** 631 WEST MAIN ST  
 BUFFALO MO 65622-7496

**Telephone** (417) 345-5422  
**Level of Care:** SNF  
**County** DALLAS  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16700

**BUTTERFIELD RESIDENTIAL CARE CENTER**

1120 NORTH BUTTERFIELD RD  
 BOLIVAR MO 65613-1000  
**Mailing Address** 1120 N BUTTERFIELD RD  
 BOLIVAR MO 65613-1000

**Telephone** (417) 326-5200  
**Level of Care:** RCF  
**County** POLK  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 14436

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**BUTTERFIELD RESIDENTIAL CARE CENTER**

1120 NORTH BUTTERFIELD RD  
 BOLIVAR MO 65613-1000  
**Mailing Address** 1120 N BUTTERFIELD RD  
 BOLIVAR MO 65613-1000

**Telephone** (417) 326-5200  
**Level of Care:** RCF\*  
**County** POLK  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 14436

**BUTTERFLY HAVEN**

11500 CAMPBELL ST  
 KANSAS CITY MO 64131-3829  
**Mailing Address** 11500 CAMPBELL ST  
 KANSAS CITY MO 64131-3829

**Telephone** (816) 941-2836  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 18207

**CALIFORNIA CARE CENTER**

1106 SOUTH OAK, ROUTE 3  
 CALIFORNIA MO 65018-1462  
**Mailing Address** 1106 SOUTH OAK, ROUTE 3  
 CALIFORNIA MO 65018-1462

**Telephone** (573) 796-3127  
**Level of Care:** SNF  
**County** MONITEAU  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 10437

**CAMDENTON WINDSOR ESTATES**

2042 N BUSINESS ROUTE 5  
 CAMDENTON MO 65020-2611  
**Mailing Address** 2042 N BUSINESS ROUTE 5  
 CAMDENTON MO 65020-2611

**Telephone** (573) 346-5654  
**Level of Care:** SNF  
**County** CAMDEN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 82  
**DMH Licensed** No  
**Facility Number** 08688

**CAMELOT NURSING AND REHABILITATION CENTER**

705 GRAND CANYON DR  
 FARMINGTON MO 63640-2161  
**Mailing Address** 705 GRAND CANYON DR  
 FARMINGTON MO 63640-2161

**Telephone** (573) 756-8911  
**Level of Care:** SNF  
**County** SAINT FRANCOIS  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 97  
**DMH Licensed** No  
**Facility Number** 00978

**CAMPBELL CARE CENTER**

2826 CAMPBELL ST  
 KANSAS CITY MO 64109-1124  
**Mailing Address** 2826 CAMPBELL ST  
 KANSAS CITY MO 64109-1124

**Telephone** (816) 931-1466  
**Level of Care:** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** Yes  
**Facility Number** 12825

**CANDLELIGHT LODGE RETIREMENT CENTER**

1406 BUSINESS LOOP 70 WEST  
 COLUMBIA MO 65202-1324  
**Mailing Address** 1406 BUSINESS LOOP 70 WEST  
 COLUMBIA MO 65202-1324

**Telephone** (573) 449-5287  
**Level of Care:** ALF\*\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 75  
**DMH Licensed** No  
**Facility Number** 01013

**CANDLELIGHT LODGE RETIREMENT CENTER**

1406 BUSINESS LOOP 70 WEST  
 COLUMBIA MO 65202-1324  
**Mailing Address** 1406 BUSINESS LOOP 70 WEST  
 COLUMBIA MO 65202-1324

**Telephone** (573) 449-5287  
**Level of Care:** ALF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 01013

**CAPE ALBEON**

3300 LAKE BEND DR  
 VALLEY PARK MO 63088-2524  
**Mailing Address** 3300 LAKE BEND DR  
 VALLEY PARK MO 63088-2524

**Telephone** (636) 861-3200  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 22838

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**CAPETOWN ASSISTED LIVING**

2857 CAPE LACROIX RD  
 CAPE GIRARDEAU MO 63701-8588  
**Mailing Address** 2857 CAPE LACROIX RD  
 CAPE GIRARDEAU MO 63701-8588

**Telephone** (573) 334-4855  
**Level of Care:** ALF\*\*  
**County** CAPE GIRARDEAU  
**Region** 2

**Alzheimer's Unit** Yes  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 23989

**CAREGIVERS INN**

1297 FEISE RD  
 DARDENNE PRAIRIE MO 63368-6710  
**Mailing Address** 1297 FEISE RD  
 DARDENNE PRAIRIE MO 63368-6710

**Telephone** (636) 240-7979  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 15342

**CARL JUNCTION RESIDENTIAL CARE**

201 FIR RD  
 CARL JUNCTION MO 64834-9222  
**Mailing Address** 201 FIR RD  
 CARL JUNCTION MO 64834-9222

**Telephone** (417) 782-5659  
**Level of Care:** RCF\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 20550

**CARNEGIE VILLAGE REHABILITATION & HEALTH CARE CENTER**

105 BERNARD DRIVE  
 BELTON MO 64012-6181  
**Mailing Address** 105 BERNARD DRIVE  
 BELTON MO 64012-6181

**Telephone** (816) 348-8815  
**Level of Care:** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 30531

**CARNEGIE VILLAGE SENIOR LIVING COMMUNITY**

103 BERNARD DR  
 BELTON MO 64012-6182  
**Mailing Address** 103 BERNARD DR  
 BELTON MO 64012-6182

**Telephone** (816) 322-8444  
**Level of Care:** ALF\*\*  
**County** CASS  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 85  
**DMH Licensed** No  
**Facility Number** 25482

**CARONDELET MANOR**

621 CARONDELET DR  
 KANSAS CITY MO 64114-4670  
**Mailing Address** 621 CARONDELET DR  
 KANSAS CITY MO 64114-4670

**Telephone** (816) 941-1300  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 162  
**DMH Licensed** No  
**Facility Number** 12185

**CARONDELET RETIREMENT MANOR**

6811 MICHIGAN  
 SAINT LOUIS MO 63111-2834  
**Mailing Address** PO BOX 37073  
 SAINT LOUIS MO 63141-1573

**Telephone** (314) 353-9552  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** Yes  
**Facility Number** 01058

**CARRIAGE MANOR CARE CENTER**

508 NORTH WASHINGTON ST  
 FARMINGTON MO 63640-1756  
**Mailing Address** PO BOX 675  
 FARMINGTON MO 63640-0675

**Telephone** (573) 756-8140  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 07824

**CARRIAGE SQUARE LIVING & REHAB CENTER**

4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864  
**Mailing Address** 4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864

**Telephone** (816) 364-1526  
**Level of Care:** RCF\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 01061

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**CARRIAGE SQUARE LIVING & REHAB CENTER**

4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864  
**Mailing Address** 4009 GENE FIELD RD  
 SAINT JOSEPH MO 64506-1864

**Telephone** (816) 364-1526 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 130  
**County** BUCHANAN **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 01061

**CARRIE DUMAS LONG TERM CARE FACILITY**

2836 BENTON BLVD  
 KANSAS CITY MO 64128-1140  
**Mailing Address** 2836 BENTON BLVD  
 KANSAS CITY MO 64128-1140

**Telephone** (816) 924-5017 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 34  
**County** JACKSON **DMH Licensed** Yes  
**Region 3 Facility Number** 18550

**CARRIE ELLIGSON GIETNER HOME**

5000 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2015  
**Mailing Address** 5000 S BROADWAY  
 SAINT LOUIS MO 63111-2015

**Telephone** (314) 752-0000 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 130  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 02877

**CARROLL HOUSE**

307 GRAND  
 CARROLLTON MO 64633-2265  
**Mailing Address** 307 GRAND  
 CARROLLTON MO 64633-2265

**Telephone** (660) 542-1599 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 63  
**County** CARROLL **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 22027

**CARTHAGE HEALTH AND REHABILITATION CENTER**

1901 BUENA VISTA AVE  
 CARTHAGE MO 64836-3178  
**Mailing Address** 1901 BUENA VISTA AVE  
 CARTHAGE MO 64836-3178

**Telephone** (417) 358-1937 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** JASPER **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 12472

**CASABLANCA CARE CENTER**

524 SOUTH ALBANY  
 BOLIVAR MO 65613-2116  
**Mailing Address** PO BOX 970  
 BOLIVAR MO 65613-0970

**Telephone** (417) 777-7247 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 11  
**County** POLK **DMH Licensed** Yes  
**Region 1 Facility Number** 21150

**CASSVILLE HEALTH CENTER FOR REHAB AND HEALTHCARE**

1300 COUNTY FARM RD  
 CASSVILLE MO 65625-1726  
**Mailing Address** 1300 COUNTY FARM RD  
 CASSVILLE MO 65625-1726

**Telephone** (417) 847-3386 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** BARRY **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 01097

**CASTLEPARKE #2**

319 PIONEER TRAIL DR  
 JEFFERSON CITY MO 65109-1508  
**Mailing Address** 319 PIONEER TRAIL DR  
 JEFFERSON CITY MO 65109-1508

**Telephone** (573) 636-5300 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** COLE **DMH Licensed** No  
**Region 6 Facility Number** 25245

**CASTLEPARKE #3**

312 WILDERNESS COURT  
 JEFFERSON CITY MO 65109-1514  
**Mailing Address** 312 WILDERNESS CT  
 JEFFERSON CITY MO 65109-1514

**Telephone** (573) 636-5100 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** COLE **DMH Licensed** No  
**Region 6 Facility Number** 25921

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**CASTLEPARKE RETIREMENT CAMPUS #1**

331 PIONEER TRAIL DR  
 JEFFERSON CITY MO 65109-1508  
**Mailing Address** 331 PIONEER TRAIL DR  
 JEFFERSON CITY MO 65109-1508

**Telephone** (573) 659-0001  
**Level of Care:** RCF  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24766

**CASTLEWOOD SENIOR LIVING THE**

1538 N OLD CASTLE ROAD  
 NIXA MO 65714-  
**Mailing Address** 1538 N OLD CASTLE ROAD  
 NIXA MO 65714-

**Telephone** (417) 724-8188  
**Level of Care:** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 30722

**CEDAR KNOLL**

13635 STATE ROUTE V  
 SAINT JAMES MO 65559-8331  
**Mailing Address** 13635 STATE ROUTE V  
 SAINT JAMES MO 65559-8331

**Telephone** (573) 265-3658  
**Level of Care:** ALF  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 01142

**CEDAR RIDGE CARE CENTER, LLC**

71 SYCAMORE  
 CASSVILLE MO 65625-1755  
**Mailing Address** PO BOX 633  
 CASSVILLE MO 65625-0633

**Telephone** (417) 847-5546  
**Level of Care:** RCF\*  
**County** BARRY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 15295

**CEDAR VALLEY BOARDING HOME**

286 HIGHWAY VV  
 BROSELEY MO 63932-9174  
**Mailing Address** 286 HWY VV  
 BROSELEY MO 63932-9174

**Telephone** (573) 686-4877  
**Level of Care:** RCF  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 08923

**CEDARCREST MANOR**

324 WEST 5TH ST  
 WASHINGTON MO 63090-2306  
**Mailing Address** 324 WEST 5TH ST  
 WASHINGTON MO 63090-2306

**Telephone** (636) 239-7848  
**Level of Care:** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 177  
**DMH Licensed** No  
**Facility Number** 01160

**CEDARGATE HEALTHCARE**

2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036  
**Mailing Address** 2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036

**Telephone** (573) 785-0188  
**Level of Care:** SNF  
**County** BUTLER  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 01182

**CEDARGATE HEALTHCARE**

2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036  
**Mailing Address** 2350 KANELL BLVD  
 POPLAR BLUFF MO 63901-4036

**Telephone** (573) 785-0188  
**Level of Care:** ALF  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 01182

**CEDARHURST OF SEDALIA**

3751 WEST 10TH ST  
 SEDALIA MO 65301-2411  
**Mailing Address** 3751 WEST 10TH ST  
 SEDALIA MO 65301-2411

**Telephone** (660) 827-8900  
**Level of Care:** ALF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 25967

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**CEDARHURST OF SEDALIA**

3761 WEST 10TH ST  
 SEDALIA MO 65301-2524  
**Mailing Address** 3761 WEST 10TH ST  
 SEDALIA MO 65301-2524

**Telephone** (660) 827-8900  
**Level of Care:** ALF\*\*  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 25967

**CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY CARE**

1800 FIRST CAPITOL DRIVE  
 SAINT CHARLES MO 63301-  
**Mailing Address** 1800 FIRST CAPITOL DRIVE  
 SAINT CHARLES MO 63301-

**Telephone** (636) 442-4500  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 30676

**CEDARS OF LIBERTY HEALTH CARE CENTER**

200 WEST RUTH EWING RD  
 LIBERTY MO 64068-9496  
**Mailing Address** 200 WEST RUTH EWING RD  
 LIBERTY MO 64068-9496

**Telephone** (816) 781-7600  
**Level of Care:** RCF\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 206  
**DMH Licensed** Yes  
**Facility Number** 13854

**CENTRAL GARDENS INC**

302 NORTH ELM ST  
 DEXTER MO 63841-1773  
**Mailing Address** 302 N ELM ST  
 DEXTER MO 63841-1773

**Telephone** (573) 624-0011  
**Level of Care:** RCF\*  
**County** STODDARD  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 83  
**DMH Licensed** No  
**Facility Number** 18858

**CENTRAL RESIDENCE, THE**

5143 WATERMAN BLVD  
 SAINT LOUIS MO 63108-1103  
**Mailing Address** 5143 WATERMAN BLVD  
 SAINT LOUIS MO 63108-1103

**Telephone** (314) 367-5620  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 41  
**DMH Licensed** Yes  
**Facility Number** 02785

**CENTURY PINES ASSISTED LIVING**

709 EAST MCCrackEN RD  
 OZARK MO 65721-9499  
**Mailing Address** 709 EAST MCCrackEN RD  
 OZARK MO 65721-9499

**Telephone** (417) 581-7278  
**Level of Care:** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 01200

**CENTURY PINES ASSISTED LIVING**

709 EAST MCCrackEN RD  
 OZARK MO 65721-9499  
**Mailing Address** 709 EAST MCCrackEN RD  
 OZARK MO 65721-9499

**Telephone** (417) 581-7278  
**Level of Care:** ALF  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 58  
**DMH Licensed** Yes  
**Facility Number** 01200

**CHAFFEE NURSING CENTER**

12273 STATE HIGHWAY 77  
 CHAFFEE MO 63740-8219  
**Mailing Address** PO BOX 68  
 CHAFFEE MO 63740-0068

**Telephone** (573) 887-3615  
**Level of Care:** SNF  
**County** SCOTT  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 71  
**DMH Licensed** No  
**Facility Number** 13652

**CHARITON PARK HEALTH CARE CENTER**

902 MANOR DR  
 SALISBURY MO 65281-1236  
**Mailing Address** 902 MANOR DR  
 SALISBURY MO 65281-1236

**Telephone** (660) 388-6486  
**Level of Care:** SNF  
**County** CHARITON  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06469

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**CHARLESTON MANOR**

1220 EAST MARSHALL  
 CHARLESTON MO 63834-1349  
**Mailing Address** 1220 EAST MARSHALL  
 CHARLESTON MO 63834-1349

**Telephone** (573) 683-3721 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** MISSISSIPPI **DMH Licensed** No  
**Region 2 Medicare/Medicaid** **Facility Number** 01251

**CHATEAU ANN MARIE**

7700 MINNESOTA AVE  
 SAINT LOUIS MO 63111-3336  
**Mailing Address** 7700 MINNESOTA AVE  
 SAINT LOUIS MO 63111-3336

**Telephone** (314) 449-1497 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 22  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region 7** **Facility Number** 14711

**CHATEAU GIRARDEAU**

3120 INDEPENDENCE ST  
 CAPE GIRARDEAU MO 63703-5043  
**Mailing Address** 3120 INDEPENDENCE ST  
 CAPE GIRARDEAU MO 63703-5043

**Telephone** (573) 335-1281 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 55  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2** **Facility Number** 01386

**CHATEAU GIRARDEAU**

3120 INDEPENDENCE ST  
 CAPE GIRARDEAU MO 63703-5043  
**Mailing Address** 3120 INDEPENDENCE ST  
 CAPE GIRARDEAU MO 63703-5043

**Telephone** (573) 335-1281 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 75  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2 Medicare/Medicaid** **Facility Number** 01386

**CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC**

3409 MISSOURI AVE  
 SAINT LOUIS MO 63118-3236  
**Mailing Address** 3409 MISSOURI AVE  
 SAINT LOUIS MO 63118-3236

**Telephone** (314) 771-8360 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 30  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region 7** **Facility Number** 14047

**CHESTERFIELD VILLAS**

14901 N OUTER 40 RD  
 CHESTERFIELD MO 63017-6034  
**Mailing Address** 14901 N OUTER 40 RD  
 CHESTERFIELD MO 63017-6034

**Telephone** (636) 532-9296 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 52  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 29067

**CHESTNUT GLENN - ASSISTED LIVING BY AMERICARE**

121 KLONDIKE CROSSING  
 SAINT PETERS MO 63376-5394  
**Mailing Address** 121 KLONDIKE CROSSING  
 SAINT PETERS MO 63376-5394

**Telephone** (636) 928-4200 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 74  
**County** SAINT CHARLES **DMH Licensed** No  
**Region 5** **Facility Number** 25446

**CHRISTIAN CARE HOME**

800 CHAMBERS RD  
 FERGUSON MO 63135-2133  
**Mailing Address** 800 CHAMBERS RD  
 FERGUSON MO 63135-2133

**Telephone** (314) 522-8100 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 150  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid** **Facility Number** 01435

**CHRISTIAN CARE HOME**

800 CHAMBERS RD  
 FERGUSON MO 63135-2133  
**Mailing Address** 800 CHAMBERS RD  
 FERGUSON MO 63135-2133

**Telephone** (314) 521-3915 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 28  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7** **Facility Number** 01435

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**CHURCHILL TERRACE - ASSISTED LIVING BY AMERICARE**

120 HOSPITAL DR  
 FULTON MO 65251-2511  
**Mailing Address** 120 HOSPITAL DR  
 FULTON MO 65251-2511

**Telephone** (573) 642-5222  
**Level of Care:** ALF\*\*  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 20783

**CITIZENS MEMORIAL HEALTH CARE FACILITY**

1218 W LOCUST ST  
 BOLIVAR MO 65613-1312  
**Mailing Address** PO BOX 590  
 BOLIVAR MO 65613-0590

**Telephone** (417) 326-7648  
**Level of Care:** SNF  
**County** POLK  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 111  
**DMH Licensed** No  
**Facility Number** 00710

**CLARA MANOR NURSING HOME**

3621 WARWICK BLVD  
 KANSAS CITY MO 64111-1403  
**Mailing Address** 3621 WARWICK BLVD  
 KANSAS CITY MO 64111-1403

**Telephone** (816) 756-1593  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 14102

**CLARENCE CARE CENTER**

111 EAST ST  
 CLARENCE MO 63437-1902  
**Mailing Address** 111 EAST ST  
 CLARENCE MO 63437-1902

**Telephone** (660) 699-2118  
**Level of Care:** SNF  
**County** SHELBY  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 01475

**CLARK CARE CENTER - ONE**

1505 EAST ASHLAND ST  
 NEVADA MO 64772-4025  
**Mailing Address** PO BOX 246  
 NEVADA MO 64772-0246

**Telephone** (417) 667-3900  
**Level of Care:** RCF\*  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 20206

**CLARK COUNTY NURSING HOME**

1260 N JOHNSON ST  
 KAHOKA MO 63445-1100  
**Mailing Address** 1260 N JOHNSON ST  
 KAHOKA MO 63445-1100

**Telephone** (660) 727-3303  
**Level of Care:** SNF  
**County** CLARK  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 103  
**DMH Licensed** No  
**Facility Number** 01480

**CLARK COUNTY NURSING HOME**

1260 N JOHNSON ST  
 KAHOKA MO 63445-1100  
**Mailing Address** 1260 N JOHNSON ST  
 KAHOKA MO 63445-1100

**Telephone** (660) 727-3303  
**Level of Care:** RCF\*  
**County** CLARK  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** No  
**Facility Number** 01480

**CLARK'S MOUNTAIN NURSING CENTER**

2100 BARNES  
 PIEDMONT MO 63957-1008  
**Mailing Address** 2100 BARNES  
 PIEDMONT MO 63957-1008

**Telephone** (573) 223-4297  
**Level of Care:** SNF  
**County** WAYNE  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 91  
**DMH Licensed** No  
**Facility Number** 01496

**CLARU DEVILLE NURSING CENTER**

105 SPRUCE ST  
 FREDERICKTOWN MO 63645-1002  
**Mailing Address** 105 SPRUCE ST  
 FREDERICKTOWN MO 63645-1002

**Telephone** (573) 783-3993  
**Level of Care:** SNF  
**County** MADISON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 17527

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**CLEARVIEW NURSING CENTER**

430 SALCEDO ROAD  
 SIKESTON MO 63801-4802  
**Mailing Address** PO BOX 707  
 SIKESTON MO 63801-0707

**Telephone** (573) 471-2565  
**Level of Care:** SNF  
**County** SCOTT  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 19913

**CLINTON HEALTHCARE AND REHABILITATION CENTER**

1009 EAST OHIO  
 CLINTON MO 64735-2455  
**Mailing Address** 1009 EAST OHIO  
 CLINTON MO 64735-2455

**Telephone** (660) 885-5571  
**Level of Care:** SNF  
**County** HENRY  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 01318

**COATES STREET COMFORT HOUSE**

612 WEST COATES ST  
 MOBERLY MO 65270-1319  
**Mailing Address** PO BOX 781  
 MOBERLY MO 65270-0781

**Telephone** (660) 263-6759  
**Level of Care:** RCF  
**County** RANDOLPH  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 08220

**COLLIER CARE HOME, INC**

3001 NW VESPER ST  
 BLUE SPRINGS MO 64015-3104  
**Mailing Address** 3001 NW VESPER ST  
 BLUE SPRINGS MO 64015-3104

**Telephone** (816) 229-6231  
**Level of Care:** RCF\*  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 01591

**COLONIAL HOME, THE**

102 SUMMIT ST  
 DONIPHAN MO 63935-1328  
**Mailing Address** 102 SUMMIT ST  
 DONIPHAN MO 63935-1328

**Telephone** (573) 996-4283  
**Level of Care:** ALF\*\*  
**County** RIPLEY  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 31  
**DMH Licensed** No  
**Facility Number** 01610

**COLONIAL HOUSE OF CRYSTAL CITY**

26 MISSISSIPPI AVE  
 CRYSTAL CITY MO 63019-1817  
**Mailing Address** PO BOX 461  
 CRYSTAL CITY MO 63019-1817

**Telephone** (636) 937-1000  
**Level of Care:** RCF  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** Yes  
**Facility Number** 22112

**COLONIAL HOUSE OF FESTUS I**

500 SUNSHINE DR  
 FESTUS MO 63028-1645  
**Mailing Address** 500 SUNSHINE DR  
 FESTUS MO 63028-1645

**Telephone** (636) 937-7140  
**Level of Care:** RCF  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 00726

**COLONIAL HOUSE OF FESTUS II**

129 GRAY ST  
 FESTUS MO 63028-1950  
**Mailing Address** 129 GRAY ST  
 FESTUS MO 63028-1950

**Telephone** (636) 937-4050  
**Level of Care:** RCF  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** Yes  
**Facility Number** 07322

**COLONIAL MANOR, LLC**

907 WEST MALONE ST  
 SIKESTON MO 63801-2425  
**Mailing Address** 907 WEST MALONE ST  
 SIKESTON MO 63801-2425

**Telephone** (573) 471-5541  
**Level of Care:** ALF  
**County** SCOTT  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 13255

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**COLONIAL RESIDENTIAL CARE FACILITY II**

1162 CEDAR ST  
 BISMARCK MO 63624-8920  
**Mailing Address** PO BOX 727  
 BISMARCK MO 63624-0727

**Telephone** (573) 734-2846  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** Yes  
**Facility Number** 01693

**COLONIAL SPRINGS HEALTHCARE CENTER**

750 W COOPER ST  
 BUFFALO MO 65622-8662  
**Mailing Address** PO BOX 978  
 BUFFALO MO 65622-0978

**Telephone** (417) 345-2228  
**Level of Care:** SNF  
**County** DALLAS  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 134  
**DMH Licensed** No  
**Facility Number** 01302

**COLONY POINTE-ASSISTED LIVING BY AMERICARE**

1510 CHAPEL HILL RD  
 COLUMBIA MO 65203-5457  
**Mailing Address** 1510 CHAPEL HILL RD  
 COLUMBIA MO 65203-5457

**Telephone** (573) 234-1193  
**Level of Care:** ALF\*\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 59  
**DMH Licensed** No  
**Facility Number** 28191

**COLUMBIA HEALTHCARE CENTER**

1801 TOWNE DR  
 COLUMBIA MO 65202-2337  
**Mailing Address** 1801 TOWNE DR  
 COLUMBIA MO 65202-2337

**Telephone** (573) 474-6111  
**Level of Care:** SNF  
**County** BOONE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 97  
**DMH Licensed** No  
**Facility Number** 01706

**COLUMBIA MANOR CARE CENTER**

2012 NIFONG BLVD  
 COLUMBIA MO 65201-3874  
**Mailing Address** 2012 NIFONG BLVD  
 COLUMBIA MO 65201-3874

**Telephone** (573) 449-1246  
**Level of Care:** SNF  
**County** BOONE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 01715

**COLUMBIA STREET MANOR**

208 WEST COLUMBIA ST  
 FARMINGTON MO 63640-1705  
**Mailing Address** PO BOX 675  
 FARMINGTON MO 63640-0675

**Telephone** (573) 756-7481  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 01729

**COMMUNITIES OF WILDWOOD RANCH**

3222 SOUTH JOHN DUFFY DR  
 JOPLIN MO 64804-1569  
**Mailing Address** 3222 SOUTH JOHN DUFFY DR  
 JOPLIN MO 64804-1569

**Telephone** (417) 621-0175  
**Level of Care:** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 29077

**COMMUNITY CARE CENTER OF LEMAY, INC**

9353 SOUTH BROADWAY  
 SAINT LOUIS MO 63125-1600  
**Mailing Address** 9353 SOUTH BROADWAY  
 SAINT LOUIS MO 63125-1600

**Telephone** (314) 631-0540  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 01732

**COMMUNITY MANOR**

783 WEBER ROAD  
 FARMINGTON MO 63640-3318  
**Mailing Address** 783 WEBER RD  
 FARMINGTON MO 63640-3318

**Telephone** (573) 756-8998  
**Level of Care:** SNF  
**County** SAINT FRANCOIS  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 13887

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**COMMUNITY OF AUTUMN COURT AT MT VERNON, THE**

1421 S LANDRUM ST  
 MOUNT VERNON MO 65712-1912  
**Mailing Address** 1421 S LANDRUM ST  
 MOUNT VERNON MO 65712-1912

**Telephone** (417) 466-3549  
**Level of Care:** ALF\*\*  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 20809

**COMMUNITY SPRINGS HEALTHCARE FACILITY**

400 EAST HOSPITAL RD  
 EL DORADO SPRINGS MO 64744-2024  
**Mailing Address** 400 EAST HOSPITAL RD  
 EL DORADO SPRINGS MO 64744-2024

**Telephone** (417) 876-2531  
**Level of Care:** SNF  
**County** CEDAR  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 01740

**CONVERSE HOME**

17025 OLD JAMESTOWN RD  
 FLORISSANT MO 63034-1414  
**Mailing Address** 17025 OLD JAMESTOWN RD  
 FLORISSANT MO 63034-1414

**Telephone** (314) 355-8041  
**Level of Care:** RCF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 01777

**COOPER HOUSE**

4385 MARYLAND AVE  
 SAINT LOUIS MO 63108-2703  
**Mailing Address** 4385 MARYLAND AVE  
 SAINT LOUIS MO 63108-2703

**Telephone** (314) 535-1919  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 21439

**CORI MANOR HEALTHCARE & REHABILITATION CENTER**

560 CORISANDE HILLS RD  
 FENTON MO 63026-5613  
**Mailing Address** 560 CORISANDE HILLS RD  
 FENTON MO 63026-5613

**Telephone** (636) 343-2282  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 144  
**DMH Licensed** No  
**Facility Number** 01800

**COTTAGE AT CENTURY PINES, THE**

707 EAST MCCRACKEN ROAD  
 OZARK MO 65721-9499  
**Mailing Address** 709 EAST MCCRACKEN ROAD  
 OZARK MO 65721-9499

**Telephone** (417) 485-4382  
**Level of Care:** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 30579

**COTTAGES OF LAKE ST LOUIS**

2885 TECHNOLOGY DRIVE  
 LAKE SAINT LOUIS MO 63367-4123  
**Mailing Address** 2885 TECHNOLOGY DRIVE  
 LAKE SAINT LOUIS MO 63367-4123

**Telephone** 636-614-3510  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 30318

**COTTON POINT LIVING CENTER**

609 SOUTH RAILROAD ST  
 MATTHEWS MO 63867-9751  
**Mailing Address** 609 S RAILROAD ST  
 MATTHEWS MO 63867-9751

**Telephone** (573) 471-7861  
**Level of Care:** SNF  
**County** NEW MADRID  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 07057

**COUNTRY AIRE ESTATES, LLC**

49303 RENSSELAER LN  
 HANNIBAL MO 63401-7356  
**Mailing Address** 49303 RENSSELAER LN  
 HANNIBAL MO 63401-7356

**Telephone** (573) 221-5400  
**Level of Care:** RCF\*  
**County** RALLS  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 14270

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**COUNTRY AIRE RETIREMENT CENTER**

18540 STATE HIGHWAY 16  
 LEWISTOWN MO 63452-2111  
**Mailing Address** 18540 STATE HWY 16  
 LEWISTOWN MO 63452-2111

**Telephone** (573) 215-2216  
**Level of Care:** RCF\*  
**County** LEWIS  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 16896

**COUNTRY AIRE RETIREMENT CENTER**

18540 STATE HIGHWAY 16  
 LEWISTOWN MO 63452-2111  
**Mailing Address** 18540 STATE HWY 16  
 LEWISTOWN MO 63452-2111

**Telephone** (573) 215-2216  
**Level of Care:** SNF  
**County** LEWIS  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16896

**COUNTRY CLUB CARE CENTER OF WARRENSBURG**

503 REGENT DR  
 WARRENSBURG MO 64093-3231  
**Mailing Address** 503 REGENT DR  
 WARRENSBURG MO 64093-3231

**Telephone** (660) 429-4444  
**Level of Care:** RCF\*  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 20892

**COUNTRY CLUB CARE CENTER OF WARRENSBURG**

503 REGENT DR  
 WARRENSBURG MO 64093-3231  
**Mailing Address** 503 REGENT DR  
 WARRENSBURG MO 64093-3231

**Telephone** (660) 429-4444  
**Level of Care:** SNF  
**County** JOHNSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 73  
**DMH Licensed** No  
**Facility Number** 20892

**COUNTRY HAVEN BOARDING HOME - BUILDING I**

19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213  
**Mailing Address** 19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213

**Telephone** (573) 756-8141  
**Level of Care:** ALF  
**County** SAINTE GENEVIEVE  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 11134

**COUNTRY HAVEN BOARDING HOME - BUILDING II**

19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213  
**Mailing Address** 19235 STATE ROUTE EE  
 SAINTE GENEVIEVE MO 63670-8213

**Telephone** (573) 756-8141  
**Level of Care:** ALF  
**County** SAINTE GENEVIEVE  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 19721

**COUNTRY LIVING ASSISTED LIVING**

2820 NORTH MAIN ST  
 MOUNTAIN GROVE MO 65711-1403  
**Mailing Address** 2820 NORTH MAIN ST  
 MOUNTAIN GROVE MO 65711-1403

**Telephone** (417) 926-1955  
**Level of Care:** ALF  
**County** WRIGHT  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 27548

**COUNTRY MEADOWS**

1301 N ST JOE DR  
 PARK HILLS MO 63601-1965  
**Mailing Address** 1301 N ST JOE DR  
 PARK HILLS MO 63601-1965

**Telephone** (573) 431-2889  
**Level of Care:** SNF  
**County** SAINT FRANCOIS  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 14443

**COUNTRY MEADOWS**

1301 N ST JOE DR  
 PARK HILLS MO 63601-1965  
**Mailing Address** 1301 N ST JOE DR  
 PARK HILLS MO 63601-1965

**Telephone** (573) 431-2889  
**Level of Care:** ALF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** No  
**Facility Number** 14443

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**COUNTRY OAK VILLAGE**

101 CROSS CREEK DR  
 GRAIN VALLEY MO 64029-9561  
**Mailing Address** 101 CROSS CREEK DR  
 GRAIN VALLEY MO 64029-9561

**Telephone** (816) 224-2700  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 24279

**COUNTRY PLACE**

28601 US HIGHWAY 61  
 SCOTT CITY MO 63780-9143  
**Mailing Address** 28601 US HWY 61  
 SCOTT CITY MO 63780-9143

**Telephone** (573) 264-1555  
**Level of Care:** ALF  
**County** SCOTT  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 25934

**COUNTRY VALLEY HOME**

15750 COUNTY RD 2430  
 SAINT JAMES MO 65559-8211  
**Mailing Address** 15750 COUNTY RD 2430  
 SAINT JAMES MO 65559-8211

**Telephone** (573) 265-8250  
**Level of Care:** RCF\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** Yes  
**Facility Number** 01852

**COUNTRY VIEW NURSING FACILITY, INC**

2106 WEST MAIN ST  
 BOWLING GREEN MO 63334-1049  
**Mailing Address** PO BOX 330  
 BOWLING GREEN MO 63334-0330

**Telephone** (573) 324-2216  
**Level of Care:** SNF  
**County** PIKE  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 14926

**COUNTRYSIDE CARE CENTER, LLC**

385 SOUTH EISENHOWER  
 MONETT MO 65708-8266  
**Mailing Address** PO BOX 434  
 MONETT MO 65708-0434

**Telephone** (417) 235-4040  
**Level of Care:** RCF\*  
**County** BARRY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** Yes  
**Facility Number** 12737

**COUNTRYSIDE ESTATES**

500 NORTH OHIO  
 APPLETON CITY MO 64724-1625  
**Mailing Address** PO BOX 98  
 APPLETON CITY MO 64724-0098

**Telephone** (660) 476-2128  
**Level of Care:** RCF\*  
**County** SAINT CLAIR  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 15005

**COUNTRYSIDE HOME, LLC**

24499 PARK DR  
 LEBANON MO 65536-5843  
**Mailing Address** 24499 PARK DR  
 LEBANON MO 65536-5843

**Telephone** (417) 532-7418  
**Level of Care:** RCF  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 15052

**COUNTRYSIDE MANOR, LLC**

1415 E US HIGHWAY 54  
 VANDALIA MO 63382-2908  
**Mailing Address** 1415 E US HIGHWAY 54  
 VANDALIA MO 63382-2908

**Telephone** (573) 594-6215  
**Level of Care:** ALF  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 11483

**CRAB APPLE VILLAGE SENIOR ESTATES**

214 HARTMAN PL, SUITE 100  
 SAINT CLAIR MO 63077-2458  
**Mailing Address** 214 HARTMAN PL, SUITE 100  
 SAINT CLAIR MO 63077-2458

**Telephone** (636) 629-6161  
**Level of Care:** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 24395

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**CRANE RESIDENTIAL CARE HOME**

102 LILLIAN  
 CRANE MO 65633-9103  
**Mailing Address** 102 LILLIAN  
 CRANE MO 65633-9103

**Telephone** (417) 723-5900  
**Level of Care:** RCF  
**County** STONE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** Yes  
**Facility Number** 01898

**CRAWFORD RANCH BOARDING HOME, LLC**

2200 VARVERA RD  
 DOE RUN MO 63637-3121  
**Mailing Address** 2200 VARVERA RD  
 DOE RUN MO 63637-3121

**Telephone** (573) 756-4656  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 13193

**CRESTVIEW HOME**

1313 SOUTH 25TH ST  
 BETHANY MO 64424-2634  
**Mailing Address** PO BOX 430  
 BETHANY MO 64424-0430

**Telephone** (660) 425-3128  
**Level of Care:** SNF  
**County** HARRISON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 01936

**CRESTVIEW HOME**

1313 SOUTH 25TH ST  
 BETHANY MO 64424-2634  
**Mailing Address** PO BOX 430  
 BETHANY MO 64424-0430

**Telephone** (660) 425-3128  
**Level of Care:** RCF\*  
**County** HARRISON  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 01936

**CRESTWOOD HEALTH CARE CENTER, LLC**

11400 MEHL AVE  
 FLORISSANT MO 63033-7204  
**Mailing Address** 11400 MEHL AVE  
 FLORISSANT MO 63033-7204

**Telephone** (314) 741-3525  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 14296

**CREVE COEUR ASSISTED LIVING AND MEMORY CARE**

693 DECKER LN  
 CREVE COEUR MO 63141-7127  
**Mailing Address** 693 DECKER LANE  
 CREVE COEUR MO 63141-7127

**Telephone** (314)997-4532  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 29440

**CREVE COEUR MANOR**

1127 TIMBER RUN DR  
 SAINT LOUIS MO 63146-4482  
**Mailing Address** 1127 TIMBER RUN DR  
 SAINT LOUIS MO 63146-4482

**Telephone** (314) 434-8361  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 149  
**DMH Licensed** No  
**Facility Number** 02417

**CROSS CREEK AT LEE'S SUMMIT**

3320 NE WILSHIRE DR  
 LEE'S SUMMIT MO 64064-2077  
**Mailing Address** 3320 NE WILSHIRE DR  
 LEE'S SUMMIT MO 64064-2077

**Telephone** (816) 607-5700  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 30996

**CROWLEY RIDGE CARE CENTER**

1204 NORTH OUTER RD  
 DEXTER MO 63841-8684  
**Mailing Address** PO BOX 668  
 DEXTER MO 63841-0668

**Telephone** (573) 624-5557  
**Level of Care:** SNF  
**County** STODDARD  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 12667

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**CROWN CARE CENTER**

3001 EAST ELM  
 HARRISONVILLE MO 64701-1196  
**Mailing Address** 3001 EAST ELM  
 HARRISONVILLE MO 64701-1196

**Telephone** (816) 380-6525 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 118  
**County** CASS **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 21031

**CRYSTAL CREEK HEALTH AND REHABILITATION CENTER**

250 NEW FLORISSANT RD SOUTH  
 FLORISSANT MO 63031-6716  
**Mailing Address** 250 NEW FLORISSANT RD SOUTH  
 FLORISSANT MO 63031-6716

**Telephone** (314) 838-2211 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 158  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 05782

**CRYSTAL MANOR**

409 W FIRST ST  
 ADRIAN MO 64720-9277  
**Mailing Address** 409 W FIRST ST  
 ADRIAN MO 64720-9277

**Telephone** (816) 297-8832 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** BATES **DMH Licensed** No  
**Region** 3 **Facility Number** 21070

**CRYSTAL OAKS**

1500 CALVARY CHURCH RD  
 FESTUS MO 63028-4125  
**Mailing Address** PO BOX 680  
 CRYSTAL CITY MO 63019-0680

**Telephone** (636) 933-1818 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 60  
**County** JEFFERSON **DMH Licensed** No  
**Region** 2 **Facility Number** 99932

**CRYSTAL OAKS**

1500 CALVARY CHURCH RD  
 FESTUS MO 63028-4125  
**Mailing Address** PO BOX 680  
 CRYSTAL CITY MO 63019-0680

**Telephone** (636) 933-1818 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 131  
**County** JEFFERSON **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 99932

**CUBA MANOR, INC**

210 ELDON DR  
 CUBA MO 65453-1642  
**Mailing Address** 210 ELDON DR  
 CUBA MO 65453-1642

**Telephone** (573) 885-4500 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** CRAWFORD **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 21149

**CURRENT RIVER NURSING CENTER, INC**

1015 NORTH GRAND AVE  
 DONIPHAN MO 63935-1779  
**Mailing Address** 1015 N GRAND AVE  
 DONIPHAN MO 63935-1779

**Telephone** (573) 996-4239 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** RIPLEY **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 17125

**CYPRESS POINT - SKILLED NURSING BY AMERICARE**

801 BAILIFF DR  
 DEXTER MO 63841-9500  
**Mailing Address** 801 BAILIFF DR  
 DEXTER MO 63841-9500

**Telephone** (573) 624-8908 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 79  
**County** STODDARD **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 08315

**DADE COUNTY NURSING HOME DISTRICT**

400 BROAD ST  
 GREENFIELD MO 65661-1405  
**Mailing Address** 400 BROAD ST  
 GREENFIELD MO 65661-1405

**Telephone** (417) 637-5315 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 114  
**County** DADE **DMH Licensed** No  
**Region** 1 **Medicare/Medicaid** **Facility Number** 02006

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**DADE COUNTY RESIDENTIAL CARE FACILITY**

400 BROAD ST  
 GREENFIELD MO 65661-1405  
**Mailing Address** 400 BROAD ST  
 GREENFIELD MO 65661-1405

**Telephone** (417) 637-5315 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 24  
**County** DADE **DMH Licensed** No  
**Region** 1 **Facility Number** 02006

**DAVISS COUNTY NURSING AND REHABILITATION**

1337 WEST GRAND  
 GALLATIN MO 64640-8320  
**Mailing Address** 1337 WEST GRAND  
 GALLATIN MO 64640-8320

**Telephone** (660) 663-2197 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 97  
**County** DAVIESS **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 02032

**DELHAVEN MANOR**

5460 DELMAR BLVD  
 SAINT LOUIS MO 63112-3104  
**Mailing Address** 5460 DELMAR BLVD  
 SAINT LOUIS MO 63112-3104

**Telephone** (314) 361-2902 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 156  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 02089

**DELMAR GARDENS NORTH**

4401 PARKER ROAD  
 BLACK JACK MO 63033-4266  
**Mailing Address** 4401 PARKER RD  
 BLACK JACK MO 63033-4266

**Telephone** (314) 355-1516 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 240  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 14093

**DELMAR GARDENS OF CHESTERFIELD**

14855 NORTH OUTER 40 RD  
 CHESTERFIELD MO 63017-2026  
**Mailing Address** 14855 NORTH OUTER 40 RD  
 CHESTERFIELD MO 63017-2026

**Telephone** (636) 532-0150 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 237  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 02111

**DELMAR GARDENS OF CREVE COEUR**

850 COUNTRY MANOR LN  
 CREVE COEUR MO 63141-6651  
**Mailing Address** 850 COUNTRY MANOR LN  
 CREVE COEUR MO 63141-6651

**Telephone** (314) 434-5900 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 152  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 01830

**DELMAR GARDENS OF MERAMEC VALLEY**

1 ARBOR TERRACE  
 FENTON MO 63026-3900  
**Mailing Address** 1 ARBOR TERRACE  
 FENTON MO 63026-3900

**Telephone** (636) 343-0016 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 190  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 13468

**DELMAR GARDENS OF O'FALLON**

7068 SOUTH OUTER 364  
 O'FALLON MO 63368-7757  
**Mailing Address** 7068 SOUTH OUTER 364  
 O'FALLON MO 63368-7757

**Telephone** (636) 240-6100 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 240  
**County** SAINT CHARLES **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 24291

**DELMAR GARDENS ON THE GREEN**

15197 CLAYTON RD  
 CHESTERFIELD MO 63017-7048  
**Mailing Address** 15197 CLAYTON RD  
 CHESTERFIELD MO 63017-7048

**Telephone** (636) 394-7515 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 180  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 01515

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**DELMAR GARDENS SOUTH**

5300 BUTLER HILL ROAD  
 SAINT LOUIS MO 63128-4152  
**Mailing Address** 5300 BUTLER HILL RD  
 SAINT LOUIS MO 63128-4152

**Telephone** (314) 842-0588 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 250  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 12909

**DELMAR GARDENS WEST**

13550 SOUTH OUTER 40 RD  
 TOWN AND COUNTRY MO 63017-5812  
**Mailing Address** 13550 SOUTH OUTER 40 RD  
 TOWN AND COUNTRY MO 63017-5812

**Telephone** (314) 878-1330 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 321  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 02120

**DELTA SOUTH ASSISTED LIVING**

640 COLONEL GEORGE E DAY PARKWAY  
 SIKESTON MO 63801-0624  
**Mailing Address** 640 COLONEL GEORGE E DAY PARKWAY  
 SIKESTON MO 63801-0624

**Telephone** (573) 471-3400 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 15  
**County** NEW MADRID **DMH Licensed** No  
**Region 2 Facility Number** 30584

**DELTA SOUTH NURSING & REHABILITATION**

640 COLONEL GEORGE E DAY PARKWAY  
 SIKESTON MO 63801-0624  
**Mailing Address** 640 COLONEL GEORGE E DAY PARKWAY  
 SIKESTON MO 63801-0624

**Telephone** (573) 471-3400 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 35  
**County** NEW MADRID **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 30584

**DESMET RETIREMENT COMMUNITY**

1425 NORTH NEW FLORISSANT RD  
 FLORISSANT MO 63033-2154  
**Mailing Address** 1425 N NEW FLORISSANT RD  
 FLORISSANT MO 63033-2154

**Telephone** (314) 838-3811 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 68  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 20664

**DEXTER LIVING CENTER**

415 S CATALPA STREET  
 DEXTER MO 63841-2017  
**Mailing Address** 415 S CATALPA ST  
 DEXTER MO 63841-2017

**Telephone** (573) 624-7491 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 73  
**County** STODDARD **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 02156

**DIANA'S BOARDING HOME - 2**

HC 64, BOX 4677  
 MARBLE HILL MO 63764-9408  
**Mailing Address** HC 64, BOX 4677  
 MARBLE HILL MO 63764-9408

**Telephone** (573) 238-3344 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 40  
**County** BOLLINGER **DMH Licensed** Yes  
**Region 2 Facility Number** 23940

**DIANA'S BOARDING HOME #3**

HC 64 BOX 4683  
 MINERAL HILL MO 63764-9408  
**Mailing Address** HC 64 BOX 4683  
 MINERAL HILL MO 63764-9408

**Telephone** (573) 238-1300 **Alzheimer's Unit** NO  
**Level of Care:** RCF **Bed Capacity** 40  
**County** BOLLINGER **DMH Licensed** Yes  
**Region 2 Facility Number** 30984

**DIANA'S BOARDING HOME 1**

HC 64, BOX 4590  
 MARBLE HILL MO 63764-9408  
**Mailing Address** HC 64, BOX 4590  
 MARBLE HILL MO 63764-9408

**Telephone** (573) 866-2010 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** BOLLINGER **DMH Licensed** Yes  
**Region 2 Facility Number** 11123

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**DIVERSICARE OF ST JOSEPH**

3002 N 18TH ST  
 SAINT JOSEPH MO 64505-1872  
**Mailing Address** 3002 N 18TH ST  
 SAINT JOSEPH MO 64505-1872

**Telephone** (816) 364-4200 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 180  
**County** BUCHANAN **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 08000

**DIXON NURSING & REHAB**

403 EAST 10TH ST  
 DIXON MO 65459-6049  
**Mailing Address** 403 EAST 10TH ST  
 DIXON MO 65459-6049

**Telephone** (573) 759-2135 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** PULASKI **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 15510

**DOLAN MEMORY CARE AT CALAIS**

1225 TENNANT RD  
 SAINT LOUIS MO 63146-5523  
**Mailing Address** 1225 TENNANT RD  
 SAINT LOUIS MO 63146-5523

**Telephone** (314) 569-9060 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 44  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Facility Number** 27755

**DOLAN MEMORY CARE AT CONWAY**

12550 CONWAY RD  
 CREVE COEUR MO 63141-8613  
**Mailing Address** 12550 CONWAY RD  
 CREVE COEUR MO 63141-8613

**Telephone** (314) 576-3998 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 9  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 22648

**DOLAN MEMORY CARE AT FRONTIER**

11566 FRONTIER DR  
 SAINT LOUIS MO 63146-4873  
**Mailing Address** PO BOX 4082  
 CHESTERFIELD MO 63006-4082

**Telephone** (314) 995-5331 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 20  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 25162

**DOLAN MEMORY CARE AT MASON MANOR**

12740 MASON MANOR  
 SAINT LOUIS MO 63141-7350  
**Mailing Address** 12740 MASON MANOR  
 SAINT LOUIS MO 63141-7350

**Telephone** (314) 576-6200 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 8  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 19861

**DOLAN MEMORY CARE AT SCHUETZ**

1706 SCHUETZ RD  
 SAINT LOUIS MO 63146-4931  
**Mailing Address** 1706 SCHUETZ RD  
 SAINT LOUIS MO 63146-4931

**Telephone** (314) 989-1762 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 10  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 23805

**DOUGHERTY FERRY ASSISTED LIVING & MEMORY CARE**

2929 DOUGHERTY FERRY RD  
 SAINT LOUIS MO 63122-3368  
**Mailing Address** 2929 DOUGHERTY FERRY RD  
 SAINT LOUIS MO 63122-3368

**Telephone** (636) 825-6665 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 110  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 30034

**DOVE SENIOR CITIZEN HOME**

31841 NORTH HIGHWAY 5  
 LEBANON MO 65536-6898  
**Mailing Address** 31841 NORTH HIGHWAY 5  
 LEBANON MO 65536-1320

**Telephone** (417) 426-5411 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 30  
**County** LACLEDE **DMH Licensed** No  
**Region 1 Facility Number** 02180

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**DUBOURG HOUSE**

5890 EICHELBERGER ST  
 SAINT LOUIS MO 63109-3454  
**Mailing Address** 5890 EICHELBERGER ST  
 SAINT LOUIS MO 63109-3454

**Telephone** (314) 752-1901  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 69  
**DMH Licensed** Yes  
**Facility Number** 12349

**DUNN-DUNN HOUSE LLC**

2133 JANNETTE DR  
 SAINT LOUIS MO 63136-4020  
**Mailing Address** 2133 JANNETTE DR  
 SAINT LOUIS MO 63136-4020

**Telephone** (314) 869-2431  
**Level of Care:** RCF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** Yes  
**Facility Number** 14694

**DUNSFORD COURT - ASSISTED LIVING BY AMERICARE**

775 DUNSFORD ROAD  
 SULLIVAN MO 63080-1270  
**Mailing Address** 775 DUNSFORD RD  
 SULLIVAN MO 63080-1270

**Telephone** (573) 468-2600  
**Level of Care:** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 16094

**DUTCHTOWN CARE CENTER**

3421 GASCONADE ST  
 SAINT LOUIS MO 63118-4201  
**Mailing Address** 3421 GASCONADE ST  
 SAINT LOUIS MO 63118-4201

**Telephone** (314) 832-4700  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 21455

**E W THOMPSON HEALTH & REHABILITATION CENTER**

975 MITCHELL ROAD  
 SEDALIA MO 65301-2133  
**Mailing Address** 975 MITCHELL ROAD  
 SEDALIA MO 65301-2133

**Telephone** (660) 851-0668  
**Level of Care:** SNF  
**County** PETTIS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 30182

**EAST PRAIRIE NURSING CENTER**

186 MILLAR RD  
 EAST PRAIRIE MO 63845-1180  
**Mailing Address** PO BOX 299  
 EAST PRAIRIE MO 63845-0299

**Telephone** (573) 649-3551  
**Level of Care:** SNF  
**County** MISSISSIPPI  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 12083

**EASTGATE MANOR**

2102 VILLAGE DR  
 SAINT JOSEPH MO 64506-4983  
**Mailing Address** PO BOX 8186  
 SAINT JOSEPH MO 64508-8186

**Telephone** (816) 233-2141  
**Level of Care:** RCF\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 20068

**EASTVIEW MANOR CARE CENTER**

1622 EAST 28TH ST  
 TRENTON MO 64683-1104  
**Mailing Address** 1622 EAST 28TH ST  
 TRENTON MO 64683-1104

**Telephone** (660) 359-2251  
**Level of Care:** SNF  
**County** GRUNDY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 18267

**EDGEWOOD MANOR CENTER FOR REHAB AND HEALTHCARE**

11900 JESSICA LN  
 RAYTOWN MO 64138-2649  
**Mailing Address** 11900 JESSICA LN  
 RAYTOWN MO 64138-2649

**Telephone** (816) 358-7858  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 14119

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**EL DORADO SPRINGS RESIDENTIAL CARE**

805 NORTH JACKSON ST  
 EL DORADO SPRINGS MO 64744-2912  
**Mailing Address** 805 NORTH JACKSON ST  
 EL DORADO SPRINGS MO 64744-2912

**Telephone** (417) 876-4278  
**Level of Care:** RCF  
**County** CEDAR  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 12621

**ELDERHAUS INN**

125 ANNA AVE, #18  
 TROY MO 63379-2402  
**Mailing Address** 125 ANNA AVE, #18  
 TROY MO 63379-2402

**Telephone** (636) 462-6979  
**Level of Care:** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 16992

**ELDERHAUS INN #19**

125 ANNA AVE, #19  
 TROY MO 63379-2402  
**Mailing Address** 125 ANNA AVE, #19  
 TROY MO 63379-2402

**Telephone** (636) 462-6979  
**Level of Care:** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 17  
**DMH Licensed** Yes  
**Facility Number** 18973

**ELDON NURSING & REHAB**

1001 E NORTH ST  
 ELDON MO 65026-2634  
**Mailing Address** 1001 E NORTH ST  
 ELDON MO 65026-2634

**Telephone** (573) 392-3164  
**Level of Care:** SNF  
**County** MILLER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 06139

**ELIZABETH HOUSE**

12284 DE PAUL DR  
 BRIDGETON MO 63044-2508  
**Mailing Address** 12284 DE PAUL DR  
 BRIDGETON MO 63044-2508

**Telephone** (314) 209-8814  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 54  
**DMH Licensed** No  
**Facility Number** 22316

**ELSBERRY MISSOURI HEALTH CARE CENTER**

1827 HIGHWAY B  
 ELSBERRY MO 63343-3126  
**Mailing Address** 1827 HWY B  
 ELSBERRY MO 63343-3126

**Telephone** (573) 898-2880  
**Level of Care:** SNF  
**County** LINCOLN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 02336

**ESSEX BY BRISTOL, THE**

301 EAST 3RD  
 SEDALIA MO 65301-4335  
**Mailing Address** 301 EAST 3RD  
 SEDALIA MO 65301-4335

**Telephone** (660) 829-1758  
**Level of Care:** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 23020

**ESSEX OF CONCORDIA, THE**

402 REDBUD  
 CONCORDIA MO 64020-8358  
**Mailing Address** 402 REDBUD  
 CONCORDIA MO 64020-8358

**Telephone** (660) 463-0200  
**Level of Care:** RCF  
**County** LAFAYETTE  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24461

**ESSEX OF GRAIN VALLEY, THE**

401 SOUTHWEST ROCK CREEK LN  
 GRAIN VALLEY MO 64029-8460  
**Mailing Address** 401 SOUTHWEST ROCK CREEK LN  
 GRAIN VALLEY MO 64029-8460

**Telephone** (816) 443-3992  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24475

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**ESSEX OF LEBANON, THE**

1316 DEADRA DR  
 LEBANON MO 65536-4609  
**Mailing Address** 1316 DEADRA DR  
 LEBANON MO 65536-4609

**Telephone** (417) 532-4863  
**Level of Care:** RCF  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24257

**ESSEX OF MEXICO, THE**

1109 OLD FARM RD WEST  
 MEXICO MO 65265-3250  
**Mailing Address** 1109 OLD FARM RD WEST  
 MEXICO MO 65265-3250

**Telephone** (573) 581-5223  
**Level of Care:** RCF  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24425

**ESSEX OF OZARK, THE**

5173 NORTH 22ND  
 OZARK MO 65721-7637  
**Mailing Address** 5173 NORTH 22ND  
 OZARK MO 65721-7637

**Telephone** (417) 485-4185  
**Level of Care:** RCF  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 24318

**ESTATES OF PERRYVILLE, THE**

430 NORTH WEST ST  
 PERRYVILLE MO 63775-1359  
**Mailing Address** 430 N WEST ST  
 PERRYVILLE MO 63775-1359

**Telephone** (573) 547-1011  
**Level of Care:** SNF  
**County** PERRY  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 156  
**DMH Licensed** No  
**Facility Number** 00137

**ESTATES OF SPANISH LAKE, THE**

610 PRIGGE ROAD  
 SAINT LOUIS MO 63138-3543  
**Mailing Address** 610 PRIGGE RD  
 SAINT LOUIS MO 63138-3543

**Telephone** (314) 741-9393  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 15265

**ESTATES OF ST LOUIS, LLC, THE**

2115 KAPPEL DR  
 SAINT LOUIS MO 63136-4115  
**Mailing Address** 2115 KAPPEL DR  
 SAINT LOUIS MO 63136-4115

**Telephone** (314) 867-7474  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 05340

**EXCELSIOR SPRINGS HOSPITAL**

1700 RAINBOW BLVD  
 EXCELSIOR SPRINGS MO 64024-1182  
**Mailing Address** 1700 RAINBOW BLVD  
 EXCELSIOR SPRINGS MO 64024-1182

**Telephone** (816) 630-6081  
**Level of Care:** RCF\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 20940

**EXCELSIOR SPRINGS NURSING & REHAB**

1003 MEADOWLARK LN  
 EXCELSIOR SPRINGS MO 64024-3304  
**Mailing Address** 1003 MEADOWLARK LN  
 EXCELSIOR SPRINGS MO 64024-3304

**Telephone** (816) 630-3145  
**Level of Care:** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 19197

**FAIR VIEW NURSING HOME**

1714 WEST 16TH ST  
 SEDALIA MO 65301-5273  
**Mailing Address** 1714 WEST 16TH ST  
 SEDALIA MO 65301-5273

**Telephone** (660) 827-1594  
**Level of Care:** SNF  
**County** PETTIS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 63  
**DMH Licensed** No  
**Facility Number** 02469

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**FAIRVIEW VILLAGE ASSISTED LIVING**

304 WEST FAIRVIEW ST  
 KING CITY MO 64463-9606  
**Mailing Address** 304 WEST FAIRVIEW ST  
 KING CITY MO 64463-9606

**Telephone** (660) 535-4325  
**Level of Care:** ALF  
**County** GENTRY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 04305

**FAMILY PARTNERS HOME LLC**

232 CREVE COEUR AVE  
 SAINT LOUIS MO 63011-4040  
**Mailing Address** 12880 MANCHESTER ROAD  
 SAINT LOUIS MO 63131-1803

**Telephone** (314) 686-4444  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 30492

**FARMINGTON MANOR**

2879 US HIGHWAY 67  
 FARMINGTON MO 63640-9168  
**Mailing Address** 2879 US HWY 67  
 FARMINGTON MO 63640-9168

**Telephone** (573) 756-7566  
**Level of Care:** ALF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 15140

**FARMINGTON MANOR**

2879 US HIGHWAY 67  
 FARMINGTON MO 63640-9168  
**Mailing Address** 2879 US HWY 67  
 FARMINGTON MO 63640-9168

**Telephone** (573) 756-7566  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** Yes  
**Facility Number** 15140

**FARMINGTON PRESBYTERIAN MANOR**

500 CAYCE ST  
 FARMINGTON MO 63640-2910  
**Mailing Address** 500 CAYCE ST  
 FARMINGTON MO 63640-2910

**Telephone** (573) 756-6768  
**Level of Care:** ALF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06181

**FARMINGTON PRESBYTERIAN MANOR**

500 CAYCE ST  
 FARMINGTON MO 63640-2910  
**Mailing Address** 500 CAYCE ST  
 FARMINGTON MO 63640-2910

**Telephone** (573) 756-6768  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06181

**FARMINGTON PRESBYTERIAN MANOR**

500 CAYCE ST  
 FARMINGTON MO 63640-2910  
**Mailing Address** 500 CAYCE ST  
 FARMINGTON MO 63640-2910

**Telephone** (573) 756-6768  
**Level of Care:** SNF  
**County** SAINT FRANCOIS  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 06181

**FAYETTE CARING CENTER**

501 SOUTH PARK  
 FAYETTE MO 65248-8952  
**Mailing Address** 501 S PARK  
 FAYETTE MO 65248-8952

**Telephone** (660) 248-3371  
**Level of Care:** SNF  
**County** HOWARD  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 10870

**FERNDALE, INC**

15677 COUNTY RD 2430  
 SAINT JAMES MO 65559-8210  
**Mailing Address** 15677 COUNTY RD 2430  
 SAINT JAMES MO 65559-8210

**Telephone** (573) 265-3344  
**Level of Care:** ALF  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 02526

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**FESTUS MANOR**

627 WESTWOOD DR S  
 FESTUS MO 63028-2062  
**Mailing Address** 627 WESTWOOD DR S  
 FESTUS MO 63028-2062

**Telephone** (636) 931-9066 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 150  
**County** JEFFERSON **DMH Licensed** Yes  
**Region 2 Medicare/Medicaid Facility Number** 02546

**FESTUS REST HOME**

705 MOORE ST  
 FESTUS MO 63028-1339  
**Mailing Address** PO BOX 51  
 FESTUS MO 63028-0051

**Telephone** (636) 937-7125 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** JEFFERSON **DMH Licensed** Yes  
**Region 2 Facility Number** 02555

**FIESER NURSING CENTER**

404 MAIN ST  
 FENTON MO 63026-4107  
**Mailing Address** 404 MAIN ST  
 FENTON MO 63026-4107

**Telephone** (636) 343-4344 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 60  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicaid Facility Number** 02569

**FORSYTH CARE CENTER**

477 COY BLVD  
 FORSYTH MO 65653-5132  
**Mailing Address** PO BOX 640  
 FORSYTH MO 65653-0640

**Telephone** (417) 546-6337 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** TANEY **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 18870

**FOUNTAIN VIEW AT FRIENDSHIP VILLAGE SUNSET HILLS**

12777 POINTE DR  
 SAINT LOUIS MO 63127-1757  
**Mailing Address** 12777 POINTE DR  
 SAINT LOUIS MO 63127-1757

**Telephone** (314) 270-7111 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 78  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 02703

**FOUNTAINBLEAU LODGE**

2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2127  
**Mailing Address** 2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2127

**Telephone** (573) 335-1999 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 33  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 12751

**FOUNTAINBLEAU LODGE**

2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2127  
**Mailing Address** 2001 NORTH KINGSHIGHWAY  
 CAPE GIRARDEAU MO 63701-2127

**Telephone** (573) 335-1999 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 56  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2 Facility Number** 12751

**FOUNTAINBLEAU NURSING CENTER**

1349 HIGHWAY 61  
 FESTUS MO 63028-4107  
**Mailing Address** PO BOX 700  
 FESTUS MO 63028-0700

**Telephone** (636) 937-3500 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 106  
**County** JEFFERSON **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 17080

**FOUNTAINS OF WEST COUNTY AL, LLC THE**

15822 CLAYTON RD  
 ELLISVILLE MO 63011-2240  
**Mailing Address** 15822 CLAYTON RD  
 ELLISVILLE MO 63011-2240

**Telephone** (636) 220-1660 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 80  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 29435

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**FOUR SEASONS ASSISTED LIVING**

230 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600  
**Mailing Address** 230 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600

**Telephone** (636) 366-4231  
**Level of Care:** ALF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 02624

**FOUR SEASONS LIVING CENTER**

2800 HIGHWAY TT  
 SEDALIA MO 65301-1410  
**Mailing Address** 2800 HIGHWAY TT  
 SEDALIA MO 65301-1410

**Telephone** (660) 826-8803  
**Level of Care:** SNF  
**County** PETTIS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 239  
**DMH Licensed** No  
**Facility Number** 00836

**FOUR SEASONS RCF I**

220 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600  
**Mailing Address** 230 RAILROAD ST  
 MOSCOW MILLS MO 63362-1600

**Telephone** (636) 366-4231  
**Level of Care:** RCF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** Yes  
**Facility Number** 02624

**FOX BERRY TERRACE - ASSISTED LIVING BY AMERICARE**

4316 N ST LOUIS AVE  
 WEBB CITY MO 64870-9550  
**Mailing Address** 4316 NORTH ST LOUIS AVE  
 WEBB CITY MO 64870-9550

**Telephone** (417) 625-1000  
**Level of Care:** ALF\*\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 25428

**FOXWOOD SPRINGS LIVING CENTER**

1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347  
**Mailing Address** 1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347

**Telephone** (816) 331-3111  
**Level of Care:** ALF\*\*  
**County** CASS  
**Region** 3

**Alzheimer's Unit** NO  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 02649

**FOXWOOD SPRINGS LIVING CENTER**

1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347  
**Mailing Address** 1500 WEST FOXWOOD DR  
 RAYMORE MO 64083-9347

**Telephone** (816) 331-3111  
**Level of Care:** SNF  
**County** CASS  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 108  
**DMH Licensed** No  
**Facility Number** 02649

**FREDERICK STREET MANOR**

429 NORTH FREDERICK ST  
 CAPE GIRARDEAU MO 63701-4834  
**Mailing Address** 429 N FREDERICK ST  
 CAPE GIRARDEAU MO 63701-4834

**Telephone** (573) 334-2662  
**Level of Care:** RCF\*  
**County** CAPE GIRARDEAU  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 02662

**FREMONT SENIOR LIVING, THE**

1520 EAST BATES ST  
 SPRINGFIELD MO 65804-8401  
**Mailing Address** 1520 EAST BATES ST  
 SPRINGFIELD MO 65804-8401

**Telephone** (417) 881-0500  
**Level of Care:** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 28782

**FRENE VALLEY OF HERMANN-A STONEBRIDGE COMMUNITY**

1800 WEIN ST  
 HERMANN MO 65041-1601  
**Mailing Address** PO BOX 468  
 HERMANN MO 65041-0468

**Telephone** (573) 486-3155  
**Level of Care:** SNF  
**County** GASCONADE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 118  
**DMH Licensed** No  
**Facility Number** 02690

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**FRENE VALLEY OF HERMANN-A STONEBRIDGE COMMUNITY**

1800 WEIN ST  
 HERMANN MO 65041-1601  
**Mailing Address** PO BOX 468  
 HERMANN MO 65041-0468

**Telephone** (573) 486-3155 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 18  
**County** GASCONADE **DMH Licensed** No  
**Region** 6 **Facility Number** 02690

**FRENE VALLEY OF OWENSVILLE-A STONEBRIDGE COMMUNITY**

1016 W HIGHWAY 28  
 OWENSVILLE MO 65066-1677  
**Mailing Address** PO BOX 593  
 OWENSVILLE MO 65066-0593

**Telephone** (573) 437-6877 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 131  
**County** GASCONADE **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 19051

**FRIENDSHIP VILLAGE CHESTERFIELD**

15201 OLIVE BLVD  
 CHESTERFIELD MO 63017-1810  
**Mailing Address** 15201 OLIVE BLVD  
 CHESTERFIELD MO 63017-1810

**Telephone** (636) 532-1515 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 99  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 02715

**FRIENDSHIP VILLAGE CHESTERFIELD**

15201 OLIVE BLVD  
 CHESTERFIELD MO 63017-1810  
**Mailing Address** 15201 OLIVE BLVD  
 CHESTERFIELD MO 63017-1810

**Telephone** (636) 532-1515 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 22  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 02715

**FRIENDSHIP VILLAGE SUNSET HILLS**

12509 VILLAGE CIRCLE DR  
 SAINT LOUIS MO 63127-1701  
**Mailing Address** 12509 VILLAGE CIRCLE DR  
 SAINT LOUIS MO 63127-1701

**Telephone** (314) 842-6840 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 118  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 02703

**FRONTIER HEALTH & REHABILITATION**

2840 WEST CLAY  
 SAINT CHARLES MO 63301-2536  
**Mailing Address** 2840 WEST CLAY  
 SAINT CHARLES MO 63301-2536

**Telephone** (636) 946-6100 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 180  
**County** SAINT CHARLES **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 01521

**FULTON MANOR CARE CENTER**

520 MANOR DR  
 FULTON MO 65251-2429  
**Mailing Address** 520 MANOR DR  
 FULTON MO 65251-2429

**Telephone** (573) 642-6834 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 52  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 02725

**FULTON NURSING & REHAB**

1510 BLUFF ST  
 FULTON MO 65251-2345  
**Mailing Address** 1510 BLUFF ST  
 FULTON MO 65251-2345

**Telephone** (573) 642-0202 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 100  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 03492

**FULTON PRESBYTERIAN MANOR**

811 CENTER ST  
 FULTON MO 65251-1922  
**Mailing Address** 811 CENTER ST  
 FULTON MO 65251-1922

**Telephone** (573) 642-6646 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 36  
**County** CALLAWAY **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 18735

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**FULTON PRESBYTERIAN MANOR**

811 CENTER ST  
 FULTON MO 65251-1922  
**Mailing Address** 811 CENTER ST  
 FULTON MO 65251-1922

**Telephone** (573) 642-6646  
**Level of Care:** ALF  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 41  
**DMH Licensed** No  
**Facility Number** 18735

**GABLES AT BRADY CIRCLE, LLC THE**

11 BRADY CIRCLE  
 SAINT LOUIS MO 63114-1110  
**Mailing Address** 11 BRADY CIRCLE  
 SAINT LOUIS MO 63114-1110

**Telephone** (314) 890-2230  
**Level of Care:** ALF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 30048

**GABLES OF COTTLEVILLE MEMORY CARE HOME, THE**

118 OHMES ROAD  
 COTTLEVILLE MO 63376-7649  
**Mailing Address** 118 OHMES RD  
 COTTLEVILLE MO 63376-7649

**Telephone** (636) 447-4449  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** YES  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 30372

**GAINESVILLE HEALTH CARE CENTER**

77 MEDICAL DR  
 GAINESVILLE MO 65655-  
**Mailing Address** PO BOX 628  
 GAINESVILLE MO 65655-0628

**Telephone** (417) 679-4921  
**Level of Care:** SNF  
**County** OZARK  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 12868

**GAMMA ROAD LODGE**

250 E LOCUST  
 WELLSVILLE MO 63384-1422  
**Mailing Address** 250 E LOCUST  
 WELLSVILLE MO 63384-1422

**Telephone** (573) 684-2002  
**Level of Care:** SNF  
**County** MONTGOMERY  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 112  
**DMH Licensed** No  
**Facility Number** 02740

**GARDEN VALLEY HEALTHCARE CENTER**

8575 NORTH GRANBY AVE  
 KANSAS CITY MO 64154-1235  
**Mailing Address** 8575 NORTH GRANBY AVE  
 KANSAS CITY MO 64154-1235

**Telephone** (816) 436-8575  
**Level of Care:** SNF  
**County** PLATTE  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 156  
**DMH Licensed** No  
**Facility Number** 10213

**GARDEN VIEW CARE CENTER**

700 GARDEN PATH  
 O'FALLON MO 63366-3052  
**Mailing Address** 700 GARDEN PATH  
 O'FALLON MO 63366-3052

**Telephone** (636) 240-2840  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 13963

**GARDEN VIEW CARE CENTER AT DOUGHERTY FERRY**

13612 BIG BEND RD  
 VALLEY PARK MO 63088-1447  
**Mailing Address** 13612 BIG BEND RD  
 VALLEY PARK MO 63088-1447

**Telephone** (636) 861-0500  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 23101

**GARDEN VIEW CARE CENTER OF CHESTERFIELD**

1025 CHESTERFIELD POINTE PRKWAY  
 CHESTERFIELD MO 63017-1957  
**Mailing Address** 1025 CHESTERFIELD POINTE PRKWAY  
 CHESTERFIELD MO 63017-1957

**Telephone** (636) 537-3333  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 16409

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**GARDEN VILLAS**

13590 SOUTH OUTER 40 RD  
TOWN AND COUNTRY MO 63017-5823  
**Mailing Address** 13590 SOUTH OUTER 40 RD  
TOWN AND COUNTRY MO 63017-5823

**Telephone** (314) 434-2520 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 46  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28978

**GARDEN VILLAS NORTH**

4505 PARKER ROAD  
BLACK JACK MO 63033-4268  
**Mailing Address** 4505 PARKER RD  
BLACK JACK MO 63033-4268

**Telephone** (314) 355-6100 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 70  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28930

**GARDEN VILLAS OF O'FALLON**

7092 SOUTH OUTER 364 ROAD  
O'FALLON MO 63368-7757  
**Mailing Address** 7092 SOUTH OUTER 364 RD  
O'FALLON MO 63368-7757

**Telephone** (636) 240-5560 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 95  
**County** SAINT CHARLES **DMH Licensed** No  
**Region** 5 **Facility Number** 27793

**GARDEN VILLAS SOUTH**

13457 TESSON FERRY RD  
SAINT LOUIS MO 63128-4010  
**Mailing Address** 13457 TESSON FERRY RD  
SAINT LOUIS MO 63128-4010

**Telephone** (314) 843-7788 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 76  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 28964

**GARDENS AT BARRY ROAD, THE**

8300 NW BARRY RD  
KANSAS CITY MO 64153-1634  
**Mailing Address** 8300 NW BARRY RD  
KANSAS CITY MO 64153-1634

**Telephone** (816) 584-3200 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 40  
**County** PLATTE **DMH Licensed** No  
**Region** 4 **Facility Number** 23774

**GARDENS AT BARRY ROAD, THE**

8300 NW BARRY ROAD  
KANSAS CITY MO 64153-1634  
**Mailing Address** 8300 NW BARRY RD  
KANSAS CITY MO 64153-1634

**Telephone** (816) 584-3200 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 100  
**County** PLATTE **DMH Licensed** No  
**Region** 4 **Facility Number** 23774

**GARDENS, THE**

1302 WEST SUNSET  
SPRINGFIELD MO 65807-5943  
**Mailing Address** 1302 WEST SUNSET  
SPRINGFIELD MO 65807-5943

**Telephone** (417) 889-7600 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 148  
**County** GREENE **DMH Licensed** No  
**Region** 1 **Facility Number** 20288

**GARRISON CARE CENTER**

2939 MAGAZINE AVE  
SAINT LOUIS MO 63106-1245  
**Mailing Address** 2939 MAGAZINE AVE  
SAINT LOUIS MO 63106-1245

**Telephone** (314) 531-0500 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 15258

**GASCONADE MANOR NURSING HOME**

1910 NURSING HOME RD  
OWENSVILLE MO 65066-2844  
**Mailing Address** PO BOX 520  
OWENSVILLE MO 65066-0520

**Telephone** (573) 437-4101 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 79  
**County** GASCONADE **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 02804

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**GASCONADE TERRACE RETIREMENT CENTER**

1930 NURSING HOME RD  
OWENSVILLE MO 65066-2844  
**Mailing Address** PO BOX 520  
OWENSVILLE MO 65066-0520

**Telephone** (573) 437-4833  
**Level of Care:** ALF  
**County** GASCONADE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 19  
**DMH Licensed** No  
**Facility Number** 14143

**GASLIGHT MANOR**

25466 NORTH HWY 5  
LEBANON MO 65536-  
**Mailing Address** PO BOX 969  
LEBANON MO 65536-0969

**Telephone** (417) 532-3045  
**Level of Care:** ALF  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** Yes  
**Facility Number** 08791

**GENERAL BAPTIST NURSING HOME**

17108 US HIGHWAY 62  
CAMPBELL MO 63933-6383  
**Mailing Address** 17108 US HWY 62  
CAMPBELL MO 63933-6383

**Telephone** (573) 246-2155  
**Level of Care:** SNF  
**County** DUNKLIN  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 02820

**GEORGIA BROWN BLOSSER HOME FOR THE AGED**

1210 EAST EASTWOOD ST  
MARSHALL MO 65340-1510  
**Mailing Address** 1210 EAST EASTWOOD ST  
MARSHALL MO 65340-1510

**Telephone** (660) 886-5020  
**Level of Care:** RCF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** No  
**Facility Number** 00633

**GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE**

1 GEORGIAN GARDENS DR  
POTOSI MO 63664-1436  
**Mailing Address** 1 GEORGIAN GARDENS DR  
POTOSI MO 63664-1436

**Telephone** (573) 438-6261  
**Level of Care:** SNF  
**County** WASHINGTON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 02830

**GERALD NURSING & REHAB**

533 CANAAN ROAD  
GERALD MO 63037-2515  
**Mailing Address** PO BOX 180  
GERALD MO 63037-0180

**Telephone** (573) 764-2135  
**Level of Care:** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 13926

**GIDEON CARE CENTER**

300 LUNBECK  
GIDEON MO 63848-9211  
**Mailing Address** PO BOX 197  
GIDEON MO 63848-0197

**Telephone** (573) 448-3505  
**Level of Care:** SNF  
**County** NEW MADRID  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 15538

**GLASGOW GARDENS**

100 AUDSLEY DR  
GLASGOW MO 65254-9537  
**Mailing Address** 100 AUDSLEY DR  
GLASGOW MO 65254-9537

**Telephone** (660) 338-2297  
**Level of Care:** SNF  
**County** HOWARD  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 59  
**DMH Licensed** No  
**Facility Number** 01659

**GLENDALE GARDENS NURSING & REHAB**

3535 EAST CHEROKEE  
SPRINGFIELD MO 65809-2829  
**Mailing Address** 3535 EAST CHEROKEE  
SPRINGFIELD MO 65809-2829

**Telephone** (417) 889-9955  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 16735

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**GLENWOOD HEALTHCARE**

851 THOROUGHFARE  
 SEYMOUR MO 65746-8767  
**Mailing Address** 851 THOROUGHFARE  
 SEYMOUR MO 65746-8767

**Telephone** (417) 935-2992  
**Level of Care:** SNF  
**County** WEBSTER  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16944

**GOGGIN BOARDING HOME**

620 COUNTY ROAD 40  
 CALEDONIA MO 63631-9133  
**Mailing Address** 620 COUNTY RD 40  
 CALEDONIA MO 63631-9133

**Telephone** (573) 697-5894  
**Level of Care:** RCF  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 02937

**GOLDEN AGE LIVING CENTER**

404 E THIRD ST  
 STOVER MO 65078-0947  
**Mailing Address** PO BOX 307  
 STOVER MO 65078-0307

**Telephone** (573) 377-4521  
**Level of Care:** SNF  
**County** MORGAN  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 61  
**DMH Licensed** No  
**Facility Number** 02949

**GOLDEN AGE NURSING HOME**

12498 SE HWY 116  
 BRAYMER MO 64624-9107  
**Mailing Address** 12498 SE HWY 116  
 BRAYMER MO 64624-9107

**Telephone** (660) 645-2243  
**Level of Care:** SNF  
**County** CALDWELL  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 83  
**DMH Licensed** No  
**Facility Number** 02957

**GOLDEN ESTATE RESIDENTIAL CARE**

1134 WEST NORTON RD  
 SPRINGFIELD MO 65803-1070  
**Mailing Address** 1134 WEST NORTON RD  
 SPRINGFIELD MO 65803-1070

**Telephone** (417) 833-4440  
**Level of Care:** RCF\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 31  
**DMH Licensed** Yes  
**Facility Number** 02984

**GOLDEN OAKS, LLC**

27882 HIGHWAY H  
 MARSHALL MO 65340-5303  
**Mailing Address** 27882 HIGHWAY H  
 MARSHALL MO 65340-5303

**Telephone** (660) 886-6172  
**Level of Care:** ALF\*\*  
**County** SALINE  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 15380

**GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE**

2001 JEFFERSON PARKWAY  
 HARRISONVILLE MO 64701-3714  
**Mailing Address** 2001 JEFFERSON PRKWY  
 HARRISONVILLE MO 64701-3714

**Telephone** (816) 380-4731  
**Level of Care:** SNF  
**County** CASS  
**Region 3** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 132  
**DMH Licensed** No  
**Facility Number** 12458

**GOOD SAMARITAN CARE CENTER**

403 WEST MAIN ST  
 COLE CAMP MO 65325-1144  
**Mailing Address** 403 WEST MAIN ST  
 COLE CAMP MO 65325-1144

**Telephone** (660) 668-4515  
**Level of Care:** SNF  
**County** BENTON  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 03039

**GOOD SHEPHERD CARE CENTER**

1101 WEST CLAY RD  
 VERSAILLES MO 65084-1177  
**Mailing Address** 1101 WEST CLAY RD  
 VERSAILLES MO 65084-1177

**Telephone** (573) 378-5411  
**Level of Care:** SNF  
**County** MORGAN  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 21631

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**GOOD SHEPHERD COMMUNITY CARE AND REHABILITATION**

200 WEST 12TH ST  
 LOCKWOOD MO 65682-8337  
**Mailing Address** 200 WEST 12TH ST  
 LOCKWOOD MO 65682-8337

**Telephone** (417) 232-4571 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 69  
**County** DADE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 03051

**GOOD SHEPHERD RESIDENTIAL CARE FACILITY**

200 WEST 12TH  
 LOCKWOOD MO 65682-8337  
**Mailing Address** 200 WEST 12TH  
 LOCKWOOD MO 65682-8337

**Telephone** (417) 232-4571 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 20  
**County** DADE **DMH Licensed** No  
**Region 1 Facility Number** 03051

**GOWER CONVALESCENT CENTER, INC**

323 SOUTH HIGHWAY 169  
 GOWER MO 64454-9116  
**Mailing Address** PO BOX 170  
 GOWER MO 64454-0170

**Telephone** (816) 424-6483 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 82  
**County** CLINTON **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 03107

**GRAN VILLAS NEOSHO**

420 LYON DR  
 NEOSHO MO 64850-9194  
**Mailing Address** 420 LYON DR  
 NEOSHO MO 64850-9194

**Telephone** (417) 451-7071 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 30  
**County** NEWTON **DMH Licensed** No  
**Region 1 Facility Number** 20156

**GRANBY HOUSE**

301 SOUTH MAIN  
 GRANBY MO 64844-8336  
**Mailing Address** 301 SOUTH MAIN  
 GRANBY MO 64844-8336

**Telephone** (417) 472-6271 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** NEWTON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 16481

**GRAND MANOR NURSING & REHABILITATION CENTER**

3645 COOK AVE  
 SAINT LOUIS MO 63113-3801  
**Mailing Address** 3645 COOK AVE  
 SAINT LOUIS MO 63113-3801

**Telephone** (314) 531-2352 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 13324

**GRAND PAVILION HEALTH AND REHAB, THE**

4330 WASHINGTON  
 KANSAS CITY MO 64111-3340  
**Mailing Address** 4330 WASHINGTON  
 KANSAS CITY MO 64111-3340

**Telephone** (816) 753-6800 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 154  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 05989

**GRAND RIVER HEALTH CARE**

118 TRENTON RD  
 CHILLICOTHE MO 64601-4002  
**Mailing Address** 118 TRENTON RD  
 CHILLICOTHE MO 64601-4002

**Telephone** (660) 646-0353 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** LIVINGSTON **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 16939

**GRANDVIEW HEALTHCARE CENTER**

201 GRAND AVE  
 WASHINGTON MO 63090-1209  
**Mailing Address** 201 GRAND AVE  
 WASHINGTON MO 63090-1209

**Telephone** (636) 239-9190 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 102  
**County** FRANKLIN **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 15045

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**GRANITE HOUSE RCF**

321 SOUTH MAIN ST  
 IRONTON MO 63650-1406  
**Mailing Address** PO BOX 66  
 IRONTON MO 63650-0066

**Telephone** (573) 546-7283  
**Level of Care:** RCF  
**County** IRON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 04628

**GREATER HEIGHTS RCF, LLC**

600 NORTH FRONT ST  
 PARK HILLS MO 63601-3804  
**Mailing Address** PO BOX 603  
 PARK HILLS MO 63601-0603

**Telephone** (573) 431-0344  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 07181

**GREEN ACRES RESIDENTIAL CARE FACILITY, LLC**

3688 SAND CREEK ROAD  
 FARMINGTON MO 63640-7350  
**Mailing Address** 3688 SAND CREEK RD  
 FARMINGTON MO 63640-7350

**Telephone** (573) 756-2917  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 17289

**GREEN MEADOWS RETIREMENT HOME**

411 NORTH KINGSHIGHWAY  
 SIKESTON MO 63801-  
**Mailing Address** PO BOX 909  
 SIKESTON MO 63801-0909

**Telephone** (573) 471-5503  
**Level of Care:** ALF  
**County** SCOTT  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** Yes  
**Facility Number** 03229

**GREEN PARK SENIOR LIVING COMMUNITY**

9350 GREEN PARK ROAD  
 SAINT LOUIS MO 63123-7211  
**Mailing Address** 9350 GREEN PARK RD  
 SAINT LOUIS MO 63123-7211

**Telephone** (314) 845-0900  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 188  
**DMH Licensed** No  
**Facility Number** 17565

**GREENVILLE HEALTH CARE CENTER**

117 SYCAMORE ST  
 GREENVILLE MO 63944-0000  
**Mailing Address** PO BOX 108  
 GREENVILLE MO 63944-0108

**Telephone** (573) 224-3298  
**Level of Care:** SNF  
**County** WAYNE  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 15550

**GREGORY RIDGE HEALTH CARE CENTER**

7001 CLEVELAND AVE  
 KANSAS CITY MO 64132-1622  
**Mailing Address** 7001 CLEVELAND AVE  
 KANSAS CITY MO 64132-1622

**Telephone** (816) 333-0700  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 116  
**DMH Licensed** No  
**Facility Number** 04109

**GUARDIAN ANGEL CARE HOME**

6112 MANNING  
 RAYTOWN MO 64133-3757  
**Mailing Address** PO BOX 177  
 OAK GROVE MO 64075-0177

**Telephone** (816) 313-2515  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 21046

**HAMPTON HOUSE OF MALDEN, INC**

201 NORTH DECATUR  
 MALDEN MO 63863-2017  
**Mailing Address** 201 N DECATUR  
 MALDEN MO 63863-2017

**Telephone** (573) 276-6054  
**Level of Care:** RCF\*  
**County** DUNKLIN  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** Yes  
**Facility Number** 03331

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**HAPPY ACRES**

2665 NORTH SERVICE RD EAST  
 SULLIVAN MO 63080-4024  
**Mailing Address** 2665 N SERVICE RD EAST  
 SULLIVAN MO 63080-4024

**Telephone** (573) 927-5562  
**Level of Care:** RCF\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 03357

**HARAMBEE HOUSE, INC**

703 NORTH EIGHTH ST  
 COLUMBIA MO 65201-4516  
**Mailing Address** 703 NORTH EIGHTH ST  
 COLUMBIA MO 65201-4516

**Telephone** (573) 443-6972  
**Level of Care:** RCF\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 17197

**HARBOR PLACE ESTATES, LLC**

1054 SOUTH HWY 47  
 WARRENTON MO 63383-  
**Mailing Address** 1054 SOUTH HWY 47  
 WARRENTON MO 63383-

**Telephone** (636) 377-4444  
**Level of Care:** RCF  
**County** WARREN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 30144

**HARMONY GARDENS - ASSISTED LIVING BY AMERICARE**

503 BURKARTH ROAD  
 WARRENSBURG MO 64093-3145  
**Mailing Address** 503 BURKARTH RD  
 WARRENSBURG MO 64093-3145

**Telephone** (660) 747-5411  
**Level of Care:** ALF\*\*  
**County** JOHNSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 68  
**DMH Licensed** No  
**Facility Number** 18615

**HAROLD AND LOUISE ASSISTED LIVING**

135 COMMUNICATION DR  
 HANNIBAL MO 63401-3670  
**Mailing Address** 135 COMMUNICATION DR  
 HANNIBAL MO 63401-3670

**Telephone** (573) 221-1189  
**Level of Care:** ALF\*\*  
**County** MARION  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 43  
**DMH Licensed** Yes  
**Facility Number** 29639

**HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE**

3859 EAST 59TH TERRACE  
 KANSAS CITY MO 64130-4410  
**Mailing Address** 3859 EAST 59TH TERRACE  
 KANSAS CITY MO 64130-4410

**Telephone** (816) 349-3530  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 7  
**DMH Licensed** No  
**Facility Number** 16225

**HARRIS MANOR CARE CENTER**

401 SOUTH HENRY  
 FARMINGTON MO 63640-1823  
**Mailing Address** PO BOX 675  
 FARMINGTON MO 63640-0675

**Telephone** (573) 756-5376  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** Yes  
**Facility Number** 02256

**HARTLAND RESIDENTIAL CARE CENTER**

23435 LADDER DR  
 MARSHALL MO 65340-4662  
**Mailing Address** 23435 LADDER DR  
 MARSHALL MO 65340-4662

**Telephone** (660) 886-7093  
**Level of Care:** RCF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 15163

**HARTMANN VILLAGE - ASSISTED LIVING BY AMERICARE**

615 RANKIN MILL LN  
 BOONVILLE MO 65233-2873  
**Mailing Address** 615 RANKIN MILL LN  
 BOONVILLE MO 65233-2873

**Telephone** (660) 882-9933  
**Level of Care:** ALF\*\*  
**County** COOPER  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 39  
**DMH Licensed** No  
**Facility Number** 26026

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**HARTVILLE CARE CENTER**

649 WEST ROLLA ST  
 HARTVILLE MO 65667-8221  
**Mailing Address** 649 WEST ROLLA ST  
 HARTVILLE MO 65667-8221

**Telephone** (417) 741-6192  
**Level of Care:** SNF  
**County** WRIGHT  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 17946

**HARVESTER RESIDENTIAL CARE**

35 LILLIAN DR  
 SAINT CHARLES MO 63304-7032  
**Mailing Address** 35 LILLIAN DR  
 SAINT CHARLES MO 63304-7032

**Telephone** (636) 939-3833  
**Level of Care:** RCF\*  
**County** SAINT CHARLES  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** Yes  
**Facility Number** 03411

**HAVEN, THE**

614 SOUTH BY-PASS  
 KENNETT MO 63857-3240  
**Mailing Address** 612 SOUTH BY-PASS  
 KENNETT MO 63857-3240

**Telephone** (573) 888-1201  
**Level of Care:** RCF\*  
**County** DUNKLIN  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** Yes  
**Facility Number** 27620

**HEART OF THE OZARKS HEALTHCARE CENTER**

2004 CRESTVIEW ST  
 AVA MO 65608-8903  
**Mailing Address** PO BOX 727  
 AVA MO 65608-0727

**Telephone** (417) 683-4129  
**Level of Care:** SNF  
**County** DOUGLAS  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 01290

**HEARTLAND CARE AND REHABILITATION CENTER**

2525 BOUTIN DR  
 CAPE GIRARDEAU MO 63701-8551  
**Mailing Address** 2525 BOUTIN DR  
 CAPE GIRARDEAU MO 63701-8551

**Telephone** (573) 334-5225  
**Level of Care:** SNF  
**County** CAPE GIRARDEAU  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 102  
**DMH Licensed** No  
**Facility Number** 01023

**HEARTLAND II RCF**

117 SOUTH 15TH ST  
 SAINT JOSEPH MO 64501-2904  
**Mailing Address** 117 S 15TH ST  
 SAINT JOSEPH MO 64501-2904

**Telephone** (816) 676-1505  
**Level of Care:** RCF\*  
**County** BUCHANAN  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** Yes  
**Facility Number** 18620

**HEARTLAND RESIDENTIAL CARE FACILITY, INC**

1311 FRANCIS ST  
 SAINT JOSEPH MO 64501-2318  
**Mailing Address** 1311 FRANCIS ST  
 SAINT JOSEPH MO 64501-2318

**Telephone** (816) 233-5779  
**Level of Care:** RCF  
**County** BUCHANAN  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 02491

**HEISINGER LUTHERAN HOME**

1002 WEST MAIN ST  
 JEFFERSON CITY MO 65109-6901  
**Mailing Address** 1002 WEST MAIN ST  
 JEFFERSON CITY MO 65109-6901

**Telephone** (573) 636-6288  
**Level of Care:** SNF  
**County** COLE  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 03479

**HEISINGER LUTHERAN HOME**

1002 WEST MAIN ST  
 JEFFERSON CITY MO 65109-6901  
**Mailing Address** 1002 WEST MAIN ST  
 JEFFERSON CITY MO 65109-6901

**Telephone** (573) 636-6288  
**Level of Care:** ALF\*\*  
**County** COLE  
**Region 6**

**Alzheimer's Unit** Yes  
**Bed Capacity** 111  
**DMH Licensed** No  
**Facility Number** 03479

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**HERITAGE CARE CENTER**

4401 NORTH HANLEY RD  
 SAINT LOUIS MO 63134-2710  
**Mailing Address** 4401 NORTH HANLEY RD  
 SAINT LOUIS MO 63134-2710

**Telephone** (314) 521-7471 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 00411

**HERITAGE HALL NURSING CENTER**

750 EAST HIGHWAY 22  
 CENTRALIA MO 65240-1146  
**Mailing Address** 750 EAST HIGHWAY 22  
 CENTRALIA MO 65240-1146

**Telephone** (573) 682-5551 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** BOONE **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 03069

**HERITAGE HILLS ASSISTED LIVING FACILITY**

ROUTE 5, BOX 68  
 PATTON MO 63662-9760  
**Mailing Address** PO BOX B  
 PATTON MO 63662-0010

**Telephone** (573) 866-2003 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 24  
**County** BOLLINGER **DMH Licensed** Yes  
**Region 2 Facility Number** 18783

**HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICARE**

1802 SAINT FRANCIS ST  
 KENNETT MO 63857-1568  
**Mailing Address** PO BOX 827  
 KENNETT MO 63857-0827

**Telephone** (573) 888-1044 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 72  
**County** DUNKLIN **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 17533

**HERITAGE VILLAGE OF GLADSTONE**

3000 NORTH EAST 64TH ST  
 GLADSTONE MO 64119-1569  
**Mailing Address** 3000 NE 64TH ST  
 GLADSTONE MO 64119-1569

**Telephone** (816) 454-5130 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 60  
**County** CLAY **DMH Licensed** Yes  
**Region 4 Facility Number** 12510

**HERITAGE VILLAGE OF PLATTE CITY**

15 WALLINGFORD DR  
 PLATTE CITY MO 64079-9604  
**Mailing Address** 15 WALLINGFORD DR  
 PLATTE CITY MO 64079-9604

**Telephone** (816) 858-2182 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 30  
**County** PLATTE **DMH Licensed** No  
**Region 4 Facility Number** 13182

**HERMITAGE NURSING & REHAB**

FIRST & HIGHWAY 54  
 HERMITAGE MO 65668-9129  
**Mailing Address** PO BOX 325  
 HERMITAGE MO 65668-0325

**Telephone** (417) 745-2111 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** HICKORY **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 10240

**HICKORY MANOR**

209 HICKORY ST  
 LICKING MO 65542-9847  
**Mailing Address** 209 HICKORY ST  
 LICKING MO 65542-9847

**Telephone** (573) 674-2111 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** TEXAS **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 07929

**HIDDEN LAKE CARE CENTER**

11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409  
**Mailing Address** 11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409

**Telephone** (816) 737-1010 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 112  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 17146

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**HIDDEN LAKE CARE CENTER**

11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409  
**Mailing Address** 11400 HIDDEN LAKE DR  
 RAYTOWN MO 64133-7409

**Telephone** (816) 737-1010  
**Level of Care:** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** No  
**Facility Number** 17146

**HIGHLAND CREST - ASSISTED LIVING BY AMERICARE**

2204 S HALLIBURTON ST  
 KIRKSVILLE MO 63501-4651  
**Mailing Address** 2204 S HALLIBURTON ST  
 KIRKSVILLE MO 63501-4651

**Telephone** (660) 627-8004  
**Level of Care:** ALF\*\*  
**County** ADAIR  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 16785

**HIGHLAND HOME**

1325 SOUTH HIGHLAND COURT  
 MARSHALL MO 65340-3058  
**Mailing Address** PO BOX 974  
 MARSHALL MO 65340-0974

**Telephone** (660) 886-8675  
**Level of Care:** RCF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 03558

**HIGHLAND REHABILITATION & HEALTH CARE CENTER**

904 EAST 68TH ST  
 KANSAS CITY MO 64131-1305  
**Mailing Address** 904 EAST 68TH ST  
 KANSAS CITY MO 64131-1305

**Telephone** (816) 333-5485  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 162  
**DMH Licensed** No  
**Facility Number** 06782

**HILDA FUWELL'S RESIDENTIAL CARE FACILITY**

17382 STATE HIGHWAY 25  
 DEXTER MO 63841-9710  
**Mailing Address** 17382 STATE HWY 25  
 DEXTER MO 63841-9710

**Telephone** (573) 568-2056  
**Level of Care:** RCF  
**County** STODDARD  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 07863

**HILL CREST MANOR**

801 SOUTH COLBY  
 HAMILTON MO 64644-8287  
**Mailing Address** 801 SOUTH COLBY  
 HAMILTON MO 64644-8287

**Telephone** (816) 583-2119  
**Level of Care:** SNF  
**County** CALDWELL  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 03315

**HILL CREST MANOR**

801 SOUTH COLBY  
 HAMILTON MO 64644-8287  
**Mailing Address** 801 SOUTH COLBY  
 HAMILTON MO 64644-8287

**Telephone** (816) 583-2119  
**Level of Care:** RCF  
**County** CALDWELL  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 03315

**HILLCREST CARE CENTER, INC**

1108 CLARKE ST  
 DE SOTO MO 63020-2706  
**Mailing Address** 1108 CLARKE ST  
 DE SOTO MO 63020-2706

**Telephone** (636) 586-3022  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 20084

**HILLCREST RESIDENTIAL CARE, INC**

9415 NORTH BROWN STATION RD  
 COLUMBIA MO 65202-8671  
**Mailing Address** 9415 NORTH BROWN STATION RD  
 COLUMBIA MO 65202-8671

**Telephone** (573) 696-3201  
**Level of Care:** ALF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** Yes  
**Facility Number** 03572

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**HILLSIDE CARE CENTER**

321 NORTH SECTION  
 HANNIBAL MO 63401-3460  
**Mailing Address** PO BOX 308  
 HANNIBAL MO 63401-0308

**Telephone** (573) 221-1439  
**Level of Care:** RCF\*  
**County** MARION  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 14879

**HILLSIDE LIVING CENTER**

10109 RESTORATION CIRCLE  
 MINERAL POINT MO 63660-8538  
**Mailing Address** PO BOX 534  
 PARK HILLS MO 63601-0534

**Telephone** (573) 562-0303  
**Level of Care:** ALF\*\*  
**County** WASHINGTON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 09270

**HILLSIDE MANOR HEALTHCARE AND REHAB CENTER**

1265 MCLARAN AVE  
 SAINT LOUIS MO 63147-1606  
**Mailing Address** 1265 MCLARAN AVE  
 SAINT LOUIS MO 63147-1606

**Telephone** (314) 388-4121  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 208  
**DMH Licensed** No  
**Facility Number** 04687

**HILLTOP HAVEN**

18941 CR 305A  
 EMINENCE MO 65466-9702  
**Mailing Address** 18941 CR 305A  
 EMINENCE MO 65466-9702

**Telephone** (573) 226-5426  
**Level of Care:** RCF  
**County** SHANNON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 03615

**HILLVIEW NURSING & REHAB**

220 O'ROURKE  
 PLATTE CITY MO 64079-9360  
**Mailing Address** PO BOX 1310  
 PLATTE CITY MO 64079-1310

**Telephone** (816) 858-5222  
**Level of Care:** SNF  
**County** PLATTE  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12655

**HOLDEN MANOR CARE CENTER**

2005 SOUTH LEXINGTON  
 HOLDEN MO 64040-1610  
**Mailing Address** 2005 S LEXINGTON  
 HOLDEN MO 64040-1610

**Telephone** (816) 732-4138  
**Level of Care:** SNF  
**County** JOHNSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 08334

**HOLIDAY RESIDENTIAL CARE**

1019 OLD ST MARY'S RD  
 PERRYVILLE MO 63775-1298  
**Mailing Address** 1019 OLD ST MARY'S RD  
 PERRYVILLE MO 63775-1298

**Telephone** (573) 547-7398  
**Level of Care:** RCF\*  
**County** PERRY  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 19872

**HOLLY HILLS RETIREMENT HOME**

6421 MINNESOTA  
 SAINT LOUIS MO 63111-2808  
**Mailing Address** 6421 MINNESOTA  
 SAINT LOUIS MO 63111-2808

**Telephone** (314) 351-0767  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 03678

**HOPE CARE CENTER**

115 EAST 83RD ST  
 KANSAS CITY MO 64114-2537  
**Mailing Address** 115 EAST 83RD ST  
 KANSAS CITY MO 64114-2537

**Telephone** (816) 523-3988  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 21370

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**HOPEDALE COTTAGE ASSISTED LIVING THE**

1314 W SCHOOL STREET  
 OZARK MO 65721-  
**Mailing Address** 1314 W SCHOOL STREET  
 OZARK MO 65721-

**Telephone** (417) 581-4461  
**Level of Care:** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 24  
**DMH Licensed** Yes  
**Facility Number** 30302

**HOUSE OF CARE CENTER**

3744 BENTON BLVD  
 KANSAS CITY MO 64128-2515  
**Mailing Address** PO BOX 287912  
 KANSAS CITY MO 64128-7912

**Telephone** (816) 921-6852  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** Yes  
**Facility Number** 17001

**HOUSTON HOUSE**

1000 NORTH INDUSTRIAL DR  
 HOUSTON MO 65483-9400  
**Mailing Address** PO BOX 199  
 HOUSTON MO 65483-0199

**Telephone** (417) 967-2527  
**Level of Care:** SNF  
**County** TEXAS  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 10626

**HUDSON HOUSE**

1700-B SOUTH HUDSON AVE  
 AURORA MO 65605-2717  
**Mailing Address** 1700-B S HUDSON AVE  
 AURORA MO 65605-2717

**Telephone** (417) 678-2169  
**Level of Care:** RCF\*  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 41  
**DMH Licensed** No  
**Facility Number** 10444

**HUNTER ACRES CARING CENTER**

628 NORTH WEST ST  
 SIKESTON MO 63801-4738  
**Mailing Address** 628 NORTH WEST ST  
 SIKESTON MO 63801-4738

**Telephone** (573) 471-7130  
**Level of Care:** SNF  
**County** SCOTT  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07345

**INDEPENDENCE CARE CENTER OF PERRY COUNTY**

800 SOUTH KINGSHIGHWAY  
 PERRYVILLE MO 63775-2106  
**Mailing Address** 800 SOUTH KINGSHWY  
 PERRYVILLE MO 63775-2106

**Telephone** (573) 547-6546  
**Level of Care:** SNF  
**County** PERRY  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 133  
**DMH Licensed** No  
**Facility Number** 06393

**INDEPENDENCE CHATEAU**

17441 EAST MEDICAL CENTER PARKWAY  
 INDEPENDENCE MO 64057-1805  
**Mailing Address** 17441 EAST MEDICAL CENTER PRKWY  
 INDEPENDENCE MO 64057-1805

**Telephone** (816) 478-1991  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 20682

**INDEPENDENCE COURT**

121 INDEPENDENCE DR  
 PERRYVILLE MO 63775-1496  
**Mailing Address** 121 INDEPENDENCE DR  
 PERRYVILLE MO 63775-1496

**Telephone** (573) 547-1499  
**Level of Care:** RCF\*  
**County** PERRY  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 75  
**DMH Licensed** No  
**Facility Number** 06393

**INDEPENDENCE MANOR CARE CENTER**

1600 SOUTH KINGS HIGHWAY  
 INDEPENDENCE MO 64055-1853  
**Mailing Address** 1600 S KINGS HWY  
 INDEPENDENCE MO 64055-1853

**Telephone** (816) 833-4777  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 03807

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**INDEPENDENCE SQUARE RESIDENTIAL CARE CENTER**

1136 SOUTH MAIN ST  
 PERRYVILLE MO 63775-8802  
**Mailing Address** 1136 S MAIN ST  
 PERRYVILLE MO 63775-8802

**Telephone** (573) 547-8600  
**Level of Care:** RCF\*  
**County** PERRY  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 14309

**INDIAN HILLS - A STONEBRIDGE COMMUNITY**

2601 FAIR ST  
 CHILLICOTHE MO 64601-3525  
**Mailing Address** 2601 FAIR ST  
 CHILLICOTHE MO 64601-3525

**Telephone** (660) 646-1230  
**Level of Care:** RCF\*  
**County** LIVINGSTON  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 03833

**INDIAN HILLS - A STONEBRIDGE COMMUNITY**

2601 FAIR ST  
 CHILLICOTHE MO 64601-3525  
**Mailing Address** 2601 FAIR ST  
 CHILLICOTHE MO 64601-3525

**Telephone** (660) 646-1230  
**Level of Care:** SNF  
**County** LIVINGSTON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 75  
**DMH Licensed** No  
**Facility Number** 03833

**IRONTON RESIDENTIAL CARE CENTER, LLC**

101 SOUTH KNOB ST  
 IRONTON MO 63650-1501  
**Mailing Address** PO BOX 66  
 IRONTON MO 63650-0066

**Telephone** (573) 546-3080  
**Level of Care:** RCF  
**County** IRON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 01901

**IVY TERRACE AT GAMBRILL GARDENS**

1 STRECKER RD  
 ELLISVILLE MO 63011-1998  
**Mailing Address** 1 STRECKER RD  
 ELLISVILLE MO 63011-1998

**Telephone** (636) 394-2992  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** No  
**Facility Number** 27903

**J & J RESIDENTIAL CARE FACILITY II**

104 WESBECHER  
 MARBLE HILL MO 63764-0378  
**Mailing Address** PO BOX 378  
 MARBLE HILL MO 63764-0378

**Telephone** (573) 238-4602  
**Level of Care:** RCF\*  
**County** BOLLINGER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 07171

**JACKSON MANOR NURSING HOME**

710 BROADRIDGE DR  
 JACKSON MO 63755-3042  
**Mailing Address** 710 BROADRIDGE DR  
 JACKSON MO 63755-3042

**Telephone** (573) 243-3101  
**Level of Care:** SNF  
**County** CAPE GIRARDEAU  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 03438

**JACOBS CARE CENTER, LLC**

932 WEST STATE  
 SPRINGFIELD MO 65806-2846  
**Mailing Address** 932 WEST STATE  
 SPRINGFIELD MO 65806-2846

**Telephone** (417) 865-6140  
**Level of Care:** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 06229

**JAMES RIVER NURSING AND REHABILITATION**

3550 EAST BATTLEFIELD  
 SPRINGFIELD MO 65809-3400  
**Mailing Address** 3550 EAST BATTLEFIELD  
 SPRINGFIELD MO 65809-3400

**Telephone** (417) 889-9500  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 17645

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**JANE HOWELL STUPP APARTMENTS**

2443 PROUHET AVE  
 OVERLAND MO 63114-1946  
**Mailing Address** 2443 PROUHET AVE  
 OVERLAND MO 63114-1946

**Telephone** (314) 890-7100 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 30  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 18369

**JEANNE JUGAN CENTER**

8745 JAMES A REED ROAD  
 KANSAS CITY MO 64138-4414  
**Mailing Address** 8745 JAMES A REED RD  
 KANSAS CITY MO 64138-4414

**Telephone** (816) 761-4744 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 23  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Facility Number** 12724

**JEANNE JUGAN CENTER**

8745 JAMES A REED ROAD  
 KANSAS CITY MO 64138-4414  
**Mailing Address** 8745 JAMES A REED RD  
 KANSAS CITY MO 64138-4414

**Telephone** (816) 761-4744 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 26  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicaid** **Facility Number** 12724

**JEANNE JUGAN CENTER**

8745 JAMES A REED ROAD  
 KANSAS CITY MO 64138-4414  
**Mailing Address** 8745 JAMES A REED RD  
 KANSAS CITY MO 64138-4414

**Telephone** (816) 761-4744 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 25  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicaid** **Facility Number** 12724

**JEFFERSON CITY MANOR CARE CENTER**

1720 VIETH DR  
 JEFFERSON CITY MO 65109-2522  
**Mailing Address** 1720 VIETH DR  
 JEFFERSON CITY MO 65109-2522

**Telephone** (573) 635-6193 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 102  
**County** COLE **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 03870

**JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC**

1221 SOUTHGATE LN  
 JEFFERSON CITY MO 65109-2465  
**Mailing Address** PO BOX 104118  
 JEFFERSON CITY MO 65110-4118

**Telephone** (573) 635-3131 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** COLE **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 01865

**JEFFERSON GARDENS - ASSISTED LIVING BY AMERICARE**

509 WEST ROGERS ST  
 CLINTON MO 64735-2548  
**Mailing Address** 509 WEST ROGERS ST  
 CLINTON MO 64735-2548

**Telephone** (660) 885-9770 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 39  
**County** HENRY **DMH Licensed** No  
**Region** 1 **Facility Number** 20603

**JEFFERSON HEALTH CARE**

615 SW OLDHAM PARKWAY  
 LEE'S SUMMIT MO 64081-2602  
**Mailing Address** 615 SW OLDHAM PKWY  
 LEE'S SUMMIT MO 64081-2602

**Telephone** (816) 524-3328 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 04415

**JEFFERSON MANOR**

902 JEFFERSON AVE  
 CAPE GIRARDEAU MO 63703-6755  
**Mailing Address** 902 JEFFERSON AVE  
 CAPE GIRARDEAU MO 63703-6755

**Telephone** (573) 651-1373 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 10  
**County** CAPE GIRARDEAU **DMH Licensed** Yes  
**Region** 2 **Facility Number** 05445

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**JOE CLARK RESIDENTIAL CARE HOME**

1495 EAST ASHLAND ST  
 NEVADA MO 64772-4016  
**Mailing Address** PO BOX 246  
 NEVADA MO 64772-0246

**Telephone** (417) 667-5000  
**Level of Care:** ALF\*\*  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 23419

**JOHN KNOX VILLAGE CARE CENTER**

600 NW PRYOR ROAD  
 LEE'S SUMMIT MO 64081-1104  
**Mailing Address** 600 NW PRYOR RD  
 LEE'S SUMMIT MO 64081-1104

**Telephone** (816) 246-4343  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 430  
**DMH Licensed** No  
**Facility Number** 14529

**JOHNSON COUNTY CARE CENTER**

122 EAST MARKET ST  
 WARRENSBURG MO 64093-1818  
**Mailing Address** 122 EAST MARKET ST  
 WARRENSBURG MO 64093-1818

**Telephone** (660) 747-8101  
**Level of Care:** ICF  
**County** JOHNSON  
**Region** 3 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 87  
**DMH Licensed** No  
**Facility Number** 05309

**JOLET HOME**

3920 FOREST  
 KANSAS CITY MO 64110-1220  
**Mailing Address** 3920 FOREST  
 KANSAS CITY MO 64110-1220

**Telephone** (816) 531-5308  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 17  
**DMH Licensed** Yes  
**Facility Number** 03982

**JONES' WILDWOOD CARE CENTER**

12806 HWY 151  
 MADISON MO 65263-3114  
**Mailing Address** PO BOX 69  
 MADISON MO 65263-0069

**Telephone** (660) 291-8636  
**Level of Care:** RCF  
**County** MONROE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 08573

**JONESBURG NURSING & REHAB**

308 CEDAR AVE  
 JONESBURG MO 63351-1126  
**Mailing Address** PO BOX 218  
 JONESBURG MO 63351-0218

**Telephone** (636) 488-5400  
**Level of Care:** SNF  
**County** MONTGOMERY  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 13265

**JOPLIN GARDENS**

2810 SOUTH JACKSON AVE  
 JOPLIN MO 64804-2524  
**Mailing Address** 2810 SOUTH JACKSON AVE  
 JOPLIN MO 64804-2524

**Telephone** (417) 572-0041  
**Level of Care:** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 01373

**JOPLIN HEALTH AND REHABILITATION CENTER**

2218 WEST 32ND ST  
 JOPLIN MO 64804-3514  
**Mailing Address** 2218 WEST 32ND ST  
 JOPLIN MO 64804-3514

**Telephone** (417) 623-5264  
**Level of Care:** SNF  
**County** NEWTON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12583

**JORDAN CREEK NURSING & REHAB**

910 SOUTH WEST AVE  
 SPRINGFIELD MO 65802-4950  
**Mailing Address** 910 SOUTH WEST AVE  
 SPRINGFIELD MO 65802-4950

**Telephone** (417) 865-8741  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 03245

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**JOY ADULT CARE CENTER**

614 SOUTH MAIN  
 CLINTON MO 64735-2620  
**Mailing Address** PO BOX 8  
 CLINTON MO 64735-0008

**Telephone** (660) 885-8328  
**Level of Care:** RCF\*  
**County** HENRY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** Yes  
**Facility Number** 07268

**JOY ASSISTED LIVING FOR SENIORS**

2030 W MOUNT VERNON ST  
 SPRINGFIELD MO 65802-4846  
**Mailing Address** PO BOX 9655  
 SPRINGFIELD MO 65801-9655

**Telephone** (417) 864-8805  
**Level of Care:** ALF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 74  
**DMH Licensed** Yes  
**Facility Number** 19668

**KABUL NURSING HOMES, INC**

1000 MAIN ST  
 CABOOL MO 65689-9125  
**Mailing Address** 1000 MAIN ST  
 CABOOL MO 65689-9125

**Telephone** (417) 962-3713  
**Level of Care:** SNF  
**County** TEXAS  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 04085

**KASEY PAIGE ASSISTED LIVING**

3715 JAMIESON AVE  
 SAINT LOUIS MO 63109-1109  
**Mailing Address** 3715 JAMIESON AVE  
 SAINT LOUIS MO 63109-1109

**Telephone** (314) 781-0222  
**Level of Care:** ALF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 111  
**DMH Licensed** Yes  
**Facility Number** 04650

**KATY MANOR**

205 PROSPECT  
 PILOT GROVE MO 65276-1111  
**Mailing Address** PO BOX 8  
 PILOT GROVE MO 65276-0008

**Telephone** (660) 834-3111  
**Level of Care:** SNF  
**County** COOPER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 14982

**KEATON CENTER**

120 N MILL ST  
 FESTUS MO 63028-1816  
**Mailing Address** 120 N MILL ST  
 FESTUS MO 63028-1816

**Telephone** (636) 232-2323  
**Level of Care:** ALF  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 20413

**KIDWELL HOME**

1000 KIDWELL DR  
 VERSAILLES MO 65084-1177  
**Mailing Address** 1000 KIDWELL DR  
 VERSAILLES MO 65084-1177

**Telephone** (573) 378-5175  
**Level of Care:** RCF\*  
**County** MORGAN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 21631

**KING CITY MANOR**

300 WEST FAIRVIEW  
 KING CITY MO 64463-9606  
**Mailing Address** 300 WEST FAIRVIEW  
 KING CITY MO 64463-9606

**Telephone** (660) 535-4325  
**Level of Care:** SNF  
**County** GENTRY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 04305

**KING'S DAUGHTERS HOME, THE**

620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199  
**Mailing Address** 620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199

**Telephone** (573) 581-1577  
**Level of Care:** ICF  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** No  
**Facility Number** 04146

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**KING'S DAUGHTERS HOME, THE**

620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199  
**Mailing Address** 620 WEST BOULEVARD ST  
 MEXICO MO 65265-2199

**Telephone** (573) 581-1577  
**Level of Care:** RCF\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 04146

**KINGSWOOD**

10000 WORNALL RD  
 KANSAS CITY MO 64114-4359  
**Mailing Address** 10000 WORNALL RD  
 KANSAS CITY MO 64114-4359

**Telephone** (816) 942-0994  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 86  
**DMH Licensed** No  
**Facility Number** 04152

**KINGSWOOD**

10000 WORNALL RD  
 KANSAS CITY MO 64114-4359  
**Mailing Address** 10000 WORNALL RD  
 KANSAS CITY MO 64114-4359

**Telephone** (816) 942-0994  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 67  
**DMH Licensed** Yes  
**Facility Number** 04152

**KIRKSVILLE MANOR CARE CENTER**

1705 EAST LAHARPE  
 KIRKSVILLE MO 63501-3927  
**Mailing Address** 1705 EAST LAHARPE  
 KIRKSVILLE MO 63501-3927

**Telephone** (660) 665-3774  
**Level of Care:** SNF  
**County** ADAIR  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 132  
**DMH Licensed** No  
**Facility Number** 04161

**KNOX COUNTY NURSING HOME DISTRICT**

55774 STATE HIGHWAY 6  
 EDINA MO 63537-4253  
**Mailing Address** 55774 STATE HIGHWAY 6  
 EDINA MO 63537-4253

**Telephone** (660) 397-2282  
**Level of Care:** SNF  
**County** KNOX  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 04173

**LA BELLE MANOR CARE CENTER**

1002 CENTRAL  
 LA BELLE MO 63447-2092  
**Mailing Address** 1002 CENTRAL  
 LA BELLE MO 63447-2092

**Telephone** (660) 213-3234  
**Level of Care:** SNF  
**County** LEWIS  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 04212

**LA BONNE MAISON-ASSISTED LIVING BY AMERICARE**

226 PLAZA DR  
 SIKESTON MO 63801-5105  
**Mailing Address** 226 PLAZA DR  
 SIKESTON MO 63801-5105

**Telephone** (573) 472-2546  
**Level of Care:** ALF\*\*  
**County** SCOTT  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 28804

**LA PLATA NURSING HOME**

100 OLD STAGECOACH RD  
 LA PLATA MO 63549-1362  
**Mailing Address** 100 OLD STAGECOACH RD  
 LA PLATA MO 63549-1362

**Telephone** (660) 332-4315  
**Level of Care:** SNF  
**County** MACON  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 04395

**LA VERNA VILLAGE NURSING HOME**

904 HALL AVE  
 SAVANNAH MO 64485-1952  
**Mailing Address** PO BOX 279  
 SAVANNAH MO 64485-0279

**Telephone** (816) 324-3185  
**Level of Care:** SNF  
**County** ANDREW  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 04478

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**LACLEDE COMMONS**

727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911  
**Mailing Address** 727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911

**Telephone** (314) 968-5570 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 172  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 17713

**LACLEDE COMMONS**

727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911  
**Mailing Address** 727 S LACLEDE STATION RD  
 SAINT LOUIS MO 63119-4911

**Telephone** (314) 968-5570 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 70  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 17713

**LACOBIA HOMES, INC**

850 HIGHWAY 60  
 MONETT MO 65708-9376  
**Mailing Address** PO BOX 885  
 MONETT MO 65708-0885

**Telephone** (417) 235-7895 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 79  
**County** BARRY **DMH Licensed** No  
**Region** 1 **Medicare/Medicaid** **Facility Number** 04315

**LAKE GEORGE ASSISTED LIVING**

5000 EAST RICHLAND ROAD  
 COLUMBIA MO 65201-9606  
**Mailing Address** 5000 EAST RICHLAND RD  
 COLUMBIA MO 65201-9606

**Telephone** (573) 442-0577 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 10  
**County** BOONE **DMH Licensed** No  
**Region** 6 **Facility Number** 28997

**LAKE PARKE SENIOR LIVING**

145 4TH ST  
 CAMDENTON MO 65020-7138  
**Mailing Address** 145 4TH ST  
 CAMDENTON MO 65020-7138

**Telephone** (573) 745-0874 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 24  
**County** CAMDEN **DMH Licensed** No  
**Region** 6 **Facility Number** 30084

**LAKE ST CHARLES ASSISTED LIVING APARTMENTS**

45 HONEY LOCUST LN  
 SAINT CHARLES MO 63303-5711  
**Mailing Address** 45 HONEY LOCUST LN  
 SAINT CHARLES MO 63303-5711

**Telephone** (636) 947-1100 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 50  
**County** SAINT CHARLES **DMH Licensed** No  
**Region** 5 **Facility Number** 18030

**LAKE STOCKTON HEALTHCARE FACILITY**

811 OWEN MILL RD  
 STOCKTON MO 65785-8359  
**Mailing Address** PO BOX 945  
 STOCKTON MO 65785-0945

**Telephone** (417) 276-5126 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 37  
**County** CEDAR **DMH Licensed** No  
**Region** 1 **Facility Number** 07680

**LAKE STOCKTON HEALTHCARE FACILITY**

811 OWEN MILL RD  
 STOCKTON MO 65785-8359  
**Mailing Address** PO BOX 945  
 STOCKTON MO 65785-0945

**Telephone** (417) 276-5126 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 75  
**County** CEDAR **DMH Licensed** No  
**Region** 1 **Medicare/Medicaid** **Facility Number** 07680

**LAKE VIEW RESIDENTIAL CARE, LLC**

HC 2, BOX 2070  
 WAPPAPELLO MO 63966-9508  
**Mailing Address** HC 2, BOX 2070  
 WAPPAPELLO MO 63966-9508

**Telephone** (573) 222-8676 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 27  
**County** WAYNE **DMH Licensed** Yes  
**Region** 2 **Facility Number** 23584

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**LAKESHORES RESIDENTIAL CARE FACILITY**

102 SOUTH BOLIVAR RD  
 HUMANSVILLE MO 65674-8553  
**Mailing Address** PO BOX 221  
 HUMANSVILLE MO 65674-0221

**Telephone** (417) 754-2272  
**Level of Care:** RCF\*  
**County** POLK  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 15309

**LAKESIDE MANOR**

802 KENNEDY  
 WARSAW MO 65355-3044  
**Mailing Address** PO BOX 280  
 WARSAW MO 65355-0280

**Telephone** (660) 438-8850  
**Level of Care:** RCF\*  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** Yes  
**Facility Number** 05970

**LAKESIDE MEADOWS - A STONEBRIDGE COMMUNITY**

872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408  
**Mailing Address** 872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408

**Telephone** (573) 302-0900  
**Level of Care:** RCF\*  
**County** MILLER  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 20926

**LAKESIDE MEADOWS - A STONEBRIDGE COMMUNITY**

872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408  
**Mailing Address** 872 COLLEGE BLVD  
 OSAGE BEACH MO 65065-8408

**Telephone** (573) 302-0900  
**Level of Care:** SNF  
**County** MILLER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 20926

**LAKESIDE MOUNTAIN MANOR**

238 HARMONY HEIGHTS  
 FORSYTH MO 65653-5533  
**Mailing Address** 238 HARMONY HEIGHTS  
 FORSYTH MO 65653-5533

**Telephone** (417) 546-5595  
**Level of Care:** RCF  
**County** TANEY  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 06232

**LAKESIDE SUITES**

205 TIMBERLINE DR  
 LINCOLN MO 65338-2007  
**Mailing Address** 205 TIMBERLINE DR  
 LINCOLN MO 65338-2007

**Telephone** (660) 547-3089  
**Level of Care:** ALF  
**County** BENTON  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 14  
**DMH Licensed** No  
**Facility Number** 04803

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

1450 ASHLEY RD  
 BOONVILLE MO 65233-2141  
**Mailing Address** 1450 ASHLEY RD  
 BOONVILLE MO 65233-2141

**Telephone** (660) 882-7007  
**Level of Care:** ICF  
**County** COOPER  
**Region** 6 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 19  
**DMH Licensed** No  
**Facility Number** 01602

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

1450 ASHLEY RD  
 BOONVILLE MO 65233-2141  
**Mailing Address** 1450 ASHLEY RD  
 BOONVILLE MO 65233-2141

**Telephone** (660) 882-7007  
**Level of Care:** SNF  
**County** COOPER  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 01602

**LAKEVIEW HEALTH CARE & REHABILITATION CENTER**

1450 ASHLEY RD  
 BOONVILLE MO 65233-2141  
**Mailing Address** 1450 ASHLEY RD  
 BOONVILLE MO 65233-2141

**Telephone** (660) 882-7007  
**Level of Care:** RCF\*  
**County** COOPER  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 17  
**DMH Licensed** No  
**Facility Number** 01602

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**LAKESWOOD - ASSISTED LIVING BY AMERICARE**

4685 ROBBERSON AVE  
 SPRINGFIELD MO 65810-1785  
**Mailing Address** 4685 ROBBERSON AVE  
 SPRINGFIELD MO 65810-1785

**Telephone** (417) 881-1411  
**Level of Care:** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 23613

**LAMPLIGHT VILLAGE**

309 LOCUST ST  
 WEST PLAINS MO 65775-3906  
**Mailing Address** PO BOX 166  
 WEST PLAINS MO 65775-0166

**Telephone** (417) 256-2749  
**Level of Care:** RCF\*  
**County** HOWELL  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 21563

**LANDMARK VILLA ALF**

1101 OZARK AVE  
 CABOOL MO 65689-7362  
**Mailing Address** 1101 OZARK AVE  
 CABOOL MO 65689-7362

**Telephone** (417) 962-3700  
**Level of Care:** ALF  
**County** TEXAS  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** Yes  
**Facility Number** 04085

**LAURIE CARE CENTER**

610 HWY O  
 LAURIE MO 65038-1068  
**Mailing Address** PO BOX 1068  
 LAURIE MO 65038-1068

**Telephone** (573) 374-8263  
**Level of Care:** SNF  
**County** MORGAN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 04449

**LAURIE KNOLLS**

610 HIGHWAY O  
 LAURIE MO 65038-  
**Mailing Address** PO BOX 1068  
 LAURIE MO 65038-1068

**Telephone** (573) 374-8263  
**Level of Care:** RCF\*  
**County** MORGAN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 13765

**LAVERNA VILLAGE OF ST JOSEPH**

1317 NORTH 36TH ST  
 SAINT JOSEPH MO 64506-2359  
**Mailing Address** 1317 N 36TH ST  
 SAINT JOSEPH MO 64506-2359

**Telephone** (816) 676-1630  
**Level of Care:** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 00526

**LAWRENCE COUNTY MANOR**

915 CARL ALLEN ST  
 MT VERNON MO 65712-1612  
**Mailing Address** 915 CARL ALLEN ST  
 MT VERNON MO 65712-1612

**Telephone** (417) 466-2183  
**Level of Care:** SNF  
**County** LAWRENCE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 04349

**LAWRENCE COUNTY RESIDENTIAL CARE CENTER**

915 CARL ALLEN ST  
 MT VERNON MO 65712-1612  
**Mailing Address** 915 CARL ALLEN ST  
 MT VERNON MO 65712-1612

**Telephone** (417) 466-2183  
**Level of Care:** RCF\*  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 04349

**LAWSON MANOR & REHAB**

210 WEST 8TH TERRACE  
 LAWSON MO 64062-9357  
**Mailing Address** 210 WEST 8TH TERRACE  
 LAWSON MO 64062-9357

**Telephone** (816) 580-3269  
**Level of Care:** SNF  
**County** RAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07395

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**LEBANON NORTH NURSING & REHAB**

596 MORTON RD  
 LEBANON MO 65536-3648  
**Mailing Address** 596 MORTON RD  
 LEBANON MO 65536-3648

**Telephone** (417) 532-9173 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 180  
**County** LACLEDE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 04369

**LEBANON SOUTH NURSING & REHAB**

514 WEST FREMONT ROAD  
 LEBANON MO 65536-4244  
**Mailing Address** 514 WEST FREMONT RD  
 LEBANON MO 65536-4244

**Telephone** (417) 532-5351 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 116  
**County** LACLEDE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 15650

**LEBANON SOUTH NURSING & REHAB**

514 WEST FREMONT ROAD  
 LEBANON MO 65536-4244  
**Mailing Address** 514 WEST FREMONT RD  
 LEBANON MO 65536-4244

**Telephone** (417) 532-5351 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 2  
**County** LACLEDE **DMH Licensed** No  
**Region 1 Facility Number** 15650

**LEBANON SOUTH NURSING & REHAB**

514 WEST FREMONT RD  
 LEBANON MO 65536-4244  
**Mailing Address** 514 WEST FREMONT RD  
 LEBANON MO 65536-4244

**Telephone** (417) 532-5351 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 68  
**County** LACLEDE **DMH Licensed** No  
**Region 1 Facility Number** 15650

**LEE HOUSE OF ELDON**

105 NORTH MILL ST  
 ELDON MO 65026-1728  
**Mailing Address** 105 N MILL ST  
 ELDON MO 65026-1728

**Telephone** (573) 392-5558 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 53  
**County** MILLER **DMH Licensed** No  
**Region 6 Facility Number** 13089

**LEE'S SUMMIT POINTE HEALTH & REHABILITATION**

1501 SW 3RD ST  
 LEE'S SUMMIT MO 64081-2424  
**Mailing Address** 1501 SW 3RD ST  
 LEE'S SUMMIT MO 64081-2424

**Telephone** (816) 525-6300 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 12484

**LEISURE LIVING**

305 5TH ST  
 MONETT MO 65708-2312  
**Mailing Address** 305 5TH ST  
 MONETT MO 65708-2312

**Telephone** (417) 235-5959 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** BARRY **DMH Licensed** Yes  
**Region 1 Facility Number** 18227

**LENOIR HEALTH CARE CENTER**

3300 NEW HAVEN RD  
 COLUMBIA MO 65201-5423  
**Mailing Address** 3300 NEW HAVEN RD  
 COLUMBIA MO 65201-5423

**Telephone** (573) 876-5800 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 122  
**County** BOONE **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 04750

**LENOIR MANOR**

3801 MILLER DR  
 COLUMBIA MO 65201-5463  
**Mailing Address** 3801 MILLER DR  
 COLUMBIA MO 65201-5463

**Telephone** (573) 876-5800 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 92  
**County** BOONE **DMH Licensed** No  
**Region 6 Facility Number** 04750

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**LEONA HOUSE**

5000 NW OLD TRAIL ROAD  
 KANSAS CITY MO 64151-1946  
**Mailing Address** 5000 NW OLD TRAIL RD  
 KANSAS CITY MO 64151-1946

**Telephone** (816) 584-1033  
**Level of Care:** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 7  
**DMH Licensed** No  
**Facility Number** 24748

**LEVERING REGIONAL HEALTH CARE CENTER**

1734 MARKET ST  
 HANNIBAL MO 63401-4025  
**Mailing Address** 1734 MARKET ST  
 HANNIBAL MO 63401-4025

**Telephone** (573) 221-2930  
**Level of Care:** SNF  
**County** MARION  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 179  
**DMH Licensed** No  
**Facility Number** 15954

**LEVERING REGIONAL HEALTH CARE CENTER**

1734 MARKET ST  
 HANNIBAL MO 63401-4025  
**Mailing Address** 1734 MARKET ST  
 HANNIBAL MO 63401-4025

**Telephone** (573) 221-2930  
**Level of Care:** RCF\*  
**County** MARION  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** Yes  
**Facility Number** 15954

**LEWIS & CLARK GARDENS**

1221 BOONSLICK RD  
 SAINT CHARLES MO 63301-2328  
**Mailing Address** 1221 BOONSLICK RD  
 SAINT CHARLES MO 63301-2328

**Telephone** (636) 946-6140  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 142  
**DMH Licensed** No  
**Facility Number** 01266

**LEWIS COUNTY NURSING HOME DISTRICT**

17528 STATE HIGHWAY 81  
 CANTON MO 63435-3463  
**Mailing Address** PO BOX 266  
 CANTON MO 63435-0266

**Telephone** (573) 288-4454  
**Level of Care:** SNF  
**County** LEWIS  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 04790

**LIBERTY HEALTH AND WELLNESS**

2201 GLENN HENDREN DR  
 LIBERTY MO 64068-3375  
**Mailing Address** 2201 GLENN HENDREN DR  
 LIBERTY MO 64068-3375

**Telephone** (816) 736-8800  
**Level of Care:** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 143  
**DMH Licensed** No  
**Facility Number** 16715

**LICKING RESIDENTIAL CARE**

225 WEST HIGHWAY 32  
 LICKING MO 65542-9832  
**Mailing Address** 225 WEST HIGHWAY 32  
 LICKING MO 65542-9832

**Telephone** (573) 674-2207  
**Level of Care:** RCF\*  
**County** TEXAS  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** No  
**Facility Number** 24302

**LIFE CARE CENTER OF BRIDGETON**

12145 BRIDGETON SQUARE DR  
 BRIDGETON MO 63044-2616  
**Mailing Address** 12145 BRIDGETON SQUARE DR  
 BRIDGETON MO 63044-2616

**Telephone** (314) 298-7444  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 91  
**DMH Licensed** No  
**Facility Number** 12141

**LIFE CARE CENTER OF BROOKFIELD**

315 HUNT ST  
 BROOKFIELD MO 64628-2412  
**Mailing Address** 315 HUNT ST  
 BROOKFIELD MO 64628-2412

**Telephone** (660) 258-3367  
**Level of Care:** SNF  
**County** LINN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 00822

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**LIFE CARE CENTER OF CAPE GIRARDEAU**

365 SOUTH BROADVIEW ST  
 CAPE GIRARDEAU MO 63703-5725  
**Mailing Address** 365 SOUTH BROADVIEW ST  
 CAPE GIRARDEAU MO 63703-5725

**Telephone** (573) 335-2086 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 01032

**LIFE CARE CENTER OF CARROLLTON**

300 LIFE CARE LN  
 CARROLLTON MO 64633-1861  
**Mailing Address** 300 LIFE CARE LN  
 CARROLLTON MO 64633-1861

**Telephone** (660) 542-0155 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** CARROLL **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 11500

**LIFE CARE CENTER OF FLORISSANT**

1201 GARDEN PLAZA DR  
 FLORISSANT MO 63033-2230  
**Mailing Address** 1201 GARDEN PLAZA DR  
 FLORISSANT MO 63033-2230

**Telephone** (314) 831-3752 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 27146

**LIFE CARE CENTER OF GRANDVIEW**

6301 EAST 125TH ST  
 GRANDVIEW MO 64030-1884  
**Mailing Address** 6301 EAST 125TH ST  
 GRANDVIEW MO 64030-1884

**Telephone** (816) 765-7714 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 172  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 11929

**LIFE CARE CENTER OF ST LOUIS**

3520 CHOUTEAU AVE  
 SAINT LOUIS MO 63103-2916  
**Mailing Address** 3520 CHOUTEAU AVE  
 SAINT LOUIS MO 63103-2916

**Telephone** (314) 771-2100 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 100  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 19823

**LIFE CARE CENTER OF SULLIVAN**

875 DUNSFORD DR  
 SULLIVAN MO 63080-1238  
**Mailing Address** 875 DUNSFORD DR  
 SULLIVAN MO 63080-1238

**Telephone** (573) 468-3128 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** FRANKLIN **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 07744

**LIFE CARE CENTER OF WAYNESVILLE**

700 BIRCH LN  
 WAYNESVILLE MO 65583-2275  
**Mailing Address** 700 BIRCH LN  
 WAYNESVILLE MO 65583-2275

**Telephone** (573) 774-6456 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** PULASKI **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 04592

**LIFE ENHANCEMENT VILLAGE**

732 SOUTH GREGG ROAD  
 NIXA MO 65714-7419  
**Mailing Address** 732 SOUTH GREGG RD  
 NIXA MO 65714-7419

**Telephone** (417) 725-6671 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 44  
**County** CHRISTIAN **DMH Licensed** Yes  
**Region 1 Facility Number** 14190

**LIFE ENHANCEMENT VILLAGE OF BRANSON**

421 OAKRIDGE ROAD  
 WALNUT SHADE MO 65771-9173  
**Mailing Address** 421 OAKRIDGE RD  
 WALNUT SHADE MO 65771-9173

**Telephone** (417) 561-5395 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 18  
**County** TANEY **DMH Licensed** Yes  
**Region 1 Facility Number** 21270

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**LIFE WORKS RCF**

351 KEITH ST  
 PARK HILLS MO 63601-2049  
**Mailing Address** PO BOX 481  
 PARK HILLS MO 63601-0481

**Telephone** (573) 518-0444  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** Yes  
**Facility Number** 17813

**LINCOLN COMMUNITY CARE CENTER**

205 TIMBERLINE DR  
 LINCOLN MO 65338-2007  
**Mailing Address** 205 TIMBERLINE DR  
 LINCOLN MO 65338-2007

**Telephone** (660) 547-3322  
**Level of Care:** SNF  
**County** BENTON  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 04803

**LINCOLN COUNTY NURSING & REHAB**

1145 EAST CHERRY ST  
 TROY MO 63379-1520  
**Mailing Address** PO BOX 130  
 TROY MO 63379-0130

**Telephone** (636) 528-5712  
**Level of Care:** SNF  
**County** LINCOLN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15750

**LINDELL MANOR**

4336 LINDELL BLVD  
 SAINT LOUIS MO 63108-2702  
**Mailing Address** PO BOX 525  
 CUBA MO 65453-

**Telephone** (314) 652-4828  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** Yes  
**Facility Number** 10470

**LINDEN WOODS VILLAGE**

2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400  
**Mailing Address** 2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400

**Telephone** (816) 268-4000  
**Level of Care:** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 30156

**LINDEN WOODS VILLAGE**

2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400  
**Mailing Address** 2901 NE 72ND STREET  
 GLADSTONE MO 64119-7400

**Telephone** (816) 268-4000  
**Level of Care:** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 30156

**LINN OAK REHABILITATION CENTER**

196 HIGHWAY CC  
 LINN MO 65051-3500  
**Mailing Address** 196 HIGHWAY CC  
 LINN MO 65051-3500

**Telephone** (573) 897-0700  
**Level of Care:** SNF  
**County** OSAGE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 132  
**DMH Licensed** No  
**Facility Number** 14130

**LITTLE SISTERS OF THE POOR**

3225 NORTH FLORISSANT AVE  
 SAINT LOUIS MO 63107-3521  
**Mailing Address** 3225 N FLORISSANT AVE  
 SAINT LOUIS MO 63107-3521

**Telephone** (314) 421-6022  
**Level of Care:** ICF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 04563

**LIVING CENTER, THE**

2506 LINDEN TREE PARKWAY  
 MARSHALL MO 65340-0017  
**Mailing Address** PO BOX 370  
 MARSHALL MO 65340-0370

**Telephone** (660) 886-9676  
**Level of Care:** SNF  
**County** SALINE  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 21791

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**LIVING COMMUNITY OF ST JOSEPH**

1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200  
**Mailing Address** 1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200

**Telephone** (816) 671-8500  
**Level of Care:** ALF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 24179

**LIVING COMMUNITY OF ST JOSEPH**

1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200  
**Mailing Address** 1202 HEARTLAND RD  
 SAINT JOSEPH MO 64506-3200

**Telephone** (816) 671-8500  
**Level of Care:** SNF  
**County** BUCHANAN  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 24179

**LIVINGSTON MANOR CARE CENTER**

939 E BIRCH DR  
 CHILLICOTHE MO 64601-2189  
**Mailing Address** 939 E BIRCH DR  
 CHILLICOTHE MO 64601-2189

**Telephone** (660) 646-5177  
**Level of Care:** SNF  
**County** LIVINGSTON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 20099

**LOCH HAVEN**

701 SUNSET HILLS DR  
 MACON MO 63552-2165  
**Mailing Address** PO BOX 187  
 MACON MO 63552-0187

**Telephone** (660) 385-3113  
**Level of Care:** SNF  
**County** MACON  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 180  
**DMH Licensed** No  
**Facility Number** 04739

**LOCH HAVEN**

701 SUNSET HILLS DR  
 MACON MO 63552-2165  
**Mailing Address** PO BOX 187  
 MACON MO 63552-0187

**Telephone** (660) 385-3113  
**Level of Care:** RCF\*  
**County** MACON  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 26  
**DMH Licensed** No  
**Facility Number** 04739

**LODGE RESIDENTIAL CARE FACILITY, THE**

3860 EAST 60TH ST  
 KANSAS CITY MO 64130-4418  
**Mailing Address** 3860 EAST 60TH ST  
 KANSAS CITY MO 64130-4418

**Telephone** (816) 349-3520  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 16211

**LODGE, THE**

542 STATE ROAD DD  
 FAYETTE MO 65248-9658  
**Mailing Address** 542 STATE RD DD  
 FAYETTE MO 65248-9658

**Telephone** (660) 248-2277  
**Level of Care:** ALF\*\*  
**County** HOWARD  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 28815

**LODGES, THE**

2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967  
**Mailing Address** 2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967

**Telephone** (417) 864-4545  
**Level of Care:** RCF\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 99  
**DMH Licensed** Yes  
**Facility Number** 09756

**LUTHER MANOR RETIREMENT & NURSING CENTER**

3170 HIGHWAY 61 NORTH  
 HANNIBAL MO 63401-6571  
**Mailing Address** 3170 HWY 61 NORTH  
 HANNIBAL MO 63401-6571

**Telephone** (573) 221-5533  
**Level of Care:** SNF  
**County** MARION  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** No  
**Facility Number** 04673

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**LUTHERAN CONVALESCENT HOME**

723 SOUTH LACLEDE STATION RD  
 WEBSTER GROVES MO 63119-4911  
**Mailing Address** 723 SOUTH LACLEDE STATION RD  
 WEBSTER GROVES MO 63119-4911

**Telephone** (314) 968-5570 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 262  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 04695

**LUTHERAN GOOD SHEPHERD HOME**

202 S WEST ST  
 CONCORDIA MO 64020-9643  
**Mailing Address** PO BOX 849  
 CONCORDIA MO 64020-0849

**Telephone** (660) 463-2267 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 40  
**County** LAFAYETTE **DMH Licensed** No  
**Region** 3 **Facility Number** 27122

**LUTHERAN GOOD SHEPHERD HOME**

202 S WEST ST  
 CONCORDIA MO 64020-9643  
**Mailing Address** PO BOX 849  
 CONCORDIA MO 64020-0849

**Telephone** (660) 463-2267 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 13  
**County** LAFAYETTE **DMH Licensed** No  
**Region** 3 **Facility Number** 27122

**LUTHERAN GOOD SHEPHERD HOME**

202 S WEST ST  
 CONCORDIA MO 64020-9643  
**Mailing Address** PO BOX 849  
 CONCORDIA MO 64020-0849

**Telephone** (660) 463-2267 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 36  
**County** LAFAYETTE **DMH Licensed** No  
**Region** 3 **Facility Number** 27122

**LUTHERAN HOME ASSISTED LIVING**

2825 BLOOMFIELD RD  
 CAPE GIRARDEAU MO 63703-6335  
**Mailing Address** 2825 BLOOMFIELD RD  
 CAPE GIRARDEAU MO 63703-6335

**Telephone** (573) 335-0158 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 115  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region** 2 **Facility Number** 13536

**LUTHERAN HOME, THE**

2825 BLOOMFIELD RD  
 CAPE GIRARDEAU MO 63703-6335  
**Mailing Address** 2825 BLOOMFIELD RD  
 CAPE GIRARDEAU MO 63703-6335

**Telephone** (573) 335-0158 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 274  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 13536

**LUTHERAN NURSING HOME**

202 S WEST ST  
 CONCORDIA MO 64020-9643  
**Mailing Address** PO BOX 849  
 CONCORDIA MO 64020-0849

**Telephone** (660) 463-2267 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 113  
**County** LAFAYETTE **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 04705

**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 81  
**County** SAINT CHARLES **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 20704

**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 56  
**County** SAINT CHARLES **DMH Licensed** No  
**Region** 5 **Facility Number** 20704

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**LUTHERAN SENIOR SERVICES AT BREEZE PARK**

600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139  
**Mailing Address** 600 BREEZE PARK DR  
 SAINT CHARLES MO 63304-9139

**Telephone** (636) 939-5223  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 20704

**LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS**

50 MERAMEC TRAIL DR  
 BALLWIN MO 63021-3303  
**Mailing Address** 50 MERAMEC TRAIL DR  
 BALLWIN MO 63021-3303

**Telephone** (636) 861-0600  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 23643

**LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS**

50 MERAMEC TRAIL DR  
 BALLWIN MO 63021-3303  
**Mailing Address** 50 MERAMEC TRAIL DR  
 BALLWIN MO 63021-3303

**Telephone** (636) 861-0600  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 128  
**DMH Licensed** No  
**Facility Number** 23643

**LYNN'S HERITAGE HOUSE, INC**

800 KELLY LN  
 LOUISIANA MO 63353-2415  
**Mailing Address** 800 KELLY LN  
 LOUISIANA MO 63353-2415

**Telephone** (573) 754-4020  
**Level of Care:** ALF\*\*  
**County** PIKE  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 21055

**MACON HEALTH CARE CENTER**

29612 KELLOGG AVE  
 MACON MO 63552-3702  
**Mailing Address** PO BOX 465  
 MACON MO 63552-0465

**Telephone** (660) 385-5797  
**Level of Care:** SNF  
**County** MACON  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 04914

**MAGNOLIA HOME, LLC THE**

204 GRAND AVE  
 FESTUS MO 63028-1842  
**Mailing Address** 204 GRAND AVE  
 FESTUS MO 63028-1842

**Telephone** (636) 933-0662  
**Level of Care:** RCF  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 13697

**MAGNOLIA SQUARE NURSING AND REHAB**

1502 WEST EDGEWOOD  
 SPRINGFIELD MO 65807-3567  
**Mailing Address** 1502 WEST EDGEWOOD  
 SPRINGFIELD MO 65807-3567

**Telephone** (417) 877-7545  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 23400

**MALDEN NURSING & REHAB**

1209 STOKELAN  
 MALDEN MO 63863-1335  
**Mailing Address** 1209 STOKELAN  
 MALDEN MO 63863-1335

**Telephone** (573) 276-5115  
**Level of Care:** SNF  
**County** DUNKLIN  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 12465

**MANOR AT ELFINDALE, THE**

1707 WEST ELFINDALE ST  
 SPRINGFIELD MO 65807-1246  
**Mailing Address** 1707 WEST ELFINDALE ST  
 SPRINGFIELD MO 65807-1246

**Telephone** (417) 831-2273  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare**

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 17371

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**MANOR GROVE, INCORPORATED**

711 SOUTH KIRKWOOD RD  
 KIRKWOOD MO 63122-5928  
**Mailing Address** 711 SOUTH KIRKWOOD RD  
 KIRKWOOD MO 63122-5928

**Telephone** (314) 965-0864 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 117  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 06038

**MANOR, THE**

2071 BARRON RD  
 POPLAR BLUFF MO 63901-1903  
**Mailing Address** 2071 BARRON RD  
 POPLAR BLUFF MO 63901-1903

**Telephone** (573) 686-1147 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** BUTLER **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 00683

**MANORCARE HEALTH SERVICES**

1200 GRAHAM RD  
 FLORISSANT MO 63031-8015  
**Mailing Address** 1200 GRAHAM RD  
 FLORISSANT MO 63031-8015

**Telephone** (314) 838-6555 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 98  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 00154

**MANORCARE HEALTH SERVICES**

2915 SOUTH FREMONT  
 SPRINGFIELD MO 65804-3608  
**Mailing Address** 2915 S FREMONT  
 SPRINGFIELD MO 65804-3608

**Telephone** (417) 883-4022 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 40  
**County** GREENE **DMH Licensed** No  
**Region 1 Facility Number** 00144

**MANORCARE HEALTH SERVICES**

2915 SOUTH FREMONT  
 SPRINGFIELD MO 65804-3608  
**Mailing Address** 2915 S FREMONT  
 SPRINGFIELD MO 65804-3608

**Telephone** (417) 883-4022 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 194  
**County** GREENE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 00144

**MAPLE CREST MANOR**

430 NORTH FREDERICK ST  
 CAPE GIRARDEAU MO 63701-4835  
**Mailing Address** 430 N FREDERICK ST  
 CAPE GIRARDEAU MO 63701-4835

**Telephone** (573) 334-2662 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 48  
**County** CAPE GIRARDEAU **DMH Licensed** Yes  
**Region 2 Facility Number** 03628

**MAPLE GROVE LODGE**

2407 KENTUCKY ST  
 LOUISIANA MO 63353-2503  
**Mailing Address** 2407 KENTUCKY ST  
 LOUISIANA MO 63353-2503

**Telephone** (573) 754-5456 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** PIKE **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 05002

**MAPLE LAWN NURSING HOME**

1410 WEST LINE ST  
 PALMYRA MO 63461-1831  
**Mailing Address** PO BOX 232  
 PALMYRA MO 63461-0232

**Telephone** (573) 769-2213 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 140  
**County** MARION **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 09961

**MAPLE RIDGE RESIDENTIAL CARE**

1034 DORIS DR  
 FARMINGTON MO 63640-1954  
**Mailing Address** 1034 DORIS DR  
 FARMINGTON MO 63640-1954

**Telephone** (573) 760-0155 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 20  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region 2 Facility Number** 19808

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**MAPLE SENIOR LIVING LLC**

3 SOUTHWEST FIRST LANE  
 LAMAR MO 64759-8313  
**Mailing Address** 3 SOUTHWEST FIRST LANE  
 LAMAR MO 64759-8313

**Telephone** (417) 682-6184  
**Level of Care:** RCF\*  
**County** BARTON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 20869

**MAPLE TREE TERRACE - ASSISTED LIVING BY AMERICARE**

2510 CLINTON ST  
 CARTHAGE MO 64836-3427  
**Mailing Address** 2510 CLINTON ST  
 CARTHAGE MO 64836-3427

**Telephone** (417) 358-7201  
**Level of Care:** ALF\*\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 17660

**MAPLE WOOD ALZHEIMER'S SPECIAL CARE CENTER**

1146 EAST LAKEWOOD ST  
 SPRINGFIELD MO 65810-2614  
**Mailing Address** 1146 E LAKEWOOD ST  
 SPRINGFIELD MO 65810-2614

**Telephone** (417) 885-9050  
**Level of Care:** ALF\*\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 28295

**MAPLE WOOD HEALTHCARE CENTER**

724 NORTHEAST 79TH TERRACE  
 KANSAS CITY MO 64118-1564  
**Mailing Address** 724 NE 79TH TERRACE  
 KANSAS CITY MO 64118-1564

**Telephone** (816) 436-8940  
**Level of Care:** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 05897

**MAPLEBROOK-ASSISTED LIVING BY AMERICARE**

520 MAPLE VALLEY DR  
 FARMINGTON MO 63640-1981  
**Mailing Address** 520 MAPLE VALLEY DR  
 FARMINGTON MO 63640-1981

**Telephone** (573) 756-2777  
**Level of Care:** ALF\*\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** Yes  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 28635

**MAPLELAWN RESIDENTIAL CARE FACILITY**

420 COUNTY ROAD 112  
 FAYETTE MO 65248-  
**Mailing Address** PO BOX 29  
 FAYETTE MO 65248-0029

**Telephone** (660) 248-3626  
**Level of Care:** RCF\*  
**County** HOWARD  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 39  
**DMH Licensed** Yes  
**Facility Number** 04856

**MAPLES HEALTH AND REHABILITATION, THE**

610 WEST SUNSET ST  
 SPRINGFIELD MO 65807-3696  
**Mailing Address** 610 WEST SUNSET ST  
 SPRINGFIELD MO 65807-3696

**Telephone** (417) 891-1700  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06441

**MAPLEWOOD, INC**

1827 CRADER DR  
 JEFFERSON CITY MO 65109-2005  
**Mailing Address** 1827 CRADER DR  
 JEFFERSON CITY MO 65109-2005

**Telephone** (573) 635-0023  
**Level of Care:** ALF  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 13  
**DMH Licensed** Yes  
**Facility Number** 16964

**MAPLEWOOD, INC**

1827 CRADER DR  
 JEFFERSON CITY MO 65109-2005  
**Mailing Address** 1827 CRADER DR  
 JEFFERSON CITY MO 65109-2005

**Telephone** (573) 635-0023  
**Level of Care:** ALF\*\*  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** Yes  
**Facility Number** 16964

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**MARANATHA VILLAGE, INC**

233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633  
**Mailing Address** 233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633

**Telephone** (417) 833-0016 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** GREENE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 04907

**MARANATHA VILLAGE, INC**

233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633  
**Mailing Address** 233 EAST NORTON RD  
 SPRINGFIELD MO 65803-3633

**Telephone** (417) 833-0016 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 25  
**County** GREENE **DMH Licensed** No  
**Region 1 Facility Number** 04907

**MARI DE VILLA RETIREMENT CENTER, INC**

13900 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8406  
**Mailing Address** 13900 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8406

**Telephone** (636) 227-5347 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 224  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 05047

**MARIAN CLIFF MANOR**

381 ELM ST  
 SAINT MARY MO 63673-9330  
**Mailing Address** 381 ELM ST  
 SAINT MARY MO 63673-9330

**Telephone** (573) 543-2218 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 66  
**County** SAINTE GENEVIEVE **DMH Licensed** Yes  
**Region 2 Facility Number** 05058

**MARIES MANOR**

174 BALLPARK RD  
 VIENNA MO 65582-8043  
**Mailing Address** 174 BALLPARK RD  
 VIENNA MO 65582-8043

**Telephone** (573) 422-3177 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 98  
**County** MARIES **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 10491

**MARK TWAIN ASSISTED LIVING, INC**

901 UNION AVE  
 MOBERLY MO 65270-2456  
**Mailing Address** PO BOX 489  
 MOBERLY MO 65270-0489

**Telephone** (660) 263-6515 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 42  
**County** RANDOLPH **DMH Licensed** No  
**Region 5 Facility Number** 16369

**MARK TWAIN CARING CENTER**

3001 MAY ST  
 POPLAR BLUFF MO 63901-1942  
**Mailing Address** 3001 MAY ST  
 POPLAR BLUFF MO 63901-1942

**Telephone** (573) 686-6999 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** BUTLER **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 16013

**MARK TWAIN MANOR**

11988 MARK TWAIN LN  
 BRIDGETON MO 63044-2825  
**Mailing Address** 11988 MARK TWAIN LN  
 BRIDGETON MO 63044-2825

**Telephone** (314) 291-8240 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 08188

**MAR-SALINE MANOR CARE CENTER**

809 EAST GORDON ST  
 MARSHALL MO 65340-2811  
**Mailing Address** 809 EAST GORDON ST  
 MARSHALL MO 65340-2811

**Telephone** (660) 886-2247 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 92  
**County** SALINE **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 04895

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**MARSHFIELD CARE CENTER FOR REHAB AND HEALTHCARE**

800 SOUTH WHITE OAK  
 MARSHFIELD MO 65706-2231  
**Mailing Address** 800 SOUTH WHITE OAK  
 MARSHFIELD MO 65706-2231

**Telephone** (417) 859-3701 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 74  
**County** WEBSTER **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 18481

**MARSHFIELD PLACE, LLC**

820 SOUTH WHITE OAK ST  
 MARSHFIELD MO 65706-2231  
**Mailing Address** 820 SOUTH WHITE OAK ST  
 MARSHFIELD MO 65706-2231

**Telephone** (417) 859-3462 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 40  
**County** WEBSTER **DMH Licensed** Yes  
**Region 1 Facility Number** 20500

**MARY CULVER HOME, THE**

221 WEST WASHINGTON AVE  
 KIRKWOOD MO 63122-3916  
**Mailing Address** 221 W WASHINGTON AVE  
 KIRKWOOD MO 63122-3916

**Telephone** (314) 966-6034 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 28  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 00592

**MARY RYDER HOME**

4361 OLIVE ST  
 SAINT LOUIS MO 63108-2621  
**Mailing Address** 4361 OLIVE ST  
 SAINT LOUIS MO 63108-2621

**Telephone** (314) 531-2981 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 80  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region 7 Facility Number** 20972

**MARY, QUEEN AND MOTHER CENTER**

7601 WATSON RD  
 SHREWSBURY MO 63119-5001  
**Mailing Address** 7601 WATSON RD  
 SHREWSBURY MO 63119-5001

**Telephone** (314) 961-8000 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 230  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 05103

**MARYMOUNT MANOR**

313 AUGUSTINE RD  
 EUREKA MO 63025-1935  
**Mailing Address** PO BOX 600  
 EUREKA MO 63025-0600

**Telephone** (636) 938-6770 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7 Facility Number** 05117

**MARYMOUNT MANOR**

313 AUGUSTINE RD  
 EUREKA MO 63025-1935  
**Mailing Address** PO BOX 600  
 EUREKA MO 63025-0600

**Telephone** (636) 938-6770 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 174  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 05117

**MARY'S RANCH, INC**

ROUTE 2, BOX 2790  
 MARBLE HILL MO 63764-9510  
**Mailing Address** PO BOX 589  
 MARBLE HILL MO 63764-0589

**Telephone** (573) 238-4253 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 32  
**County** BOLLINGER **DMH Licensed** Yes  
**Region 2 Facility Number** 08707

**MARYVILLE CHATEAU**

1101 E 5TH STREET  
 MARYVILLE MO 64468-1955  
**Mailing Address** 1101 E 5TH STREET  
 MARYVILLE MO 64468-1955

**Telephone** (660) 582-7447 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** NODAWAY **DMH Licensed** No  
**Region 4 Facility Number** 05149

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**MARYVILLE LIVING CENTER**

524 NORTH LAURA  
 MARYVILLE MO 64468-1955  
**Mailing Address** 524 NORTH LAURA  
 MARYVILLE MO 64468-1955

**Telephone** (660) 582-7447 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 105  
**County** NODAWAY **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 05149

**MASON POINTE CARE CENTER**

13190 SOUTH OUTER 40 RD  
 CHESTERFIELD MO 63017-5917  
**Mailing Address** 13190 S OUTER 40 RD  
 CHESTERFIELD MO 63017-5917

**Telephone** (314) 434-3330 **Alzheimer's Unit** NO  
**Level of Care:** SNF **Bed Capacity** 304  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 03957

**MASON POINTE CARE CENTER**

13190 SOUTH OUTER 40 RD  
 CHESTERFIELD MO 63017-5917  
**Mailing Address** 13190 S OUTER 40 RD  
 CHESTERFIELD MO 63017-5917

**Telephone** (314) 434-3330 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 46  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 03957

**MATTIS POINTE - ASSISTED LIVING BY AMERICARE**

4962 MATTIS ROAD  
 ST LOUIS MO 63128-2795  
**Mailing Address** 4962 MATTIS ROAD  
 ST LOUIS MO 63128-2795

**Telephone** (314) 328-4084 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 64  
**County** ST LOUIS **DMH Licensed** No  
**Region 7 Facility Number** 30805

**MAYSVILLE SENIOR LIVING**

604 SOUTH POLK  
 MAYSVILLE MO 64469-4033  
**Mailing Address** 604 S POLK  
 MAYSVILLE MO 64469-4033

**Telephone** (816) 449-2741 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** DEKALB **DMH Licensed** No  
**Region 4 Facility Number** 18304

**MAYWOOD MANOR**

1041 WEST TRUMAN RD  
 INDEPENDENCE MO 64050-3447  
**Mailing Address** 1041 WEST TRUMAN RD  
 INDEPENDENCE MO 64050-3447

**Telephone** (816) 254-6789 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 24  
**County** JACKSON **DMH Licensed** Yes  
**Region 3 Facility Number** 03948

**MAYWOOD TERRACE LIVING CENTER**

10300 EAST TRUMAN RD  
 INDEPENDENCE MO 64052-2258  
**Mailing Address** 10300 EAST TRUMAN RD  
 INDEPENDENCE MO 64052-2258

**Telephone** (816) 836-1250 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 89  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 08673

**MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING**

1201 NW TULLISON RD  
 KANSAS CITY MO 64116-2639  
**Mailing Address** 1201 NW TULLISON RD  
 KANSAS CITY MO 64116-2639

**Telephone** (816) 888-7930 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 74  
**County** CLAY **DMH Licensed** No  
**Region 4 Facility Number** 29084

**MCDONALD BOARDING HOME**

438 NORTH 17TH ST  
 SAINT JOSEPH MO 64501-2015  
**Mailing Address** 438 NORTH 17TH ST  
 SAINT JOSEPH MO 64501-2015

**Telephone** (816) 233-7060 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 9  
**County** BUCHANAN **DMH Licensed** Yes  
**Region 4 Facility Number** 05170

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**MCDONALD COUNTY LIVING CENTER**

1000 PATTERSON ST  
 ANDERSON MO 64831-7327  
**Mailing Address** 1000 PATTERSON ST  
 ANDERSON MO 64831-7327

**Telephone** (417) 845-3351 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 96  
**County** MCDONALD **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 05183

**MCKNIGHT PLACE ASSISTED LIVING**

THREE MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** THREE MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 997-5333 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 23542

**MCKNIGHT PLACE EXTENDED CARE**

TWO MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900  
**Mailing Address** TWO MCKNIGHT PL  
 SAINT LOUIS MO 63124-1900

**Telephone** (314) 993-2221 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 125  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare Facility Number** 18914

**MCLARNEY MANOR**

215 EAST PRATT  
 BROOKFIELD MO 64628-1300  
**Mailing Address** PO BOX 129  
 BROOKFIELD MO 64628-0129

**Telephone** (660) 258-7402 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** LINN **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 05220

**MEADOW RIDGE SENIOR LIVING**

521 MEADOW RIDGE LN  
 MOBERLY MO 65270-4550  
**Mailing Address** 521 MEADOW RIDGE LANE  
 MOBERLY MO 65270-4550

**Telephone** (660) 263-0550 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 57  
**County** RANDOLPH **DMH Licensed** No  
**Region 5 Facility Number** 28019

**MEADOWBROOK RESIDENTIAL CARE, INC**

806 WEST MULBERRY  
 PILOT KNOB MO 63663-  
**Mailing Address** PO BOX 510  
 PILOT KNOB MO 63663-0510

**Telephone** (573) 546-7065 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 36  
**County** IRON **DMH Licensed** No  
**Region 2 Facility Number** 20513

**MEADOWVIEW OF HARRISONVILLE HEALTH & REHABILITATION**

2203 EAST MECHANIC ST  
 HARRISONVILLE MO 64701-2060  
**Mailing Address** 2203 EAST MECHANIC ST  
 HARRISONVILLE MO 64701-2060

**Telephone** (816) 380-2622 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** CASS **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 00968

**MEADOWVIEW RESIDENTIAL CARE**

101 NORTH FAR WEST DR  
 SAINT JOSEPH MO 64506-3500  
**Mailing Address** 101 FAR WEST DR  
 SAINT JOSEPH MO 64506-3500

**Telephone** (816) 232-2873 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 32  
**County** BUCHANAN **DMH Licensed** No  
**Region 4 Facility Number** 20566

**MEDICALODGES BUTLER**

103 EAST NURSERY  
 BUTLER MO 64730-2331  
**Mailing Address** 103 EAST NURSERY  
 BUTLER MO 64730-2331

**Telephone** (660) 679-3179 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 110  
**County** BATES **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 05319

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**MEDICALODGES NEOSHO**

400 LYON DR  
 NEOSHO MO 64850-9194  
**Mailing Address** 400 LYON DR  
 NEOSHO MO 64850-9194

**Telephone** (417) 451-2544 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 114  
**County** NEWTON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 05383

**MEDICALODGES NEVADA**

1210 W ASHLAND ST  
 NEVADA MO 64772-1906  
**Mailing Address** 1210 W ASHLAND ST  
 NEVADA MO 64772-1906

**Telephone** (417) 667-5064 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 100  
**County** VERNON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 05717

**MELODY HOUSE**

3031 SOUTH TEN MILE DR  
 JEFFERSON CITY MO 65109-6816  
**Mailing Address** 3031 S TEN MILE DR  
 JEFFERSON CITY MO 65109-6816

**Telephone** (573) 893-7228 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 15  
**County** COLE **DMH Licensed** Yes  
**Region 6 Facility Number** 14376

**MERAMEC NURSING CENTER**

940 MATTOX DR  
 SULLIVAN MO 63080-2364  
**Mailing Address** 940 MATTOX DR  
 SULLIVAN MO 63080-2364

**Telephone** (573) 468-7733 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** CRAWFORD **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 18277

**MEYER CARE CENTER**

1201 WEST 19TH ST  
 HIGGINSVILLE MO 64037-1458  
**Mailing Address** 1201 WEST 19TH ST  
 HIGGINSVILLE MO 64037-1458

**Telephone** (660) 584-4224 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 39  
**County** LAFAYETTE **DMH Licensed** No  
**Region 3 Facility Number** 05326

**MEYER CARE CENTER**

1201 WEST 19TH ST  
 HIGGINSVILLE MO 64037-1458  
**Mailing Address** 1201 WEST 19TH ST  
 HIGGINSVILLE MO 64037-1458

**Telephone** (660) 584-4224 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 56  
**County** LAFAYETTE **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 05326

**MILAN HEALTH CARE CENTER**

52435 INFIRMARY RD  
 MILAN MO 63556-2874  
**Mailing Address** 52435 INFIRMARY RD  
 MILAN MO 63556-2874

**Telephone** (660) 265-4032 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 100  
**County** SULLIVAN **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 05418

**MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE**

1990 W SOUTHAMPTON DR  
 COLUMBIA MO 65203-  
**Mailing Address** 1990 W SOUTHAMPTON DR  
 COLUMBIA MO 65203-

**Telephone** (573) 381-2510 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 46  
**County** BOONE **DMH Licensed** No  
**Region 6 Facility Number** 30107

**MILLER COUNTY CARE AND REHABILITATION CENTER**

1157 HIGHWAY 17  
 TUSCUMBIA MO 65082-2100  
**Mailing Address** 1157 HWY 17  
 TUSCUMBIA MO 65082-2100

**Telephone** (573) 369-2318 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 86  
**County** MILLER **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 05422

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**MILLER RESIDENT CARE, INC**

210 ROCK RD  
 PARIS MO 65275-1282  
**Mailing Address** 210 ROCK RD  
 PARIS MO 65275-1282

**Telephone** (660) 327-5680  
**Level of Care:** RCF\*  
**County** MONROE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 18026

**MINER NURSING CENTER**

410 H ROAD  
 SIKESTON MO 63801-5350  
**Mailing Address** PO BOX 430  
 SIKESTON MO 63801-0430

**Telephone** (573) 471-7683  
**Level of Care:** SNF  
**County** SCOTT  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 11496

**MINGO RESIDENTIAL CARE FACILITY**

24080 STATE HWY 51  
 PUXICO MO 63960-8114  
**Mailing Address** 24080 STATE HWY 51  
 PUXICO MO 63960-8114

**Telephone** (573) 222-3086  
**Level of Care:** RCF\*  
**County** STODDARD  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 24959

**MOBERLY NURSING & REHAB**

700 EAST URBAN DALE DR  
 MOBERLY MO 65270-1966  
**Mailing Address** 700 EAST URBAN DALE DR  
 MOBERLY MO 65270-1966

**Telephone** (660) 263-9060  
**Level of Care:** SNF  
**County** RANDOLPH  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12523

**MOCKINGBIRD MANOR**

227 W FRANKLIN  
 LIBERTY MO 64068-1641  
**Mailing Address** PO BOX 121  
 LIBERTY MO 64069-0121

**Telephone** (816) 781-8058  
**Level of Care:** RCF\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 05450

**MONITEAU CARE CENTER**

200 SOUTH GERHART  
 CALIFORNIA MO 65018-2433  
**Mailing Address** 200 S GERHART  
 CALIFORNIA MO 65018-2433

**Telephone** (573) 796-3822  
**Level of Care:** SNF  
**County** MONITEAU  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 20884

**MONITEAU CARE CENTER**

200 SOUTH GERHART  
 CALIFORNIA MO 65018-2433  
**Mailing Address** 200 S GERHART  
 CALIFORNIA MO 65018-2433

**Telephone** (573) 796-3822  
**Level of Care:** RCF\*  
**County** MONITEAU  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 6  
**DMH Licensed** No  
**Facility Number** 20884

**MONROE CITY MANOR CARE CENTER**

1010 HIGHWAY 24 & 36 EAST  
 MONROE CITY MO 63456-1116  
**Mailing Address** 1010 HWY 24 & 36 EAST  
 MONROE CITY MO 63456-1116

**Telephone** (573) 735-4850  
**Level of Care:** SNF  
**County** MARION  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 05473

**MONROE MANOR**

200 SOUTH ST  
 PARIS MO 65275-1165  
**Mailing Address** 200 SOUTH ST  
 PARIS MO 65275-1165

**Telephone** (660) 327-4125  
**Level of Care:** SNF  
**County** MONROE  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 119  
**DMH Licensed** No  
**Facility Number** 05484

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**MONTEREY PARK REHABILITATION & HEALTH CARE CENTER**

4600 LITTLE BLUE PARKWAY  
 INDEPENDENCE MO 64057-8302  
**Mailing Address** 4600 LITTLE BLUE PRKWY  
 INDEPENDENCE MO 64057-8302

**Telephone** (816) 795-7888 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 122  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 15987

**MONTICELLO HOUSE**

1115 K LAND DR  
 JACKSON MO 63755-2588  
**Mailing Address** PO BOX 740  
 JACKSON MO 63755-0740

**Telephone** (573) 243-8989 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 105  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 14454

**MONTICELLO HOUSE**

1115 K LAND DR  
 JACKSON MO 63755-2588  
**Mailing Address** PO BOX 740  
 JACKSON MO 63755-0740

**Telephone** (573) 243-8989 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 32  
**County** CAPE GIRARDEAU **DMH Licensed** No  
**Region 2 Facility Number** 14454

**MOORE-FEW CARE CENTER**

901 SOUTH ADAMS  
 NEVADA MO 64772-3209  
**Mailing Address** 901 SOUTH ADAMS  
 NEVADA MO 64772-3209

**Telephone** (417) 448-3841 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 108  
**County** VERNON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 05703

**MOORE-PIKE NURSING HOME**

300 S SAINT CHARLES ST  
 BOWLING GREEN MO 63334-2221  
**Mailing Address** 300 S SAINT CHARLES ST  
 BOWLING GREEN MO 63334-2221

**Telephone** (573) 324-5281 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 55  
**County** PIKE **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 05511

**MOOREVIEW RESIDENTIAL**

130 WEST CULTON  
 WARRENSBURG MO 64093-1720  
**Mailing Address** 130 WEST CULTON  
 WARRENSBURG MO 64093-1720

**Telephone** (660) 429-1587 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** JOHNSON **DMH Licensed** Yes  
**Region 3 Facility Number** 11225

**MORNINGSIDE CENTER**

1700 MORNINGSIDE DR  
 CHILLICOTHE MO 64601-1545  
**Mailing Address** 1700 MORNINGSIDE DR  
 CHILLICOTHE MO 64601-1545

**Telephone** (660) 646-0170 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** LIVINGSTON **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 05557

**MORNINGSIDE CENTER ASSISTED LIVING APARTMENTS**

1702 MORNINGSIDE DR  
 CHILLICOTHE MO 64601-1545  
**Mailing Address** 1702 MORNINGSIDE DR  
 CHILLICOTHE MO 64601-1545

**Telephone** (660) 646-0170 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 31  
**County** LIVINGSTON **DMH Licensed** No  
**Region 4 Facility Number** 05557

**MORNINGSIDE OF BRANSON**

5351 GRETNA ROAD  
 BRANSON MO 65616-7298  
**Mailing Address** 5351 GRETNA RD  
 BRANSON MO 65616-7298

**Telephone** (417) 334-3336 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 104  
**County** TANEY **DMH Licensed** No  
**Region 1 Facility Number** 23683

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**MORNINGSIDE OF CHESTERFIELD VILLAGE**

2410 WEST CHESTERFIELD BLVD  
 SPRINGFIELD MO 65807-8631  
**Mailing Address** 2410 W CHESTERFIELD BLVD  
 SPRINGFIELD MO 65807-8631

**Telephone** (417) 886-4000  
**Level of Care:** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 22584

**MORNINGSIDE OF NEVADA**

640 EAST HIGHLAND  
 NEVADA MO 64772-1091  
**Mailing Address** 640 EAST HIGHLAND  
 NEVADA MO 64772-1091

**Telephone** (417) 667-3883  
**Level of Care:** RCF  
**County** VERNON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 23732

**MORNINGSIDE OF SPRINGFIELD**

3540 EAST CHEROKEE  
 SPRINGFIELD MO 65809-2828  
**Mailing Address** 3540 EAST CHEROKEE  
 SPRINGFIELD MO 65809-2828

**Telephone** (417) 889-2222  
**Level of Care:** RCF  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 67  
**DMH Licensed** No  
**Facility Number** 21025

**MOTHER OF GOOD COUNSEL HOME**

6825 NATURAL BRIDGE RD  
 SAINT LOUIS MO 63121-5314  
**Mailing Address** 6825 NATURAL BRIDGE RD  
 SAINT LOUIS MO 63121-5314

**Telephone** (314) 383-4765  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 114  
**DMH Licensed** No  
**Facility Number** 05568

**MOTHER OF PERPETUAL HELP RESIDENCE, INC**

7609 WATSON ROAD  
 SAINT LOUIS MO 63119-5001  
**Mailing Address** 7609 WATSON RD  
 SAINT LOUIS MO 63119-5001

**Telephone** (314) 918-2260  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 160  
**DMH Licensed** No  
**Facility Number** 21111

**MOUNT CARMEL SENIOR LIVING - ST CHARLES, LLC**

723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729  
**Mailing Address** 723 FIRST CAPITOL DR  
 SAINT CHARLES MO 63301-2729

**Telephone** (636) 946-4140  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 07560

**MOUNT CARMEL SENIOR LIVING-O'FALLON, LLC**

206 NORTH MAIN ST  
 O'FALLON MO 63366-2299  
**Mailing Address** 206 NORTH MAIN ST  
 O'FALLON MO 63366-2299

**Telephone** (636) 240-5754  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 27367

**MOUNTAIN VIEW HEALTHCARE**

1211 NORTH ASH ST  
 MOUNTAIN VIEW MO 65548-7376  
**Mailing Address** PO BOX 879  
 MOUNTAIN VIEW MO 65548-0879

**Telephone** (417) 934-6818  
**Level of Care:** SNF  
**County** HOWELL  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 105  
**DMH Licensed** No  
**Facility Number** 15542

**MS B'S BLESSINGS**

4739 COTE BRILLIANTE AVE  
 SAINT LOUIS MO 63113-1813  
**Mailing Address** 4739 COTE BRILLIANTE AVE  
 SAINT LOUIS MO 63113-1813

**Telephone** (314) 533-1922  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 6  
**DMH Licensed** Yes  
**Facility Number** 10889

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**MT VERNON PLACE CARE CENTER, INC**

1425 SOUTH LANDRUM  
 MT VERNON MO 65712-1912  
**Mailing Address** 1425 S LANDRUM  
 MT VERNON MO 65712-1912

**Telephone** (417) 466-2260 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** LAWRENCE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 16304

**MY PLACE RESIDENTIAL CARE, L.C.**

23 NORTH SIXTH ST  
 FESTUS MO 63028-1301  
**Mailing Address** 23 N SIXTH ST  
 FESTUS MO 63028-1301

**Telephone** (636) 933-1793 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 44  
**County** JEFFERSON **DMH Licensed** Yes  
**Region 2 Facility Number** 10631

**MY PLACE TOO, INC**

1107 CLARKE ST  
 DE SOTO MO 63020-2709  
**Mailing Address** 1107 CLARKE ST  
 DE SOTO MO 63020-2709

**Telephone** (636) 586-7871 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 47  
**County** JEFFERSON **DMH Licensed** Yes  
**Region 2 Facility Number** 16234

**MYERS NURSING & CONVALESCENT CENTER**

2315 WALROND AVE  
 KANSAS CITY MO 64127-4210  
**Mailing Address** 2315 WALROND AVE  
 KANSAS CITY MO 64127-4210

**Telephone** (816) 231-3180 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 84  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicaid Facility Number** 05626

**NAZARETH LIVING CENTER**

2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600  
**Mailing Address** 2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600

**Telephone** (314) 487-3950 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 114  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 17458

**NAZARETH LIVING CENTER**

2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600  
**Mailing Address** 2 NAZARETH LN  
 SAINT LOUIS MO 63129-7600

**Telephone** (314) 487-3950 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 121  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 17458

**NEIGHBORHOODS AT QUAIL CREEK, THE**

1514 WEST LARK  
 SPRINGFIELD MO 65810-2270  
**Mailing Address** 1514 WEST LARK  
 SPRINGFIELD MO 65810-2270

**Telephone** (417) 889-1275 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** GREENE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 24701

**NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIGERPLACE, THE**

3003 FALLING LEAF COURT  
 COLUMBIA MO 65201-3549  
**Mailing Address** 3003 FALLING LEAF COURT  
 COLUMBIA MO 65201-3549

**Telephone** (573) 256-4620 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** BOONE **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 24341

**NEVADA NURSING & REHAB**

700 EAST HIGHLAND AVE  
 NEVADA MO 64772-1025  
**Mailing Address** 700 EAST HIGHLAND AVE  
 NEVADA MO 64772-1025

**Telephone** (417) 667-8889 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 68  
**County** VERNON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 18210

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**NEW FLORENCE NURSING AND CARE CENTER**

515 PICNIC ST  
 NEW FLORENCE MO 63363-2223  
**Mailing Address** 515 PICNIC ST  
 NEW FLORENCE MO 63363-2223

**Telephone** (573) 415-9333  
**Level of Care:** RCF\*  
**County** MONTGOMERY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** No  
**Facility Number** 05723

**NEW FLORENCE NURSING AND CARE CENTER**

515 PICNIC ST  
 NEW FLORENCE MO 63363-2223  
**Mailing Address** 515 PICNIC ST  
 NEW FLORENCE MO 63363-2223

**Telephone** (573) 415-9333  
**Level of Care:** SNF  
**County** MONTGOMERY  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 87  
**DMH Licensed** No  
**Facility Number** 05723

**NEW HAVEN CARE CENTER**

9503 HIGHWAY 100  
 NEW HAVEN MO 63068-1300  
**Mailing Address** 9503 HWY 100  
 NEW HAVEN MO 63068-1300

**Telephone** (573) 237-2103  
**Level of Care:** ALF  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 05738

**NEW HAVEN CARE CENTER**

9503 HIGHWAY 100  
 NEW HAVEN MO 63068-1300  
**Mailing Address** 9503 HWY 100  
 NEW HAVEN MO 63068-1300

**Telephone** (573) 237-2103  
**Level of Care:** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 05738

**NEW HAVEN LIVING CENTER**

609 GOLF ST  
 ODESSA MO 64076-1462  
**Mailing Address** 609 GOLF ST  
 ODESSA MO 64076-1462

**Telephone** (816) 230-7530  
**Level of Care:** SNF  
**County** LAFAYETTE  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 05749

**NEW HORIZONS RCF II**

5858 BUSIEK ROAD  
 FARMINGTON MO 63640-7325  
**Mailing Address** PO BOX 510  
 FARMINGTON MO 63640-0510

**Telephone** (573) 756-2426  
**Level of Care:** ALF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 14868

**NEW MADRID LIVING CENTER**

1050 DAWSON RD  
 NEW MADRID MO 63869-1116  
**Mailing Address** 1050 DAWSON RD  
 NEW MADRID MO 63869-1116

**Telephone** (573) 748-5622  
**Level of Care:** SNF  
**County** NEW MADRID  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 112  
**DMH Licensed** No  
**Facility Number** 04952

**NEW MARK CARE CENTER**

11221 NORTH NASHUA DR  
 KANSAS CITY MO 64155-1159  
**Mailing Address** 11221 N NASHUA DR  
 KANSAS CITY MO 64155-1159

**Telephone** (816) 734-4433  
**Level of Care:** SNF  
**County** CLAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 199  
**DMH Licensed** No  
**Facility Number** 12688

**NEWSTEAD PLACE**

19 NORTH NEWSTEAD  
 SAINT LOUIS MO 63108-2260  
**Mailing Address** 19 N NEWSTEAD  
 SAINT LOUIS MO 63108-2260

**Telephone** (314) 286-4510  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 19169

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**NHC HEALTHCARE, DESLOGE**

801 BRIM ST  
 DESLOGE MO 63601-3441  
**Mailing Address** PO BOX AA  
 DESLOGE MO 63601-0568

**Telephone** (573) 431-0223 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 02143

**NHC HEALTHCARE, JOPLIN**

2700 EAST 34TH ST  
 JOPLIN MO 64804-4310  
**Mailing Address** PO BOX 2877  
 JOPLIN MO 64803-2877

**Telephone** (417) 781-1737 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 126  
**County** NEWTON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 04044

**NHC HEALTHCARE, KENNETT**

1120 FALCON  
 KENNETT MO 63857-3825  
**Mailing Address** PO BOX 696  
 KENNETT MO 63857-0696

**Telephone** (573) 888-1150 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 170  
**County** DUNKLIN **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 04268

**NHC HEALTHCARE, MARYLAND HEIGHTS**

2920 FEE FEE RD  
 MARYLAND HEIGHTS MO 63043-1915  
**Mailing Address** 2920 FEE FEE RD  
 MARYLAND HEIGHTS MO 63043-1915

**Telephone** (314) 291-0121 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 220  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 08272

**NHC HEALTHCARE, ST CHARLES**

35 SUGAR MAPLE LN  
 SAINT CHARLES MO 63303-5740  
**Mailing Address** 35 SUGAR MAPLE LN  
 SAINT CHARLES MO 63303-5740

**Telephone** (636) 946-8887 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT CHARLES **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 07503

**NHC HEALTHCARE, TOWN & COUNTRY**

13995 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8400  
**Mailing Address** 13995 CLAYTON RD  
 TOWN AND COUNTRY MO 63017-8400

**Telephone** (636) 227-5070 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 282  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 01508

**NHC HEALTHCARE, WEST PLAINS**

211 DAVIS DR  
 WEST PLAINS MO 65775-2242  
**Mailing Address** PO BOX 497  
 WEST PLAINS MO 65775-0497

**Telephone** (417) 256-0798 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** HOWELL **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 08434

**NICK'S HEALTH CARE CENTER, LLC**

253 EAST HIGHWAY 116  
 PLATTSBURG MO 64477-1561  
**Mailing Address** 253 EAST HWY 116  
 PLATTSBURG MO 64477-1561

**Telephone** (816) 539-2376 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 70  
**County** CLINTON **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 22058

**NIXA NURSING & REHAB**

1104 NORTH MAIN ST  
 NIXA MO 65714-9316  
**Mailing Address** 1104 N MAIN ST  
 NIXA MO 65714-9316

**Telephone** (417) 725-1777 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 82  
**County** CHRISTIAN **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 13840

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**NIXA NURSING & REHAB**

1104 NORTH MAIN ST  
 NIXA MO 65714-9316  
**Mailing Address** 1104 N MAIN ST  
 NIXA MO 65714-9316

**Telephone** (417) 725-1777  
**Level of Care:** RCF  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 13840

**NODAWAY NURSING HOME**

22371 STATE HIGHWAY 46  
 MARYVILLE MO 64468-8157  
**Mailing Address** PO BOX 307  
 MARYVILLE MO 64468-0307

**Telephone** (660) 562-2876  
**Level of Care:** SNF  
**County** NODAWAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** Yes  
**Facility Number** 05766

**NORMANDY NURSING CENTER**

7301 SAINT CHARLES ROCK RD  
 SAINT LOUIS MO 63133-1737  
**Mailing Address** 7301 SAINT CHARLES ROCK RD  
 SAINT LOUIS MO 63133-1737

**Telephone** (314) 862-0555  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 116  
**DMH Licensed** No  
**Facility Number** 01118

**NORTH VILLAGE PARK**

2041 SILVA LN  
 MOBERLY MO 65270-3658  
**Mailing Address** 2041 SILVA LN  
 MOBERLY MO 65270-3658

**Telephone** (660) 263-1894  
**Level of Care:** SNF  
**County** RANDOLPH  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 184  
**DMH Licensed** No  
**Facility Number** 06481

**NORTHPARK VILLAGE - ASSISTED LIVING BY AMERICARE**

4449 N STATE HIGHWAY NN  
 OZARK MO 65721-7221  
**Mailing Address** 4449 N STATE HIGHWAY NN  
 OZARK MO 65721-7221

**Telephone** (417) 581-3200  
**Level of Care:** ALF\*\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 20003

**NORTHRIDGE PLACE - ASSISTED LIVING BY AMERICARE**

1500 LYNN ST  
 LEBANON MO 65536-4409  
**Mailing Address** 1500 LYNN ST  
 LEBANON MO 65536-4409

**Telephone** (417) 532-9793  
**Level of Care:** ALF\*\*  
**County** LACLEDE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 20525

**NORTHVIEW VILLAGE**

2415 NORTH KINGSHIGHWAY  
 SAINT LOUIS MO 63113-1109  
**Mailing Address** 2415 NORTH KINGSHIGHWAY  
 SAINT LOUIS MO 63113-1109

**Telephone** (314) 361-1300  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 320  
**DMH Licensed** No  
**Facility Number** 08058

**NORTHWOOD HILLS CARE CENTER**

800 NORTH ARTHUR ST  
 HUMANSVILLE MO 65674-8655  
**Mailing Address** PO BOX 187  
 HUMANSVILLE MO 65674-0187

**Telephone** (417) 754-2208  
**Level of Care:** SNF  
**County** POLK  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 10607

**OAK GROVE NURSING & REHAB**

2108 SOUTH MITCHELL  
 OAK GROVE MO 64075-9472  
**Mailing Address** 2108 S MITCHELL  
 OAK GROVE MO 64075-9472

**Telephone** (816) 690-4118  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 05849

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**OAK KNOLL SKILLED NURSING & REHABILITATION CENTER**

37 N CLARK AVE  
 FERGUSON MO 63135-2323  
**Mailing Address** 37 N CLARK AVE  
 FERGUSON MO 63135-2323

**Telephone** (314) 521-7419 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 72  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 05864

**OAK MEADOWS RCF, LLC**

5502 MISTY MEADOW  
 POPLAR BLUFF MO 63901-9287  
**Mailing Address** 5502 MISTY MEADOW  
 POPLAR BLUFF MO 63901-9287

**Telephone** (573) 727-9889 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** BUTLER **DMH Licensed** Yes  
**Region 2 Facility Number** 23399

**OAK PARK CARE CENTER**

6637 BERTHOLD AVE  
 SAINT LOUIS MO 63139-3318  
**Mailing Address** 6637 BERTHOLD AVE  
 SAINT LOUIS MO 63139-3318

**Telephone** (314) 781-3444 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 05914

**OAK POINTE OF CARTHAGE**

300 W AIRPORT DR  
 CARTHAGE MO 64836-3511  
**Mailing Address** 300 W AIRPORT DR  
 CARTHAGE MO 64836-3511

**Telephone** (417) 358-3355 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 50  
**County** JASPER **DMH Licensed** No  
**Region 1 Facility Number** 30168

**OAK POINTE OF KEARNEY**

200 MEADOWBROOK DR  
 KEARNEY MO 64060-8788  
**Mailing Address** 200 MEADOWBROOK DR  
 KEARNEY MO 64060-8788

**Telephone** (816) 628-0075 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 50  
**County** CLAY **DMH Licensed** No  
**Region 4 Facility Number** 29803

**OAK POINTE OF MARYVILLE**

817 SOUTH COUNTRY CLUB DR  
 MARYVILLE MO 64468-1477  
**Mailing Address** 817 SOUTH COUNTRY CLUB DR  
 MARYVILLE MO 64468-1477

**Telephone** (660) 562-2799 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 55  
**County** NODAWAY **DMH Licensed** No  
**Region 4 Facility Number** 29544

**OAK POINTE OF MONETT**

1011 OLD AIRPORT ROAD  
 MONETT MO 65708-1375  
**Mailing Address** 1011 OLD AIRPORT ROAD  
 MONETT MO 65708-1375

**Telephone** (417) 235-3500 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 55  
**County** LAWRENCE **DMH Licensed** No  
**Region 1 Facility Number** 30206

**OAK POINTE OF NEOSHO**

2601 OAK RIDGE EXTENSION  
 NEOSHO MO 64850-7765  
**Mailing Address** 2601 OAK RIDGE EXTENSION  
 NEOSHO MO 64850-7765

**Telephone** (417) 451-8872 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 55  
**County** NEWTON **DMH Licensed** No  
**Region 1 Facility Number** 29972

**OAK POINTE OF RICHMOND**

403 CRISPIN ST  
 RICHMOND MO 64085-1212  
**Mailing Address** 403 CRISPIN ST  
 RICHMOND MO 64085-1212

**Telephone** (816) 776-3877 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 50  
**County** RAY **DMH Licensed** No  
**Region 4 Facility Number** 29711

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**OAK POINTE OF WARRENTON**

700 FORREST AVE  
 WARRENTON MO 63383-7040  
**Mailing Address** 700 FORREST AVE  
 WARRENTON MO 63383-7040

**Telephone** (636) 456-6464  
**Level of Care:** ALF\*\*  
**County** WARREN  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 71  
**DMH Licensed** No  
**Facility Number** 25045

**OAK TREE MANOR**

3919 MESSANIE  
 SAINT JOSEPH MO 64506-3458  
**Mailing Address** PO BOX 8186  
 SAINT JOSEPH MO 64508-8186

**Telephone** (816) 233-4463  
**Level of Care:** RCF\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 15039

**OAK TREE VILLAS - A STONEBRIDGE COMMUNITY**

3108 WEST TRUMAN BLVD  
 JEFFERSON CITY MO 65109-4918  
**Mailing Address** 3108 WEST TRUMAN BLVD  
 JEFFERSON CITY MO 65109-4918

**Telephone** (573) 893-3063  
**Level of Care:** ALF  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 10300

**OAK TREE VILLAS - A STONEBRIDGE COMMUNITY**

3108 WEST TRUMAN BLVD  
 JEFFERSON CITY MO 65109-4918  
**Mailing Address** 3108 WEST TRUMAN BLVD  
 JEFFERSON CITY MO 65109-4918

**Telephone** (573) 893-3063  
**Level of Care:** SNF  
**County** COLE  
**Region** 6 **Medicare**

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 10300

**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care:** SNF  
**County** BUTLER  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 18157

**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care:** RCF\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 18157

**OAKDALE CARE CENTER**

2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650  
**Mailing Address** 2702 DEBBIE LN  
 POPLAR BLUFF MO 63901-2650

**Telephone** (573) 686-5242  
**Level of Care:** ALF  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 18157

**OAKRIDGE OF PLATTSBURG**

205 EAST CLAY AVE  
 PLATTSBURG MO 64477-8100  
**Mailing Address** PO BOX 247  
 PLATTSBURG MO 64477-0247

**Telephone** (816) 539-2128  
**Level of Care:** SNF  
**County** CLINTON  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 05994

**OAKS, THE**

5550 NOLAND ROAD  
 KANSAS CITY MO 64133-3685  
**Mailing Address** 5550 NOLAND RD  
 KANSAS CITY MO 64133-3685

**Telephone** (816) 356-0200  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** Yes  
**Facility Number** 13440

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**OAKWOOD ESTATE NURSING AND REHABILITATION CENTER**

5303 BERMUDA DR  
 NORMANDY MO 63121-1407  
**Mailing Address** 5303 BERMUDA DR  
 NORMANDY MO 63121-1407

**Telephone** (314) 385-0910 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 126  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 01238

**OASIS RESIDENTIAL CARE FACILITY**

3508 PRAIRIE AVE  
 SAINT LOUIS MO 63107-2214  
**Mailing Address** 3508 PRAIRIE AVE  
 SAINT LOUIS MO 63107-2214

**Telephone** (314) 534-3355 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 20  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region 7 Facility Number** 15415

**OASIS WEST**

1916 NEW JAMESTOWN RD  
 SAINT LOUIS MO 63138-1508  
**Mailing Address** 1916 NEW JAMESTOWN RD  
 SAINT LOUIS MO 63138-1508

**Telephone** (314) 741-3500 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 8  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7 Facility Number** 26362

**OMEGA HOUSE I, LLC**

500 NORTH ST  
 HANNIBAL MO 63401-3333  
**Mailing Address** PO BOX 387  
 HANNIBAL MO 63401-0387

**Telephone** (573) 221-9103 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 12  
**County** MARION **DMH Licensed** Yes  
**Region 5 Facility Number** 11118

**OMEGA HOUSE II, LLC**

510 NORTH ST  
 HANNIBAL MO 63401-3333  
**Mailing Address** PO BOX 387  
 HANNIBAL MO 63401-0387

**Telephone** (573) 221-3898 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 10  
**County** MARION **DMH Licensed** Yes  
**Region 5 Facility Number** 15400

**OREGON CARE CENTER**

501 MONROE  
 OREGON MO 64473-7800  
**Mailing Address** PO BOX 19  
 OREGON MO 64473-0019

**Telephone** (660) 446-3355 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** HOLT **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 06097

**ORILLA'S WAY**

1209 SOUTH HIGH ST  
 GRANT CITY MO 64456-0056  
**Mailing Address** PO BOX 56  
 GRANT CITY MO 64456-0056

**Telephone** (660) 564-2204 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 37  
**County** WORTH **DMH Licensed** No  
**Region 4 Facility Number** 08591

**OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER**

844 PASSOVER RD  
 OSAGE BEACH MO 65065-2834  
**Mailing Address** 844 PASSOVER RD  
 OSAGE BEACH MO 65065-2834

**Telephone** (573) 348-2225 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 94  
**County** CAMDEN **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 06116

**OUR LADY OF MERCY COUNTRY HOME**

2160 MERCY DR  
 LIBERTY MO 64068-7955  
**Mailing Address** 2160 MERCY DR  
 LIBERTY MO 64068-7955

**Telephone** (816) 781-5711 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 44  
**County** CLAY **DMH Licensed** No  
**Region 4 Facility Number** 06153

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**OXFORD GRAND AT SHOAL CREEK**

8280 N TULLIS AVENUE  
 KANSAS CITY MO 64158-7683  
**Mailing Address** 8280 N TULLIS AVENUE  
 KANSAS CITY MO 64158-7683

**Telephone** (816) 781-8282  
**Level of Care:** ALF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 30758

**OZARK MANOR**

1013 HIGHWAY Z  
 FREDERICKTOWN MO 63645-8035  
**Mailing Address** 1013 HIGHWAY Z  
 FREDERICKTOWN MO 63645-8035

**Telephone** (573) 783-8338  
**Level of Care:** ALF\*\*  
**County** MADISON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 55  
**DMH Licensed** No  
**Facility Number** 22947

**OZARK MOUNTAIN REGIONAL HEALTHCARE CENTER**

509 MEADOWLARK AVE  
 CRANE MO 65633-9317  
**Mailing Address** 509 MEADOWLARK AVE  
 CRANE MO 65633-9317

**Telephone** (417) 723-5281  
**Level of Care:** SNF  
**County** STONE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 09900

**OZARK MOUNTAIN REGIONAL HEALTHCARE CENTER**

509 MEADOWLARK AVE  
 CRANE MO 65633-9317  
**Mailing Address** 509 MEADOWLARK AVE  
 CRANE MO 65633-9317

**Telephone** (417) 723-5281  
**Level of Care:** RCF\*  
**County** STONE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 09900

**OZARK NURSING & CARE CENTER**

1486 NORTH RIVERSIDE RD  
 OZARK MO 65721-7688  
**Mailing Address** 1486 NORTH RIVERSIDE RD  
 OZARK MO 65721-7688

**Telephone** (417) 581-7126  
**Level of Care:** SNF  
**County** CHRISTIAN  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06240

**OZARK OAKS RESIDENTIAL CARE FACILITY II**

3405 S SCHIFFERDECKER  
 JOPLIN MO 64804-1388  
**Mailing Address** PO BOX 2526  
 JOPLIN MO 64803-2526

**Telephone** (417) 347-7760  
**Level of Care:** RCF\*  
**County** NEWTON  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 13636

**OZARK REHABILITATION & HEALTH CARE CENTER**

1083 OZARK CARE DR  
 OSAGE BEACH MO 65065-3016  
**Mailing Address** PO BOX 270  
 OSAGE BEACH MO 65065-0270

**Telephone** (573) 348-1711  
**Level of Care:** SNF  
**County** CAMDEN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06217

**OZARK RIVERVIEW MANOR**

1200 WEST HALL ST  
 OZARK MO 65721-9103  
**Mailing Address** PO BOX 157  
 OZARK MO 65721-0157

**Telephone** (417) 581-6025  
**Level of Care:** SNF  
**County** CHRISTIAN  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 01426

**OZARKS METHODIST MANOR, THE**

205 SOUTH COLLEGE  
 MARIONVILLE MO 65705-9340  
**Mailing Address** PO BOX 403  
 MARIONVILLE MO 65705-0403

**Telephone** (417) 258-2573  
**Level of Care:** SNF  
**County** LAWRENCE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 78  
**DMH Licensed** No  
**Facility Number** 06273

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**OZARKS METHODIST MANOR, THE**

205 SOUTH COLLEGE  
 MARIONVILLE MO 65705-9340  
**Mailing Address** PO BOX 403  
 MARIONVILLE MO 65705-0403

**Telephone** (417) 258-2573  
**Level of Care:** RCF  
**County** LAWRENCE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 76  
**DMH Licensed** No  
**Facility Number** 06273

**PACIFIC CARE CENTER, LLC**

105 SOUTH SIXTH ST  
 PACIFIC MO 63069-1328  
**Mailing Address** 105 S SIXTH ST  
 PACIFIC MO 63069-1328

**Telephone** (636) 271-4222  
**Level of Care:** SNF  
**County** FRANKLIN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12638

**PACIFIC CARE CENTER, LLC**

105 SOUTH SIXTH ST  
 PACIFIC MO 63069-1328  
**Mailing Address** 105 S SIXTH ST  
 PACIFIC MO 63069-1328

**Telephone** (636) 271-4222  
**Level of Care:** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** No  
**Facility Number** 12638

**PARC PROVENCE**

605 COEUR DE VILLE DR  
 SAINT LOUIS MO 63141-6603  
**Mailing Address** 605 COEUR DE VILLE DR  
 SAINT LOUIS MO 63141-6603

**Telephone** (314) 542-2500  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 140  
**DMH Licensed** No  
**Facility Number** 24122

**PARK PLACE**

2004 BOARDWALK PLACE DR  
 O'FALLON MO 63368-3900  
**Mailing Address** 2004 BOARDWALK PLACE DR  
 O'FALLON MO 63368-3900

**Telephone** (636) 561-7275  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 25379

**PARK PLACE APARTMENTS**

1211 NORTH ASH ST  
 MOUNTAIN VIEW MO 65548-7376  
**Mailing Address** PO BOX 879  
 MOUNTAIN VIEW MO 65548-0879

**Telephone** (417) 934-6818  
**Level of Care:** ALF  
**County** HOWELL  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 15542

**PARK PLACE II**

2000 BOARDWALK PLACE DR  
 O'FALLON MO 63368-3901  
**Mailing Address** 2000 BOARDWALK PLACE DR  
 O'FALLON MO 63368-3901

**Telephone** (636) 561-7275  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 29016

**PARKDALE MANOR CARE CENTER**

814 WEST SOUTH AVE  
 MARYVILLE MO 64468-2772  
**Mailing Address** 814 W SOUTH AVE  
 MARYVILLE MO 64468-2772

**Telephone** (660) 582-8161  
**Level of Care:** SNF  
**County** NODAWAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 06308

**PARKLANE CARE AND REHABILITATION CENTER**

401 MAR-LE DR  
 WENTZVILLE MO 63385-1647  
**Mailing Address** 401 MAR-LE DR  
 WENTZVILLE MO 63385-1647

**Telephone** (636) 332-9580  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 240  
**DMH Licensed** No  
**Facility Number** 04883

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**PARKSIDE - ASSISTED LIVING BY AMERICARE**

1700 EAST 10TH ST  
 ROLLA MO 65401-4600  
**Mailing Address** 1700 E 10TH ST  
 ROLLA MO 65401-4600

**Telephone** (573) 364-2602  
**Level of Care:** ALF\*\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 13589

**PARKSIDE MANOR**

1201 HUNT AVE  
 COLUMBIA MO 65202-1367  
**Mailing Address** 1201 HUNT AVE  
 COLUMBIA MO 65202-1367

**Telephone** (573) 449-1448  
**Level of Care:** SNF  
**County** BOONE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 11262

**PARKVIEW ESTATES**

1300 EAST 24TH ST  
 SEDALIA MO 65301-8233  
**Mailing Address** 1405 WEST 3RD STREET  
 SEDALIA MO 65301-

**Telephone** (660) 827-3313  
**Level of Care:** RCF\*  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 26  
**DMH Licensed** Yes  
**Facility Number** 15971

**PARKVIEW HEALTH CARE FACILITY**

119 WEST FOREST  
 BOLIVAR MO 65613-1316  
**Mailing Address** 119 WEST FOREST  
 BOLIVAR MO 65613-1316

**Telephone** (417) 326-3000  
**Level of Care:** SNF  
**County** POLK  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 78  
**DMH Licensed** No  
**Facility Number** 17638

**PARKVIEW HEALTHCARE**

128 NORTH HARDESTY  
 KANSAS CITY MO 64123-1404  
**Mailing Address** 128 NORTH HARDESTY  
 KANSAS CITY MO 64123-1404

**Telephone** (816) 241-2020  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 02928

**PARKWAY HEALTH CARE CENTER**

2323 SWOPE PARKWAY  
 KANSAS CITY MO 64130-2638  
**Mailing Address** 2323 SWOPE PARKWAY  
 KANSAS CITY MO 64130-2638

**Telephone** (816) 924-1122  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 97  
**DMH Licensed** No  
**Facility Number** 07092

**PARKWAY SENIOR LIVING, THE**

550 NE NAPOLEON DR  
 BLUE SPRINGS MO 64014-5403  
**Mailing Address** 550 NE NAPOLEON DR  
 BLUE SPRINGS MO 64014-5403

**Telephone** (816) 228-8866  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 29917

**PARKWOOD MANOR**

325 NORTH SPRIGG ST  
 CAPE GIRARDEAU MO 63701-5531  
**Mailing Address** 325 NORTH SPRIGG ST  
 CAPE GIRARDEAU MO 63701-5531

**Telephone** (573) 334-7011  
**Level of Care:** RCF  
**County** CAPE GIRARDEAU  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 10  
**DMH Licensed** No  
**Facility Number** 06291

**PARKWOOD MANOR**

325 NORTH SPRIGG ST  
 CAPE GIRARDEAU MO 63701-5531  
**Mailing Address** 325 N SPRIGG ST  
 CAPE GIRARDEAU MO 63701-5531

**Telephone** (573) 334-7011  
**Level of Care:** RCF\*  
**County** CAPE GIRARDEAU  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 06291

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**PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE**

805 PARKWOOD DR  
 SAINTE GENEVIEVE MO 63670-1858  
**Mailing Address** 805 PARKWOOD DR  
 SAINTE GENEVIEVE MO 63670-1858

**Telephone** (573) 883-3883  
**Level of Care:** ALF\*\*  
**County** SAINTE GENEVIEVE  
**Region 2**

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 23234

**PARKWOOD SKILLED NURSING AND REHABILITATION CENTER**

3201 PARKWOOD LN  
 MARYLAND HEIGHTS MO 63043-1334  
**Mailing Address** 3201 PARKWOOD LN  
 MARYLAND HEIGHTS MO 63043-1334

**Telephone** (314) 291-5911  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 02471

**PASEO RESIDENTIAL CARE I**

3433 PASEO  
 KANSAS CITY MO 64109-2401  
**Mailing Address** 3433 PASEO  
 KANSAS CITY MO 64109-2401

**Telephone** (816) 921-3378  
**Level of Care:** RCF  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** Yes  
**Facility Number** 06342

**PATHWAYS PROGRAM, THE**

161 PIEPER RD  
 O'FALLON MO 63366-  
**Mailing Address** PO BOX 815  
 O'FALLON MO 63366-0815

**Telephone** (636) 978-3132  
**Level of Care:** ALF  
**County** SAINT CHARLES  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 10934

**PATRICIA'S RESIDENTIAL CARE FACILITY, INC**

510 EAST 2ND ST  
 ANNAPOLIS MO 63620-9104  
**Mailing Address** 510 EAST 2ND ST  
 ANNAPOLIS MO 63620-9104

**Telephone** (573) 598-4202  
**Level of Care:** RCF  
**County** IRON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 06353

**PAUL L & MARTHA BARONE CARE CENTER**

2101 NORTH ASH ST  
 NEVADA MO 64772-1082  
**Mailing Address** 2101 N ASH ST  
 NEVADA MO 64772-1082

**Telephone** (417) 448-3999  
**Level of Care:** SNF  
**County** VERNON  
**Region 1 Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 16917

**PEACE HAVEN ASSOCIATION**

12630 ROTT RD  
 SAINT LOUIS MO 63127-1214  
**Mailing Address** 12630 ROTT RD  
 SAINT LOUIS MO 63127-1214

**Telephone** (314) 965-3833  
**Level of Care:** ICF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 06369

**PEACEFUL PINES RESIDENTIAL CARE FACILITY**

614 COUNTY ROAD 466  
 POPLAR BLUFF MO 63901-2964  
**Mailing Address** 614 COUNTY RD 466  
 POPLAR BLUFF MO 63901-2964

**Telephone** (573) 778-0497  
**Level of Care:** RCF  
**County** BUTLER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 21093

**PEACH WOOD MANOR**

15895 STATE HIGHWAY 76  
 CASSVILLE MO 65625-8098  
**Mailing Address** 15895 STATE HIGHWAY 76  
 CASSVILLE MO 65625-8098

**Telephone** (417) 847-3902  
**Level of Care:** RCF  
**County** BARRY  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 14  
**DMH Licensed** No  
**Facility Number** 07679

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**PEACHS, INC**

301 WATTS ST  
 PARK HILLS MO 63601-1839  
**Mailing Address** 301 WATTS ST  
 PARK HILLS MO 63601-1839

**Telephone** (573) 431-4874  
**Level of Care:** RCF\*  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 06579

**PEARL'S II EDEN FOR ELDERS**

611 NORTH COLLEGE  
 PRINCETON MO 64673-1051  
**Mailing Address** 611 NORTH COLLEGE  
 PRINCETON MO 64673-1051

**Telephone** (660) 748-4407  
**Level of Care:** SNF  
**County** MERCER  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06453

**PEARL'S RESIDENTIAL CARE**

308 SOUTH BROADWAY  
 PRINCETON MO 64673-1111  
**Mailing Address** 308 S BROADWAY  
 PRINCETON MO 64673-1111

**Telephone** (660) 748-3307  
**Level of Care:** RCF\*  
**County** MERCER  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 26  
**DMH Licensed** Yes  
**Facility Number** 20643

**PETTIS COUNTY ASSISTED LIVING, LLC**

3017 BROOKING PARK AVENUE  
 SEDALIA MO 65301-9327  
**Mailing Address** 3017 BROOKING PARK AVE  
 SEDALIA MO 65301-9327

**Telephone** (660) 827-3222  
**Level of Care:** ALF\*\*  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** Yes  
**Facility Number** 30112

**PILLARS OF NORTH COUNTY HEALTH & REHABILITATION CENTER, THE**

13700 OLD HALLS FERRY RD  
 FLORISSANT MO 63033-4109  
**Mailing Address** 13700 OLD HALLS FERRY RD  
 FLORISSANT MO 63033-4109

**Telephone** (314) 355-0760  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07440

**PIN OAKS LIVING CENTER**

1525 WEST MONROE ST  
 MEXICO MO 65265-1201  
**Mailing Address** 1525 WEST MONROE ST  
 MEXICO MO 65265-1201

**Telephone** (573) 581-7261  
**Level of Care:** SNF  
**County** AUDRAIN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 124  
**DMH Licensed** No  
**Facility Number** 05804

**PINE LODGE RESIDENTIAL CARE**

967 N MAPLE ST  
 BUFFALO MO 65622-7568  
**Mailing Address** 967 N MAPLE ST  
 BUFFALO MO 65622-7568

**Telephone** (417) 345-0310  
**Level of Care:** RCF  
**County** DALLAS  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 25563

**PINE VALLEY RCF**

3381 1st ST  
 DOE RUN MO 63637-3155  
**Mailing Address** 3381 1st ST  
 DOE RUN MO 63637-3155

**Telephone** (573) 760-8601  
**Level of Care:** RCF  
**County** SAINT FRANCOIS  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 08379

**PINE VIEW MANOR, INC**

307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509  
**Mailing Address** 307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509

**Telephone** (660) 783-2118  
**Level of Care:** ALF\*\*  
**County** GENTRY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 05832

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**PINE VIEW MANOR, INC**

307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509  
**Mailing Address** 307 NORTH PINEVIEW ST  
 STANBERRY MO 64489-1509

**Telephone** (660) 783-2118 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 70  
**County** GENTRY **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 05832

**PINEVIEW HEIGHTS ALF**

515 GARST  
 CABOOL MO 65689-9139  
**Mailing Address** 515 GARST  
 CABOOL MO 65689-9139

**Telephone** (417) 962-3713 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 16  
**County** TEXAS **DMH Licensed** Yes  
**Region** 1 **Facility Number** 24668

**PIONEER SKILLED NURSING CENTER**

1500 SOUTH KANSAS AVE  
 MARCELINE MO 64658-1716  
**Mailing Address** 1500 S KANSAS AVE  
 MARCELINE MO 64658-1716

**Telephone** (660) 376-2001 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 96  
**County** CHARITON **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 05900

**PLEASANT HILL HEALTH AND REHABILITATION CENTER**

1300 BROADWAY  
 PLEASANT HILL MO 64080-1842  
**Mailing Address** 1300 BROADWAY  
 PLEASANT HILL MO 64080-1842

**Telephone** (816) 540-2116 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 90  
**County** CASS **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 15101

**PLEASANT VALLEY MANOR**

213 DAVIS DR  
 WEST PLAINS MO 65775-2274  
**Mailing Address** 213 DAVIS DR  
 WEST PLAINS MO 65775-2274

**Telephone** (417) 257-0179 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 72  
**County** HOWELL **DMH Licensed** No  
**Region** 1 **Facility Number** 13641

**PLEASANT VALLEY MANOR CARE CENTER**

6814 SOBBIE RD  
 LIBERTY MO 64068-9555  
**Mailing Address** 6814 SOBBIE RD  
 LIBERTY MO 64068-9555

**Telephone** (816) 781-5277 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 102  
**County** CLAY **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 06020

**PLEASANT VIEW**

470 RAINBOW DR  
 ROCK PORT MO 64482-1641  
**Mailing Address** PO BOX 273  
 ROCK PORT MO 64482-0273

**Telephone** (660) 744-6252 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** ATCHISON **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 06041

**PLEASANT VIEW**

641 EUCLID AVE  
 HANNIBAL MO 63401-2959  
**Mailing Address** 641 EUCLID AVE  
 HANNIBAL MO 63401-2959

**Telephone** (573) 406-1090 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 41  
**County** MARION **DMH Licensed** No  
**Region** 5 **Facility Number** 25358

**PLEASANT VIEW ESTATES**

1401 WEST 3RD  
 SEDALIA MO 65301-3603  
**Mailing Address** 1405 WEST 3RD  
 SEDALIA MO 65301-

**Telephone** (660) 827-1088 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 24  
**County** PETTIS **DMH Licensed** Yes  
**Region** 6 **Facility Number** 20727

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**POINT LOOKOUT NURSING & REHAB**

11103 HISTORIC HIGHWAY 165  
 HOLLISTER MO 65672-6239  
**Mailing Address** 11103 HISTORIC HWY 165  
 HOLLISTER MO 65672-6239

**Telephone** (417) 334-4105 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 130  
**County** TANEY **DMH Licensed** No  
**Region 1** **Medicare/Medicaid** **Facility Number** 12716

**POPA GOOD SAMARITAN SERVICES, LLC**

16979 HWY 39  
 VERONA MO 65769-6319  
**Mailing Address** 16979 HWY 39  
 VERONA MO 65769-6319

**Telephone** (417) 353-4448 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 8  
**County** LAWRENCE **DMH Licensed** No  
**Region 1** **Facility Number** 30440

**PORTAGEVILLE HEALTH CARE CENTER**

290 WEST STATE HWY 162  
 PORTAGEVILLE MO 63873-9397  
**Mailing Address** PO BOX 408  
 PORTAGEVILLE MO 63873-0408

**Telephone** (573) 379-2017 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** NEW MADRID **DMH Licensed** No  
**Region 2** **Medicare/Medicaid** **Facility Number** 17119

**PORTIA'S RESIDENTIAL CARE**

307 NORTH BROADWAY  
 POPLAR BLUFF MO 63901-5103  
**Mailing Address** 307 N BROADWAY  
 POPLAR BLUFF MO 63901-5103

**Telephone** (573) 686-3446 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** BUTLER **DMH Licensed** Yes  
**Region 2** **Facility Number** 03002

**POTOSI MANOR, INC**

307 SOUTH HIGHWAY 21  
 POTOSI MO 63664-9317  
**Mailing Address** 307 S HWY 21  
 POTOSI MO 63664-9317

**Telephone** (573) 438-3225 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** WASHINGTON **DMH Licensed** No  
**Region 2** **Medicare/Medicaid** **Facility Number** 21648

**PREFERRED FAMILY HEALTHCARE, INC**

900 EAST LAHARPE  
 KIRKSVILLE MO 63501-4520  
**Mailing Address** PO BOX 767  
 KIRKSVILLE MO 63501-0767

**Telephone** (660) 665-1962 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 57  
**County** ADAIR **DMH Licensed** Yes  
**Region 5** **Facility Number** 21851

**PREMIER RESIDENTIAL CARE**

109 E CROWDER RD  
 TRENTON MO 64683-1802  
**Mailing Address** 109 EAST CROWDER RD  
 TRENTON MO 64683-1802

**Telephone** (660) 359-4292 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 13  
**County** GRUNDY **DMH Licensed** Yes  
**Region 4** **Facility Number** 02238

**PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON CITY**

1214 FREEDOM BLVD  
 JEFFERSON CITY MO 65109-0082  
**Mailing Address** 1214 FREEDOM BLVD  
 JEFFERSON CITY MO 65109-0082

**Telephone** (573) 634-5408 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 45  
**County** COLE **DMH Licensed** No  
**Region 6** **Facility Number** 29697

**PRIMROSE RETIREMENT COMMUNITY OF KANSAS CITY**

8559 NORTH LINE CREEK PARKWAY  
 KANSAS CITY MO 64154-2100  
**Mailing Address** 8559 NORTH LINE CREEK PARKWAY  
 KANSAS CITY MO 64154-2100

**Telephone** (816) 468-8282 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 44  
**County** PLATTE **DMH Licensed** No  
**Region 4** **Facility Number** 29020

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**PROVISION LIVING AT COLUMBIA**

2333 CHAPEL HILL RD  
 COLUMBIA MO 65203-1537  
**Mailing Address** 2333 CHAPEL HILL RD  
 COLUMBIA MO 65203-1537

**Telephone** (573) 234-1091  
**Level of Care:** ALF\*\*  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 111  
**DMH Licensed** No  
**Facility Number** 29874

**PROVISION LIVING AT ST LOUIS HILLS**

6543 CHIPPEWA ST  
 SAINT LOUIS MO 63109-4100  
**Mailing Address** 6543 CHIPPEWA ST  
 SAINT LOUIS MO 63109-4100

**Telephone** (314) 647-6600  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 210  
**DMH Licensed** No  
**Facility Number** 07594

**PROVISION LIVING AT WEST COUNTY**

12826 DAYLIGHT CIRCLE  
 SAINT LOUIS MO 63131-1890  
**Mailing Address** 12826 DAYLIGHT CIRCLE  
 SAINT LOUIS MO 63131-1890

**Telephone** (314) 384-3654  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 30351

**PROVISION OF PROMISE**

4528 NORTH MARKET ST  
 SAINT LOUIS MO 63113-2113  
**Mailing Address** 4528 NORTH MARKET ST  
 SAINT LOUIS MO 63113-2113

**Telephone** (314) 535-5509  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 17937

**PUTNAM COUNTY CARE CENTER**

1814 OAK ST  
 UNIONVILLE MO 63565-1275  
**Mailing Address** 1814 OAK ST  
 UNIONVILLE MO 63565-1275

**Telephone** (660) 947-2492  
**Level of Care:** SNF  
**County** PUTNAM  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06516

**PUXICO NURSING & REHABILITATION CENTER**

540 NORTH HIGHWAY 51  
 PUXICO MO 63960-9117  
**Mailing Address** 540 NORTH HWY 51  
 PUXICO MO 63960-9117

**Telephone** (573) 222-3125  
**Level of Care:** SNF  
**County** STODDARD  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 03163

**QUAIL RUN HEALTH CARE CENTER**

1405 WEST GRAND AVE  
 CAMERON MO 64429-1118  
**Mailing Address** PO BOX 525  
 CAMERON MO 64429-0525

**Telephone** (816) 632-2151  
**Level of Care:** SNF  
**County** DEKALB  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 84  
**DMH Licensed** No  
**Facility Number** 03829

**QUALITY RESIDENTIAL CARE**

2034 WEST COLLEGE  
 SPRINGFIELD MO 65806-1524  
**Mailing Address** PO BOX 8127  
 SPRINGFIELD MO 65801-8127

**Telephone** (417) 831-6466  
**Level of Care:** RCF\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** Yes  
**Facility Number** 13150

**QUARTERS AT DES PERES, THE**

13230 MANCHESTER RD  
 DES PERES MO 63131-1706  
**Mailing Address** 13230 MANCHESTER RD  
 DES PERES MO 63131-1706

**Telephone** (314) 821-2886  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 147  
**DMH Licensed** No  
**Facility Number** 26726

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**RANCHO MANOR HEALTHCARE & REHABILITATION CENTER**

615 RANCHO LN		<b>Telephone</b> (314) 839-2150	<b>Alzheimer's Unit</b>	No
FLORISSANT	MO 63031-1717	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 615 RANCHO LN		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b>	No
FLORISSANT	MO 63031-1717	<b>Region 7 Medicare/Medicaid</b>	<b>Facility Number</b>	02585

**RATLIFF CARE CENTER**

717 NORTH SPRIGG		<b>Telephone</b> (573) 335-5810	<b>Alzheimer's Unit</b>	No
CAPE GIRARDEAU	MO 63701-4815	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	46
<b>Mailing Address</b> 717 NORTH SPRIGG		<b>County</b> CAPE GIRARDEAU	<b>DMH Licensed</b>	No
CAPE GIRARDEAU	MO 63701-4815	<b>Region 2 Medicare/Medicaid</b>	<b>Facility Number</b>	17420

**RAVENWOOD - ASSISTED LIVING BY AMERICARE**

1950 EAST REPUBLIC RD		<b>Telephone</b> (417) 890-6000	<b>Alzheimer's Unit</b>	Yes
SPRINGFIELD	MO 65804-6763	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	66
<b>Mailing Address</b> 1950 E REPUBLIC RD		<b>County</b> GREENE	<b>DMH Licensed</b>	No
SPRINGFIELD	MO 65804-6763	<b>Region 1</b>	<b>Facility Number</b>	20791

**RAVENWOOD TERRACE - ASSISTED LIVING BY AMERICARE**

1830 RAVENWOOD		<b>Telephone</b> (660) 263-8004	<b>Alzheimer's Unit</b>	Yes
MOBERLY	MO 65270-3002	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	55
<b>Mailing Address</b> 1830 RAVENWOOD		<b>County</b> RANDOLPH	<b>DMH Licensed</b>	No
MOBERLY	MO 65270-3002	<b>Region 5</b>	<b>Facility Number</b>	16411

**RAYTOWN BICKFORD HOUSE**

9110 EAST 63RD ST		<b>Telephone</b> (816) 353-3400	<b>Alzheimer's Unit</b>	No
RAYTOWN	MO 64133-4893	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	85
<b>Mailing Address</b> 9110 EAST 63RD ST		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
RAYTOWN	MO 64133-4893	<b>Region 3</b>	<b>Facility Number</b>	24227

**REDWOOD OF BLUE RIVER**

10425 CHESTNUT DR		<b>Telephone</b> (816) 763-4444	<b>Alzheimer's Unit</b>	No
KANSAS CITY	MO 64137-3201	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	160
<b>Mailing Address</b> 10425 CHESTNUT DR		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
KANSAS CITY	MO 64137-3201	<b>Region 3 Medicare/Medicaid</b>	<b>Facility Number</b>	19114

**REDWOOD OF CAMERON**

801 EUCLID AVE		<b>Telephone</b> (816) 632-7254	<b>Alzheimer's Unit</b>	No
CAMERON	MO 64429-2003	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> PO BOX 438		<b>County</b> CLINTON	<b>DMH Licensed</b>	No
CAMERON	MO 64429-0438	<b>Region 4 Medicare/Medicaid</b>	<b>Facility Number</b>	00983

**REDWOOD OF CARMEL HILLS**

810 EAST WALNUT ST		<b>Telephone</b> (816) 461-9600	<b>Alzheimer's Unit</b>	Yes
INDEPENDENCE	MO 64050-4025	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	194
<b>Mailing Address</b> 810 EAST WALNUT ST		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
INDEPENDENCE	MO 64050-4025	<b>Region 3 Medicare/Medicaid</b>	<b>Facility Number</b>	23422

**REDWOOD OF INDEPENDENCE**

1800 S SWOPE DR		<b>Telephone</b> (816) 257-2566	<b>Alzheimer's Unit</b>	Yes
INDEPENDENCE	MO 64057-1084	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	130
<b>Mailing Address</b> 1800 S SWOPE DR		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
INDEPENDENCE	MO 64057-1084	<b>Region 3 Medicare/Medicaid</b>	<b>Facility Number</b>	22063

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**REDWOOD OF KANSAS CITY SOUTH**

8033 HOLMES RD  
 KANSAS CITY MO 64131-2115  
**Mailing Address** 8033 HOLMES RD  
 KANSAS CITY MO 64131-2115

**Telephone** (816) 363-6222 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 100  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 03680

**REDWOOD OF RAYMORE**

600 EAST SUNRISE DR  
 RAYMORE MO 64083-9037  
**Mailing Address** 600 EAST SUNRISE DR  
 RAYMORE MO 64083-9037

**Telephone** (816) 322-1991 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 142  
**County** CASS **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 16170

**REDWOOD OF RAYMORE**

600 EAST SUNRISE DR  
 RAYMORE MO 64083-9037  
**Mailing Address** 600 EAST SUNRISE DR  
 RAYMORE MO 64083-9037

**Telephone** (816) 322-1991 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 18  
**County** CASS **DMH Licensed** No  
**Region 3 Facility Number** 16170

**REPUBLIC NURSING & REHAB**

901 EAST HIGHWAY 174  
 REPUBLIC MO 65738-1155  
**Mailing Address** 901 EAST HIGHWAY 174  
 REPUBLIC MO 65738-1155

**Telephone** (417) 732-1822 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 127  
**County** GREENE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 13684

**REST HAVEN CONVALESCENT & RETIREMENT HOME**

1800 SOUTH INGRAM  
 SEDALIA MO 65301-7538  
**Mailing Address** 1800 S INGRAM  
 SEDALIA MO 65301-7538

**Telephone** (660) 827-0845 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 86  
**County** PETTIS **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 06582

**RICHLAND CARE CENTER, INC**

400 TRI-COUNTY LN  
 RICHLAND MO 65556-  
**Mailing Address** PO BOX 756  
 RICHLAND MO 65556-0756

**Telephone** (573) 765-3243 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 86  
**County** PULASKI **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 08100

**RICHMOND TERRACE ASSISTED LIVING**

1633 LACLEDE STATION RD  
 SAINT LOUIS MO 63117-2038  
**Mailing Address** 1633 LACLEDE STATION RD  
 SAINT LOUIS MO 63117-2038

**Telephone** (314) 646-8000 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 99  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7 Facility Number** 22269

**RIDGE CREST NURSING CENTER**

706 SOUTH MITCHELL  
 WARRENSBURG MO 64093-2828  
**Mailing Address** 706 SOUTH MITCHELL  
 WARRENSBURG MO 64093-2828

**Telephone** (660) 429-2177 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** JOHNSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 06640

**RIDGEVIEW ASSISTED LIVING CENTER**

13134 STATE HIGHWAY 25  
 DEXTER MO 63841-9740  
**Mailing Address** 13134 STATE HIGHWAY 25  
 DEXTER MO 63841-9740

**Telephone** (573) 624-4433 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 26  
**County** STODDARD **DMH Licensed** No  
**Region 2 Facility Number** 10128

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**RIDGEVIEW LIVING COMMUNITY**

500 BARRETT DR  
 MALDEN MO 63863-1204  
**Mailing Address** 500 BARRETT DR  
 MALDEN MO 63863-1204

**Telephone** (573) 276-3843  
**Level of Care:** SNF  
**County** DUNKLIN  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 06656

**RIDGEWAY RESIDENTIAL CARE**

431 RUSSELL  
 SULLIVAN MO 63080-2228  
**Mailing Address** PO BOX 267  
 SULLIVAN MO 63080-0267

**Telephone** (573) 468-4318  
**Level of Care:** ALF  
**County** FRANKLIN  
**Region 6**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 06668

**RIVER CITY LIVING COMMUNITY**

3038 WEST TRUMAN BLVD  
 JEFFERSON CITY MO 65109-0525  
**Mailing Address** 3038 WEST TRUMAN BLVD  
 JEFFERSON CITY MO 65109-0525

**Telephone** (573) 893-3404  
**Level of Care:** SNF  
**County** COLE  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 87  
**DMH Licensed** No  
**Facility Number** 04826

**RIVER MIST - ASSISTED LIVING BY AMERICARE**

2050 WEST MAUD  
 POPLAR BLUFF MO 63901-4000  
**Mailing Address** 2050 WEST MAUD  
 POPLAR BLUFF MO 63901-4000

**Telephone** (573) 686-2833  
**Level of Care:** ALF\*\*  
**County** BUTLER  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 42  
**DMH Licensed** No  
**Facility Number** 20291

**RIVER OAKS CARE CENTER**

1001 NORTH WALNUT  
 STEELE MO 63877-1355  
**Mailing Address** 1001 N WALNUT  
 STEELE MO 63877-1355

**Telephone** (573) 695-2121  
**Level of Care:** SNF  
**County** PEMISCOT  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 06672

**RIVERBEND HEIGHTS HEALTH & REHABILITATION**

1221 HIGHWAY 13 SOUTH  
 LEXINGTON MO 64067-7187  
**Mailing Address** 1221 HIGHWAY 13 SOUTH  
 LEXINGTON MO 64067-7187

**Telephone** (660) 259-4695  
**Level of Care:** SNF  
**County** LAFAYETTE  
**Region 3** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 160  
**DMH Licensed** No  
**Facility Number** 04333

**RIVERDELL CARE CENTER**

1121 11TH ST  
 BOONVILLE MO 65233-1419  
**Mailing Address** 1121 11TH ST  
 BOONVILLE MO 65233-1419

**Telephone** (660) 882-7600  
**Level of Care:** SNF  
**County** COOPER  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 14428

**RIVERSIDE NURSING & REHABILITATION CENTER, LLC**

4700 NW CLIFFVIEW DR  
 RIVERSIDE MO 64150-1237  
**Mailing Address** 4700 NW CLIFFVIEW DR  
 RIVERSIDE MO 64150-1237

**Telephone** (816) 741-5105  
**Level of Care:** SNF  
**County** PLATTE  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** NO  
**Bed Capacity** 180  
**DMH Licensed** No  
**Facility Number** 01532

**RIVERSIDE PLACE**

1616 WEISENBORN RD  
 SAINT JOSEPH MO 64507-2527  
**Mailing Address** 1616 WEISENBORN RD  
 SAINT JOSEPH MO 64508-2527

**Telephone** (816) 232-9874  
**Level of Care:** SNF  
**County** BUCHANAN  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 10346

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**RIVERSIDE PLACE**

1616 WEISENBORN RD  
 SAINT JOSEPH MO 64507-2527  
**Mailing Address** 1616 WEISENBORN RD  
 SAINT JOSEPH MO 64507-2527

**Telephone** (816) 232-9874  
**Level of Care:** ALF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** Yes  
**Facility Number** 10346

**RIVERVIEW AT THE PARK CARE AND REHABILITATION CENTER**

1100 PROGRESS PARKWAY  
 SAINTE GENEVIEVE MO 63670-9232  
**Mailing Address** 1100 PROGRESS PARKWAY  
 SAINTE GENEVIEVE MO 63670-9232

**Telephone** (573) 883-3454  
**Level of Care:** SNF  
**County** SAINTE GENEVIEVE  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06729

**RIVERVIEW NURSING CENTER**

10303 STATE RD C  
 MOKANE MO 65059-1211  
**Mailing Address** 10303 STATE RD C  
 MOKANE MO 65059-1211

**Telephone** (573) 676-3136  
**Level of Care:** SNF  
**County** CALLAWAY  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06730

**RIVERVIEW RESIDENTIAL PLACE**

1200 WEST HALL ST  
 OZARK MO 65721-9103  
**Mailing Address** PO BOX 157  
 OZARK MO 65721-0157

**Telephone** (417) 581-2510  
**Level of Care:** RCF\*  
**County** CHRISTIAN  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 01426

**RIVERVIEW, THE**

5500 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2025  
**Mailing Address** 5500 S BROADWAY  
 SAINT LOUIS MO 63111-2025

**Telephone** (314) 353-5900  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 11  
**DMH Licensed** No  
**Facility Number** 02273

**RIVERVIEW, THE**

5500 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2025  
**Mailing Address** 5500 S BROADWAY  
 SAINT LOUIS MO 63111-2025

**Telephone** (314) 353-5900  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 02273

**RIVERWAYS MANOR**

403 WATERCRESS RD  
 VAN BUREN MO 63965-9100  
**Mailing Address** PO BOX 969  
 VAN BUREN MO 63965-0969

**Telephone** (573) 323-4282  
**Level of Care:** SNF  
**County** CARTER  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 06744

**ROARING RIVER HEALTH AND REHABILITATION**

812 OLD EXETER RD  
 CASSVILLE MO 65625-1704  
**Mailing Address** 812 OLD EXETER RD  
 CASSVILLE MO 65625-1704

**Telephone** (417) 847-2184  
**Level of Care:** SNF  
**County** BARRY  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 10644

**ROCK ISLAND VILLAGE**

619 EAST 8TH STREET  
 ELDON MO 65026-4740  
**Mailing Address** 619 EAST 8TH STREET  
 ELDON MO 65026-4740

**Telephone** (573) 557-9545  
**Level of Care:** ALF\*\*  
**County** MILLER  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 30865

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**ROCK SPRINGS RESIDENTIAL, LLC**

81 PILKENTON LN  
 CUBA MO 65453-8136  
**Mailing Address** 81 PILKENTON LN  
 CUBA MO 65453-8136

**Telephone** (573) 885-6443  
**Level of Care:** RCF  
**County** CRAWFORD  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 15026

**ROCKHILL MANOR ASSISTED LIVING**

4235 LOCUST ST  
 KANSAS CITY MO 64110-1016  
**Mailing Address** PO BOX 5930  
 KANSAS CITY MO 64171-0930

**Telephone** (816) 931-2225  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** Yes  
**Facility Number** 06794

**ROCKHILL MANOR ASSISTED LIVING**

4235 LOCUST ST  
 KANSAS CITY MO 64110-1016  
**Mailing Address** PO BOX 5930  
 KANSAS CITY MO 64171-0930

**Telephone** (816) 931-2225  
**Level of Care:** ALF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 154  
**DMH Licensed** Yes  
**Facility Number** 06794

**ROCKY RIDGE MANOR**

3111 HIGHWAY A  
 MANSFIELD MO 65704-8105  
**Mailing Address** 3111 HWY A  
 MANSFIELD MO 65704-8105

**Telephone** (417) 924-8116  
**Level of Care:** SNF  
**County** WRIGHT  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 65  
**DMH Licensed** No  
**Facility Number** 04996

**ROGERSVILLE CARE PLACE LLC**

4193 S ZION LN  
 ROGERSVILLE MO 65742-9283  
**Mailing Address** 4193 S ZION LN  
 ROGERSVILLE MO 65742-9283

**Telephone** (417) 887-3800  
**Level of Care:** RCF\*  
**County** GREENE  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 8  
**DMH Licensed** No  
**Facility Number** 24556

**ROLLA HEALTH & REHABILITATION SUITES**

1200 MCCUTCHEN RD  
 ROLLA MO 65401-2615  
**Mailing Address** 1200 MCCUTCHEN RD  
 ROLLA MO 65401-2615

**Telephone** (573) 364-2311  
**Level of Care:** SNF  
**County** PHELPS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08862

**ROLLA MANOR CARE CENTER**

1800 WHITE COLUMNS DR  
 ROLLA MO 65401-2044  
**Mailing Address** 1800 WHITE COLUMNS DR  
 ROLLA MO 65401-2044

**Telephone** (573) 364-7766  
**Level of Care:** SNF  
**County** PHELPS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 102  
**DMH Licensed** No  
**Facility Number** 06801

**ROLLA PRESBYTERIAN MANOR**

1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512  
**Mailing Address** 1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512

**Telephone** (573) 364-7336  
**Level of Care:** SNF  
**County** PHELPS  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** No  
**Facility Number** 18727

**ROLLA PRESBYTERIAN MANOR**

1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512  
**Mailing Address** 1200 HOMELIFE PLAZA  
 ROLLA MO 65401-2512

**Telephone** (573) 364-7336  
**Level of Care:** ALF\*\*  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 37  
**DMH Licensed** No  
**Facility Number** 18727

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**ROLLING HILLS CARE FACILITY, LLC**

24583 HIGHWAY 5  
 MILAN MO 63556-2809  
**Mailing Address** 24583 HWY 5  
 MILAN MO 63556-2809

**Telephone** (660) 265-4391  
**Level of Care:** RCF  
**County** SULLIVAN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 9  
**DMH Licensed** Yes  
**Facility Number** 19990

**ROSATI GROUP HOME**

4218 NORTH GRAND BLVD  
 SAINT LOUIS MO 63107-1806  
**Mailing Address** 4218 N GRAND BLVD  
 SAINT LOUIS MO 63107-1806

**Telephone** (314) 534-6624  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 21218

**ROSEWOOD CARE CENTER OF ST LOUIS**

11278 SCHUETZ RD  
 SAINT LOUIS MO 63146-4957  
**Mailing Address** 11278 SCHUETZ RD  
 SAINT LOUIS MO 63146-4957

**Telephone** (314) 991-4066  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 16378

**ROSEWOOD HEALTH AND REHAB CENTER**

1415 WEST WHITE OAK  
 INDEPENDENCE MO 64050-2590  
**Mailing Address** 1415 WEST WHITE OAK  
 INDEPENDENCE MO 64050-2590

**Telephone** (816) 254-3500  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 300  
**DMH Licensed** No  
**Facility Number** 06604

**ROSEWOOD MANOR**

101 EAST PULASKI ST  
 RICHLAND MO 65556-7404  
**Mailing Address** 101 EAST PULASKI ST  
 RICHLAND MO 65556-7404

**Telephone** (573) 765-4200  
**Level of Care:** RCF  
**County** PULASKI  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** No  
**Facility Number** 26939

**ROSEWOOD RESIDENTIAL CARE**

13450 COUNTY RD 7040  
 ROLLA MO 65401-8122  
**Mailing Address** 13450 COUNTY RD 7040  
 ROLLA MO 65401-8122

**Telephone** (573) 341-8000  
**Level of Care:** RCF  
**County** PHELPS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 9  
**DMH Licensed** No  
**Facility Number** 21083

**ROYAL OAK NURSING AND REHAB, LLC**

4960 LACLEDE AVE  
 SAINT LOUIS MO 63108-1404  
**Mailing Address** 4960 LACLEDE AVE  
 SAINT LOUIS MO 63108-1404

**Telephone** (314) 361-6240  
**Level of Care:** SNF  
**County** SAINT LOUIS CITY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 168  
**DMH Licensed** No  
**Facility Number** 06322

**ROYAL OAKS RESIDENCE**

507 EAST MARSHALL  
 SWEET SPRINGS MO 65351-9759  
**Mailing Address** PO BOX 204  
 SWEET SPRINGS MO 65351-0204

**Telephone** (660) 335-6500  
**Level of Care:** ALF  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 51  
**DMH Licensed** Yes  
**Facility Number** 14953

**SADDLER RESIDENTIAL CARE FACILITY INC**

730 HODIAMONT AVE  
 SAINT LOUIS MO 63112-2002  
**Mailing Address** 730 HODIAMONT AVE  
 SAINT LOUIS MO 63112-2002

**Telephone** (314) 725-3709  
**Level of Care:** ALF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 16828

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**SALEM CARE CENTER**

1203 NORTH JACKSON  
 SALEM MO 65560-1076  
**Mailing Address** PO BOX 29  
 SALEM MO 65560-0029

**Telephone** (573) 729-6649  
**Level of Care:** SNF  
**County** DENT  
**Region** 6 **Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 02354

**SALEM RESIDENTIAL CARE**

1207 EAST ROOSEVELT ST  
 SALEM MO 65560-9676  
**Mailing Address** 1207 EAST ROOSEVELT ST  
 SALEM MO 65560-9676

**Telephone** (573) 729-9449  
**Level of Care:** RCF\*  
**County** DENT  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 19746

**SALT RIVER COMMUNITY CARE**

142 SHELBY PLAZA RD  
 SHELBY MO 63468-1065  
**Mailing Address** PO BOX 529  
 SHELBY MO 63468-0529

**Telephone** (573) 588-4175  
**Level of Care:** SNF  
**County** SHELBY  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06934

**SARCOXIE NURSING CENTER**

1505 MINER  
 SARCOXIE MO 64862-9211  
**Mailing Address** PO BOX 248  
 SARCOXIE MO 64862-0248

**Telephone** (417) 548-3434  
**Level of Care:** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 06864

**SCENIC NURSING AND REHABILITATION CENTER, LLC**

1333 SCENIC DR  
 HERCULANEUM MO 63048-1550  
**Mailing Address** 1333 SCENIC DR  
 HERCULANEUM MO 63048-1550

**Telephone** (636) 931-2995  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 189  
**DMH Licensed** No  
**Facility Number** 09605

**SCHUYLER COUNTY NURSING HOME**

1306 US HIGHWAY 63  
 QUEEN CITY MO 63561-2251  
**Mailing Address** 1306 US HIGHWAY 63  
 QUEEN CITY MO 63561-2251

**Telephone** (660) 766-2291  
**Level of Care:** SNF  
**County** SCHUYLER  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07004

**SCOTLAND COUNTY CARE CENTER**

434 E SIGLER AVE  
 MEMPHIS MO 63555-1714  
**Mailing Address** 434 E SIGLER AVE  
 MEMPHIS MO 63555-1714

**Telephone** (660) 465-7221  
**Level of Care:** SNF  
**County** SCOTLAND  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 96  
**DMH Licensed** No  
**Facility Number** 07013

**SCOTLAND COUNTY RESIDENTIAL TERRACE**

434 E SIGLER AVE  
 MEMPHIS MO 63555-1718  
**Mailing Address** 434 E SIGLER AVE  
 MEMPHIS MO 63555-1718

**Telephone** (660) 465-7221  
**Level of Care:** RCF\*  
**County** SCOTLAND  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 07013

**SEASONS CARE CENTER**

15600 WOODS CHAPEL RD  
 KANSAS CITY MO 64139-1261  
**Mailing Address** 15600 WOODS CHAPEL RD  
 KANSAS CITY MO 64139-1261

**Telephone** (816) 478-4757  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 23712

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**SENATH HEALTH CARE CENTER**

300 EAST HORNBECK ST  
 SENATH MO 63876-9225  
**Mailing Address** PO BOX 940  
 SENATH MO 63876-0940

**Telephone** (573) 738-2627 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** DUNKLIN **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 07075

**SENATH SOUTH HEALTH CARE CENTER**

300 EAST HORNBECK ST  
 SENATH MO 63876-9225  
**Mailing Address** PO BOX 940  
 SENATH MO 63876-0940

**Telephone** (573) 738-2627 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 30  
**County** DUNKLIN **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 16147

**SENECA HOME PLACE**

2400 SOUTH CHEROKEE AVE  
 SENECA MO 64865-9323  
**Mailing Address** 2400 S CHEROKEE AVE  
 SENECA MO 64865-9323

**Telephone** (417) 776-8053 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 30  
**County** NEWTON **DMH Licensed** No  
**Region 1 Facility Number** 17571

**SENECA HOUSE**

914 CHICKESAW ST  
 SENECA MO 64865-9281  
**Mailing Address** 914 CHICKESAW ST  
 SENECA MO 64865-9281

**Telephone** (417) 776-8041 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 80  
**County** NEWTON **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 17090

**SERENITY REHABILITATION AND NURSING BUTLER**

416 SOUTH HIGH ST  
 BUTLER MO 64730-1827  
**Mailing Address** 416 S HIGH ST  
 BUTLER MO 64730-1827

**Telephone** (660) 679-6158 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 98  
**County** BATES **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 08627

**SERENITY REHABILITATION AND NURSING KANSAS CITY**

12942 WORNALL RD  
 KANSAS CITY MO 64145-1253  
**Mailing Address** 12942 WORNALL RD  
 KANSAS CITY MO 64145-1253

**Telephone** (816) 423-8500 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 105  
**County** JACKSON **DMH Licensed** No  
**Region 3 Facility Number** 00644

**SERENITY REHABILITATION AND NURSING KANSAS CITY**

12942 WORNALL RD  
 KANSAS CITY MO 64145-1253  
**Mailing Address** 12942 WORNALL RD  
 KANSAS CITY MO 64145-1253

**Telephone** (816) 423-8500 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 180  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 00644

**SEVILLE CARE CENTER**

35625 HIGHWAY 72  
 SALEM MO 65560-7217  
**Mailing Address** PO BOX 746  
 SALEM MO 65560-0746

**Telephone** (573) 729-6141 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** DENT **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 07110

**SHADY LAWN LIVING CENTER**

13277 STATE ROUTE D  
 SAVANNAH MO 64485-9431  
**Mailing Address** 13277 STATE ROUTE D  
 SAVANNAH MO 64485-9431

**Telephone** (816) 324-5991 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 88  
**County** ANDREW **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 07147

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**SHADY OAKS HEALTHCARE CENTER**

715 S STATE ROUTE 19  
 THAYER MO 65791-1415  
**Mailing Address** 715 S STATE ROUTE 19  
 THAYER MO 65791-1415

**Telephone** (417) 264-7256 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** OREGON **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 01364

**SHADY OAKS RETIREMENT HOME**

2913 BEDOLL AVE  
 POPLAR BLUFF MO 63901-6809  
**Mailing Address** 2913 BEDOLL AVE  
 POPLAR BLUFF MO 63901-6809

**Telephone** (573) 785-0903 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 11  
**County** BUTLER **DMH Licensed** Yes  
**Region 2 Facility Number** 07196

**SHANGRI LA REHAB & LIVING CENTER**

930 NORTH EAST DUNCAN RD  
 BLUE SPRINGS MO 64014-2173  
**Mailing Address** 930 NORTH EAST DUNCAN RD  
 BLUE SPRINGS MO 64014-2173

**Telephone** (816) 229-6677 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 00677

**SHELBINA VILLA LIFECARE**

218 EAST SHELBINA AVE  
 SHELBINA MO 63468-4328  
**Mailing Address** 218 EAST SHELBINA AVE  
 SHELBINA MO 63468-4328

**Telephone** (573) 588-4115 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 68  
**County** SHELBY **DMH Licensed** No  
**Region 5 Facility Number** 18584

**SHEPHERD OF THE HILLS LIVING CENTER**

996 STATE HIGHWAY 248  
 BRANSON MO 65616-8154  
**Mailing Address** 996 STATE HWY 248  
 BRANSON MO 65616-8154

**Telephone** (417) 334-6431 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 100  
**County** TANEY **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 06810

**SHEPHERD'S VIEW ASSISTED LIVING**

100 SHEPHERDS LN  
 ALTON MO 65606-0429  
**Mailing Address** PO BOX 429  
 ALTON MO 65606-0429

**Telephone** (417) 778-7959 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 39  
**County** OREGON **DMH Licensed** No  
**Region 2 Facility Number** 23135

**SHERIDAN AT CHESTERFIELD, THE**

16300 JUSTUS POST ROAD  
 CHESTERFIELD MO 63017-4608  
**Mailing Address** 16300 JUSTUS POST ROAD  
 CHESTERFIELD MO 63017-4608

**Telephone** 314 369-1308 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 95  
**County** SAINT LOUIS **DMH Licensed** No  
**Region 7 Facility Number** 30848

**SHERIDAN AT CREVE COEUR, THE**

450 SOUTH LINDBERGH BLVD  
 CREVE COEUR MO 63141-  
**Mailing Address** 450 S LINDBERGH BLVD  
 CREVE COEUR MO 63141-

**Telephone** (314) 393-4040 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 53  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 30479

**SHERIDAN AT LAUMEIER PARK, THE**

12422 ROTT ROAD  
 SUNSET HILLS MO 63127-0000  
**Mailing Address** 12422 ROTT ROAD  
 SUNSET HILLS MO 63127-0000

**Telephone** 314-219-5232 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 88  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 30466

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**SHIRKEY NURSING & REHABILITATION CENTER**

804 WOLLARD BLVD  
 RICHMOND MO 64085-2227  
**Mailing Address** 804 WOLLARD BLVD  
 RICHMOND MO 64085-2227

**Telephone** (816) 776-5403 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 197  
**County** RAY **DMH Licensed** No  
**Region 4** **Medicare/Medicaid** **Facility Number** 07289

**SIENNA HOUSE, INC**

1322 LEROY AVE  
 SAINT LOUIS MO 63133-1504  
**Mailing Address** 1322 LEROY AVE  
 SAINT LOUIS MO 63133-1504

**Telephone** (314) 721-1389 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 16  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region 7** **Facility Number** 07310

**SIKESTON CONVALESCENT CENTER**

103 KENNEDY DR  
 SIKESTON MO 63801-5126  
**Mailing Address** 103 KENNEDY DR  
 SIKESTON MO 63801-5126

**Telephone** (573) 471-6900 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SCOTT **DMH Licensed** No  
**Region 2** **Medicare/Medicaid** **Facility Number** 07331

**SILEX COMMUNITY CARE**

111 DUNCAN MANSION RD  
 SILEX MO 63377-2229  
**Mailing Address** 111 DUNCAN MANSION RD  
 SILEX MO 63377-2229

**Telephone** (573) 384-5218 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** LINCOLN **DMH Licensed** No  
**Region 5** **Medicare/Medicaid** **Facility Number** 06838

**SILEX RESIDENTIAL HOME, LLC**

145 DUNCAN MANSION RD  
 SILEX MO 63377-2229  
**Mailing Address** 145 DUNCAN MANSION RD  
 SILEX MO 63377-2229

**Telephone** (573) 384-5213 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 60  
**County** LINCOLN **DMH Licensed** Yes  
**Region 5** **Facility Number** 20982

**SILVER CREEK - ASSISTED LIVING BY AMERICARE**

3325 TEXAS AVE  
 JOPLIN MO 64804-4343  
**Mailing Address** 3325 TEXAS AVE  
 JOPLIN MO 64804-4343

**Telephone** (417) 626-8100 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 62  
**County** NEWTON **DMH Licensed** No  
**Region 1** **Facility Number** 20541

**SILVER SPUR**

3300 TEXAS AVE  
 SAINT LOUIS MO 63118-3111  
**Mailing Address** 3300 TEXAS AVE  
 SAINT LOUIS MO 63118-3111

**Telephone** (314) 773-3408 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 37  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region 7** **Facility Number** 00185

**SILVERSTONE PLACE**

2735 EAGLESON DR  
 ROLLA MO 65401-8384  
**Mailing Address** 2735 EAGLESON DR  
 ROLLA MO 65401-8384

**Telephone** (573) 426-6200 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 110  
**County** PHELPS **DMH Licensed** No  
**Region 6** **Medicare/Medicaid** **Facility Number** 29351

**SMILEY MANOR LLC**

5415 THEKLA AVE  
 SAINT LOUIS MO 63120-2513  
**Mailing Address** 5415 THEKLA AVE  
 SAINT LOUIS MO 63120-2513

**Telephone** (314) 932-1360 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region 7** **Facility Number** 04078

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**SMITHVILLE LIVING CENTER**

106 HOSPITAL DR  
 SMITHVILLE MO 64089-9333  
**Mailing Address** 106 HOSPITAL DR  
 SMITHVILLE MO 64089-9333

**Telephone** (816) 532-0888  
**Level of Care:** SNF  
**County** CLAY  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 07409

**SONSHINE MANOR**

300 SOUTH COTTONWOOD AVE  
 REPUBLIC MO 65738-2093  
**Mailing Address** 300 S COTTONWOOD AVE  
 REPUBLIC MO 65738-2093

**Telephone** (417) 732-2929  
**Level of Care:** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 69  
**DMH Licensed** No  
**Facility Number** 16723

**SOUTH COUNTY NURSING HOME, INC**

1101 WEST OUTER 21 RD  
 ARNOLD MO 63010-4644  
**Mailing Address** 1101 WEST OUTER 21 RD  
 ARNOLD MO 63010-4644

**Telephone** (636) 296-5455  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 153  
**DMH Licensed** No  
**Facility Number** 03650

**SOUTH HAMPTON PLACE**

4700 BRANDON WOODS  
 COLUMBIA MO 65203-7169  
**Mailing Address** 4700 BRANDON WOODS  
 COLUMBIA MO 65203-7169

**Telephone** (573) 874-3674  
**Level of Care:** SNF  
**County** BOONE  
**Region 6** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 19799

**SOUTH HAVEN RESIDENTIAL CARE, LLC**

10462 AIRPORT RD  
 MINERAL POINT MO 63660-9325  
**Mailing Address** 10462 AIRPORT RD  
 MINERAL POINT MO 63660-9325

**Telephone** (573) 438-4150  
**Level of Care:** RCF\*  
**County** WASHINGTON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 10529

**SOUTH POINTE - ASSISTED LIVING BY AMERICARE**

5125 OLD HWY 100  
 WASHINGTON MO 63090-3855  
**Mailing Address** 5125 OLD HWY 100  
 WASHINGTON MO 63090-3855

**Telephone** (636) 239-0670  
**Level of Care:** ALF\*\*  
**County** FRANKLIN  
**Region 6**

**Alzheimer's Unit** Yes  
**Bed Capacity** 72  
**DMH Licensed** No  
**Facility Number** 13735

**SOUTH VIEW HEALTH CARE, LLC**

951 CREAMERY ROAD  
 WEST PLAINS MO 65775-6052  
**Mailing Address** PO BOX 88  
 WEST PLAINS MO 65775-0088

**Telephone** (417) 255-9322  
**Level of Care:** RCF\*  
**County** HOWELL  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 23567

**SOUTHAVEN**

612 SOUTH BYPASS EAST  
 KENNETT MO 63857-3240  
**Mailing Address** 612 SOUTH BYPASS EAST  
 KENNETT MO 63857-3240

**Telephone** (573) 888-9213  
**Level of Care:** RCF\*  
**County** DUNKLIN  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 36  
**DMH Licensed** No  
**Facility Number** 24336

**SOUTHBROOK - SKILLED NURSING BY AMERICARE**

1108 WEST LIBERTY  
 FARMINGTON MO 63640-1922  
**Mailing Address** 1108 WEST LIBERTY  
 FARMINGTON MO 63640-1922

**Telephone** (573) 756-6658  
**Level of Care:** SNF  
**County** SAINT FRANCOIS  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 104  
**DMH Licensed** No  
**Facility Number** 02577

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**SOUTHGATE LIVING CENTER**

500 TRUMAN BLVD  
 CARUTHERSVILLE MO 63830-1261  
**Mailing Address** 500 TRUMAN BLVD  
 CARUTHERSVILLE MO 63830-1261

**Telephone** (573) 333-5150  
**Level of Care:** SNF  
**County** PEMISCOT  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 01081

**SOUTHSIDE TOWNE HOUSE**

510 SOUTH WASHINGTON  
 MEXICO MO 65265-2786  
**Mailing Address** PO BOX 6  
 MEXICO MO 65265-0006

**Telephone** (573) 581-3203  
**Level of Care:** RCF\*\*  
**County** AUDRAIN  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 16987

**SOUTHVIEW ASSISTED LIVING**

9916 REAVIS ROAD  
 AFFTON MO 63123-5314  
**Mailing Address** 9916 REAVIS RD  
 AFFTON MO 63123-5314

**Telephone** (314) 544-4440  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** Yes  
**Bed Capacity** 116  
**DMH Licensed** No  
**Facility Number** 28446

**SPECIAL FORCE FAMILY MINISTRIES**

428 SOUTH HARRISON ST  
 NIXA MO 65714-7809  
**Mailing Address** PO BOX 882  
 NIXA MO 65714-0882

**Telephone** (417) 725-7917  
**Level of Care:** RCF  
**County** CHRISTIAN  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 18764

**SPENCER PLACE - ASSISTED LIVING BY AMERICARE**

265 SPENCER RD  
 SAINT PETERS MO 63376-2430  
**Mailing Address** 265 SPENCER RD  
 SAINT PETERS MO 63376-2430

**Telephone** (636) 441-6662  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 68  
**DMH Licensed** No  
**Facility Number** 13294

**SPRIGG STREET MANOR**

701 NORTH SPRIGG  
 CAPE GIRARDEAU MO 63701-4815  
**Mailing Address** 701 NORTH SPRIGG  
 CAPE GIRARDEAU MO 63701-4815

**Telephone** (573) 334-2975  
**Level of Care:** RCF  
**County** CAPE GIRARDEAU  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 15  
**DMH Licensed** Yes  
**Facility Number** 17420

**SPRING MANOR**

3610 PALM ST  
 SAINT LOUIS MO 63107-2505  
**Mailing Address** 3610 PALM ST  
 SAINT LOUIS MO 63107-2505

**Telephone** (314) 533-3111  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 94  
**DMH Licensed** Yes  
**Facility Number** 28552

**SPRING RIDGE - ASSISTED LIVING BY AMERICARE**

2828 SOUTH MEADOWBROOK  
 SPRINGFIELD MO 65807-5925  
**Mailing Address** 2828 SOUTH MEADOWBROOK  
 SPRINGFIELD MO 65807-5925

**Telephone** (417) 889-7100  
**Level of Care:** ALF\*\*  
**County** GREENE  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 19713

**SPRING RIVER CHRISTIAN VILLAGE, INC**

201 S NORTHPARK LN  
 JOPLIN MO 64801-8426  
**Mailing Address** 201 S NORTHPARK LN  
 JOPLIN MO 64801-8426

**Telephone** (417) 623-4313  
**Level of Care:** SNF  
**County** JASPER  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 14251

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**SPRING RIVER CHRISTIAN VILLAGE, INC**

201 S NORTH PARK LN  
 JOPLIN MO 64801-8426  
**Mailing Address** 201 S NORTH PARK LN  
 JOPLIN MO 64801-8426

**Telephone** (417) 623-4313  
**Level of Care:** ALF\*\*  
**County** JASPER  
**Region 1**

**Alzheimer's Unit** Yes  
**Bed Capacity** 93  
**DMH Licensed** No  
**Facility Number** 14251

**SPRINGFIELD REHABILITATION & HEALTH CARE CENTER**

2800 S FORT AVE  
 SPRINGFIELD MO 65807-3480  
**Mailing Address** PO BOX 3438 GS  
 SPRINGFIELD MO 65808-3438

**Telephone** (417) 882-0035  
**Level of Care:** SNF  
**County** GREENE  
**Region 1 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 07460

**SPRINGFIELD SKILLED CARE CENTER**

2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967  
**Mailing Address** 2401 W GRAND ST  
 SPRINGFIELD MO 65802-4967

**Telephone** (417) 864-4545  
**Level of Care:** SNF  
**County** GREENE  
**Region 1 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 09756

**SPRINGFIELD VILLA**

1100 EAST MONTCLAIR  
 SPRINGFIELD MO 65807-5076  
**Mailing Address** 1100 EAST MONTCLAIR  
 SPRINGFIELD MO 65807-5076

**Telephone** (417) 820-8500  
**Level of Care:** SNF  
**County** GREENE  
**Region 1 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 146  
**DMH Licensed** No  
**Facility Number** 05280

**SPRINGHILL - ASSISTED LIVING BY AMERICARE**

1105 VILLAGE RD  
 NEOSHO MO 64850-9076  
**Mailing Address** 1105 VILLAGE RD  
 NEOSHO MO 64850-9076

**Telephone** (417) 451-1000  
**Level of Care:** ALF\*\*  
**County** NEWTON  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 20193

**ST AGNES HOME**

10341 MANCHESTER RD  
 KIRKWOOD MO 63122-1520  
**Mailing Address** 10341 MANCHESTER RD  
 KIRKWOOD MO 63122-1520

**Telephone** (314) 965-7616  
**Level of Care:** ICF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 150  
**DMH Licensed** No  
**Facility Number** 07481

**ST ANDREW'S ASSISTED LIVING OF BRIDGETON**

11325 ST CHARLES ROCK RD  
 BRIDGETON MO 63044-2722  
**Mailing Address** 11325 ST CHARLES ROCK RD  
 BRIDGETON MO 63044-2722

**Telephone** (314) 209-1177  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** No  
**Facility Number** 22810

**ST ANDREW'S AT FRANCIS PLACE**

300 FORBY RD  
 EUREKA MO 63025-2321  
**Mailing Address** 300 FORBY RD  
 EUREKA MO 63025-2321

**Telephone** (636) 938-5151  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 06430

**ST ANN ASSISTED LIVING CENTER**

10441 INTERNATIONAL PLAZA DR  
 SAINT ANN MO 63074-1805  
**Mailing Address** 10441 INTERNATIONAL PLAZA DR  
 SAINT ANN MO 63074-1805

**Telephone** (314) 423-1254  
**Level of Care:** ALF  
**County** SAINT LOUIS COUNTY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** No  
**Facility Number** 21994

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**ST CLAIR NURSING CENTER**

1035 PLAZA COURT NORTH  
 SAINT CLAIR MO 63077-1129  
**Mailing Address** 1035 PLAZA CT NORTH  
 SAINT CLAIR MO 63077-1129

**Telephone** (636) 629-2100 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 79  
**County** FRANKLIN **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 13744

**ST ELIZABETH CARE CENTER**

649 SOUTH WALNUT ST  
 SAINT ELIZABETH MO 65075-2440  
**Mailing Address** 649 SOUTH WALNUT ST  
 SAINT ELIZABETH MO 65075-2440

**Telephone** (573) 493-2215 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 63  
**County** MILLER **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 07523

**ST ELIZABETH HALL**

325 NORTH NEWSTEAD AVE  
 SAINT LOUIS MO 63108-2707  
**Mailing Address** 325 N NEWSTEAD AVE  
 SAINT LOUIS MO 63108-2707

**Telephone** (314) 652-9525 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 50  
**County** SAINT LOUIS CITY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 07516

**ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE**

1806 SAINT FRANCIS ST  
 KENNETT MO 63857-1568  
**Mailing Address** PO BOX 629  
 KENNETT MO 63857-0629

**Telephone** (573) 888-1188 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 50  
**County** DUNKLIN **DMH Licensed** No  
**Region** 2 **Facility Number** 18903

**ST FRANCOIS MANOR**

1180 OLD JACKSON RD  
 FARMINGTON MO 63640-3428  
**Mailing Address** 1180 OLD JACKSON RD  
 FARMINGTON MO 63640-3428

**Telephone** (573) 760-1700 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 11  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region** 2 **Facility Number** 21512

**ST FRANCOIS MANOR**

1180 OLD JACKSON RD  
 FARMINGTON MO 63640-3428  
**Mailing Address** 1180 OLD JACKSON RD  
 FARMINGTON MO 63640-3428

**Telephone** (573) 760-1700 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 29  
**County** SAINT FRANCOIS **DMH Licensed** Yes  
**Region** 2 **Facility Number** 21512

**ST FRANCOIS MANOR**

1180 OLD JACKSON RD  
 FARMINGTON MO 63640-3428  
**Mailing Address** 1180 OLD JACKSON RD  
 FARMINGTON MO 63640-3428

**Telephone** (573) 760-1700 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 118  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 21512

**ST GENEVIEVE CARE CENTER, INC**

1010 STE GENEVIEVE DR  
 SAINTE GENEVIEVE MO 63670-1447  
**Mailing Address** PO BOX 426  
 SAINTE GENEVIEVE MO 63670-0426

**Telephone** (573) 883-5725 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** SAINTE GENEVIEVE **DMH Licensed** No  
**Region** 2 **Medicare/Medicaid** **Facility Number** 03254

**ST JAMES LIVING CENTER**

415 SIDNEY ST  
 SAINT JAMES MO 65559-1070  
**Mailing Address** PO BOX 69  
 SAINT JAMES MO 65559-0069

**Telephone** (573) 265-8921 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 90  
**County** PHELPS **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 05238

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**ST JOE MANOR**

10 LAKE DR  
 BONNE TERRE MO 63628-1820  
**Mailing Address** 10 LAKE DR  
 BONNE TERRE MO 63628-1820

**Telephone** (573) 358-2800 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 146  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2 Medicare/Medicaid Facility Number** 22664

**ST JOE MANOR**

10 LAKE DR  
 BONNE TERRE MO 63628-1820  
**Mailing Address** 10 LAKE DR  
 BONNE TERRE MO 63628-1820

**Telephone** (573) 358-2800 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 92  
**County** SAINT FRANCOIS **DMH Licensed** No  
**Region 2 Facility Number** 22664

**ST JOHNS PLACE**

3333 BROWN ROAD  
 SAINT LOUIS MO 63114-4327  
**Mailing Address** 3333 BROWN RD  
 SAINT LOUIS MO 63114-4327

**Telephone** (314) 426-2211 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 94  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 18454

**ST JOSEPH CHATEAU**

811 NORTH 9TH ST  
 SAINT JOSEPH MO 64501-1651  
**Mailing Address** 811 NORTH 9TH ST  
 SAINT JOSEPH MO 64508-1651

**Telephone** (816) 233-5164 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 69  
**County** BUCHANAN **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 07532

**ST JOSEPH'S BLUFFS**

1306 WEST MAIN ST  
 JEFFERSON CITY MO 65109-1356  
**Mailing Address** 1306 WEST MAIN ST  
 JEFFERSON CITY MO 65109-1356

**Telephone** (573) 635-0166 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 69  
**County** COLE **DMH Licensed** No  
**Region 6 Medicare Facility Number** 07572

**ST LOUIS ALTENHEIM**

5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023  
**Mailing Address** 5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023

**Telephone** (314) 353-7225 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 23  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Facility Number** 07585

**ST LOUIS ALTENHEIM**

5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023  
**Mailing Address** 5408 S BROADWAY  
 SAINT LOUIS MO 63111-2023

**Telephone** (314) 353-7225 **Alzheimer's Unit** No  
**Level of Care:** ICF **Bed Capacity** 24  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Facility Number** 07585

**ST LOUIS ALTENHEIM**

5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023  
**Mailing Address** 5408 SOUTH BROADWAY  
 SAINT LOUIS MO 63111-2023

**Telephone** (314) 353-7225 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 24  
**County** SAINT LOUIS CITY **DMH Licensed** No  
**Region 7 Medicaid Facility Number** 07585

**ST LOUIS PLACE HEALTH & REHABILITATION**

2600 REDMAN RD  
 SAINT LOUIS MO 63136-5863  
**Mailing Address** 2600 REDMAN RD  
 SAINT LOUIS MO 63136-5863

**Telephone** (314) 355-8585 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 18697

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**ST LUKE'S CARE CENTER, INC**

1220 EAST FAIRVIEW AVE  
 CARTHAGE MO 64836-3122  
**Mailing Address** 1220 EAST FAIRVIEW AVE  
 CARTHAGE MO 64836-3122

**Telephone** (417) 358-9084  
**Level of Care:** ALF\*\*  
**County** JASPER  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 41  
**DMH Licensed** No  
**Facility Number** 07606

**ST LUKE'S NURSING CENTER, INC**

1220 EAST FAIRVIEW AVE  
 CARTHAGE MO 64836-3122  
**Mailing Address** 1220 EAST FAIRVIEW AVE  
 CARTHAGE MO 64836-3122

**Telephone** (417) 358-9084  
**Level of Care:** SNF  
**County** JASPER  
**Region 1 Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 07606

**ST MARY'S MANOR**

111 MOCK AVE  
 BLUE SPRINGS MO 64014-2504  
**Mailing Address** 111 MOCK AVE  
 BLUE SPRINGS MO 64014-2504

**Telephone** (816) 228-5655  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 13219

**ST MARY'S MANOR**

111 MOCK AVE  
 BLUE SPRINGS MO 64014-2504  
**Mailing Address** 111 MOCK AVE  
 BLUE SPRINGS MO 64014-2504

**Telephone** (816) 228-5655  
**Level of Care:** SNF  
**County** JACKSON  
**Region 3 Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 13219

**ST PETERS MANOR CARE CENTER**

230 SPENCER RD  
 SAINT PETERS MO 63376-2425  
**Mailing Address** 230 SPENCER RD  
 SAINT PETERS MO 63376-2425

**Telephone** (636) 441-2750  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region 5 Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 94  
**DMH Licensed** No  
**Facility Number** 07613

**ST SOPHIA HEALTH & REHABILITATION CENTER**

936 CHARBONIER RD  
 FLORISSANT MO 63031-5220  
**Mailing Address** 936 CHARBONIER RD  
 FLORISSANT MO 63031-5220

**Telephone** (314) 831-4800  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 240  
**DMH Licensed** No  
**Facility Number** 07631

**STARCARE**

1606 SOUTH 38TH ST  
 SAINT JOSEPH MO 64507-2216  
**Mailing Address** PO BOX 8162  
 SAINT JOSEPH MO 64508-8162

**Telephone** (816) 390-8941  
**Level of Care:** RCF  
**County** BUCHANAN  
**Region 4**

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 00920

**STONEBRIDGE MARYLAND HEIGHTS**

2963 DODDRIDGE AVE  
 MARYLAND HEIGHTS MO 63043-1736  
**Mailing Address** 2963 DODDRIDGE AVE  
 MARYLAND HEIGHTS MO 63043-1736

**Telephone** (314) 291-4557  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7 Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 223  
**DMH Licensed** No  
**Facility Number** 00855

**STONECREST AT BURLINGTON CREEK**

6311 NORTH COSBY AVENUE  
 KANSAS CITY MO 64151-2344  
**Mailing Address** 6311 N COSBY AVENUE  
 KANSAS CITY MO 64151-2344

**Telephone** (816) 505-3030  
**Level of Care:** ALF\*\*  
**County** PLATTE  
**Region 4**

**Alzheimer's Unit** Yes  
**Bed Capacity** 110  
**DMH Licensed** No  
**Facility Number** 30198

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**STONECREST AT CLAYTON VIEW**

8825 EAGER ROAD  
 SAINT LOUIS MO 63144-1205  
**Mailing Address** 8825 EAGER ROAD  
 SAINT LOUIS MO 63144-1205

**Telephone** (314) 961-1700  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 30363

**STONECREST HEALTHCARE**

2 HIGHWAY Y  
 VIBURNUM MO 65566-0707  
**Mailing Address** PO BOX 707  
 VIBURNUM MO 65566-0707

**Telephone** (573) 244-3171  
**Level of Care:** SNF  
**County** IRON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 16689

**STONECREST OF TOWN & COUNTRY**

1020 WOODS MILL ROAD  
 TOWN & COUNTRY MO 63017-  
**Mailing Address** 1020 WOODS MILL ROAD  
 TOWN & COUNTRY MO 63017-

**Telephone** (636) 527-4444  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 95  
**DMH Licensed** No  
**Facility Number** 30612

**STONE RIDGE VILLAGE**

25023 BOTHWELL PARK RD  
 SEDALIA MO 65301-0084  
**Mailing Address** 25023 BOTHWELL PARK RD  
 SEDALIA MO 65301-0084

**Telephone** (660) 827-3993  
**Level of Care:** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 81  
**DMH Licensed** No  
**Facility Number** 05035

**STOVER'S RESIDENTIAL CARE FACILITY**

520 EAST 5TH ST  
 MILAN MO 63556-1222  
**Mailing Address** 520 EAST 5TH ST  
 MILAN MO 63556-1222

**Telephone** (660) 265-3262  
**Level of Care:** RCF  
**County** SULLIVAN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 07709

**STRAFFORD CARE CENTER**

505 WEST EVERGREEN  
 STRAFFORD MO 65757-8625  
**Mailing Address** 505 WEST EVERGREEN  
 STRAFFORD MO 65757-8625

**Telephone** (417) 736-9332  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 78  
**DMH Licensed** No  
**Facility Number** 21285

**STUART HOUSE, LLC THE**

117 S HICKMAN  
 CENTRALIA MO 65240-1316  
**Mailing Address** 117 S HICKMAN  
 CENTRALIA MO 65240-1316

**Telephone** (573) 682-3204  
**Level of Care:** ICF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** No  
**Facility Number** 10146

**STUBBLEFIELD RETIREMENT HOME**

5349 HIGHWAY P  
 CUBA MO 65453-6281  
**Mailing Address** PO BOX 647  
 CUBA MO 65453-0647

**Telephone** (573) 885-3661  
**Level of Care:** RCF\*  
**County** CRAWFORD  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 34  
**DMH Licensed** Yes  
**Facility Number** 17894

**STURGEON REST HOME**

315 E STONE ST  
 STURGEON MO 65284-8907  
**Mailing Address** PO BOX 328  
 STURGEON MO 65284-0328

**Telephone** (573) 687-3012  
**Level of Care:** RCF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 07733

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**SUGAR CREEK - ASSISTED LIVING BY AMERICARE**

161 PROFESSIONAL PARKWAY  
 TROY MO 63379-2829  
**Mailing Address** 161 PROFESSIONAL PRKWY  
 TROY MO 63379-2829

**Telephone** (636) 528-3136  
**Level of Care:** ALF\*\*  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 26349

**SUMMIT VILLA LIFECARE**

229 KAREN DR  
 HOLTS SUMMIT MO 65043-2522  
**Mailing Address** 229 KAREN DR  
 HOLTS SUMMIT MO 65043-2522

**Telephone** (573) 896-8567  
**Level of Care:** ALF\*\*  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** Yes  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 21318

**SUMMIT, THE**

3660 SUMMIT  
 KANSAS CITY MO 64111-4632  
**Mailing Address** 3660 SUMMIT  
 KANSAS CITY MO 64111-4632

**Telephone** (816) 931-1196  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** No  
**Facility Number** 18330

**SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICARE**

12101 EAST BANNISTER RD  
 KANSAS CITY MO 64138-4913  
**Mailing Address** 12101 EAST BANNISTER RD  
 KANSAS CITY MO 64138-4913

**Telephone** (816) 763-6667  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 52  
**DMH Licensed** No  
**Facility Number** 16311

**SUNNY MEADOWS LIVING CENTER**

419 NORTH PROSPECT AVE  
 SEDALIA MO 65301-2729  
**Mailing Address** 419 N PROSPECT AVE  
 SEDALIA MO 65301-2729

**Telephone** (660) 826-5353  
**Level of Care:** RCF  
**County** PETTIS  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 06527

**SUNNYHILL INDEPENDENCE CENTER**

3343 ARMBRUSTER ROAD  
 DE SOTO MO 63020-4506  
**Mailing Address** 3343 ARMBRUSTER RD  
 DE SOTO MO 63020-4506

**Telephone** (636) 586-2188  
**Level of Care:** ALF\*\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 32  
**DMH Licensed** Yes  
**Facility Number** 29674

**SUNNYHILL RESIDENTIAL CARE FACILITY**

134 GRAY ST  
 FESTUS MO 63028-1949  
**Mailing Address** PO BOX 356  
 FESTUS MO 63028-0356

**Telephone** (636) 931-4701  
**Level of Care:** RCF  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 07725

**SUNNYHILLS RESIDENTIAL CARE FACILITY**

17562 IMPERIAL RD  
 CARTHAGE MO 64836-8753  
**Mailing Address** 17562 IMPERIAL RD  
 CARTHAGE MO 64836-8753

**Telephone** (417) 358-6122  
**Level of Care:** RCF  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 13351

**SUNNYVIEW NURSING HOME & APARTMENTS**

1311 EAST 28TH ST  
 TRENTON MO 64683-1103  
**Mailing Address** 1311 EAST 28TH ST  
 TRENTON MO 64683-1103

**Telephone** (660) 359-5647  
**Level of Care:** RCF\*  
**County** GRUNDY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 38  
**DMH Licensed** No  
**Facility Number** 18509

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**SUNNYVIEW NURSING HOME & APARTMENTS**

1311 EAST 28TH ST  
 TRENTON MO 64683-1103  
**Mailing Address** 1311 EAST 28TH ST  
 TRENTON MO 64683-1103

**Telephone** (660) 359-5647 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 154  
**County** GRUNDY **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 18509

**SUNRISE OF CHESTERFIELD**

1880 CLARKSON RD  
 CHESTERFIELD MO 63017-5000  
**Mailing Address** 1880 CLARKSON RD  
 CHESTERFIELD MO 63017-5000

**Telephone** (636) 536-3800 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 3  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 23767

**SUNRISE OF CHESTERFIELD**

1880 CLARKSON RD  
 CHESTERFIELD MO 63017-5000  
**Mailing Address** 1880 CLARKSON RD  
 CHESTERFIELD MO 63017-5000

**Telephone** (636) 536-3800 **Alzheimer's Unit** Yes  
**Level of Care:** ICF **Bed Capacity** 95  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 23767

**SUNRISE OF DES PERES**

13460 MANCHESTER RD  
 DES PERES MO 63131-1734  
**Mailing Address** 13460 MANCHESTER RD  
 DES PERES MO 63131-1734

**Telephone** (314) 965-3800 **Alzheimer's Unit** Yes  
**Level of Care:** ICF **Bed Capacity** 102  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 24242

**SUNRISE OF WEBSTER GROVES**

45 EAST LOCKWOOD  
 SAINT LOUIS MO 63119-3050  
**Mailing Address** 45 EAST LOCKWOOD  
 SAINT LOUIS MO 63119-3050

**Telephone** (314) 918-7300 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 28242

**SUNRISE ON CLAYTON**

7920 CLAYTON ROAD  
 RICHMOND HEIGHTS MO 63117-1327  
**Mailing Address** 7920 CLAYTON RD  
 RICHMOND HEIGHTS MO 63117-1327

**Telephone** (314) 646-7600 **Alzheimer's Unit** Yes  
**Level of Care:** ICF **Bed Capacity** 90  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 24149

**SUNSET HEALTH CARE CENTER**

400 WEST PARK AVE  
 UNION MO 63084-1140  
**Mailing Address** 400 WEST PARK AVE  
 UNION MO 63084-1140

**Telephone** (636) 583-2252 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** FRANKLIN **DMH Licensed** No  
**Region 6 Medicare/Medicaid Facility Number** 07831

**SUNSET HILLS HEALTH AND REHABILITATION CENTER**

10954 KENNERLY RD  
 SAINT LOUIS MO 63128-2018  
**Mailing Address** 10954 KENNERLY RD  
 SAINT LOUIS MO 63128-2018

**Telephone** (314) 843-4242 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 167  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 03182

**SUNSET HOME**

1201 SOUTH POLK  
 MAYSVILLE MO 64469-4028  
**Mailing Address** 1201 S POLK  
 MAYSVILLE MO 64469-4028

**Telephone** (816) 449-2158 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 60  
**County** DEKALB **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 07798

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**SUNSET VILLAGE OF THE OZARKS, INC**

14275 HIGHWAY Z  
 SAINT ROBERT MO 65584-3255  
**Mailing Address** 14275 HIGHWAY Z  
 SAINT ROBERT MO 65584-3255

**Telephone** (573) 336-4322 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 36  
**County** PULASKI **DMH Licensed** No  
**Region** 6 **Medicare/Medicaid** **Facility Number** 07849

**SUNSHINE ACRES RESIDENTIAL CARE**

541 ROCK ROAD  
 BOURBON MO 65441-6324  
**Mailing Address** PO BOX 67  
 BOURBON MO 65441-0067

**Telephone** (573) 732-5366 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 20  
**County** CRAWFORD **DMH Licensed** Yes  
**Region** 6 **Facility Number** 03540

**SUNSHINE HOME CARE - ST CHARLES**

618 HEMSATH RD  
 SAINT CHARLES MO 63303-5919  
**Mailing Address** 618 HEMSATH RD  
 SAINT CHARLES MO 63303-5919

**Telephone** (636) 947-7799 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 27  
**County** SAINT CHARLES **DMH Licensed** Yes  
**Region** 5 **Facility Number** 08653

**SUNSHINE HOME CARE - WINFIELD**

499 WALNUT ST  
 WINFIELD MO 63389-1138  
**Mailing Address** PO BOX 185  
 WINFIELD MO 63389-0185

**Telephone** (636) 668-8500 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 49  
**County** LINCOLN **DMH Licensed** Yes  
**Region** 5 **Facility Number** 25266

**SUNSHINE VILLA HOMES LLC**

2520 JAMES ST  
 SCOTT CITY MO 63780-1219  
**Mailing Address** 2520 JAMES ST  
 SCOTT CITY MO 63780-1219

**Telephone** (573) 264-2424 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 22  
**County** SCOTT **DMH Licensed** Yes  
**Region** 2 **Facility Number** 07039

**SUNTERRA SPRINGS INDEPENDENCE**

19200 E 37TH TERRACE S  
 INDEPENDENCE MO 64057-8324  
**Mailing Address** 19200 E 37TH TERRACE S  
 INDEPENDENCE MO 64057-8324

**Telephone** (816) 335-3008 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 38  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare** **Facility Number** 30894

**SUPERIOR MANOR OF DOWNTOWN, LLC**

1501 CLINTON STREET  
 SAINT LOUIS MO 63106-  
**Mailing Address** 1501 CLINTON STREET  
 SAINT LOUIS MO 63106-

**Telephone** (314) 376-5000 **Alzheimer's Unit** NO  
**Level of Care:** RCF **Bed Capacity** 40  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 30136

**SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING AND RCF**

14701 OLIVE BLVD  
 CHESTERFIELD MO 63017-2221  
**Mailing Address** 14701 OLIVE BLVD  
 CHESTERFIELD MO 63017-2221

**Telephone** (314) 542-3300 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Medicare/Medicaid** **Facility Number** 15467

**SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING AND RCF**

14701 OLIVE BLVD  
 CHESTERFIELD MO 63017-2221  
**Mailing Address** 14701 OLIVE BLVD  
 CHESTERFIELD MO 63017-2221

**Telephone** (314) 542-3300 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 20  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region** 7 **Facility Number** 15467

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**SWEET SPRINGS VILLA**

518 E MARSHALL  
 SWEET SPRINGS MO 65351-9756  
**Mailing Address** 518 E MARSHALL  
 SWEET SPRINGS MO 65351-9756

**Telephone** (660) 335-6391 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SALINE **DMH Licensed** No  
**Region** 5 **Medicare/Medicaid** **Facility Number** 05378

**SWIFT CREEK RESIDENTIAL CARE CENTER**

1673 HIGHWAY 53  
 POPLAR BLUFF MO 63901-4132  
**Mailing Address** 1673 HWY 53  
 POPLAR BLUFF MO 63901-4132

**Telephone** (573) 778-1129 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 12  
**County** BUTLER **DMH Licensed** Yes  
**Region** 2 **Facility Number** 20386

**SWITZER RESIDENTIAL CARE**

3260 MYSTIC LN  
 POPLAR BLUFF MO 63901-3067  
**Mailing Address** 3260 MYSTIC LANE  
 POPLAR BLUFF MO 63901-3067

**Telephone** (573) 785-9399 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 20  
**County** BUTLER **DMH Licensed** Yes  
**Region** 2 **Facility Number** 20739

**SWOPE RIDGE GERIATRIC CENTER**

5900 SWOPE PARKWAY  
 KANSAS CITY MO 64130-4241  
**Mailing Address** 5900 SWOPE PRKWY  
 KANSAS CITY MO 64130-4241

**Telephone** (816) 333-2700 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 240  
**County** JACKSON **DMH Licensed** No  
**Region** 3 **Medicare/Medicaid** **Facility Number** 07904

**SYLVAN HOUSE**

30 SHERMAN RD  
 SAINT LOUIS MO 63125-4125  
**Mailing Address** 30 SHERMAN RD  
 SAINT LOUIS MO 63125-4125

**Telephone** (314) 892-2212 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 40  
**County** SAINT LOUIS COUNTY **DMH Licensed** Yes  
**Region** 7 **Facility Number** 15078

**SYLVIA G THOMPSON RESIDENCE CENTER, INC**

3333 WEST TENTH ST  
 SEDALIA MO 65301-2113  
**Mailing Address** 3333 WEST TENTH ST  
 SEDALIA MO 65301-2113

**Telephone** (660) 826-2118 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** PETTIS **DMH Licensed** No  
**Region** 6 **Medicaid** **Facility Number** 17278

**TABLEROCK HEALTHCARE**

276 FOUNTAIN LN  
 KIMBERLING CITY MO 65686-9356  
**Mailing Address** 276 FOUNTAIN LANE  
 KIMBERLING CITY MO 65686-9356

**Telephone** (417) 739-2481 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 120  
**County** STONE **DMH Licensed** No  
**Region** 1 **Medicare/Medicaid** **Facility Number** 07911

**TARKIO REHABILITATION & HEALTH CARE**

300 CEDAR ST  
 TARKIO MO 64491-1174  
**Mailing Address** 300 CEDAR ST  
 TARKIO MO 64491-1174

**Telephone** (660) 736-4116 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 95  
**County** ATCHISON **DMH Licensed** No  
**Region** 4 **Medicare/Medicaid** **Facility Number** 00494

**TEAL LAKE - ASSISTED LIVING BY AMERICARE**

1722 HUNTINGFIELD DR  
 MEXICO MO 65265-3808  
**Mailing Address** 1722 HUNTINGFIELD DR  
 MEXICO MO 65265-3808

**Telephone** (573) 582-7800 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 42  
**County** AUDRAIN **DMH Licensed** No  
**Region** 5 **Facility Number** 23534

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**TESSON HEIGHTS**

12335 WEST BEND DR  
 SAINT LOUIS MO 63128-2160  
**Mailing Address** 12335 WEST BEND DR  
 SAINT LOUIS MO 63128-2160

**Telephone** (314) 849-1366  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 79  
**DMH Licensed** No  
**Facility Number** 13663

**THOMAS RESIDENTIAL CARE CENTER II**

119 VIRGINIA ST  
 SAINT JOSEPH MO 64504-1543  
**Mailing Address** 119 VIRGINIA ST  
 SAINT JOSEPH MO 64504-1543

**Telephone** (816) 238-5266  
**Level of Care:** RCF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 16  
**DMH Licensed** Yes  
**Facility Number** 07966

**THOMAS RESIDENTIAL CARE FACILITY III**

1415 OLIVE ST  
 SAINT JOSEPH MO 64503-2443  
**Mailing Address** 1415 OLIVE ST  
 SAINT JOSEPH MO 64503-2443

**Telephone** (816) 676-0390  
**Level of Care:** RCF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 06076

**TIFFANY HEIGHTS**

1531 NEBRASKA ST  
 MOUND CITY MO 64470-1610  
**Mailing Address** PO BOX 308  
 MOUND CITY MO 64470-0308

**Telephone** (660) 442-3146  
**Level of Care:** SNF  
**County** HOLT  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 07998

**TIFFANY SPRINGS REHABILITATION & HEALTH CARE CENTER**

9191 N AMBASSADOR DR  
 KANSAS CITY MO 64154-  
**Mailing Address** 9191 N AMBASSADOR DR  
 KANSAS CITY MO 64154-

**Telephone** (816) 741-5570  
**Level of Care:** SNF  
**County** PLATTE  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 30748

**TIGER PLACE**

2910 BLUFF CREEK DR  
 COLUMBIA MO 65201-3522  
**Mailing Address** 2910 BLUFF CREEK DR  
 COLUMBIA MO 65201-3522

**Telephone** (573) 256-4620  
**Level of Care:** ICF  
**County** BOONE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 112  
**DMH Licensed** No  
**Facility Number** 24341

**TIMBERLAKE CARE CENTER**

12110 HOLMES RD  
 KANSAS CITY MO 64145-1707  
**Mailing Address** 12110 HOLMES RD  
 KANSAS CITY MO 64145-1707

**Telephone** (816) 941-3006  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 122  
**DMH Licensed** No  
**Facility Number** 10962

**TIMBERS, THE**

239 KAREN DRIVE  
 HOLTS SUMMIT MO 65043-2522  
**Mailing Address** 239 KAREN DRIVE  
 HOLTS SUMMIT MO 65043-2522

**Telephone** (573) 415-0390  
**Level of Care:** ALF\*\*  
**County** CALLAWAY  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 30384

**TIPTON OAK MANOR**

601 WEST MORGAN ST  
 TIPTON MO 65081-8214  
**Mailing Address** 601 WEST MORGAN ST  
 TIPTON MO 65081-8214

**Telephone** (660) 433-5574  
**Level of Care:** SNF  
**County** MONITEAU  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 08036

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**TOWNE HOUSE, THE**

221 EAST WHITLEY  
 MEXICO MO 65265-2815  
**Mailing Address** PO BOX 6  
 MEXICO MO 65265-0006

**Telephone** (573) 581-2547  
**Level of Care:** RCF\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 29  
**DMH Licensed** Yes  
**Facility Number** 08077

**TOWNHOUSE RESIDENTIAL CARE FACILITY**

207 FRONT ST  
 ANNAPOLIS MO 63620-9130  
**Mailing Address** 207 FRONT ST  
 ANNAPOLIS MO 63620-9130

**Telephone** (573) 598-1168  
**Level of Care:** RCF  
**County** IRON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** Yes  
**Facility Number** 20185

**TRI-COUNTY CARE CENTER**

601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252  
**Mailing Address** 601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252

**Telephone** (573) 594-6467  
**Level of Care:** SNF  
**County** AUDRAIN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 08096

**TRI-COUNTY CARE CENTER**

601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252  
**Mailing Address** 601 NORTH GALLOWAY RD  
 VANDALIA MO 63382-1252

**Telephone** (573) 594-6467  
**Level of Care:** RCF\*  
**County** AUDRAIN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 08096

**TROY HOUSE RESCARE**

350 CAP AU GRIS  
 TROY MO 63379-1761  
**Mailing Address** PO BOX 271  
 TROY MO 63379-0271

**Telephone** (636) 462-4915  
**Level of Care:** RCF\*  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 23  
**DMH Licensed** No  
**Facility Number** 08129

**TROY MANOR**

200 THOMPSON DR  
 TROY MO 63379-2308  
**Mailing Address** 200 THOMPSON DR  
 TROY MO 63379-2308

**Telephone** (636) 528-8446  
**Level of Care:** SNF  
**County** LINCOLN  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 05397

**TROY MANOR**

200 THOMPSON DR  
 TROY MO 63379-2308  
**Mailing Address** 200 THOMPSON DR  
 TROY MO 63379-2308

**Telephone** (636) 528-8446  
**Level of Care:** ALF  
**County** LINCOLN  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 05397

**TRUMAN GARDENS**

17451 MEDICAL CENTER PARKWAY  
 INDEPENDENCE MO 64057-1805  
**Mailing Address** 17451 MEDICAL CENTER PRKWY  
 INDEPENDENCE MO 64057-1805

**Telephone** (816) 373-7795  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 118  
**DMH Licensed** No  
**Facility Number** 03782

**TRUMAN HEALTHCARE & REHABILITATION CENTER**

206 WEST FIRST ST  
 LAMAR MO 64759-1291  
**Mailing Address** 206 WEST FIRST ST  
 LAMAR MO 64759-1291

**Telephone** (417) 682-5718  
**Level of Care:** SNF  
**County** BARTON  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 123  
**DMH Licensed** No  
**Facility Number** 01346

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**TRUMAN LAKE MANOR, INC**

600 EAST 7TH ST  
 LOWRY CITY MO 64763-9671  
**Mailing Address** PO BOX 415  
 LOWRY CITY MO 64763-0415

**Telephone** (417) 644-2248  
**Level of Care:** SNF  
**County** SAINT CLAIR  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08140

**TURNING POINT GROUP HOME**

1720 SWOPE DR  
 INDEPENDENCE MO 64057-2163  
**Mailing Address** PO BOX 1193  
 INDEPENDENCE MO 64051-0693

**Telephone** (816) 257-1435  
**Level of Care:** RCF  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 12  
**DMH Licensed** Yes  
**Facility Number** 13608

**TWIN CITY RESIDENTIAL CARE, INC**

#1 HOLDING LN  
 CRYSTAL CITY MO 63019-1122  
**Mailing Address** PO BOX 92  
 HERCULANEUM MO 63048-0092

**Telephone** (636) 937-3851  
**Level of Care:** RCF  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 48  
**DMH Licensed** Yes  
**Facility Number** 03763

**TWIN OAKS AT HERITAGE POINTE**

228 SAVANNAH TERRACE  
 WENTZVILLE MO 63385-3741  
**Mailing Address** 228 SAVANNAH TER  
 WENTZVILLE MO 63385-3741

**Telephone** (636) 542-5400  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region 5**

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 26877

**TWIN OAKS ESTATE, INC**

707 EMGE RD  
 O'FALLON MO 63366-2118  
**Mailing Address** 707 EMGE RD  
 O'FALLON MO 63366-2118

**Telephone** (636) 240-6152  
**Level of Care:** RCF\*  
**County** SAINT CHARLES  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 149  
**DMH Licensed** No  
**Facility Number** 08209

**TWIN PINES ADULT CARE CENTER**

316 SOUTH OSTEOPATHY ST  
 KIRKSVILLE MO 63501-1446  
**Mailing Address** 316 S OSTEOPATHY ST  
 KIRKSVILLE MO 63501-1446

**Telephone** (660) 665-2887  
**Level of Care:** SNF  
**County** ADAIR  
**Region 5** Medicare/Medicaid

**Alzheimer's Unit** Yes  
**Bed Capacity** 152  
**DMH Licensed** No  
**Facility Number** 08218

**U-CITY FOREST MANOR**

1301 PARTRIDGE AVE  
 SAINT LOUIS MO 63130-1944  
**Mailing Address** 1301 PARTRIDGE AVE  
 SAINT LOUIS MO 63130-1944

**Telephone** (314) 862-5556  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region 7** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 15454

**UNION MANOR**

2711 NORTH UNION BLVD  
 SAINT LOUIS MO 63113-1003  
**Mailing Address** 2711 UNION BLVD  
 SAINT LOUIS MO 63113-1003

**Telephone** (314) 383-7310  
**Level of Care:** RCF\*  
**County** SAINT LOUIS CITY  
**Region 7**

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** Yes  
**Facility Number** 11002

**URBANA REST HOME**

310 WALNUT ST  
 URBANA MO 65767-9208  
**Mailing Address** 310 WALNUT ST  
 URBANA MO 65767-9208

**Telephone** (417) 993-4638  
**Level of Care:** RCF  
**County** DALLAS  
**Region 1**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 08242

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**VALLEY - A STONEBRIDGE COMMUNITY, THE**

6768 NORTH HIGHWAY 67  
 FLORISSANT MO 63034-2742  
**Mailing Address** 6768 NORTH HWY 67  
 FLORISSANT MO 63034-2742

**Telephone** (314) 741-9101 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Medicare/Medicaid Facility Number** 14200

**VALLEY MANOR AND REHABILITATION CENTER**

1410 HOSPITAL DR  
 EXCELSIOR SPRINGS MO 64024-1168  
**Mailing Address** 1410 HOSPITAL DR  
 EXCELSIOR SPRINGS MO 64024-1168

**Telephone** (816) 637-1010 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 120  
**County** CLAY **DMH Licensed** No  
**Region 4 Medicare/Medicaid Facility Number** 02425

**VALLEY PARK NORTH**

2631 FAIRWAY DR  
 FULTON MO 65251-  
**Mailing Address** 2631 FAIRWAY DR  
 FULTON MO 65251-

**Telephone** (573) 592-4995 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 19  
**County** CALLAWAY **DMH Licensed** No  
**Region 6 Facility Number** 29982

**VALLEY PARK RETIREMENT CENTER**

355 KAREN DR  
 HOLTS SUMMIT MO 65043-2519  
**Mailing Address** 355 KAREN DR  
 HOLTS SUMMIT MO 65043-2519

**Telephone** (573) 896-0208 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 22  
**County** CALLAWAY **DMH Licensed** No  
**Region 6 Facility Number** 27986

**VALLEY PARK WEST**

678 WINDMILL RIDGE  
 CALIFORNIA MO 65018-1964  
**Mailing Address** 678 WINDMILL RIDGE  
 CALIFORNIA MO 65018-1964

**Telephone** 573-796-2520 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 24  
**County** MONITEAU **DMH Licensed** No  
**Region 6 Facility Number** 30595

**VALLEY VIEW HEALTH & REHABILITATION**

1600 EAST ROLLINS  
 MOBERLY MO 65270-2478  
**Mailing Address** 1600 EAST ROLLINS  
 MOBERLY MO 65270-2478

**Telephone** (660) 263-6887 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 96  
**County** RANDOLPH **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 13167

**VELMA DOWDY ASSISTED LIVING**

100 HARD ROCK RD DR  
 VAN BUREN MO 63965-  
**Mailing Address** PO BOX 220  
 VAN BUREN MO 63965-

**Telephone** (573) 323-2108 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 24  
**County** CARTER **DMH Licensed** Yes  
**Region 2 Facility Number** 29947

**VERONICA HOUSE**

12284 DEPAUL DR  
 BRIDGETON MO 63044-2508  
**Mailing Address** 12284 DEPAUL DR  
 BRIDGETON MO 63044-2508

**Telephone** (314) 209-8814 **Alzheimer's Unit** No  
**Level of Care:** ALF\*\* **Bed Capacity** 100  
**County** SAINT LOUIS COUNTY **DMH Licensed** No  
**Region 7 Facility Number** 22460

**VICTORIAN PLACE OF VIENNA, RESIDENTIAL CARE BY AMERICARE**

112 PARKWAY DR  
 VIENNA MO 65582-8003  
**Mailing Address** 112 PARKWAY DR  
 VIENNA MO 65582-8003

**Telephone** (573) 422-3230 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 48  
**County** MARIES **DMH Licensed** No  
**Region 6 Facility Number** 23333

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**VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICARE**

901 HIGHWAY DD		<b>Telephone</b> (573) 885-0551	<b>Alzheimer's Unit</b>	No
CUBA	MO 65453-8089	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 901 HWY DD		<b>County</b> CRAWFORD	<b>DMH Licensed</b>	No
CUBA	MO 65453-8089	<b>Region</b> 6	<b>Facility Number</b>	25463

**VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE**

2120 VILLAGE LN		<b>Telephone</b> (573) 486-5060	<b>Alzheimer's Unit</b>	No
HERMANN	MO 65041-1600	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 2120 VILLAGE LANE		<b>County</b> GASCONADE	<b>DMH Licensed</b>	No
HERMANN	MO 65041-1600	<b>Region</b> 6	<b>Facility Number</b>	24982

**VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE**

301 NORTH 7TH ST		<b>Telephone</b> (573) 437-5396	<b>Alzheimer's Unit</b>	No
OWENSVILLE	MO 65066-1075	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 301 NORTH 7TH ST		<b>County</b> GASCONADE	<b>DMH Licensed</b>	No
OWENSVILLE	MO 65066-1075	<b>Region</b> 6	<b>Facility Number</b>	24133

**VICTORIAN PLACE OF ST CLAIR, RESIDENTIAL CARE BY AMERICARE**

160 CHARLES DR		<b>Telephone</b> (636) 322-0003	<b>Alzheimer's Unit</b>	No
SAINT CLAIR	MO 63077-1936	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 160 CHARLES DR		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	Yes
SAINT CLAIR	MO 63077-1936	<b>Region</b> 6	<b>Facility Number</b>	26005

**VICTORIAN PLACE OF SULLIVAN, RESIDENTIAL CARE BY AMERICARE**

1250 EAST SPRINGFIELD RD		<b>Telephone</b> (573) 468-5217	<b>Alzheimer's Unit</b>	No
SULLIVAN	MO 63080-1358	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 1250 EAST SPRINGFIELD RD		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
SULLIVAN	MO 63080-1358	<b>Region</b> 6	<b>Facility Number</b>	26324

**VICTORIAN PLACE OF UNION, RESIDENTIAL CARE BY AMERICARE**

1320 W MAIN		<b>Telephone</b> (636) 584-0085	<b>Alzheimer's Unit</b>	No
UNION	MO 63084-1084	<b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 1320 W MAIN		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
UNION	MO 63084-1084	<b>Region</b> 6	<b>Facility Number</b>	24408

**VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY AMERICARE**

2800 RABBIT TRAIL DR		<b>Telephone</b> (636) 390-9500	<b>Alzheimer's Unit</b>	No
WASHINGTON	MO 63090-6737	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	48
<b>Mailing Address</b> 2800 RABBIT TRAIL DR		<b>County</b> FRANKLIN	<b>DMH Licensed</b>	No
WASHINGTON	MO 63090-6737	<b>Region</b> 6	<b>Facility Number</b>	27659

**VILLA MARIE - A STONEBRIDGE COMMUNITY**

1030 EDMONDS ST		<b>Telephone</b> (573) 635-3381	<b>Alzheimer's Unit</b>	Yes
JEFFERSON CITY	MO 65109-5213	<b>Level of Care:</b> SNF	<b>Bed Capacity</b>	120
<b>Mailing Address</b> 1030 EDMONDS ST		<b>County</b> COLE	<b>DMH Licensed</b>	No
JEFFERSON CITY	MO 65109-5213	<b>Region</b> 6 <b>Medicare/Medicaid</b>	<b>Facility Number</b>	08282

**VILLA VENTURA ASSISTED LIVING FACILITY**

12100 WORNALL RD		<b>Telephone</b> (816) 941-0525	<b>Alzheimer's Unit</b>	No
KANSAS CITY	MO 64145-1764	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	50
<b>Mailing Address</b> 12100 WORNALL RD		<b>County</b> JACKSON	<b>DMH Licensed</b>	No
KANSAS CITY	MO 64145-1764	<b>Region</b> 3	<b>Facility Number</b>	15614

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**VILLAGE ASSISTED LIVING**

1701 NW O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559  
**Mailing Address** 1701 NW O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559

**Telephone** (816) 347-2700  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 29258

**VILLAGE ASSISTED LIVING**

1704 NORTHWEST O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559  
**Mailing Address** 1704 NORTHWEST O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559

**Telephone** (816) 347-2700  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 141  
**DMH Licensed** No  
**Facility Number** 16108

**VILLAGE AT CARROLL PARK, THE**

5301 HARRY TRUMAN DR  
 GRANDVIEW MO 64030-1708  
**Mailing Address** 5301 HARRY TRUMAN DR  
 GRANDVIEW MO 64030-1708

**Telephone** (816) 761-6838  
**Level of Care:** ICF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 93  
**DMH Licensed** Yes  
**Facility Number** 03157

**VILLAGE CARE CENTER, INC**

810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917  
**Mailing Address** 810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917

**Telephone** (660) 562-3515  
**Level of Care:** SNF  
**County** NODAWAY  
**Region** 4 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 20361

**VILLAGE CARE CENTER, INC**

810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917  
**Mailing Address** 810 EAST EDWARDS ST  
 MARYVILLE MO 64468-2917

**Telephone** (660) 562-3515  
**Level of Care:** RCF\*  
**County** NODAWAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 20361

**VILLAGE CENTER CARE OF WENTZVILLE**

909 E PITMAN AVE  
 WENTZVILLE MO 63385-1818  
**Mailing Address** 909 E PITMAN AVE  
 WENTZVILLE MO 63385-1818

**Telephone** (636) 219-3114  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 22  
**DMH Licensed** No  
**Facility Number** 28026

**VILLAGE NORTH RETIREMENT AND HEALTH CENTER**

11160 VILLAGE NORTH DR  
 SAINT LOUIS MO 63136-6159  
**Mailing Address** 11160 VILLAGE NORTH DR  
 SAINT LOUIS MO 63136-6159

**Telephone** (314) 355-8010  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 08300

**VILLAGE RESIDENTIAL CARE**

1704 NORTHWEST O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559  
**Mailing Address** 1704 NORTHWEST O'BRIEN RD  
 LEE'S SUMMIT MO 64081-1559

**Telephone** (816) 347-2700  
**Level of Care:** RCF\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 31  
**DMH Licensed** No  
**Facility Number** 16108

**VILLAGE WEST, THE**

318 EAST LITTLE BRICK ROAD  
 CAMERON MO 64429-1231  
**Mailing Address** 318 EAST LITTLE BRICK RD  
 CAMERON MO 64429-1231

**Telephone** (816) 632-1121  
**Level of Care:** RCF\*  
**County** DEKALB  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** No  
**Facility Number** 18104

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**VILLAGE, THE**

320 EAST LITTLE BRICK RD  
 CAMERON MO 64429-1231  
**Mailing Address** 320 EAST LITTLE BRICK RD  
 CAMERON MO 64429-1231

**Telephone** (816) 632-7611  
**Level of Care:** RCF\*\*  
**County** DEKALB  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 49  
**DMH Licensed** No  
**Facility Number** 08945

**VILLAGES OF JACKSON CREEK MEMORY CARE, THE**

19400 EAST 40TH ST COURT SOUTH  
 INDEPENDENCE MO 64057-1548  
**Mailing Address** 19400 EAST 40TH ST COURT SOUTH  
 INDEPENDENCE MO 64057-1548

**Telephone** (816) 795-1433  
**Level of Care:** ICF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** Yes  
**Bed Capacity** 70  
**DMH Licensed** No  
**Facility Number** 25894

**VILLAGES OF JACKSON CREEK, THE**

3980 SOUTH JACKSON DR  
 INDEPENDENCE MO 64057-2205  
**Mailing Address** 3980 S JACKSON DR  
 INDEPENDENCE MO 64057-2205

**Telephone** (816) 795-1433  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 25709

**VILLAGES OF JACKSON CREEK, THE**

3980 SOUTH JACKSON DR  
 INDEPENDENCE MO 64057-2205  
**Mailing Address** 3980 S JACKSON DR  
 INDEPENDENCE MO 64057-2205

**Telephone** (816) 795-1433  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 25709

**VILLAGES OF ST PETERS MEMORY CARE**

5300 EXECUTIVE CENTER PARKWAY  
 SAINT PETERS MO 63376-3182  
**Mailing Address** 5300 EXECUTIVE CENTER PARKWAY  
 SAINT PETERS MO 63376-3182

**Telephone** (636) 477-6955  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 29889

**VILLAGES OF ST PETERS, THE**

5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594  
**Mailing Address** 5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594

**Telephone** (636) 922-7600  
**Level of Care:** SNF  
**County** SAINT CHARLES  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 130  
**DMH Licensed** No  
**Facility Number** 26014

**VILLAGES OF ST PETERS, THE**

5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594  
**Mailing Address** 5400 EXECUTIVE CENTRE PKWY  
 SAINT PETERS MO 63376-2594

**Telephone** (636) 922-7600  
**Level of Care:** ALF\*\*  
**County** SAINT CHARLES  
**Region** 5

**Alzheimer's Unit** No  
**Bed Capacity** 62  
**DMH Licensed** No  
**Facility Number** 26014

**VILLAS OF JACKSON LLC THE**

670 BROADRIDGE DRIVE  
 JACKSON MO 63755-3044  
**Mailing Address** 670 BROADRIDGE DRIVE  
 JACKSON MO 63755-3044

**Telephone** (573) 986-8210  
**Level of Care:** ALF\*\*  
**County** CAPE GIRARDEAU  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 58  
**DMH Licensed** No  
**Facility Number** 30623

**VILLAS-A STONEBRIDGE COMMUNITY, THE**

1550 VILLAS DR  
 DE SOTO MO 63020-2586  
**Mailing Address** 1550 VILLAS DR  
 DE SOTO MO 63020-2586

**Telephone** (636) 586-6559  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 56  
**DMH Licensed** No  
**Facility Number** 13501

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**VILLAS-A STONEBRIDGE COMMUNITY, THE**

1550 VILLAS DR  
 DE SOTO MO 63020-2586  
**Mailing Address** 1550 VILLAS DR  
 DE SOTO MO 63020-2586

**Telephone** (636) 586-6559  
**Level of Care:** RCF\*  
**County** JEFFERSON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 80  
**DMH Licensed** No  
**Facility Number** 13501

**VINTAGE GARDENS ASSISTED LIVING**

3302 NORTH WOODBINE ROAD  
 SAINT JOSEPH MO 64505-9323  
**Mailing Address** 3302 NORTH WOODBINE RD  
 SAINT JOSEPH MO 64505-9323

**Telephone** (816) 390-9555  
**Level of Care:** ALF  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 51  
**DMH Licensed** No  
**Facility Number** 22959

**VINTAGE GARDENS ASSISTED LIVING**

3302 NORTH WOODBINE ROAD  
 SAINT JOSEPH MO 64505-9323  
**Mailing Address** 3302 N WOODBINE RD  
 SAINT JOSEPH MO 64505-9323

**Telephone** (816) 390-9555  
**Level of Care:** ALF\*\*  
**County** BUCHANAN  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 44  
**DMH Licensed** No  
**Facility Number** 22959

**WAGNER RESIDENTIAL CARE, INC**

320 N CHAMBER DR  
 FREDERICKTOWN MO 63645-7947  
**Mailing Address** 320 N CHAMBER DR  
 FREDERICKTOWN MO 63645-7947

**Telephone** (573) 783-4511  
**Level of Care:** RCF  
**County** MADISON  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 40  
**DMH Licensed** Yes  
**Facility Number** 28451

**WALNUT STREET ASSISTED LIVING**

404 WALNUT ST  
 DONIPHAN MO 63935-1420  
**Mailing Address** 404 WALNUT ST  
 DONIPHAN MO 63935-1420

**Telephone** (573) 996-4316  
**Level of Care:** ALF  
**County** RIPLEY  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 35  
**DMH Licensed** Yes  
**Facility Number** 08354

**WARRENSBURG MANOR CARE CENTER**

400 CARE CENTER DR  
 WARRENSBURG MO 64093-3100  
**Mailing Address** 400 CARE CENTER DR  
 WARRENSBURG MO 64093-3100

**Telephone** (660) 747-2216  
**Level of Care:** SNF  
**County** JOHNSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 92  
**DMH Licensed** No  
**Facility Number** 08383

**WARRENTON MANOR**

65 STATE HIGHWAY AA  
 WRIGHT CITY MO 63383-3301  
**Mailing Address** 65 STATE HIGHWAY AA  
 WRIGHT CITY MO 63390-3301

**Telephone** (636) 456-8700  
**Level of Care:** SNF  
**County** WARREN  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 02505

**WARSAW HEALTH AND REHABILITATION CENTER**

1609 SUNCHASE DR  
 WARSAW MO 65355-3059  
**Mailing Address** 1609 SUNCHASE DR  
 WARSAW MO 65355-3059

**Telephone** (660) 438-2970  
**Level of Care:** SNF  
**County** BENTON  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 90  
**DMH Licensed** No  
**Facility Number** 15243

**WATERFORD LADIES HOME**

500 NW VESPER ST  
 BLUE SPRINGS MO 64014-2744  
**Mailing Address** 500 NW VESPER ST  
 BLUE SPRINGS MO 64014-2744

**Telephone** (816) 228-6337  
**Level of Care:** RCF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** No  
**Facility Number** 13774

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

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**WATERFORD SOUTH**

11515 HOLMES RD  
 KANSAS CITY MO 64131-3856  
**Mailing Address** 11515 HOLMES RD  
 KANSAS CITY MO 64131-3856

**Telephone** (816) 942-4898  
**Level of Care:** ALF  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** Yes  
**Facility Number** 14888

**WEBB CITY HEALTH AND REHABILITATION CENTER**

2077 STADIUM DR  
 WEBB CITY MO 64870-9743  
**Mailing Address** 2077 STADIUM DR  
 WEBB CITY MO 64870-9743

**Telephone** (417) 673-1933  
**Level of Care:** SNF  
**County** JASPER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 12286

**WEBCO EAST**

1687 W WASHINGTON ST  
 MARSHFIELD MO 65706-2325  
**Mailing Address** 1687 W WASHINGTON ST  
 MARSHFIELD MO 65706-2325

**Telephone** (417) 859-5144  
**Level of Care:** RCF\*  
**County** WEBSTER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 08405

**WEBCO MANOR**

1687 W WASHINGTON ST  
 MARSHFIELD MO 65706-2325  
**Mailing Address** 1687 W WASHINGTON ST  
 MARSHFIELD MO 65706-2325

**Telephone** (417) 859-5144  
**Level of Care:** SNF  
**County** WEBSTER  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08405

**WEDGEWOOD GARDENS**

17996 BUSINESS 13  
 REEDS SPRING MO 65737-9663  
**Mailing Address** 17996 BUSINESS 13  
 REEDS SPRING MO 65737-9663

**Telephone** (417) 272-6666  
**Level of Care:** ALF\*\*  
**County** STONE  
**Region** 1

**Alzheimer's Unit** Yes  
**Bed Capacity** 46  
**DMH Licensed** No  
**Facility Number** 20615

**WELLER PLACE RETIREMENT CENTER**

510 WELLER STREET  
 MACON MO 63552-1996  
**Mailing Address** 510 WELLER STREET  
 MACON MO 63552-1996

**Telephone** (660) 395-2273  
**Level of Care:** RCF  
**County** MACON  
**Region** 5

**Alzheimer's Unit**  
**Bed Capacity** 18  
**DMH Licensed** No  
**Facility Number** 30888

**WEST COUNTY CARE CENTER**

312 SOLLEY DR  
 BALLWIN MO 63021-5248  
**Mailing Address** 312 SOLLEY DR  
 BALLWIN MO 63021-5248

**Telephone** (636) 391-0666  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 137  
**DMH Licensed** No  
**Facility Number** 04970

**WEST PINE GROUP HOME**

4232 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2840  
**Mailing Address** 4232 WEST PINE BLVD  
 SAINT LOUIS MO 63108-2840

**Telephone** (314) 531-9450  
**Level of Care:** RCF  
**County** SAINT LOUIS CITY  
**Region** 7

**Alzheimer's Unit** No  
**Bed Capacity** 9  
**DMH Licensed** Yes  
**Facility Number** 05948

**WEST VUE NURSING AND REHABILITATION CENTER**

210 DAVIS DR  
 WEST PLAINS MO 65775-2241  
**Mailing Address** 210 DAVIS DR  
 WEST PLAINS MO 65775-2241

**Telephone** (417) 256-2152  
**Level of Care:** SNF  
**County** HOWELL  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 21733

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**WESTBROOK CARE CENTER, INC**

401 S PLATTE CLAY WAY  
 KEARNEY MO 64060-7714  
**Mailing Address** 401 S PLATTE CLAY WAY  
 KEARNEY MO 64060-7714

**Telephone** (816) 628-2222  
**Level of Care:** RCF\*\*  
**County** CLAY  
**Region** 4

**Alzheimer's Unit** No  
**Bed Capacity** 27  
**DMH Licensed** No  
**Facility Number** 19757

**WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE**

3335 NORTH TEN MILE DR  
 JEFFERSON CITY MO 65109-0528  
**Mailing Address** 3335 NORTH TEN MILE DR  
 JEFFERSON CITY MO 65109-0528

**Telephone** (573) 635-2600  
**Level of Care:** ALF\*\*  
**County** COLE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 33  
**DMH Licensed** No  
**Facility Number** 20440

**WESTCHESTER HOUSE, THE**

550 WHITE RD  
 CHESTERFIELD MO 63017-2316  
**Mailing Address** 550 WHITE RD  
 CHESTERFIELD MO 63017-2316

**Telephone** (314) 469-1200  
**Level of Care:** SNF  
**County** SAINT LOUIS COUNTY  
**Region** 7 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 159  
**DMH Licensed** No  
**Facility Number** 08474

**WESTFIELD NURSING CENTER, INC**

3144 STATE HIGHWAY FF  
 SIKESTON MO 63801-8580  
**Mailing Address** PO BOX 489  
 SIKESTON MO 63801-0489

**Telephone** (573) 471-1174  
**Level of Care:** SNF  
**County** NEW MADRID  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 100  
**DMH Licensed** No  
**Facility Number** 07306

**WESTPHALIA HILLS - A STONEBRIDGE COMMUNITY**

1899 HIGHWAY 63  
 WESTPHALIA MO 65085-2215  
**Mailing Address** 1899 HWY 63  
 WESTPHALIA MO 65085-2215

**Telephone** (573) 455-2280  
**Level of Care:** RCF\*\*  
**County** OSAGE  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 28  
**DMH Licensed** No  
**Facility Number** 18653

**WESTPHALIA HILLS - A STONEBRIDGE COMMUNITY**

1899 HIGHWAY 63  
 WESTPHALIA MO 65085-2215  
**Mailing Address** 1899 HWY 63  
 WESTPHALIA MO 65085-2215

**Telephone** (573) 455-2280  
**Level of Care:** SNF  
**County** OSAGE  
**Region** 6 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 64  
**DMH Licensed** No  
**Facility Number** 18653

**WESTPORT ESTATES - ASSISTED LIVING BY AMERICARE**

904 APACHE DR  
 MARSHALL MO 65340-2900  
**Mailing Address** 904 APACHE DR  
 MARSHALL MO 65340-2900

**Telephone** (660) 886-5500  
**Level of Care:** ALF\*\*  
**County** SALINE  
**Region** 5

**Alzheimer's Unit** Yes  
**Bed Capacity** 57  
**DMH Licensed** No  
**Facility Number** 16202

**WESTRIDGE GARDENS REHABILITATION & HEALTH CARE CENTER**

11901 JESSICA LN  
 RAYTOWN MO 64138-2639  
**Mailing Address** 11901 JESSICA LN  
 RAYTOWN MO 64138-2639

**Telephone** (816) 358-3535  
**Level of Care:** SNF  
**County** JACKSON  
**Region** 3 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 03514

**WESTVIEW AT ELLISVILLE ASSISTED LIVING**

27 REINKE RD  
 ELLISVILLE MO 63021-4734  
**Mailing Address** 27 REINKE RD  
 ELLISVILLE MO 63021-4734

**Telephone** (636) 527-5554  
**Level of Care:** ALF\*\*  
**County** SAINT LOUIS COUNTY  
**Region** 7

**Alzheimer's Unit** Yes  
**Bed Capacity** 99  
**DMH Licensed** No  
**Facility Number** 28184

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**WESTVIEW NURSING HOME**

301 WEST DUNLOP ST  
 CENTER MO 63436-2267  
**Mailing Address** 301 WEST DUNLOP ST  
 CENTER MO 63436-2267

**Telephone** (573) 267-3920  
**Level of Care:** SNF  
**County** RALLS  
**Region** 5 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 15634

**WESTWOOD HILLS HEALTH & REHABILITATION CENTER**

3100 WARRIOR LN  
 POPLAR BLUFF MO 63901-8686  
**Mailing Address** 3100 WARRIOR LANE  
 POPLAR BLUFF MO 63901-8686

**Telephone** (573) 785-0851  
**Level of Care:** SNF  
**County** BUTLER  
**Region** 2 **Medicare/Medicaid**

**Alzheimer's Unit** No  
**Bed Capacity** 132  
**DMH Licensed** No  
**Facility Number** 08512

**WESTWOOD LIVING CENTER**

1801 NORTH GAINES DR  
 CLINTON MO 64735-1127  
**Mailing Address** 1801 N GAINES DR  
 CLINTON MO 64735-1127

**Telephone** (660) 885-8196  
**Level of Care:** SNF  
**County** HENRY  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** Yes  
**Bed Capacity** 120  
**DMH Licensed** No  
**Facility Number** 08521

**WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPORT BY SENIOR STAR**

6460 NORTH COSBY AVE  
 KANSAS CITY MO 64151-2377  
**Mailing Address** 6460 NORTH COSBY AVE  
 KANSAS CITY MO 64151-2377

**Telephone** (816) 587-5400  
**Level of Care:** ALF\*\*  
**County** PLATTE  
**Region** 4

**Alzheimer's Unit** Yes  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 28861

**WHISPERING OAKS RCF II, LLC**

203 NORTH B ST  
 POPLAR BLUFF MO 63901-5413  
**Mailing Address** 203 NORTH B ST  
 POPLAR BLUFF MO 63901-5413

**Telephone** (573) 686-4490  
**Level of Care:** RCF\*  
**County** BUTLER  
**Region** 2

**Alzheimer's Unit** No  
**Bed Capacity** 45  
**DMH Licensed** Yes  
**Facility Number** 16751

**WHISPERING PINES SENIOR LIVING LLC**

4904 EAST WELLRIDGE LN  
 JOPLIN MO 64801-8793  
**Mailing Address** 4904 EAST WELLRIDGE LN  
 JOPLIN MO 64801-8793

**Telephone** (417) 781-0099  
**Level of Care:** RCF\*  
**County** JASPER  
**Region** 1

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** No  
**Facility Number** 09477

**WHITE OAK LIVING CENTER**

1515 WEST WHITE OAK  
 INDEPENDENCE MO 64050-2557  
**Mailing Address** 1515 WEST WHITE OAK  
 INDEPENDENCE MO 64050-2557

**Telephone** (816) 254-3500  
**Level of Care:** ALF\*\*  
**County** JACKSON  
**Region** 3

**Alzheimer's Unit** No  
**Bed Capacity** 78  
**DMH Licensed** No  
**Facility Number** 06604

**WILLARD CARE CENTER**

400 WEST WALNUT LN  
 WILLARD MO 65781-9432  
**Mailing Address** 400 W WALNUT LN  
 WILLARD MO 65781-9432

**Telephone** (417) 742-3593  
**Level of Care:** SNF  
**County** GREENE  
**Region** 1 **Medicare/Medicaid**

**Alzheimer's Unit** NO  
**Bed Capacity** 66  
**DMH Licensed** No  
**Facility Number** 16393

**WILLOW BROOKE - ASSISTED LIVING BY AMERICARE**

#1 NORTH POTOMAC CT  
 UNION MO 63084-1113  
**Mailing Address** 1 NORTH POTOMAC CT  
 UNION MO 63084-1113

**Telephone** (636) 583-2799  
**Level of Care:** ALF\*\*  
**County** FRANKLIN  
**Region** 6

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 13596

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**WILLOW CARE NURSING HOME**

2646 STATE ROUTE 76  
 WILLOW SPRINGS MO 65793-8254  
**Mailing Address** PO BOX 309  
 WILLOW SPRINGS MO 65793-0309

**Telephone** (417) 469-3152 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 105  
**County** HOWELL **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 08614

**WILLOW CARE REHABILITATION & HEALTH CARE CENTER**

328 MUNGER LN  
 HANNIBAL MO 63401-2361  
**Mailing Address** 328 MUNGER LN  
 HANNIBAL MO 63401-2361

**Telephone** (573) 221-9122 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 111  
**County** MARION **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 03340

**WILLOW WEST APARTMENTS**

2644 STATE ROUTE 76  
 WILLOW SPRINGS MO 65793-8254  
**Mailing Address** PO BOX 309  
 WILLOW SPRINGS MO 65793-0309

**Telephone** (417) 469-3152 **Alzheimer's Unit** No  
**Level of Care:** ALF **Bed Capacity** 36  
**County** HOWELL **DMH Licensed** No  
**Region 1 Facility Number** 08614

**WILSHIRE AT LAKEWOOD**

600 NE MEADOWVIEW DR  
 LEE'S SUMMIT MO 64064-1983  
**Mailing Address** 600 NE MEADOWVIEW DR  
 LEE'S SUMMIT MO 64064-1983

**Telephone** (816) 554-9866 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 170  
**County** JACKSON **DMH Licensed** No  
**Region 3 Medicare/Medicaid Facility Number** 22471

**WILSON'S CREEK NURSING & REHAB**

3403 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241  
**Mailing Address** 3403 WEST MT VERNON  
 SPRINGFIELD MO 65802-5241

**Telephone** (417) 864-5600 **Alzheimer's Unit** Yes  
**Level of Care:** SNF **Bed Capacity** 172  
**County** GREENE **DMH Licensed** No  
**Region 1 Medicare/Medicaid Facility Number** 05579

**WINCHESTER RESIDENTIAL CARE, INC**

400 WINCHESTER DR  
 BERNIE MO 63822-0000  
**Mailing Address** PO BOX 760  
 BERNIE MO 63822-0760

**Telephone** (573) 293-6705 **Alzheimer's Unit** No  
**Level of Care:** RCF\* **Bed Capacity** 26  
**County** STODDARD **DMH Licensed** No  
**Region 2 Facility Number** 24912

**WINDEMERE RESIDENTIAL CARE**

3100 NORTH WEST VIVION RD  
 RIVERSIDE MO 64150-9436  
**Mailing Address** 3100 NORTH WEST VIVION RD  
 RIVERSIDE MO 64150-9436

**Telephone** (816) 741-0753 **Alzheimer's Unit** No  
**Level of Care:** RCF **Bed Capacity** 65  
**County** PLATTE **DMH Licensed** No  
**Region 4 Facility Number** 08668

**WINDSOR ESTATES OF ST CHARLES SNAL, LLC**

2150 WEST RANDOLPH ST  
 SAINT CHARLES MO 63301-0894  
**Mailing Address** 2150 WEST RANDOLPH ST  
 SAINT CHARLES MO 63301-0894

**Telephone** (636) 946-4966 **Alzheimer's Unit** Yes  
**Level of Care:** ALF\*\* **Bed Capacity** 90  
**County** SAINT CHARLES **DMH Licensed** No  
**Region 5 Facility Number** 06316

**WINDSOR ESTATES OF ST CHARLES SNAL, LLC**

2150 WEST RANDOLPH ST  
 SAINT CHARLES MO 63301-0894  
**Mailing Address** 2150 WEST RANDOLPH ST  
 SAINT CHARLES MO 63301-0894

**Telephone** (636) 946-4966 **Alzheimer's Unit** No  
**Level of Care:** SNF **Bed Capacity** 66  
**County** SAINT CHARLES **DMH Licensed** No  
**Region 5 Medicare/Medicaid Facility Number** 06316

\* Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006))).

\*\* Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

**WINDSOR HEALTHCARE & REHAB CENTER**

809 WEST BENTON  
WINDSOR MO 65360-1239  
**Mailing Address** PO BOX 5  
WINDSOR MO 65360-0005

**Telephone** (660) 647-3102  
**Level of Care:** SNF  
**County** HENRY  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 60  
**DMH Licensed** No  
**Facility Number** 21715

**WINFIELD RESIDENTIAL CARE FACILITY**

220 WEST WALNUT ST  
WINFIELD MO 63389-1122  
**Mailing Address** 220 WEST WALNUT ST  
WINFIELD MO 63389-1122

**Telephone** (636) 668-8110  
**Level of Care:** RCF  
**County** LINCOLN  
**Region 5**

**Alzheimer's Unit** No  
**Bed Capacity** 20  
**DMH Licensed** Yes  
**Facility Number** 08729

**WOOD OAKS, INC**

1804 SOUTH STERLING AVE  
INDEPENDENCE MO 64052-3845  
**Mailing Address** PO BOX 520049  
INDEPENDENCE MO 64052-0049

**Telephone** (816) 254-5400  
**Level of Care:** RCF\*  
**County** JACKSON  
**Region 3**

**Alzheimer's Unit** No  
**Bed Capacity** 30  
**DMH Licensed** Yes  
**Facility Number** 02389

**WOODLAND HILLS - A STONEBRIDGE COMMUNITY**

702 HIGHWAY 34 WEST  
MARBLE HILL MO 63764-4301  
**Mailing Address** 702 HWY 34 WEST  
MARBLE HILL MO 63764-4301

**Telephone** (573) 238-2614  
**Level of Care:** SNF  
**County** BOLLINGER  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 98  
**DMH Licensed** No  
**Facility Number** 10864

**WOODLAND MANOR**

1347 EAST VALLEY WATERMILL RD  
SPRINGFIELD MO 65803-3739  
**Mailing Address** 1347 EAST VALLEY WATERMILL RD  
SPRINGFIELD MO 65803-3739

**Telephone** (417) 833-1220  
**Level of Care:** SNF  
**County** GREENE  
**Region 1** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 180  
**DMH Licensed** No  
**Facility Number** 05794

**WOODLAND MANOR NURSING CENTER**

100 WOODLAND COURT  
ARNOLD MO 63010-2030  
**Mailing Address** 100 WOODLAND CT  
ARNOLD MO 63010-2030

**Telephone** (636) 296-1400  
**Level of Care:** SNF  
**County** JEFFERSON  
**Region 2** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 178  
**DMH Licensed** No  
**Facility Number** 12549

**WOODLAND MANOR OF ARNOLD, LLC**

100 WOODLAND COURT  
ARNOLD MO 63010-2030  
**Mailing Address** 100 WOODLAND COURT  
ARNOLD MO 63010-2030

**Telephone** (636) 296-1400  
**Level of Care:** ALF\*\*  
**County** JEFFERSON  
**Region 2**

**Alzheimer's Unit** No  
**Bed Capacity** 24  
**DMH Licensed** No  
**Facility Number** 12549

**WORTH COUNTY CONVALESCENT CENTER**

503 E 4TH ST  
GRANT CITY MO 64456-8363  
**Mailing Address** 503 E 4TH ST  
GRANT CITY MO 64456-8363

**Telephone** (660) 564-3304  
**Level of Care:** SNF  
**County** WORTH  
**Region 4** Medicare/Medicaid

**Alzheimer's Unit** No  
**Bed Capacity** 50  
**DMH Licensed** No  
**Facility Number** 08779

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