Missouri Long Term Care Facilities Directory

ABBEY SENIOR HEALTH			
206 NORTH MAIN ST		Telephone (636) 240-5754	Alzheimer's Unit No
O'FALLON	MO 63366-2299	Level of Care: SNF	Bed Capacity 55
Mailing Address 206 NORTH MAIN ST		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-2299	Region 5 Medicare/Medicaid	Facility Number 27367
			•
ADDEM CENTOD HEAT TH			
ABBEY SENIOR HEALTH 206 NORTH MAIN ST		Telephone (636) 240-5754	Alzheimer's Unit NO
O'FALLON	MO 63366-	Level of Care: ALF**	Bed Capacity 10
Mailing Address 206 NORTH MAIN ST		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-2299	Region 5	Facility Number 27367
OTTALLON	1410 03300 2277	Region 5	27307
A DEDDEEN HEIGHTS			
ABERDEEN HEIGHTS 505 COUCH AVE		T-11 (214) 000 6000	Al-hairmanta III-i4 No
KIRKWOOD	MO 63122-5536	Telephone (314) 909-6000 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 38
	MO 03122-3330		
Mailing Address 505 COUCH AVE KIRKWOOD	MO 62122 5526	•	DMH Licensed No
KIKKWOOD	MO 63122-5536	Region 7 Medicare/Medicaid	Facility Number 27570
ABERDEEN HEIGHTS		T. 1 (211) 200 5000	
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit Yes
KIRKWOOD	MO 63122-5536	Level of Care: ICF	Bed Capacity 16
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number 27570
ABERDEEN HEIGHTS			
505 COUCH AVE		Telephone (314) 909-6000	Alzheimer's Unit No
KIRKWOOD	MO 63122-5536	Level of Care: ALF**	Bed Capacity 36
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number 27570
ACKERT PARK SKILLED NURSING	& REHABILITATION CENTER		
894 LELAND AVE	MO (2120 2220	Telephone (314) 726-4767	Alzheimer's Unit No
UNIVERSITY CITY	MO 63130-3239	Level of Care: SNF	Bed Capacity 130
Mailing Address 894 LELAND AVE		County SAINT LOUIS COUNTY	DMH Licensed No
UNIVERSITY CITY	MO 63130-3239	Region 7 Medicare/Medicaid	Facility Number 02100
ADAIR VILLAGE			
1801 N GAINES DR	100	Telephone (660) 885-8196	Alzheimer's Unit Yes
CLINTON	MO 64735-1127	Level of Care: SNF	Bed Capacity 120
Mailing Address 1801 N GAINES DR		County HENRY	DMH Licensed No
CLINTON	MO 64735-1127	Region 1 Medicare/Medicaid	Facility Number 08521
ADDINGTON PLACE OF LEE'S SUM	IMIT		
2160 SE BLUE PARKWAY	1.0 (10.0 10.0	Telephone (816) 554-0101	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64063-1007	Level of Care: ALF**	Bed Capacity 88
Mailing Address 2160 SE BLUE PARK		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64063-1007	Region 3	Facility Number 28136

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ADDINGTON PLACE OF SHOAL C	REEK		
9601 NORTH TULLIS DR		Telephone (816) 407-9667	Alzheimer's Unit Yes
KANSAS CITY	MO 64157-7890	Level of Care: ALF**	Bed Capacity 88
Mailing Address 9601 NORTH TULLIS	S DR	County CLAY	DMH Licensed No
KANSAS CITY	MO 64157-7890	Region 4	Facility Number 28129
ADVANCE ASSISTED LIVING			
252 PAYTON PLACE		Telephone (573) 722-5200	Alzheimer's Unit No
ADVANCE	MO 63730-7251	Level of Care: ALF	Bed Capacity 44
Mailing Address PO BOX 790	WIO 03730-7231	County STODDARD	DMH Licensed No
ADVANCE	MO 63730-0790	- · · · · ·	
ADVANCE	MO 63730-0790	Region 2	Facility Number 28426
ADVANCED CARE OF ST JOSEPH		T-l1	Alabata and Ting
3002 N 18TH ST	NO. 64505 1050	Telephone (816) 364-4200	Alzheimer's Unit No
SAINT JOSEPH	MO 64505-1872	Level of Care: SNF	Bed Capacity 180
Mailing Address 3002 N 18TH ST		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64505-1872	Region 4 Medicare/Medicaid	Facility Number 08000
	. Tryon		
AEGIS HEALTH AND REHABILITA	ATION		
1441 CHARIC DR		Telephone (636) 394-2522	Alzheimer's Unit No
WILDWOOD	MO 63021-2001	Level of Care: SNF	Bed Capacity 66
Mailing Address 1441 CHARIC DR		County SAINT LOUIS COUNTY	DMH Licensed No
WILDWOOD	MO 63021-2001	Region 7 Medicare/Medicaid	Facility Number 17887
AKINS HEALTH CARE, INC			
4432 WEST BELLE PL		Telephone (314) 652-8908	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2617	Level of Care: RCF	Bed Capacity 20
Mailing Address 4432 WEST BELLE F		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-2617	Region 7	Facility Number 00078
ALLEGRO		T-l1 (214) 222 2272	Alabata and Tin to
1055 BELLEVUE AVENUE	MO (2117 1227	Telephone (314) 332-8372	Alzheimer's Unit Yes
RICHMOND HEIGHTS	MO 63117-1827	Level of Care: ALF**	Bed Capacity 88
Mailing Address 1055 BELLEVUE AV		County SAINT LOUIS COUNTY	DMH Licensed No
RICHMOND HEIGHTS	MO 63117-1827	Region 7	Facility Number 31437
AT DIME DDEEZE HEAT OH AND W	EL L NIEGO		
ALPINE BREEZE HEALTH AND W	ELLNE33	M 1 1 200 259 9222	ALL CONTROL ST
6124 RAYTOWN RD	150 54400 4005	Telephone (816) 358-8222	Alzheimer's Unit Yes
RAYTOWN	MO 64133-4007	Level of Care: SNF	Bed Capacity 154
Mailing Address 6124 RAYTOWN RD		County JACKSON	DMH Licensed No
RAYTOWN	MO 64133-4007	Region 3 Medicare/Medicaid	Facility Number 00768
AMDEDWAAD ESTATES MIDSING	S AND DEHADII ITATION		
AMBERWOOD ESTATES NURSING 5303 BERMUDA DR	TAND REHADILITATION	Telephone (314) 385-0910	Alzheimer's Unit NO
NORMANDY	MO 63121 1407	Telephone (314) 385-0910 Level of Care: SNF	
	MO 63121-1407		Bed Capacity 115 DMH Licensed No
Mailing Address 5303 BERMUDA DR		·	
NORMANDY	MO 63121-1407	Region 7 Medicare/Medicaid	Facility Number 01238

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ANEW HEALTHCARE AND REHA	AB-WELLSVILLE		
250 E LOCUST		Telephone (573) 684-2002	Alzheimer's Unit No
WELLSVILLE	MO 63384-1422	Level of Care: SNF	Bed Capacity 112
Mailing Address 250 E LOCUST		County MONTGOMERY	DMH Licensed No
WELLSVILLE	MO 63384-1422	Region 6 Medicare/Medicaid	Facility Number 02740
ANEW HEALTHCARE ODESSA			
609 GOLF ST		Telephone (816) 230-7530	Alzheimer's Unit No
ODESSA	MO 64076-1462	Level of Care: SNF	Bed Capacity 60
Mailing Address 609 GOLF ST		County LAFAYETTE	DMH Licensed No
ODESSA	MO 64076-1462	Region 3 Medicare/Medicaid	Facility Number 05749
ANEW HEALTHCARE OPERATIO	ONS-SARCOXIE, LLC		
1505 MINER	,,	Telephone (417) 548-3434	Alzheimer's Unit No
SARCOXIE	MO 64862-9211	Level of Care: SNF	Bed Capacity 40
Mailing Address 1505 MINER		County JASPER	DMH Licensed No
SARCOXIE	MO 64862-0248	Region 1 Medicare/Medicaid	Facility Number 06864
ANEXY HEAT THE A DE CAVANNA	п		
ANEW HEALTHCARE SAVANNAI 13277 STATE ROUTE D	u	Telephone (816) 324-5991	Alzheimer's Unit Yes
SAVANNAH	MO 64485-9431	Telephone (816) 324-5991 Level of Care: SNF	
Mailing Address 13277 STATE ROU			Bed Capacity 88 DMH Licensed No
SAVANNAH	MO 64485-9431		
SAVANNAH	WO 04403-9431	Region 4 Medicare/Medicaid	Facility Number 07147
ANEW SENIOR LIVING COLE CA	MP		
517 NORTH OAK		Telephone (660) 668-3140	Alzheimer's Unit No
COLE CAMP	MO 65325-1264	Level of Care: RCF	Bed Capacity 30
Mailing Address PO BOX 252		County BENTON	DMH Licensed No
COLE CAMP	MO 65325-0252	Region 6	Facility Number 26313
ANNA DODSON HOME			
4616 HIGHWAY D		Telephone (573) 756-5530	Alzheimer's Unit No
FARMINGTON	MO 63640-7241	Level of Care: RCF	Bed Capacity 17
Mailing Address 4616 HWY D		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number 02160
ANNA DODSON HOME			
4616 HIGHWAY D		Telephone (573) 756-5530	Alzheimer's Unit No
FARMINGTON	MO 63640-7241	Level of Care: RCF*	Bed Capacity 20
Mailing Address 4616 HWY D	•	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number 02160
ANNA'S HOUSE ASSISTED LIVIN	G FACILITY		
25466 NORTH HWY 5		Telephone (417) 839-7637	Alzheimer's Unit No
LEBANON	MO 65536-	Level of Care: ALF	Bed Capacity 80
Mailing Address PO BOX 969		County LACLEDE	DMH Licensed No
LEBANON	MO 65536-0969	Region 1	Facility Number 08791

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ANNA'S HOUSE RESIDENTIAL CA	RE FACILITY LLC		
194 STATE HIGHWAY MM		Telephone (417) 473-6000	Alzheimer's Unit No
NIANGUA	MO 65713-8411	Level of Care: RCF	Bed Capacity 11
Mailing Address 194 STATE HWY MI	M	County WEBSTER	DMH Licensed No
NIANGUA	MO 65713-8411	Region 1	Facility Number 13487
ANNIE'S HOUSE INC			
25228 BUZZARD DRIVE		Telephone (573) 238-1300	Alzheimer's Unit No
MARBLE HILL	MO 63764-9408	Level of Care: RCF	Bed Capacity 40
Mailing Address 25228 BUZZARD DE		County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number 30984
WHINDE THEE	110 037017100	Region 2	Tacinty (tamper 50704
ANTHOLOGY OF THE PLAZA			
2 EMANUEL CLEAVER II BLVD		Telephone (816) 505-3030	Alzheimer's Unit Yes
KANSAS CITY	MO 64112-1712	Level of Care: ALF**	Bed Capacity 96
Mailing Address 2 EMANUEL CLEAV		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64112-1712	Region 3	Facility Number 31791
APPLE RIDGE CARE CENTER			
100 WEST THOMAS AVE		Telephone (660) 493-2232	Alzheimer's Unit Yes
WAVERLY	MO 64096-9143	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 188		County LAFAYETTE	DMH Licensed No
WAVERLY	MO 64096-0188	Region 3 Medicare/Medicaid	Facility Number 08823
			•
APPLEGATE RH CNSL OPERATIO	ON LLC	T. I	
1204 TELEGRAPH RD	NO 62125 2522	Telephone (314) 631-2003	Alzheimer's Unit No
SAINT LOUIS	MO 63125-2528	Level of Care: RCF*	Bed Capacity 38
Mailing Address 1204 TELEGRAPH R		County SAINT LOUIS COUNTY	DMH Licensed Yes
SAINT LOUIS	MO 63125-2528	Region 7	Facility Number 14409
APPLETON CITY MANOR			
600 NORTH OHIO ST		Telephone (660) 476-2128	Alzheimer's Unit No
APPLETON CITY	MO 64724-1609	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 98		County SAINT CLAIR	DMH Licensed No
APPLETON CITY	MO 64724-0098	Region 1 Medicare/Medicaid	Facility Number 01637
ARBOR HILLS NURSING AND REF	IARILITATION CENTER		
800 CHAMBERS RD	TIBLE TITLE TO THE CENTER	Telephone (314) 524-1111	Alzheimer's Unit No
FERGUSON	MO 63135-2133	Level of Care: SNF	Bed Capacity 150
Mailing Address 800 CHAMBERS RD		County SAINT LOUIS COUNTY	DMH Licensed No
FERGUSON	MO 63135-2133	Region 7 Medicare/Medicaid	Facility Number 01435
	- 00100 2100		_ nome_ 01433
ARBOR HILLS NURSING AND REF	HABILITATION CENTER		
800 CHAMBERS RD		Telephone (314) 524-1111	Alzheimer's Unit No
FERGUSON	MO 63135-2133	Level of Care: ALF**	Bed Capacity 28
Mailing Address 800 CHAMBERS RD		County SAINT LOUIS COUNTY	DMH Licensed No
FERGUSON	MO 63135-2133	Region 7	Facility Number 01435

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ARBOR VIEW NURSING AND REH	ABILITATION			
6400 THE CEDARS COURT		Telephone (636) 274-1777	Alzheimer's Unit NO)
CEDAR HILL	MO 63016-2220	Level of Care: SNF	Bed Capacity 150)
Mailing Address 6400 THE CEDARS	CT	County JEFFERSON	DMH Licensed No)
CEDAR HILL	MO 63016-2220	Region 2 Medicare/Medicaid	Facility Number 12647	7
ADDODE AT DUNGEODD COUDT	MEMODY CADE ASSISTED I IVING	DV AMEDICADE		
775 DUNSFORD ROAD	MEMORY CARE ASSISTED LIVING		Alzheimer's Unit Yes	0
SULLIVAN	MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF**		
Mailing Address 775 DUNSFORD RD			Bed Capacity 50 DMH Licensed No.	
SULLIVAN	MO 63080-1270			
SULLIVAIN	WIO 03080-1270	Region 6	Facility Number 16094	+
ARBORS AT GLENDALE GARDEN	S - MEMORY CARE BY AMERICARI	E, THE		
1300 SOUTH MAIN		Telephone (660) 885-2272	Alzheimer's Unit Yes	S
CLINTON	MO 64735-2728	Level of Care: ALF**	Bed Capacity 42	2
Mailing Address 1300 S MAIN		County HENRY	DMH Licensed No.)
CLINTON	MO 64735-2728	Region 1	Facility Number 17054	1
ARBORS AT HARMONY GARDENS	S-MEMORY CARE ASSISTED LIVING	G BY AMERICARE THE		
539 EAST YOUNG AVENUE		Telephone (660) 429-0034	Alzheimer's Unit Yes	s
WARRENSBURG	MO 64093-1228	Level of Care: ALF**	Bed Capacity 24	
Mailing Address 539 EAST YOUNG A		County JOHNSON	DMH Licensed No	
WARRENSBURG	MO 64093-1228	Region 3	Facility Number 31389	
W. Mudz. 132 G. 13	1120 0.050 1220	Kegivii 5	Tuenty Number 3130	•
ARBORS AT HIGHLAND CREST -	ALZHEIMERS ASSISTED LIVING BY	AMERICARE, THE		
620 GILASPY ROAD		Telephone (660) 627-8004	Alzheimer's Unit Yes	S
KIRKSVILLE	MO 63501-4678	Level of Care: ALF**	Bed Capacity 28	3
Mailing Address 620 GILASPY RD		County ADAIR	DMH Licensed No.)
KIRKSVILLE	MO 63501-4678	Region 5	Facility Number 23608	3
ARBORS AT LAKEVIEW BEND - A	SSISTED LIVING BY AMERICARE, T	гне		
1700 ASBURY CIRCLE WEST		Telephone (573) 581-8777	Alzheimer's Unit Yes	s
MEXICO	MO 65265-1400	Level of Care: ALF**	Bed Capacity 39	9
Mailing Address 1722 HUNTINGFIEL	.D DR	County AUDRAIN	DMH Licensed No	0
MEXICO	MO 65265-3808	Region 5	Facility Number 13544	1
A DECORAL TO A CONTROL OF THE CONTRO				
ARBORS AT MOUNT CARMEL, TH	iE	m		
723 FIRST CAPITOL DR	1.0 (2201 270)	Telephone (636) 946-4140	Alzheimer's Unit No	
SAINT CHARLES	MO 63301-2729	Level of Care: ALF**	Bed Capacity 30	
Mailing Address 723 FIRST CAPITOL		County SAINT CHARLES	DMH Licensed No	
SAINT CHARLES	MO 63301-2729	Region 5	Facility Number 29396	5
ARBORS AT PARKSIDE - MEMOR	Y CARE ASSISTED LIVING BY AME	RICARE		
1700 EAST 10TH ST		Telephone (573) 364-2602	Alzheimer's Unit Yes	s
ROLLA	MO 65401-4600	Level of Care: ALF**	Bed Capacity 22	2
Mailing Address 1700 EAST 10TH ST		County PHELPS	DMH Licensed No	Э
ROLLA	MO 65401-4600	Region 6	Facility Number 13589)

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APROPS AT VICTORIAN PLACE O	OF CUBA, MEMORY CARE ASSISTED	I IVING BY AMERICARE THE	
903 HWY DD	T CODA, MEMORT CARE ASSISTED	Telephone (573) 885-0551	Alzheimer's Unit Yes
CUBA	MO 65453-8089	Level of Care: ALF**	
	WIO 03433-8089		
Mailing Address 903 HWY DD	MO 57470 0000	County CRAWFORD	DMH Licensed No
CUBA	MO 65453-8089	Region 6	Facility Number 27071
ARRORS AT VICTORIAN PLACE O	OF WASHINGTON, MEMORY CARE A	SSISTED LIVING BY AMERICARE T	THE
2701 RABBIT TRAIL DR	Wilding on, Menor Chie	Telephone (636) 390-9500	Alzheimer's Unit Yes
WASHINGTON	MO 63090-6711	Level of Care: ALF**	
Mailing Address 2701 RABBIT TRAIL		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-6711	Region 6	Facility Number 28065
ARBORS AT WESTBROOK TERRA	.CE-ALZHEIMER'S ASSISTED LIVING	F BY AMERICARE	
3409 NORTH 10 MILE DR		Telephone (573) 556-5648	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-0530	Level of Care: ALF**	Bed Capacity 26
Mailing Address 3409 NORTH 10 MIL		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-0530	•	
JEFFERSON CITT	MO 03109-0330	Region 6	Facility Number 27914
ARBORS AT WESTRIDGE PLACE -	MEMORY CARE BY AMERICARE, T	тне	
539 NORTH WEST ST		Telephone (573) 471-6484	Alzheimer's Unit Yes
SIKESTON	MO 63801-5443	Level of Care: ALF**	Bed Capacity 28
Mailing Address 539 NORTH WEST S	Т	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-5443	Region 2	Facility Number 12693
	1120 00001 0 110	Region 2	Tuelliej Ivalliser 12075
ARIZONA CARE CENTER			
101 ARIZONA ST		Telephone (573) 237-4830	Alzheimer's Unit No
NEW HAVEN	MO 63068-1210	Level of Care: ALF	Bed Capacity 15
Mailing Address 101 ARIZONA ST		County FRANKLIN	DMH Licensed Yes
NEW HAVEN	MO 63068-1210	Region 6	Facility Number 19080
ARMOUR OAKS SENIOR LIVING O	COMMUNITY		
8100 WORNALL RD		Telephone (816) 363-5141	Alzheimer's Unit No
KANSAS CITY	MO 64114-5806	Level of Care: SNF	
Mailing Address 8100 WORNALL RD		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5806	Region 3 Medicare/Medicaid	Facility Number 00199
ARMOUR OAKS SENIOR LIVING O	COMMUNITY		
8100 WORNALL RD		Telephone (816) 363-5141	Alzheimer's Unit No
KANSAS CITY	MO 64114-5806	Level of Care: ALF	Bed Capacity 47
Mailing Address 8100 WORNALL RD		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5806	Region 3	Facility Number 00199
KALISAS CII I	MA 04114-2000	region 3	racinty runner 00199
ARROWHEAD SENIOR LIVING CO	OMMUNITY		
6100 ARROWHEAD DRIVE		Telephone (573) 302-7111	Alzheimer's Unit Yes
OSAGE BEACH	MO 65065-2754	Level of Care: ALF**	Bed Capacity 90
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-2754	Region 6	Facility Number 31536
		<u> </u>	-

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ARROWHEAD SENIOR LIVING CO	OMMUNITY			
6100 ARROWHEAD DRIVE		Telephone (573) 302-7111	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-2754	Level of Care: SNF	Bed Capacity	80
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2754	Region 6 Medicare/Medicaid	Facility Number	31536
ASCENSION LIVING SHERBROOK	CE VII I AGE			
4005 RIPA AVE	WE VILLAGE	Telephone (314) 544-1111	Alzheimer's Unit	YES
SAINT LOUIS	MO 63125-2378	Level of Care: ALF**	Bed Capacity	88
Mailing Address 4005 RIPA AVE	WIG 03123 2370	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7	Facility Number	15436
SAINI LOOIS	WIO 03123-2376	Region /	racinty Number	13430
ACCENCION I WING CHERRICO	ZE VIII I A CIE			
ASCENSION LIVING SHERBROOK	XE VILLAGE	Tolonhous (214) 544 1111	Alabain	V
4005 RIPA AVE	NO 62125 2250	Telephone (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care: SNF	Bed Capacity	149
Mailing Address 4005 RIPA AVE	1.0	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7 Medicare/Medicaid	Facility Number	15436
A CAN CORONIO AND A CAN DE CAN				
ASH GROVE HEALTHCARE FACE	LITY			
401 NORTH MEDICAL DR	3.50 - 5.50 / 400 /	Telephone (417) 751-2575	Alzheimer's Unit	Yes
ASH GROVE	MO 65604-1004	Level of Care: SNF	Bed Capacity	82
Mailing Address PO BOX 247	1.00 (5.00) (0.00)	County GREENE	DMH Licensed	No
ASH GROVE	MO 65604-0247	Region 1 Medicare/Medicaid	Facility Number	00200
ACTION OF ACCIONED LIVING D	W AMEDICA DE			
ASHBROOK - ASSISTED LIVING B	SY AMERICARE	Telephone (572) 756 5544	Alahaiman'a Unit	No
500 ASHBROOK DR	MO 62640 0225	Telephone (573) 756-5544 Level of Care: ALF**	Alzheimer's Unit	No 72
FARMINGTON Mailing Address 500 ASHBROOK DR	MO 63640-9235		Bed Capacity DMH Licensed	No
	MO 63640-9235	County SAINT FRANCOIS		
FARMINGTON	MO 63640-9233	Region 2	Facility Number	18138
ASHBURY HEIGHTS OF CHILLIC	ОТИЕ			
603 ST LOUIS ST	OTHE	Telephone (660) 707-1270	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-2438	Level of Care: RCF	Bed Capacity	12
Mailing Address 603 ST LOUIS ST	WO 04001-2438	County LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-2438	·	Facility Number	23909
CHILLICOTHE	WO 04001-2438	Region 4	Facinty Number	23909
ASHBURY HEIGHTS OF FAYETTE	₹			
200 GROCE ST	-	Telephone (660) 248-3603	Alzheimer's Unit	No
FAYETTE	MO 65248-9813	Level of Care: RCF		12
	WIO 03240-7013		Bed Capacity DMH Licensed	No
Mailing Address 200 GROCE ST FAYETTE	MO 65248-9813	County HOWARD		
PATETIE	1410 03240-3013	Region 5	Facility Number	23894
ASHBURY HEIGHTS OF FULTON				
704 WEST CHESTNUT		Telephone (573) 642-2015	Alzheimer's Unit	No
FULTON	MO 65251-1254	Level of Care: RCF	Bed Capacity	12
Mailing Address 704 WEST CHESTN		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1254	Region 6	Facility Number	23923
ICLION	1710 05251-1254	region o	racinty Munibel	23723

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ASHBURY HEIGHTS OF JEFFERS	ON CITY			
834 WEATHERED ROCK COURT		Telephone (573) 634-7402	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care: RCF	Bed Capacity	12
Mailing Address 834 WEATHERED I	ROCK COURT	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-1824	Region 6	Facility Number	23936
A CHARLINA MELCHARG OF A AMPLE				
ASHBURY HEIGHTS OF LAURIE		T. 1 . 1 (572) 274 0076		N
299 HIGHWAY RA	MO (5020 (024	Telephone (573) 374-0076	Alzheimer's Unit	No
LAURIE	MO 65038-6024	Level of Care: RCF	Bed Capacity	12 N
Mailing Address 299 HIGHWAY RA	MO (5020 (024	County MORGAN	DMH Licensed	No
LAURIE	MO 65038-6024	Region 6	Facility Number	23915
ASHBURY HEIGHTS OF MONTGO	OMERY CITY			
625 WEST 2ND ST		Telephone (573) 564-3386	Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care: RCF	Bed Capacity	12
Mailing Address 625 WEST 2ND ST		County MONTGOMERY	DMH Licensed	No
MONTGOMERY CITY	MO 63361-1762	Region 6	Facility Number	20160
A CHIDLIDA HELCHTC OF TIDTON				
ASHBURY HEIGHTS OF TIPTON		TELL (660) 422 6406	A11	NI-
908 SOUTH PARK	MO (5001 0400	Telephone (660) 433-6496	Alzheimer's Unit	No
TIPTON	MO 65081-8408	Level of Care: RCF	Bed Capacity	12 N-
Mailing Address 908 SOUTH PARK	MO (5001 0400	County MONITEAU	DMH Licensed	No
TIPTON	MO 65081-8408	Region 6	Facility Number	16506
ASHLAND HEALTHCARE		TEMPORARY CLO	SURE - STAFFING	
ASHLAND HEALTHCARE 300 SOUTH HENRY CLAY BLVD		TEMPORARY CLO Telephone (573) 657-2877	OSURE - STAFFING Alzheimer's Unit	No
	MO 65010-9438			No 60
300 SOUTH HENRY CLAY BLVD		Telephone (573) 657-2877	Alzheimer's Unit	
300 SOUTH HENRY CLAY BLVD ASHLAND		Telephone (573) 657-2877 Level of Care: SNF	Alzheimer's Unit Bed Capacity	60
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLA	Y BLVD	Telephone (573) 657-2877 Level of Care: SNF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed	60 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND	Y BLVD MO 65010-9438	Telephone (573) 657-2877 Level of Care: SNF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed	60 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV	Y BLVD MO 65010-9438	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD	Y BLVD MO 65010-9438 ING BY AMERICARE	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 17908 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 17908 No 72
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 17908 No 72 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 17908 No 72
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 17908 No 72 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD MO 65010-9439	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 17908 No 72 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD MO 65010-9439	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 17908 No 72 No
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF	Y BLVD MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD MO 65010-9439	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908 No 72 No 20303
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD	MO 65010-9438 ING BY AMERICARE MO 65010-9439 CCLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908 No 72 No 20303
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE	MO 65010-9438 ING BY AMERICARE MO 65010-9439 CCLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 17908 No 72 No 20303
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE Mailing Address 1630 RADIO HILL F	MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF County COOPER	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 17908 No 72 No 20303
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE Mailing Address 1630 RADIO HILL F BOONVILLE	MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957 ROAD MO 65233-1957	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF County COOPER	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	60 No 17908 No 72 No 20303
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE Mailing Address 1630 RADIO HILL F BOONVILLE ASPEN POINT HEALTH AND REF	MO 65010-9438 ING BY AMERICARE MO 65010-9439 Y CLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957 ROAD MO 65233-1957	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF County COOPER Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908 No 72 No 20303 No 52 No 00216
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE Mailing Address 1630 RADIO HILL F BOONVILLE ASPEN POINT HEALTH AND REH 2840 WEST CLAY ST	MO 65010-9438 ING BY AMERICARE MO 65010-9439 CLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957 COAD MO 65233-1957 ABILITATION	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF County COOPER Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908 No 72 No 20303 No 52 No 00216
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE Mailing Address 1630 RADIO HILL F BOONVILLE ASPEN POINT HEALTH AND REF 2840 WEST CLAY ST SAINT CHARLES	MO 65010-9438 ING BY AMERICARE MO 65010-9439 CLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957 COAD MO 65233-1957 ABILITATION MO 63301-2536	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF County COOPER Region 6 Medicare/Medicaid Telephone (636) 946-6100 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908 No 72 No 20303 No 52 No 00216
300 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 300 S HENRY CLAY ASHLAND ASHLAND VILLA - ASSISTED LIV 301 SOUTH HENRY CLAY BLVD ASHLAND Mailing Address 301 SOUTH HENRY ASHLAND ASHLEY MANOR HEALTH & REF 1630 RADIO HILL ROAD BOONVILLE Mailing Address 1630 RADIO HILL F BOONVILLE ASPEN POINT HEALTH AND REH 2840 WEST CLAY ST	MO 65010-9438 ING BY AMERICARE MO 65010-9439 CLAY BLVD MO 65010-9439 IABILITATION MO 65233-1957 COAD MO 65233-1957 ABILITATION MO 63301-2536	Telephone (573) 657-2877 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid Telephone (573) 657-1920 Level of Care: ALF** County BOONE Region 6 Telephone (660) 882-6584 Level of Care: SNF County COOPER Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 17908 No 72 No 20303 No 52 No 00216

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ASPEN VALLEY				
1888 EAST 9TH STREET		Telephone (696) 346-9634	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3549	Level of Care: ALF**	Bed Capacity	14
Mailing Address 1888 EAST 9TH STI	REET	County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3549	Region 6	Facility Number	32779
ASPIRE SENIOR LIVING ADVANCE	TE.			
315 SOUTH TILLEY ST	. E	Telephone (573) 722-3440	Alzheimer's Unit	No
ADVANCE	MO 63730-7230	Level of Care: SNF	Bed Capacity	70
Mailing Address 315 S TILLEY ST	110 03730 7230	County STODDARD	DMH Licensed	No
ADVANCE	MO 63730-7230	Region 2 Medicare/Medicaid	Facility Number	11722
ADVANCE	MIO 03730-7230	Region 2 Medicare/Medicaid	Facility Number	11/22
ASPIRE SENIOR LIVING EAST PR	RAIRIE	T-l-nh (572) (40, 255)	Alabatan 1 TT 14	NT
186 MILLAR RD	MO 62045 1100	Telephone (573) 649-3551	Alzheimer's Unit	No
EAST PRAIRIE	MO 63845-1180	Level of Care: SNF	Bed Capacity	70
Mailing Address PO BOX 299		County MISSISSIPPI	DMH Licensed	No
EAST PRAIRIE	MO 63845-0299	Region 2 Medicare/Medicaid	Facility Number	12083
ASPIRE SENIOR LIVING EXCELS	IOR SPRINGS			
1003 MEADOWLARK LN		Telephone (816) 630-3145	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-3304	Level of Care: SNF	Bed Capacity	108
Mailing Address 1003 MEADOWLAR	RK LN	County CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-3304	Region 4 Medicare/Medicaid	Facility Number	19197
ASPIRE SENIOR LIVING JONESB	URG			
308 CEDAR AVE		Telephone (636) 488-5400	Alzheimer's Unit	Yes
JONESBURG	MO 63351-1126	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 218		County MONTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	Region 6 Medicare/Medicaid	Facility Number	13265
ASPIRE SENIOR LIVING MALDEN	N			
1209 STOKELAN		Telephone (573) 276-5115	Alzheimer's Unit	Yes
MALDEN	MO 63863-1335	Level of Care: SNF	Bed Capacity	70
Mailing Address 1209 STOKELAN		County DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1335	Region 2 Medicare/Medicaid	Facility Number	12465
ASPIRE SENIOR LIVING MOBERI	LY			
700 EAST URBANDALE DR		Telephone (660) 263-9060	Alzheimer's Unit	Yes
MOBERLY	MO 65270-1966	Level of Care: SNF	Bed Capacity	120
Mailing Address 700 EAST URBAND	DALE DR	County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-1966	Region 5 Medicare/Medicaid	Facility Number	12523
ASPIRE SENIOR LIVING OAK GR	OVE			
2108 SW MITCHELL STREET		Telephone (816) 690-4118	Alzheimer's Unit	Yes
OAK GROVE	MO 64075-9472	Level of Care: SNF	Bed Capacity	90
Mailing Address 2108 S MITCHELL		County JACKSON	DMH Licensed	No
OAK CROVE	140 (4075 0470	The 1 2 Mar 22 12 12 12 12 12 12 12 12 12 12 12 12	T2 . *1*4 NT . 1	0.50.40

Region 3

Medicare/Medicaid

Facility Number

05849

MO 64075-9472

OAK GROVE

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ASPIRE SENIOR LIVING PLATTE	CITY	T. I. (01.0) 070 7000	
220 O'ROURKE DRIVE	MO 54070 0050	Telephone (816) 858-5222	Alzheimer's Unit No
PLATTE CITY	MO 64079-9360	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 1310 PLATTE CITY	MO 64079-1310	County PLATTE	DMH Licensed No
PLATTE CITT	WIO 04079-1310	Region 4 Medicare/Medicaid	Facility Number 12655
ASSISTED LIVING AT CHARLESS	VILLAGE		
5943 TELEGRAPH RD		Telephone (314) 846-2002	Alzheimer's Unit No
SAINT LOUIS	MO 63129-4715	Level of Care: ALF**	Bed Capacity 18
Mailing Address 5943 TELEGRAPH I	RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63129-4715	Region 7	Facility Number 05586
ASSISTED LIVING AT THE MEAD	OWI ANDS		
135 MEADOWLANDS ESTATES LN	OWLANDS	Telephone (636) 978-3600	Alzheimer's Unit Yes
O'FALLON	MO 63366-4591	Level of Care: ALF**	Bed Capacity 86
Mailing Address 135 MEADOWLANI		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-4591	Region 5	Facility Number 26475
OTALLON	WIO 03300-4371	Kegion 5	racinty Number 20473
ATHENE NURSING AND REHABII	LITATION		
13995 CLAYTON RD		Telephone (636) 227-5070	Alzheimer's Unit Yes
TOWN AND COUNTRY	MO 63017-8400	Level of Care: SNF	Bed Capacity 282
Mailing Address 13995 CLAYTON R	D	County SAINT LOUIS COUNTY	DMH Licensed No
TOWN AND COUNTRY	MO 63017-8400	Region 7 Medicare/Medicaid	Facility Number 01508
ATRIUM PLACE HEALTH AND RI	FHARII ITATION		
2600 REDMAN RD		Telephone (314) 355-8585	Alzheimer's Unit No
SAINT LOUIS	MO 63136-5863	Level of Care: SNF	Bed Capacity 120
Mailing Address 2600 REDMAN RD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63136-5863	Region 7 Medicare/Medicaid	Facility Number 18697
AVIDAN CIDENY ACCICION VIVI	DVG DV AMEDICA DE		
AUBURN CREEK - ASSISTED LIVI	ING BY AMERICARE	T-l (572) (51 0100	Al-Laineaula III-ii
2910 BEAVER CREEK DR	MO (2701 1722	Telephone (573) 651-0199	Alzheimer's Unit Yes
CAPE GIRARDEAU Mailing Address 2010 REAVED CRE	MO 63701-1732	Level of Care: ALF	Bed Capacity 53
Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU	MO 63701-1732	County CAPE GIRARDEAU	DMH Licensed No Facility Number 19892
CAFE GIRARDEAU	WIO 03/01-1/32	Region 2	Facility Number 19892
AUBURN RIDGE LIVING CENTER	1		
1425 ASHBURY WAY		Telephone (573) 634-2031	Alzheimer's Unit No
WARDSVILLE	MO 65101-1007	Level of Care: RCF	Bed Capacity 24
Mailing Address 1425 ASHBURY WA	AY	County COLE	DMH Licensed No
WARDSVILLE	MO 65101-1007	Region 6	Facility Number 31832
AURORA HEALTH AND REHABIL	JTATION		
1200 MCCUTCHEN RD		Telephone (573) 364-2311	Alzheimer's Unit No
ROLLA	MO 65401-2615	Level of Care: SNF	Bed Capacity 116
Mailing Address 1200 MCCUTCHEN	RD	County PHELPS	DMH Licensed No
ROLLA	MO 65401-2615	Region 6 Medicare/Medicaid	Facility Number 08862

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AURORA NURSING CENTER				
1700 SOUTH HUDSON AVE		Telephone (417) 678-2165	Alzheimer's Unit Yes	,
AURORA	MO 65605-2717	Level of Care: SNF	Bed Capacity 125	
Mailing Address 1700 S HUDSON AV		County LAWRENCE	DMH Licensed No	
AURORA	MO 65605-2717		Facility Number 00234	
AURORA	MO 03003-2717	Region 1 Medicare/Medicaid	Facility Number 00234	ŀ
AUTUMN OAKS CARING CENTER	<u> </u>			
1310 HOVIS ST		Telephone (417) 926-5128	Alzheimer's Unit Yes	3
MOUNTAIN GROVE	MO 65711-1219	Level of Care: SNF	Bed Capacity 120)
Mailing Address 1310 HOVIS ST		County WRIGHT	DMH Licensed No	
MOUNTAIN GROVE	MO 65711-1219	Region 1 Medicare/Medicaid	Facility Number 07970	
ALITHIMAL DI A CE DECIDENTINAL C	CARE OF JORI IN			
AUTUMN PLACE RESIDENTIAL C 2030 E ZORA ST	ARE OF JOPLIN	Talanhana (417) 626 8000	Alzheimer's Unit No	
JOPLIN	MO 64801-1170	Telephone (417) 626-8900 Level of Care: RCF*	Alzheimer's Unit No Bed Capacity 38	
	MO 04801-1170			
Mailing Address 2030 E ZORA ST	MO (4901 1170	County JASPER	DMH Licensed No	
JOPLIN	MO 64801-1170	Region 1	Facility Number 20779)
AUTUMN RIDGE RESIDENCES				
300 AUTUMN RIDGE DR		Telephone (636) 931-8400	Alzheimer's Unit No)
HERCULANEUM	MO 63048-1506	Level of Care: RCF*	Bed Capacity 81	l
Mailing Address 300 AUTUMN RIDG	E DR	County JEFFERSON	DMH Licensed Yes	S
HERCULANEUM	MO 63048-1506	Region 2	Facility Number 15845	5
AUTUMN VIEW GARDENS				
16219 AUTUMN VIEW TERRACE DE	R	Telephone (636) 458-5225	Alzheimer's Unit Yes	3
ELLISVILLE	MO 63011-4743	Level of Care: ALF**	Bed Capacity 150)
Mailing Address 16219 AUTUMN VII	EW TERRACE DR	County SAINT LOUIS COUNTY	DMH Licensed No.)
ELLISVILLE	MO 63011-4743	Region 7	Facility Number 20751	
AUTUMN VIEW GARDENS AT SCI	HIETZ ROAD			
11210 SCHUETZ RD	ICETZ KOND	Telephone (314) 993-9888	Alzheimer's Unit Yes	2
SAINT LOUIS	MO 63146-4933	Level of Care: ALF**	Bed Capacity 110	
Mailing Address 11210 SCHUETZ RE		County SAINT LOUIS COUNTY	DMH Licensed No	
SAINT LOUIS	MO 63146-4933	Region 7	Facility Number 22909	
SIMINI BOOK	110 03110 1333	Region /	ruemey rumber 22507	,
AUTUMN WOODS, INC				
5500 NW HOUSTON LAKE DR		Telephone (816) 587-2263	Alzheimer's Unit No)
KANSAS CITY	MO 64151-3472	Level of Care: RCF*	Bed Capacity 28	3
Mailing Address PO BOX 12008		County PLATTE	DMH Licensed Yes	S
KANSAS CITY	MO 64152-0008	Region 4	Facility Number 10857	7
AVA PLACE				
1101 LYLE STREET		Telephone (417) 683-6999	Alzheimer's Unit No)
AVA	MO 65608-1269	- · · · · · · · · · · · · · · · · · · ·	Bed Capacity 40)
	MO 65608-1269	Level of Care: RCF*		
AVA Mailing Address PO BOX 1269 AVA	MO 65608-1269 MO 65608-1269	- · · · · · · · · · · · · · · · · · · ·	Bed Capacity 40 DMH Licensed Yes Facility Number 20718	S

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ANALON CARDEN			
AVALON GARDEN 4359 TAFT AVE		Telephone (314) 752-2022	Alzheimer's Unit No
SAINT LOUIS	MO 63116-1533	Level of Care: SNF	Bed Capacity 77
Mailing Address 4359 TAFT AVE	W10 03110-1333	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63116-1533	Region 7 Medicare/Medicaid	Facility Number 00244
5. II. (1 200 II		Region / Predical Control of the Con	14000911400000
AVALON MEMORY CARE			
5342 BUTLER HILL ROAD		Telephone (314) 849-2985	Alzheimer's Unit Yes
SAINT LOUIS	MO 63128-4152	Level of Care: ALF**	Bed Capacity 30
Mailing Address 5342 BUTLER HILL	ROAD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-4152	Region 7	Facility Number 30425
AVALON VIEW HEALTH AND WE	I I NIECC		
1200 WEST COLLEGE ST	LLNESS	Telephone (816) 781-3020	Alzheimer's Unit Yes
LIBERTY	MO 64068-1036	Level of Care: SNF	Bed Capacity 140
Mailing Address 1200 WEST COLLEG		County CLAY	DMH Licensed No
LIBERTY	MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number 01961
		8	•
BAILEY HOUSE			
102 BAILEY ST		Telephone (573) 756-6374	Alzheimer's Unit No
FARMINGTON	MO 63640-1819	Level of Care: RCF	Bed Capacity 12
Mailing Address 102 BAILEY ST		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-1819	Region 2	Facility Number 00256
BAISCH NURSING CENTER			
3260 BAISCH DR		Telephone (636) 586-2291	Alzheimer's Unit No
DE SOTO	MO 63020-5046	Level of Care: RCF*	Bed Capacity 18
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-5046	Region 2	Facility Number 00910
BAISCH NURSING CENTER			
3260 BAISCH DR		Telephone (636) 586-2291	Alzheimer's Unit No
DE SOTO	MO 63020-5046	Level of Care: SNF	Bed Capacity 61
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-5046	Region 2 Medicare/Medicaid	Facility Number 00910
BAPTIST HOME, THE			
1625 WEST GARTON RD		Telephone (417) 581-2101	Alzheimer's Unit No
OZARK	MO 65721-6637	Level of Care: ICF	Bed Capacity 33
Mailing Address PO BOX 1040	1.25 05/21 005/	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-1040	Region 1	Facility Number 21509
BAPTIST HOME, THE			
1625 WEST GARTON RD		Telephone (417) 581-2101	Alzheimer's Unit No
OZARK	MO 65721-6637	Level of Care: ALF**	Bed Capacity 30
Mailing Address PO BOX 1040	MO (5701 1040	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-1040	Region 1	Facility Number 21509

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BAPTIST HOME, THE				
500 BAPTIST HOME LN		Telephone (660) 646-6219	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3973	Level of Care: ALF**	Bed Capacity	20
Mailing Address 500 BAPTIST HOME		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3973	Region 4	Facility Number	14084
BAPTIST HOME, THE				
101 RIGGS-SCOTT LN		Telephone (573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care: ICF	Bed Capacity	49
Mailing Address PO BOX 87		County IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2 Medicaid	Facility Number	00274
DADENCE HOME THE				
BAPTIST HOME, THE		T-l (572) 546 7420	A 1-1	NI-
101 RIGGS-SCOTT LN	MO 62650 4229	Telephone (573) 546-7429 Level of Care: ALF	Alzheimer's Unit Bed Capacity	No 56
IRONTON Mailing Address PO BOX 87	MO 63650-4338		DMH Licensed	No
IRONTON	MO 63650-0087	•	Facility Number	
IKONTON	MO 03030-0087	Region 2	Facility Number	00274
BAPTIST HOMES OF ADRIAN				
402 WEST 1ST STREET		Telephone (816) 297-8901	Alzheimer's Unit	No
ADRIAN	MO 64720-9277	Level of Care: SNF	Bed Capacity	38
Mailing Address 402 WEST 1ST STR	EET	County BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3	Facility Number	00032
		o a constant of the constant o	·	
BAPTIST HOMES OF INDEPENDEN	NCE			
17451 MEDICAL CENTER PARKWAY	Y	Telephone (816) 373-7795	Alzheimer's Unit	NO
INDEPENDENCE	MO 64057-1805	Level of Care: RCF	Bed Capacity	20
Mailing Address 17451 MEDICAL CE	NTER PARKWAY	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3	Facility Number	03782
BAPTIST HOMES OF INDEPENDE	NCE			
17451 MEDICAL CENTER PARKWAY		Telephone (816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care: SNF	Bed Capacity	118
Mailing Address 17451 MEDICAL CE		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3 Medicare/Medicaid	Facility Number	03782
	110 01001 1000	Region 5 Medicare/Medicard	Tuesday Tuesday	03702
BAPTIST HOMES, TRI-COUNTY				
601 NORTH GALLOWAY RD		Telephone (573) 594-6467	Alzheimer's Unit	YES
VANDALIA	MO 63382-1252	Level of Care: SNF	Bed Capacity	90
Mailing Address 601 NORTH GALLO	WAY RD	County AUDRAIN	DMH Licensed	No
VANDALIA	MO 63382-1252	Region 5 Medicare/Medicaid	Facility Number	08096
BAPTIST HOMES, TRI-COUNTY				
601 NORTH GALLOWAY RD		Telephone (573) 594-6467	Alzheimer's Unit	No
VANDALIA	MO 63382-1252	Level of Care: RCF	Bed Capacity	20
Mailing Address 601 NORTH GALLO		County AUDRAIN	DMH Licensed	No
VANDALIA	MO 63382-1252	Region 5	Facility Number	08096
				22070

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BARATHAVEN ALZHEIMER'S SPEC	CIAL CARE CENTER			
1030 BARATHAVEN DR		Telephone (636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care: ALF**	Bed Capacity	66
Mailing Address 1030 BARATHAVEN	DR	County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-8606	Region 5	Facility Number 2	26902
BARNABAS ACRES				
210 FRANKS LN		Telephone (573) 803-8887	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-8439	Level of Care: ALF	Bed Capacity	56
Mailing Address 210 FRANKS LN	110 00701 0109	County CAPE GIRARDEAU	DMH Licensed	Yes
CAPE GIRARDEAU	MO 63701-8439	Region 2		5130
C. II E GIRU IREEL IO	110 03701 0137	Region 2	racinty runner 0	3130
BARNARAS REDWOOD MANOR				
BARNABAS REDWOOD MANOR 1194 LANDON RD		Telephone (573) 468-8150	Alzheimer's Unit	No
	MO (5441 9219	• '		
BOURBON	MO 65441-8218	Level of Care: RCF	Bed Capacity	47
Mailing Address 1194 LANDON RD	3.60 67.111 0210	County CRAWFORD	DMH Licensed	Yes
BOURBON	MO 65441-8218	Region 6	Facility Number 0	8609
DADNEG IEMIGH EKWENDER GARA	r.			
BARNES-JEWISH EXTENDED CARI	E.			
401 CORPORATE PARK DR		Telephone (314) 725-7447	Alzheimer's Unit	No
SAINT LOUIS	MO 63105-4201	Level of Care: SNF	Bed Capacity	120
Mailing Address 401 CORPORATE PA		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63105-4201	Region 7 Medicare/Medicaid	Facility Number 1	5878
BAYLESS BOARDING HOME				
3719 SAND CREEK ROAD		Telephone (573) 747-0889	Alzheimer's Unit	No
FARMINGTON	MO 63640-7349	Level of Care: RCF	Bed Capacity	12
Mailing Address 3719 SAND CREEK R	RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7349	Region 2	Facility Number 1	7300
DT GOV	_			
BEACON HILL RESIDENTIAL CARD	E	T-1h (916) 521 6169	A 1-1	NT-
2905 CAMPBELL	MO (4100 1417	Telephone (816) 531-6168	Alzheimer's Unit	No
KANSAS CITY	MO 64109-1417	Level of Care: RCF*	Bed Capacity	37
Mailing Address 2905 CAMPBELL	1.0 cuss 4.4. -	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64109-1417	Region 3	Facility Number 0	0329
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		Telephone (816) 331-0781	Alzheimer's Unit	No
BELTON	MO 64012-3703	-		126
Mailing Address 1003 S CEDAR ST	WIO 04012-3703		Bed Capacity DMH Licensed	
S .	MO (4012 2702	•		No
BELTON	MO 64012-3703	Region 3 Medicare/Medicaid	Facility Number 0	00342
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		Telephone (816) 331-0781	Alzheimer's Unit	No
BELTON	MO 64012-3703	Level of Care: ALF	Bed Capacity	55
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed	No
BELTON	MO 64012-3703	Region 3		00342
ELLI VII	1.10 01012 0700	Megion -	Lucini, minor	.0374

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BEAUVAIS REHAB AND HEALTHO	CARE CENTER		
3625 MAGNOLIA AVE		Telephone (314) 771-2990	Alzheimer's Unit Yes
SAINT LOUIS	MO 63110-4048	Level of Care: SNF	Bed Capacity 184
Mailing Address 3625 MAGNOLIA A	VE	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63110-4048	Region 7 Medicare/Medicaid	Facility Number 09528
BEEHIVE HOMES OF GRAIN VAL	IFV		
101 CROSS CREEK DR	DE I	Telephone (816) 224-2700	Alzheimer's Unit No
GRAIN VALLEY	MO 64029-9561	Level of Care: ALF**	Bed Capacity 32
Mailing Address 101 CROSS CREEK		County JACKSON	DMH Licensed No
GRAIN VALLEY	MO 64029-9561		
ORAIN VALLET	WIO 04029-9301	Region 3	Facility Number 24279
BELLEFONTAINE GARDENS NUR	SING & REHAB	TEMPORARY CLO	SURE - STAFFING
9500 BELLEFONTAINE RD		Telephone (314) 388-0796	Alzheimer's Unit No
SAINT LOUIS	MO 63137-1336	Level of Care: SNF	Bed Capacity 96
Mailing Address 9500 BELLEFONTA	INE RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63137-1336	Region 7 Medicare/Medicaid	Facility Number 02598
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		Telephone (816) 749-3919	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2527	Level of Care: ALF	
Mailing Address 1616 WEISENBORN			
SAINT JOSEPH	MO 64507-2527	Region 4	Facility Number 10346
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		Telephone (816) 749-3919	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64507-2527	Level of Care: SNF	Bed Capacity 90
Mailing Address 1616 WEISENBORN	RD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64508-2527	Region 4 Medicare/Medicaid	Facility Number 10346
BELLEVIEW VALLEY NURSING H	IOME		
23144 HIGHWAY 32	IOME	Telephone (573) 697-5311	Alzheimer's Unit No
	MO 63623-6346	• ' '	
BELLEVIEW			Bed Capacity 122
Mailing Address 23144 HIGHWAY 32		County IRON	DMH Licensed No
BELLEVIEW	MO 63623-6346	Region 2 Medicare/Medicaid	Facility Number 00382
BELOVED HEALTH AND REHABI	LITATION CENTER		
328 MUNGER LANE		Telephone (573) 577-2100	Alzheimer's Unit No
HANNIBAL	MO 63401-2361	Level of Care: SNF	Bed Capacity 111
Mailing Address 328 MUNGER LANE	Ξ	County MARION	DMH Licensed No
HANNIBAL	MO 63401-2361	Region 5 Medicare/Medicaid	Facility Number 03340
		-	
DEMEDICE LOCEDIL LABOR CONTROL	ED		
BENEDICT JOSEPH LABRE CENT	EK	Talankana (214) 664 2025	A link atom and a Times
3863 CLEVELAND	MO (2110 4000	Telephone (314) 664-3927	Alzheimer's Unit No
SAINT LOUIS	MO 63110-4009	Level of Care: RCF	Bed Capacity 15
Mailing Address 3863 CLEVELAND	1.0 (2110 1000	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63110-4009	Region 7	Facility Number 21163

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BENTLEYS EXTENDED CARE				
3060 ASHBY ROAD		Telephone (314) 426-0433	Alzheimer's Unit	No
OVERLAND	MO 63114-1342	Level of Care: SNF	Bed Capacity	72
Mailing Address 3060 ASHBY RD		County SAINT LOUIS COUNTY	DMH Licensed	No
OVERLAND	MO 63114-1342	Region 7 Medicare/Medicaid	Facility Number	22613
		9		
DENTION WOUGE OF DAME OPPING	7			
BENTON HOUSE OF BLUE SPRINGS		The second of th		37
1701 NW JEFFERSON ST	MO (4015 7000	Telephone (816) 224-2727	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64015-7229	Level of Care: ALF**	Bed Capacity	95 N
Mailing Address 1701 NW JEFFERSON		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64015-7229	Region 3	Facility Number	29729
BENTON HOUSE OF RAYMORE		T. 1 (010) 000 0111		
2100 JOHNSTON DR		Telephone (816) 322-2111	Alzheimer's Unit	Yes
RAYMORE	MO 64083-8122	Level of Care: ALF**	Bed Capacity	95
Mailing Address 2100 JOHNSTON DR		County CASS	DMH Licensed	No
RAYMORE	MO 64083-8122	Region 3	Facility Number	29896
	_			
BENTON HOUSE OF STALEY HILLS	S			
11071 N WOODLAND AVE		Telephone (816) 372-1888	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1552	Level of Care: ALF**	Bed Capacity	80
Mailing Address 11071 N WOODLAND) AVE	County CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1552	Region 4	Facility Number	30774
BENTON HOUSE OF TIFFANY SPRI	NGS			
5901 NW 88TH ST		Telephone (816) 505-4555	Alzheimer's Unit	Yes
KANSAS CITY	MO 64154-1607	Telephone (816) 505-4555 Level of Care: ALF**	Alzheimer's Unit Bed Capacity	Yes 80
KANSAS CITY Mailing Address 5901 NW 88TH ST	MO 64154-1607	Level of Care: ALF** County PLATTE	Bed Capacity DMH Licensed	
KANSAS CITY	MO 64154-1607 MO 64154-1607	Level of Care: ALF**	Bed Capacity	80
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY		Level of Care: ALF** County PLATTE	Bed Capacity DMH Licensed	80 No
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB		Level of Care: ALF** County PLATTE Region 4	Bed Capacity DMH Licensed Facility Number	80 No 29519
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD	MO 64154-1607	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	80 No 29519 No
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT	MO 64154-1607 MO 63031-5308	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	80 No 29519 No 116
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER B	MO 64154-1607 MO 63031-5308 RD	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	80 No 29519 No 116 No
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT	MO 64154-1607 MO 63031-5308	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	80 No 29519 No 116
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT	MO 64154-1607 MO 63031-5308 RD	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	80 No 29519 No 116 No
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER	MO 64154-1607 MO 63031-5308 RD	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	80 No 29519 No 116 No 14817
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD	MO 64154-1607 MO 63031-5308 RD MO 63031-5308	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	80 No 29519 No 116 No 14817
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS	MO 64154-1607 MO 63031-5308 RD MO 63031-5308 MO 63108-2205	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	80 No 29519 No 116 No 14817
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS Mailing Address 4335 WEST PINE BLV	MO 64154-1607 MO 63031-5308 RD MO 63031-5308 MO 63108-2205	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	80 No 29519 No 116 No 14817
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS	MO 64154-1607 MO 63031-5308 RD MO 63031-5308 MO 63108-2205	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	80 No 29519 No 116 No 14817
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS Mailing Address 4335 WEST PINE BLV SAINT LOUIS	MO 63031-5308 RD MO 63031-5308 MO 63031-5308 MO 63108-2205 //D MO 63108-2205	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	80 No 29519 No 116 No 14817
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS Mailing Address 4335 WEST PINE BLV SAINT LOUIS BERTRAND NURSING AND REHAB	MO 63031-5308 RD MO 63031-5308 MO 63031-5308 MO 63108-2205 //D MO 63108-2205	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	80 No 29519 No 116 No 14817 No 141 No 00436
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS Mailing Address 4335 WEST PINE BLV SAINT LOUIS BERTRAND NURSING AND REHAB 603 WEST HIGHWAY 62	MO 63031-5308 RD MO 63031-5308 MO 63031-5308 MO 63108-2205 //D MO 63108-2205 CENTER	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (573) 683-4290	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	80 No 29519 No 116 No 14817 No 00436
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS Mailing Address 4335 WEST PINE BLV SAINT LOUIS BERTRAND NURSING AND REHAB 603 WEST HIGHWAY 62 BERTRAND	MO 63031-5308 RD MO 63031-5308 MO 63031-5308 MO 63108-2205 //D MO 63108-2205 CENTER MO 63823-9738	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (573) 683-4290 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	80 No 29519 No 116 No 14817 No 00436
KANSAS CITY Mailing Address 5901 NW 88TH ST KANSAS CITY BENTWOOD NURSING & REHAB 1501 CHARBONIER RD FLORISSANT Mailing Address 1501 CHARBONIER F FLORISSANT BERNARD CARE CENTER 4335 WEST PINE BLVD SAINT LOUIS Mailing Address 4335 WEST PINE BLV SAINT LOUIS BERTRAND NURSING AND REHAB 603 WEST HIGHWAY 62	MO 63031-5308 RD MO 63031-5308 MO 63031-5308 MO 63108-2205 //D MO 63108-2205 CENTER MO 63823-9738	Level of Care: ALF** County PLATTE Region 4 Telephone (314) 921-2700 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid Telephone (314) 371-0200 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid Telephone (573) 683-4290	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	80 No 29519 No 116 No 14817 No 00436

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BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST HANNIBAL	MO 63401-2600 MO 63401-2600	Telephone (573) 221-6000 Level of Care: SNF County MARION Region 5 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 105 No 00469
BETHESDA DILWORTH 9645 BIG BEND BLVD SAINT LOUIS Mailing Address 9645 BIG BEND BLV SAINT LOUIS	MO 63122-6521 D MO 63122-6521	Telephone (314) 968-5460 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 400 No 00508
BETHESDA HAWTHORNE PLACE 1111 SOUTH BERRY ROAD SAINT LOUIS Mailing Address 1111 SOUTH BERRY SAINT LOUIS	MO 63122-6598 ROAD MO 63122-6598	Telephone (314) 942-5750 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 66 No 30509
BETHESDA MEADOW 322 OLD STATE ROAD ELLISVILLE Mailing Address 322 OLD STATE ROA ELLISVILLE	MO 63021-5917 D MO 63021-5917	Telephone (636) 227-3431 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 210 No 15226
BETHESDA SOUTHGATE 5943 TELEGRAPH RD SAINT LOUIS Mailing Address 5943 TELEGRAPH RI SAINT LOUIS	MO 63129-4715) MO 63129-4715	Telephone (314) 846-2000 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 192 No 05586
BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERS SLATER	MO 65349-1157 SON MO 65349-1157	Telephone (660) 529-2237 Level of Care: ICF County SALINE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 00546
BIG BEND RETREAT 620 NORTH EMMERSON SLATER Mailing Address 620 NORTH EMMERS SLATER	MO 65349-1157 SON MO 65349-1157	Telephone (660) 529-2237 Level of Care: RCF* County SALINE Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 10 No 00546
BIG BEND WOODS HEALTHCARE OF THE HIGHLAND AVE VALLEY PARK Mailing Address 110 HIGHLAND AVE VALLEY PARK	MO 63088-1422 MO 63088-1422	Telephone (636) 529-8300 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 135 No 01170

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BIG SPRING CARE CENTER FOR R	EHAB AND HEALTHCARE		
202 EAST MILL ST		Telephone (417) 754-8711	Alzheimer's Unit No
HUMANSVILLE	MO 65674-8507	Level of Care: SNF	Bed Capacity 60
Mailing Address 202 EAST MILL ST		County POLK	DMH Licensed No
HUMANSVILLE	MO 65674-8507	Region 1 Medicare/Medicaid	Facility Number 18672
DID ON DOINING HEAT THE AND DOIN	A DIT ITTATION		
BIRCH POINTE HEALTH AND REH	ABILITATION	T. L. L. (417) 990 0772	A1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 37
3705 S JEFFERSON AVE SPRINGFIELD	MO (5907 5990	Telephone (417) 889-0773	Alzheimer's Unit Yes
	MO 65807-5880	Level of Care: SNF	Bed Capacity 120
Mailing Address 3705 S JEFFERSON A		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-5880	Region 1 Medicare/Medicaid	Facility Number 31013
BISHOP SPENCER PLACE, INC, TH	E		
4301 MADISON AVE		Telephone (816) 931-4277	Alzheimer's Unit No
KANSAS CITY	MO 64111-3491	Level of Care: SNF	Bed Capacity 57
Mailing Address 4301 MADISON AVE		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64111-3491	Region 3 Medicare/Medicaid	Facility Number 20635
		region 5 Predicard/Medicard	20033
BISHOP SPENCER PLACE, INC, TH	E		
4301 MADISON AVE		Telephone (816) 931-4277	Alzheimer's Unit No
KANSAS CITY	MO 64111-3491	Level of Care: ALF**	Bed Capacity 40
Mailing Address 4301 MADISON AVE		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64111-3491	Region 3	Facility Number 20635
BLESSING CENTER, THE			
302 NORTH MAIN		Telephone (660) 397-2293	Alzheimer's Unit No
EDINA	MO 63537-1353	Level of Care: RCF	Bed Capacity 51
Mailing Address 302 NORTH MAIN		County KNOX	DMH Licensed Yes
EDINA	MO 63537-1353	Region 5	Facility Number 03728
BLUE CASTLE BOLIVAR LLC			
1830 E LAVERNE ST		Telephone (417) 777-2583	Alzheimer's Unit No
BOLIVAR	MO 65613-1488	Level of Care: RCF*	Bed Capacity 30
Mailing Address 1830 E LAVERNE ST		County POLK	DMH Licensed Yes
BOLIVAR	MO 65613-1488	Region 1	Facility Number 24698
DOLLATIN	MO 03013 1100	Region 1	Tuesty Number 24070
BLUE CIRCLE REHAB AND NURSIN	NG		
2939 MAGAZINE STREET		Telephone (314) 531-0500	Alzheimer's Unit No
SAINT LOUIS	MO 63106-1245	Level of Care: SNF	Bed Capacity 90
Mailing Address 2939 MAGAZINE STR	REET	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63106-1245	Region 7 Medicare/Medicaid	Facility Number 15258
BLUE HILLS REST HOME, INC			
2207 NORTH BLUE MILLS RD		Telephone (816) 796-3376	Alzheimer's Unit No
INDEPENDENCE	MO 64058-2022	Level of Care: ALF**	Bed Capacity 63
Mailing Address 2207 N BLUE MILLS		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64058-2022	•	Facility Number 11146
HADDI DADDAYCE	110 07030-2022	Region 3	racincy number 11140

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BLUEGRASS TERRACE				
102 REDTAIL DR		Telephone (573) 657-0899	Alzheimer's Unit	No
ASHLAND	MO 65010-1179	Level of Care: RCF	Bed Capacity	16
Mailing Address 102 REDTAIL DR		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-1179	Region 6	Facility Number	25731
DA VIEW ODDERY WEDD I OF A COVO	TER I WING BY A MERICA RE			
BLUFF CREEK TERRACE - ASSIS	TED LIVING BY AMERICARE	M. L. J. (572) 915 0111	A1 1	V
3104 BLUFF CREEK DR	MO 65201 2524	Telephone (573) 815-9111 Level of Care: ALF**	Alzheimer's Unit	Yes 48
COLUMBIA Mailing Address 2104 BLUEF CREET	MO 65201-3524		Bed Capacity	46 No
Mailing Address 3104 BLUFF CREEL COLUMBIA	MO 65201-3524	County BOONE	DMH Licensed	
COLUMBIA	MO 65201-5524	Region 6	Facility Number	20625
BLUFFS, THE				
3105 BLUFF CREEK DR		Telephone (573) 442-6060	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-3529	Level of Care: SNF	Bed Capacity	132
Mailing Address 3105 BLUFF CREE	K DR	County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3529	Region 6 Medicare/Medicaid	Facility Number	00754
		riogion - Francisco (Francisco)		0070.
BOARDING INN, THE				
9444 MIDLAND BLVD		Telephone (314) 426-0091	Alzheimer's Unit	No
OVERLAND	MO 63114-3328	Level of Care: RCF	Bed Capacity	40
Mailing Address 9444 MIDLAND BL	VD	County SAINT LOUIS COUNTY	DMH Licensed	Yes
OVERLAND	MO 63114-3328	Region 7	Facility Number	00709
BOLIVAR MANOR HOUSE				
404 EAST BROADWAY		Telephone (417) 327-5790	Alzheimer's Unit	No
BOLIVAR	MO 65613-2019	Level of Care: RCF*	Bed Capacity	20
Mailing Address PO BOX 175	WIO 03013-2017	County POLK	DMH Licensed	Yes
BOLIVAR	MO 65613-0175	Region 1	Facility Number	04529
BOLIVAR	WO 03013-0173	Region 1	Pacinty Number	04329
BOULEVARD SENIOR LIVING OF	ST CHARLES,THE			
3340 EHLMANN ROAD		Telephone (636) 757-5077	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63301-4087	Level of Care: ALF**	Bed Capacity	128
Mailing Address 3340 EHLMANN R	OAD	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-4087	Region 5	Facility Number	31029
DOULENADD CENTOD I MINO OF				
BOULEVARD SENIOR LIVING OF 120 PERRY CATE BOULEVARD	WENIZVILLE, THE	Tolophone (626) 600 0450	Alzhoimonia IIi4	Yes
WENTZVILLE	MO 63385-4719	Telephone (636) 698-9458 Level of Care: ALF**	Alzheimer's Unit Bed Capacity	62
			• •	
Mailing Address 120 PERRY CATE I		County SAINT CHARLES	DMH Licensed	No 21404
WENTZVILLE	MO 63385-4719	Region 5	Facility Number	31404
BOWLING GREEN RESIDENTIAL	CARE			
119 WEST CENTENNIAL AVE		Telephone (573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1605	Level of Care: RCF*	Bed Capacity	25
Mailing Address 119 WEST CENTEN	NIAL AVE	County PIKE	DMH Licensed	Yes
BOWLING GREEN	MO 63334-1605	Region 5	Facility Number	07712

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BRADFORD COURT - ASSISTED LI	IVING BY AMERICARE			
902 NORTH MAIN		Telephone (417) 725-0177	Alzheimer's Unit	No
NIXA	MO 65714-9384	Level of Care: ALF**	Bed Capacity	50
Mailing Address 902 NORTH MAIN		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9384	Region 1	Facility Number	17732
		G		
DDENIT D TINININI MANIOD				
BRENT B TINNIN MANOR 220 EUEL POLK DR		T-11 (572) 662 2545	A 1-1	No
ELLINGTON	MO 63638-7967	Telephone (573) 663-2545 Level of Care: SNF	Alzheimer's Unit	60
			Bed Capacity	
Mailing Address 220 EUEL POLK DR		County REYNOLDS	DMH Licensed	No
ELLINGTON	MO 63638-7967	Region 2 Medicare/Medicaid	Facility Number	08027
BRENTMOOR RETIREMENT COM	IMUNITY			
8600 DELMAR BLVD		Telephone (314) 995-3811	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1973	Level of Care: ALF**	Bed Capacity	36
Mailing Address 8600 DELMAR BLV		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1973	Region 7	Facility Number	19968
BRIDGEWAY RESIDENTIAL CARE	E FACILITY			
828 JEFFERSON ST		Telephone (573) 642-7770	Alzheimer's Unit	No
FULTON	MO 65251-1877	Level of Care: RCF*	Bed Capacity	94
Mailing Address 828 JEFFERSON ST		County CALLAWAY	DMH Licensed	Yes
FULTON	MO 65251-1877	Region 6	Facility Number	13522
BRIDGEWOOD HEALTH CARE CE	CNTER			
11515 TROOST		Telephone (816) 943-0101	Alzheimer's Unit	NO
KANSAS CITY	MO 64131-3769	Level of Care: SNF	Bed Capacity	166
Mailing Address 11515 TROOST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-3769	Region 3 Medicare/Medicaid	Facility Number	06555
BRISTOL MANOR OF AURORA				
740 SOUTH HUDSON		Telephone (417) 678-7535	Alzheimer's Unit	No
AURORA	MO 65605-2512	Level of Care: RCF	Bed Capacity	12
Mailing Address 740 SOUTH HUDSO		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2512	Region 1	Facility Number	20352
PRICEOU MANON OF PERSON				
BRISTOL MANOR OF BETHANY				÷ -
		Telephone (660) 425-7133	Alzheimer's Unit	No
811 SOUTH 24TH ST	200 01101000			12
BETHANY	MO 64424-2631	Level of Care: RCF	Bed Capacity	
BETHANY Mailing Address 811 SOUTH 24TH ST		County HARRISON	DMH Licensed	No
BETHANY				
BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY	MO 64424-2631	County HARRISON	DMH Licensed	No
BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY BRISTOL MANOR OF BOONVILLE	MO 64424-2631	County HARRISON Region 4	DMH Licensed Facility Number	No 19068
BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY BRISTOL MANOR OF BOONVILLE 1290 ASHLEY RD	MO 64424-2631	County HARRISON Region 4 Telephone (660) 882-3393	DMH Licensed Facility Number Alzheimer's Unit	No 19068 No
BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY BRISTOL MANOR OF BOONVILLE 1290 ASHLEY RD BOONVILLE	MO 64424-2631	County HARRISON Region 4 Telephone (660) 882-3393 Level of Care: RCF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 19068 No 12
BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY BRISTOL MANOR OF BOONVILLE 1290 ASHLEY RD	MO 64424-2631	County HARRISON Region 4 Telephone (660) 882-3393	DMH Licensed Facility Number Alzheimer's Unit	No 19068 No

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BRISTOL MANOR OF BROOKFIEI	.D		
338 THOMPSON		Telephone (660) 258-5065	Alzheimer's Unit No
BROOKFIELD	MO 64628-2419	Level of Care: RCF	Bed Capacity 12
Mailing Address 338 THOMPSON		County LINN	DMH Licensed No
BROOKFIELD	MO 64628-2419	Region 5	Facility Number 18666
	01020 2119	Region 5	Tuesday Tuesday
BRISTOL MANOR OF BUFFALO			
1002 SOUTH BIRCH		Telephone (417) 345-5500	Alzheimer's Unit No
BUFFALO	MO 65622-9455	Level of Care: RCF	Bed Capacity 12
Mailing Address 1002 SOUTH BIRCH		County DALLAS	DMH Licensed No
BUFFALO	MO 65622-9455	Region 1	Facility Number 18142
BRISTOL MANOR OF BUTLER			
411 SOUTH DELAWARE		Telephone (660) 679-3661	Alzheimer's Unit No
BUTLER	MO 64730-2311	Level of Care: RCF	Bed Capacity 12
Mailing Address 411 S DELAWARE		County BATES	DMH Licensed No
BUTLER	MO 64730-2311	Region 3	Facility Number 18817
BRISTOL MANOR OF CALIFORNI	A		
605 PARKVIEW DR	A	TO 1 1 (572) 706 4242	All to the No.
CALIFORNIA	MO (5010 2001	Telephone (573) 796-4342	Alzheimer's Unit No
	MO 65018-2001	Level of Care: RCF	Bed Capacity 12
Mailing Address 605 PARKVIEW DR	150 (5010 2001	County MONITEAU	DMH Licensed No
CALIFORNIA	MO 65018-2001	Region 6	Facility Number 17401
BRISTOL MANOR OF CAMDENTO	N		
75 FOURTH ST		T. 1 1 (572) 246 6000	Alzheimer's Unit No
		Telephone (573) 346-6800	Alzheimer s cint
CAMDENTON	MO 65020-6891	Level of Care: RCF	Bed Capacity 12
	MO 65020-6891	• '	
CAMDENTON	MO 65020-6891 MO 65020-6891	Level of Care: RCF	Bed Capacity 12
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON		Level of Care: RCF County CAMDEN	Bed Capacity 12 DMH Licensed No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON		Level of Care: RCF County CAMDEN Region 6	Bed Capacity 12 DMH Licensed No Facility Number 17914
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS	MO 65020-6891	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133	Bed Capacity 12 DMH Licensed No Facility Number 17914 Alzheimer's Unit No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON	MO 65020-6891 MO 64429-1145	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF	Bed Capacity 12 DMH Licensed No Facility Number 17914 Alzheimer's Unit No Bed Capacity 12
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS	MO 65020-6891 MO 64429-1145	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON	Bed Capacity 12 DMH Licensed No Facility Number 17914 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON	MO 65020-6891 MO 64429-1145	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF	Bed Capacity 12 DMH Licensed No Facility Number 17914 Alzheimer's Unit No Bed Capacity 12
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS	MO 65020-6891 MO 64429-1145 MO 64429-1145	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON	Bed Capacity 12 DMH Licensed No Facility Number 17914 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON	MO 65020-6891 MO 64429-1145 MO 64429-1145	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON	Bed Capacity 12 DMH Licensed No Facility Number 17914 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLTON	MO 65020-6891 MO 64429-1145 MO 64429-1145	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4	Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity DMH Licensed No Facility Number 18295
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLTO 1016 EAST 10TH ST	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349	Bed Capacity DMH Licensed No Facility Number 17914 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18295 Alzheimer's Unit No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLT 1016 EAST 10TH ST CARROLLTON	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349 Level of Care: RCF	Bed Capacity DMH Licensed No Facility Number 17914 Alzheimer's Unit Bed Capacity DMH Licensed No Facility Number 18295 Alzheimer's Unit No Bed Capacity 12
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLT 1016 EAST 10TH ST CARROLLTON Mailing Address 1016 EAST 10TH ST CARROLLTON	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON MO 64633-9348 MO 64633-9348	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349 Level of Care: RCF County CARROLL	Bed Capacity DMH Licensed No Facility Number 17914 Alzheimer's Unit Bed Capacity DMH Licensed No Facility Number 18295 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number No
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLT 1016 EAST 10TH ST CARROLLTON Mailing Address 1016 EAST 10TH ST CARROLLTON BRISTOL MANOR OF CARTHAGE	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON MO 64633-9348 MO 64633-9348	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349 Level of Care: RCF County CARROLL Region 4	Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18295
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLTO 1016 EAST 10TH ST CARROLLTON Mailing Address 1016 EAST 10TH ST CARROLLTON BRISTOL MANOR OF CARTHAGE 2131 SOUTH RIVER AVE	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON MO 64633-9348 MO 64633-9348	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349 Level of Care: RCF County CARROLL Region 4 Telephone (417) 358-9788	Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18295 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18316
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLTO 1016 EAST 10TH ST CARROLLTON Mailing Address 1016 EAST 10TH ST CARROLLTON BRISTOL MANOR OF CARTHAGE 2131 SOUTH RIVER AVE CARTHAGE	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON MO 64633-9348 MO 64633-9348	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349 Level of Care: RCF County CARROLL Region 4 Telephone (417) 358-9788 Level of Care: RCF	Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18295 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18316
CAMDENTON Mailing Address 75 FOURTH ST CAMDENTON BRISTOL MANOR OF CAMERON 920 NORTH HARRIS CAMERON Mailing Address 920 NORTH HARRIS CAMERON BRISTOL MANOR OF CARROLLTO 1016 EAST 10TH ST CARROLLTON Mailing Address 1016 EAST 10TH ST CARROLLTON BRISTOL MANOR OF CARTHAGE 2131 SOUTH RIVER AVE	MO 65020-6891 MO 64429-1145 MO 64429-1145 ON MO 64633-9348 MO 64633-9348	Level of Care: RCF County CAMDEN Region 6 Telephone (816) 632-6133 Level of Care: RCF County CLINTON Region 4 Telephone (660) 542-2349 Level of Care: RCF County CARROLL Region 4 Telephone (417) 358-9788	Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity DMH Licensed No Facility Number Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18295 Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 18316

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BRISTOL MANOR OF CENTRALIA					
610 NORTH JEFFERSON ST		Telephone	(573) 682-5913	Alzheimer's Unit	No
	MO 65240-1178	Level of Care:	RCF	Bed Capacity	12
Mailing Address 610 NORTH JEFFERSO		•	ONE	DMH Licensed	No
CENTRALIA	MO 65240-1178	Region 6		Facility Number	18286
BRISTOL MANOR OF CLINTON			(660) 885 8201		NT.
1402 EAST FRANKLIN	MO (4505 1500	Telephone	(660) 885-8391	Alzheimer's Unit	No
	MO 64735-1768	Level of Care:	RCF	Bed Capacity	12
Mailing Address 1402 EAST FRANKLIN		County HEN	NKY	DMH Licensed	No
CLINTON	MO 64735-1768	Region 1		Facility Number	16656
BRISTOL MANOR OF ELDON					
1201 EAST NORTH ST		Telephone	(573) 392-1200	Alzheimer's Unit	No
	MO 65026-2651	Level of Care:	RCF	Bed Capacity	12
Mailing Address 1201 EAST NORTH ST			LER	DMH Licensed	No
	MO 65026-2651	Region 6	LLIK	Facility Number	17701
ELDON	MO 03020 2031	Region 0		racinty runner	17701
BRISTOL MANOR OF ELSBERRY					
1402 RIVERVIEW DR		Telephone	(573) 898-5955	Alzheimer's Unit	No
ELSBERRY	MO 63343-1612	Level of Care:	RCF	Bed Capacity	12
Mailing Address 1402 RIVERVIEW DR		County LIN	COLN	DMH Licensed	No
ELSBERRY	MO 63343-1612	Region 5		Facility Number	20015
		8		·	
BRISTOL MANOR OF FULTON					
BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD		Telephone	(573) 642-7557	Alzheimer's Unit	No
750 SIGN PAINTER ROAD FULTON	MO 65251-2514	Telephone Level of Care:	(573) 642-7557 RCF	Alzheimer's Unit Bed Capacity	No 12
750 SIGN PAINTER ROAD		Level of Care:	` '		
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER RE		Level of Care:	RCF	Bed Capacity	12
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER RE FULTON)	Level of Care: County CAI	RCF	Bed Capacity DMH Licensed	12 No
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER RE FULTON BRISTOL MANOR OF HOLDEN)	Level of Care: County CAL Region 6	RCF LAWAY	Bed Capacity DMH Licensed Facility Number	12 No 18575
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER RE FULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND	MO 65251-2514	Level of Care: County CAI Region 6 Telephone	RCF LAWAY (816) 732-6789	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 No 18575 No
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER RE FULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN)	Level of Care: County CAI Region 6 Telephone Level of Care:	RCF LAWAY (816) 732-6789 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 18575 No 12
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND	MO 65251-2514 MO 64040-1205	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH	RCF LAWAY (816) 732-6789 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18575 No 12 No
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND	MO 65251-2514	Level of Care: County CAI Region 6 Telephone Level of Care:	RCF LAWAY (816) 732-6789 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 18575 No 12
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND	MO 65251-2514 MO 64040-1205 MO 64040-1205	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH	RCF LAWAY (816) 732-6789 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18575 No 12 No
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER RE FULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN	MO 65251-2514 MO 64040-1205 MO 64040-1205	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH	RCF LAWAY (816) 732-6789 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18575 No 12 No
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK	MO 65251-2514 MO 64040-1205 MO 64040-1205	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3	RCF LAWAY (816) 732-6789 RCF INSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18575 No 12 No 17951
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18575 No 12 No 17951
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK JEFFERSON CITY Mailing Address 510 KENSINGTON PAIR	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3 Telephone Level of Care:	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	12 No 18575 No 12 No 17951
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK JEFFERSON CITY Mailing Address 510 KENSINGTON PAI JEFFERSON CITY	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247 RK	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3 Telephone Level of Care: County COL	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	12 No 18575 No 12 No 17951 No
FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK JEFFERSON CITY Mailing Address 510 KENSINGTON PAR JEFFERSON CITY BRISTOL MANOR OF LAMAR	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247 RK	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3 Telephone Level of Care: County COL Region 6	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18575 No 12 No 17951 No 12 No 20116
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK JEFFERSON CITY Mailing Address 510 KENSINGTON PAR JEFFERSON CITY BRISTOL MANOR OF LAMAR 603 EAST 17TH ST	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247 RK MO 65109-6247	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3 Telephone Level of Care: County COL Region 6	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF LE (417) 682-6762	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18575 No 12 No 17951 No 20116
750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK JEFFERSON CITY Mailing Address 510 KENSINGTON PAI JEFFERSON CITY BRISTOL MANOR OF LAMAR 603 EAST 17TH ST LAMAR	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247 RK	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3 Telephone Level of Care: County COL Region 6	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF LE (417) 682-6762 RCF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18575 No 12 No 17951 No 20116
FULTON Mailing Address 750 SIGN PAINTER REFULTON BRISTOL MANOR OF HOLDEN 501 WEST SECOND HOLDEN Mailing Address 501 WEST SECOND HOLDEN BRISTOL MANOR OF JEFFERSON C 510 KENSINGTON PARK JEFFERSON CITY Mailing Address 510 KENSINGTON PAI JEFFERSON CITY BRISTOL MANOR OF LAMAR 603 EAST 17TH ST LAMAR Mailing Address 603 EAST 17TH ST	MO 65251-2514 MO 64040-1205 MO 64040-1205 ITY MO 65109-6247 RK MO 65109-6247	Level of Care: County CAL Region 6 Telephone Level of Care: County JOH Region 3 Telephone Level of Care: County COL Region 6	RCF LAWAY (816) 732-6789 RCF INSON (573) 761-5772 RCF LE (417) 682-6762	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 18575 No 12 No 17951 No 20116

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DDICTOL MANOD OF LEVINGTON	NT		
BRISTOL MANOR OF LEXINGTON 2615 MAIN ST		Tolophone (660) 250 6655	Alzheimer's Unit No
LEXINGTON	MO 64067-1974	Telephone (660) 259-6655 Level of Care: RCF	
Mailing Address 2615 MAIN ST	WO 04007-1974	County LAFAYETTE	Bed Capacity 12 DMH Licensed No
LEXINGTON	MO 64067-1974	•	Facility Number 17543
LEAINGION	MO 04007-1974	Region 3	racinty Number 1/545
BRISTOL MANOR OF LINCOLN			
204 SOUTH HIGHWAY 65		Telephone (660) 547-2580	Alzheimer's Unit No
LINCOLN	MO 65338-2587	Level of Care: RCF	Bed Capacity 12
Mailing Address 204 SOUTH HIGHW		County BENTON	DMH Licensed No
LINCOLN	MO 65338-2587	Region 6	Facility Number 18092
BRISTOL MANOR OF MACON 707 RANCHLAND DR		Telephone (660) 385-3020	Alzheimer's Unit No
MACON	MO 63552-1994	Level of Care: RCF	Bed Capacity 12
Mailing Address 707 RANCHLAND D		County MACON	DMH Licensed No
MACON	MO 63552-1994	Region 5	Facility Number 17865
MACON	WIO 03332-1774	Region 5	racinty (uniber 1780)
BRISTOL MANOR OF MARCELIN	E		
102 EAST HAYDEN		Telephone (660) 376-2210	Alzheimer's Unit No
MARCELINE	MO 64658-2003	Level of Care: RCF	Bed Capacity 12
Mailing Address 102 EAST HAYDEN		County LINN	DMH Licensed No
MARCELINE	MO 64658-2003	Region 5	Facility Number 17764
BRISTOL MANOR OF MARYVILLE	E		
323 EAST SUMMIT DR		Telephone (660) 582-4131	Alzheimer's Unit No
MARYVILLE	MO 64468-3619	Level of Care: RCF	Bed Capacity 12
Mailing Address 323 EAST SUMMIT		County NODAWAY	DMH Licensed No
MARYVILLE	MO 64468-3619	Region 4	Facility Number 19843
BRISTOL MANOR OF MONROE C	ITV		
1017 EAST LAWN ST	•	Telephone (573) 735-3068	Alzheimer's Unit No
MONROE CITY	MO 63456-1433	Level of Care: RCF	Bed Capacity 12
Mailing Address 1017 EAST LAWN S		County MONROE	DMH Licensed Yes
MONROE CITY	MO 63456-1433	Region 5	Facility Number 20045
		C	
BRISTOL MANOR OF NEVADA			
401 EAST WALNUT		Telephone (417) 667-5700	Alzheimer's Unit No
NEVADA	MO 64772-2457	Level of Care: RCF	Bed Capacity 12
Mailing Address 401 EAST WALNUT		County VERNON	DMH Licensed Yes
NEVADA	MO 64772-2457	Region 1	Facility Number 18471
BRISTOL MANOR OF OAK GROV	E		
300 NORTH AUSTIN		Telephone (816) 625-8691	Alzheimer's Unit No
OAK GROVE	MO 64075-8109	Level of Care: RCF	Bed Capacity 12
Mailing Address 300 N AUSTIN			
		County JACKSON	DMH Licensed No
OAK GROVE	MO 64075-8109	County JACKSON Region 3	DMH Licensed No Facility Number 16552

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BRISTOL MANOR OF ODESSA			
115 SOUTH 5TH ST		Telephone (816) 633-8692	Alzheimer's Unit No
ODESSA	MO 64076-1330	Level of Care: RCF	Bed Capacity 12
Mailing Address 115 S 5TH ST		County LAFAYETTE	DMH Licensed No
ODESSA	MO 64076-1330	Region 3	Facility Number 16547
BRISTOL MANOR OF PACIFIC			
2049 ROSE LN		Telephone (636) 257-8020	Alzheimer's Unit No
PACIFIC	MO 63069-1165	Level of Care: RCF	Bed Capacity 12
Mailing Address 2049 ROSE LN	110 03007 1103	County FRANKLIN	DMH Licensed No
PACIFIC	MO 63069-1165	Region 6	Facility Number 20237
11101110	110 0000 1100	Region	Tuestey (value)
BRISTOL MANOR OF PALMYRA		T. 1. 1. (572) 7.00 2127	
1815 SOUTH MAIN	MO (246) 1061	Telephone (573) 769-2127	Alzheimer's Unit No
PALMYRA	MO 63461-1961	Level of Care: RCF	Bed Capacity 12 DMH Licensed No
Mailing Address 1815 SOUTH MAIN	MO 62461 1061	County MARION	
PALMYRA	MO 63461-1961	Region 5	Facility Number 20260
BRISTOL MANOR OF PLEASANT I	HILL		
2124 HIGHRIDGE		Telephone (816) 987-2562	Alzheimer's Unit No
PLEASANT HILL	MO 64080-1912	Level of Care: RCF	Bed Capacity 12
Mailing Address 2124 HIGHRIDGE		County CASS	DMH Licensed No
PLEASANT HILL	MO 64080-1912	Region 3	Facility Number 16538
BRISTOL MANOR OF PRINCETON	Ī		
200 NORTH FULLERTON		Telephone (660) 748-4354	Alzheimer's Unit No
PRINCETON	MO 64673-1176	Level of Care: RCF	Bed Capacity 12
Mailing Address 200 N FULLERTON		County MERCER	DMH Licensed No
PRINCETON	MO 64673-1176	Region 4	Facility Number 18846
BRISTOL MANOR OF RAYMORE			
604 EAST SUNRISE DR		Telephone (816) 322-6782	Alzheimer's Unit No
RAYMORE	MO 64083-9037	Level of Care: RCF	Bed Capacity 12
Mailing Address 604 EAST SUNRISE	DR	County CASS	DMH Licensed No
RAYMORE	MO 64083-9037	Region 3	Facility Number 19730
BRISTOL MANOR OF REPUBLIC			
634 EAST HIGHWAY 174		Telephone (417) 732-8998	Alzheimer's Unit No
REPUBLIC	MO 65738-1124	Level of Care: RCF	Bed Capacity 12
Mailing Address 634 EAST HWY 174		County GREENE	DMH Licensed No
REPUBLIC	MO 65738-1124	Region 1	Facility Number 20841
BRISTOL MANOR OF SALISBURY			
102 NORTH WILLIE ST		Telephone (660) 388-5728	Alzheimer's Unit No
SALISBURY	MO 65281-1458	Level of Care: RCF	Bed Capacity 12
Mailing Address 102 NORTH WILLIE	ST	County CHARITON	DMH Licensed No
a i rapripir			T

Region 5

Facility Number

18325

MO 65281-1458

SALISBURY

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DDICTOL MANOD OF CEDALIA			
BRISTOL MANOR OF SEDALIA 1208 EAST 24TH ST		Telephone (660) 827-2028	Alzheimer's Unit No
SEDALIA	MO 65301-8231	Level of Care: RCF	Bed Capacity 12
Mailing Address 1208 EAST 24TH ST	WO 05501-0251	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-8231	Region 6	Facility Number 15808
		Region	10000
BRISTOL MANOR OF SMITHVILL	E		
1502 SOUTH COMMERCIAL		Telephone (816) 532-4490	Alzheimer's Unit No
SMITHVILLE	MO 64089-8474	Level of Care: RCF	Bed Capacity 12
Mailing Address 1502 S COMMERCIA	AL .	County CLAY	DMH Licensed No
SMITHVILLE	MO 64089-8474	Region 4	Facility Number 17515
DESCRIPTION AND DESCRIPTION OF STREET			
BRISTOL MANOR OF STOVER 607 WEST 4TH ST		Telephone (573) 377-4519	Alzheimer's Unit No
STOVER	MO 65078-0807	Level of Care: RCF	Bed Capacity 12
Mailing Address 607 WEST 4TH ST	WIO 05078-0807	County MORGAN	DMH Licensed No
STOVER	MO 65078-0807	Region 6	Facility Number 18863
STOVER	110 03070 0007	Region 0	10003
BRISTOL MANOR OF TRENTON			
1701 EAST 28TH ST		Telephone (660) 359-5599	Alzheimer's Unit No
TRENTON	MO 64683-1177	Level of Care: RCF	Bed Capacity 12
Mailing Address 1701 EAST 28TH ST		County GRUNDY	DMH Licensed No
TRENTON	MO 64683-1177	Region 4	Facility Number 18597
BRISTOL MANOR OF UNIONVILL	r		
715 NORTH 22ND ST, HWY 5 NORTH		Telephone (660) 947-2151	Alzheimer's Unit No
UNIONVILLE	MO 63565-1142	Level of Care: RCF	Bed Capacity 12
Mailing Address 715 NORTH 22ND ST		County PUTNAM	DMH Licensed No
UNIONVILLE	MO 63565-1142	Region 5	Facility Number 19153
Civionville	110 03303 1112	Region 5	ruenty rumber 17133
BRISTOL MANOR OF WARRENSB	URG		
603 CREACH		Telephone (660) 747-8319	Alzheimer's Unit No
WARRENSBURG	MO 64093-1994	Level of Care: RCF	Bed Capacity 12
Mailing Address 603 CREACH		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-1994	Region 3	Facility Number 16599
BRISTOL MANOR OF WARRENTO	N		
815 WOOLF ROAD		Telephone (636) 456-1437	Alzheimer's Unit No
WARRENTON	MO 63383-6184	Level of Care: RCF	Bed Capacity 12
Mailing Address 815 WOOLF RD		County WARREN	DMH Licensed No
WARRENTON	MO 63383-6184	Region 6	Facility Number 19954
		· g · · · ·	2,000
BRISTOL MANOR OF WARSAW			
1600 ESTATE DR		Telephone (660) 438-7173	Alzheimer's Unit No
WARSAW	MO 65355-3061	Level of Care: RCF	Bed Capacity 12
Mailing Address 1600 ESTATE DR		County BENTON	DMH Licensed No
WARSAW	MO 65355-3061	Region 6	Facility Number 16343

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DDICTOL MANOD OF WACHINGT	ON		
BRISTOL MANOR OF WASHINGT 100 WEST 12TH ST	ON	Telephone (636) 390-0050	Alzheimer's Unit No
WASHINGTON	MO 63090-4445	Level of Care: RCF	Bed Capacity 12
Mailing Address 100 WEST 12TH ST	110 03070-1113	County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-4445	Region 6	Facility Number 20138
Wishington	110 03070 4443	Region 0	racinty (value) 20136
BRISTOL MANOR OF WEBB CITY			
1803 NORTH MAIN, HIGHWAY D		Telephone (417) 673-4231	Alzheimer's Unit No
WEBB CITY	MO 64870-1193	Level of Care: RCF	Bed Capacity 12
Mailing Address 1803 NORTH MAIN	, HIGHWAY D	County JASPER	DMH Licensed No
WEBB CITY	MO 64870-1193	Region 1	Facility Number 20537
DDICTOL MANOD OF WENTERNIE	I.F.		
BRISTOL MANOR OF WENTZVILL 840 WEST NORTHVIEW	LE	Telephone (636) 639-6777	Alzheimer's Unit No
WENTZVILLE	MO 63385-1036	Level of Care: RCF	Bed Capacity 12
Mailing Address 840 W NORTHVIEW		County SAINT CHARLES	DMH Licensed No
WENTZVILLE	MO 63385-1036	·	
WENTZVILLE	MO 03383-1030	Region 5	Facility Number 20397
BRISTOL MANOR OF WESTON			
178 WALNUT		Telephone (816) 386-5507	Alzheimer's Unit No
WESTON	MO 64098-1328	Level of Care: RCF	Bed Capacity 12
Mailing Address 178 WALNUT		County PLATTE	DMH Licensed No
WESTON	MO 64098-1328	Region 4	Facility Number 16741
		O .	
BRISTOL MANOR OF WILLARD			
511 WATSON		Telephone (417) 742-0090	Alzheimer's Unit No
WILLARD	MO 65781-8314	Level of Care: RCF	Bed Capacity 12
Mailing Address 511 WATSON		County GREENE	DMH Licensed No
WILLARD	MO 65781-8314	Region 1	Facility Number 20838
BROOK CHERITH ASSISTED LIVI	NG		
104 EAST ELM ST		Telephone (660) 277-4439	Alzheimer's Unit No
HUNTSVILLE	MO 65259-1111	Level of Care: ALF	Bed Capacity 38
Mailing Address 104 EAST ELM ST		County RANDOLPH	DMH Licensed Yes
HUNTSVILLE	MO 65259-1111	Region 5	Facility Number 10918
BROOKDALE CREVE COEUR			
ONE NEW BALLAS PLACE		Telephone (314) 432-5200	Alzheimer's Unit No
CREVE COEUR	MO 63146-8700	Level of Care: ALF**	Bed Capacity 46
Mailing Address ONE NEW BALLAS		County SAINT LOUIS COUNTY	DMH Licensed No
CREVE COEUR	MO 63146-8700	Region 7	Facility Number 26178
BROOKDALE WEST COUNTY			
785 HENRY AVE		Telephone (636) 527-5700	Alzheimer's Unit Yes
BALLWIN	MO 63011-2736	Level of Care: ALF**	Bed Capacity 98
Mailing Address 785 HENRY AVE		County SAINT LOUIS COUNTY	DMH Licensed No
BALLWIN	MO 63011-2736	Region 7	Facility Number 28149

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BROOKDALE WORNALL PLACE				
501 WEST 107TH ST		Telephone (816) 941-7777	Alzheimer's Unit	No
KANSAS CITY MO	64114-5919	Level of Care: ALF**	Bed Capacity	68
Mailing Address 501 WEST 107TH ST		County JACKSON	DMH Licensed	No
KANSAS CITY MO	64114-5919	Region 3	Facility Number	29304
BROOKE HAVEN HEALTHCARE				
1410 NORTH KENTUCKY AVE		Telephone (417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS MO	65775-1822	Level of Care: SNF	Bed Capacity	120
Mailing Address 1410 NORTH KENTUCKY	AVE	County HOWELL	DMH Licensed	No
WEST PLAINS MO	65775-1822	Region 2 Medicare/Medicaid	Facility Number	06253
		3	·	
BROOKHAVEN NURSING & REHAB		T. 1 (417) 074 0500		
3405 WEST MT VERNON	55000 5041	Telephone (417) 874-9600	Alzheimer's Unit	No
	65802-5241	Level of Care: SNF	Bed Capacity	90
Mailing Address 3405 WEST MT VERNON	55000 5041	County GREENE	DMH Licensed	No
SPRINGFIELD MO	65802-5241	Region 1 Medicare/Medicaid	Facility Number	09512
BROOKING PARK				
307 SOUTH WOODS MILL RD		Telephone (314) 576-5545	Alzheimer's Unit	No
CHESTERFIELD MO	63017-3418	Level of Care: SNF	Bed Capacity	97
Mailing Address 307 SOUTH WOODS MILL I	RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD MO	63017-3418	Region 7 Medicare/Medicaid	Facility Number	14661
BROOKING PARK				
307 SOUTH WOODS MILL RD		Telephone (314) 576-5545	Alzheimer's Unit	Yes
	63017-3418	Level of Care: ALF**	Bed Capacity	93
Mailing Address 307 SOUTH WOODS MILL I		County SAINT LOUIS COUNTY	DMH Licensed	No
•	63017-3418	Region 7	Facility Number	14661
		and the second s	,	1.001
BROOKSIDE MANOR RESIDENTIAL CAR	RE, LLC			
2434 HIGHWAY H		Telephone (573) 756-6434	Alzheimer's Unit	No
	63640-7033	Level of Care: RCF*	Bed Capacity	20
Mailing Address 2434 HIGHWAY H		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO	63640-7033	Region 2	Facility Number	20034
BRUNSWICK NURSING & REHAB				
721 W HARRISON ST		Telephone (660) 548-3182	Alzheimer's Unit	No
BRUNSWICK MO	65236-1096	Level of Care: SNF	Bed Capacity	60
Mailing Address 721 W HARRISON ST		County CHARITON	DMH Licensed	No
BRUNSWICK MO	65236-1096	Region 5 Medicare/Medicaid	Facility Number	03123
RIJEFALO DDAJDJE CEMPED FOD DEITAL	R AND HEAT THEADE			
BUFFALO PRAIRIE CENTER FOR REHAE 631 WEST MAIN ST	D AND DEALITUAKE	Telephone (417) 345-5422	Alzheimer's Unit	NO
	65622-7496	Telephone (417) 345-5422 Level of Care: SNF	Bed Capacity	60
Mailing Address 631 WEST MAIN ST	03044-1470	County DALLAS	DMH Licensed	No
•	65622-7496	·	Facility Number	16700
BUITALU MU	03022-1470	Region 1 Medicare/Medicaid	racinty number	10/00

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BUNGALOWS AT BRANSON MEAD	DOWS, THE			
5351 GRETNA ROAD		Telephone (417) 334-3336	Alzheimer's Unit	No
BRANSON	MO 65616-7298	Level of Care: RCF	Bed Capacity	104
Mailing Address 5351 GRETNA RD		County TANEY	DMH Licensed	No
BRANSON	MO 65616-7298	Region 1	Facility Number	23683
DUNGAL OWG AT CHECKER PRINT	ANNA A CIP. THE			
BUNGALOWS AT CHESTERFIELD	O VILLAGE, THE	(417) 006 4000		3.7
2410 WEST CHESTERFIELD BLVD	MO (5007.0/21	Telephone (417) 886-4000	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-8631	Level of Care: RCF	Bed Capacity	92 N
Mailing Address 2410 W CHESTERFI		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-8631	Region 1	Facility Number	22584
BUNGALOWS AT NEVADA , THE				
640 EAST HIGHLAND		Telephone (417) 667-3883	Alzheimer's Unit	No
NEVADA	MO 64772-1091	Level of Care: RCF	Bed Capacity	37
Mailing Address 640 EAST HIGHLAN	ND	County VERNON	DMH Licensed	No
NEVADA	MO 64772-1091	Region 1	Facility Number	23732
BUNGALOWS AT SPRINGFIELD E	AST, THE			
3540 EAST CHEROKEE		Telephone (417) 889-2222	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2828	Level of Care: RCF	Bed Capacity	67
Mailing Address 3540 EAST CHEROI	KEE	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2828	Region 1	Facility Number	21025
BUNKER RESIDENTIAL HOME				
500 CULLER AVE		Telephone (573) 689-1392	Alzheimer's Unit	No
BUNKER	MO 63629-	Level of Care: RCF	Bed Capacity	12
Mailing Address PO BOX 276		County REYNOLDS	DMH Licensed	Yes
BUNKER	MO 63629-0276	Region 2	Facility Number	16882
			·	
DUDI INGTON ODEEN GENIOD I I				
BURLINGTON CREEK SENIOR LI	VING, THE	Talanhana (816) 527 8504	Alzheimer's Unit	Yes
6311 NORTH COSBY AVENUE	MO 64151-2344	Telephone (816) 527-8504 Level of Care: ALF**		
KANSAS CITY Mailing Address 448 NORTH LASAL		County PLATTE	Bed Capacity DMH Licensed	110 No
CHICAGO	MO 60654-4518	Region 4	Facility Number	30198
CHICAGO	WIO 00034-4318	Region 4	racinty Number	30196
BUTLER REHAB AND HEALTHCA	ARE CENTER			
416 SOUTH HIGH ST		Telephone (660) 679-6158	Alzheimer's Unit	No
BUTLER	MO 64730-1827	Level of Care: SNF	Bed Capacity	98
Mailing Address 416 S HIGH ST		County BATES	DMH Licensed	No
BUTLER	MO 64730-1827	Region 3 Medicare/Medicaid	Facility Number	08627
BUTTERFIELD RESIDENTIAL CA	RE CENTER			
1120 NORTH BUTTERFIELD RD		Telephone (417) 326-5200	Alzheimer's Unit	No
BOLIVAR	MO 65613-1000	Level of Care: RCF	Bed Capacity	24
Mailing Address 1120 N BUTTERFIE	ELD RD	County POLK	DMH Licensed	No
BOLIVAR	MO 65613-1000	Region 1	Facility Number	

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BUTTERFIELD RESIDENTIAL CAI	RE CENTER		
1120 NORTH BUTTERFIELD RD		Telephone (417) 326-5200	Alzheimer's Unit No
BOLIVAR	MO 65613-1000	Level of Care: RCF*	Bed Capacity 66
Mailing Address 1120 N BUTTERFIE	LD RD	County POLK	DMH Licensed No
BOLIVAR	MO 65613-1000	Region 1	Facility Number 14436
BUTTERFLY HAVEN			
11500 CAMPBELL ST		Telephone (816) 941-2836	Alzheimer's Unit No
KANSAS CITY	MO 64131-3829	Level of Care: RCF	Bed Capacity 12
Mailing Address PO BOX 481578		County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64148-1578	Region 3	Facility Number 18207
		9	•
a			
CALIFORNIA CARE CENTER		T. 1 . (570) 707 0107	
1106 SOUTH OAK, ROUTE 3	MO (5010 1462	Telephone (573) 796-3127	Alzheimer's Unit No
CALIFORNIA	MO 65018-1462	Level of Care: SNF	Bed Capacity 60
Mailing Address 1106 SOUTH OAK, F		County MONITEAU	DMH Licensed No
CALIFORNIA	MO 65018-1462	Region 6 Medicare/Medicaid	Facility Number 10437
CAMDENTON WINDSOR ESTATES	S		
2042 N BUSINESS ROUTE 5		Telephone (573) 346-5654	Alzheimer's Unit No
CAMDENTON	MO 65020-2611	Level of Care: SNF	Bed Capacity 82
Mailing Address 2042 N BUSINESS R		County CAMDEN	DMH Licensed No
CAMDENTON	MO 65020-2611	Region 6 Medicare/Medicaid	Facility Number 08688
CAMELOT NURSING AND REHAB	ILITATION CENTER		
705 GRAND CANYON DRIVE		Telephone (573) 756-8911	Alzheimer's Unit NO
FARMINGTON	MO 63640-2161	Level of Care: SNF	Bed Capacity 97
Mailing Address 705 GRAND CANYO	ON DRIVE	County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-2161	Region 2 Medicare/Medicaid	Facility Number 00978
CAMEDON NUDSING CENTED			
CAMERON NURSING CENTER 801 EUCLID AVE		Tolonhono (816) 622 7254	Alzheimer's Unit No
CAMERON	MO 64429-2003	Telephone (816) 632-7254 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 120
Mailing Address PO BOX 438	WIO 04429-2003	County CLINTON	DMH Licensed No
CAMERON	MO 64429-0438	Region 4 Medicare/Medicaid	Facility Number 00983
CAMERON	1410 04427-0436	Region - Medicare/Medicard	racinty (uniber 00983
CAMPBELL HEALTHCARE & SEN	IOR LIVING		
17108 US HIGHWAY 62		Telephone (573) 246-2155	Alzheimer's Unit Yes
CAMPBELL	MO 63933-6383	Level of Care: SNF	Bed Capacity 90
Mailing Address 17108 US HWY 62		County DUNKLIN	DMH Licensed No
CAMPBELL	MO 63933-6383	Region 2 Medicare/Medicaid	Facility Number 02820
CAPE ALBEON			
3300 LAKE BEND DR		Telephone (636) 861-3200	Alzheimer's Unit Yes
VALLEY PARK	MO 63088-2524	Level of Care: ALF**	Bed Capacity 100
Mailing Address 3300 LAKE BEND D	R	County SAINT LOUIS COUNTY	DMH Licensed No
VALLEY PARK	MO 63088-2524	Region 7	Facility Number 22838

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CAPETOWN ASSISTED LIVING				
2857 CAPE LACROIX RD		Telephone (573) 334-4855	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63701-8588	Level of Care: ALF**	Bed Capacity	48
Mailing Address 2857 CAPE LACRO		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-8588	Region 2	Facility Number	23989
CAR E GROWEDER	110 05701 0500	Region 2	ruemey rumber	23707
CAREGIVERS INN				
1297 FEISE RD		Telephone (636) 240-7979	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-6710	Level of Care: ALF**	Bed Capacity	30
Mailing Address 1297 FEISE RD		County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-6710	Region 5	Facility Number	15342
CARL JUNCTION RESIDENTIAL	CARE			
201 FIR RD	C/1ML	Telephone (417) 782-5659	Alzheimer's Unit	No
CARL JUNCTION	MO 64834-9222	Level of Care: RCF*	Bed Capacity	37
Mailing Address 201 FIR RD	WIO 04034-7222	County JASPER	DMH Licensed	No
CARL JUNCTION	MO 64834-9222	Region 1	Facility Number	20550
or med verter from	140 01031 7222	Region 1	ruemey rumber	20330
CARMEL HILLS WELLNESS & R	EHABILITATION			
810 EAST WALNUT ST		Telephone (816) 461-9600	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64050-4025	Level of Care: SNF	Bed Capacity	194
Mailing Address 810 EAST WALNU	ΓST	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-4025	Region 3 Medicare/Medicaid	Facility Number	23422
CARNEGIE VILLAGE REHABILI	FATION & HEALTH CARE CENTER.	LLC		
	FATION & HEALTH CARE CENTER,		Alzheimer's Unit	No
CARNEGIE VILLAGE REHABILI 105 BERNARD DRIVE BELTON	FATION & HEALTH CARE CENTER, MO 64012-6181	LLC Telephone (816) 348-8815 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 78
105 BERNARD DRIVE BELTON	MO 64012-6181	Telephone (816) 348-8815	Alzheimer's Unit Bed Capacity DMH Licensed	
105 BERNARD DRIVE	MO 64012-6181	Telephone (816) 348-8815 Level of Care: SNF	Bed Capacity	78
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR	MO 64012-6181 IVE	Telephone (816) 348-8815 Level of Care: SNF County CASS	Bed Capacity DMH Licensed	78 No
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI	MO 64012-6181 IVE MO 64012-6181	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	78 No 30531
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	78 No 30531 No
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON	MO 64012-6181 IVE MO 64012-6181	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	78 No 30531 No 85
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	78 No 30531 No 85 No
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	78 No 30531 No 85
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	78 No 30531 No 85 No
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	78 No 30531 No 85 No
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	78 No 30531 No 85 No 25482
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182 ANOR MO 63111-2834	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	78 No 30531 No 85 No 25482
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN SAINT LOUIS	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	78 No 30531 No 85 No 25482
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN SAINT LOUIS Mailing Address PO BOX 37073	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182 ANOR MO 63111-2834 MO 63141-1573	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552 Level of Care: RCF* County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	78 No 30531 No 85 No 25482 No 34 Yes
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN SAINT LOUIS Mailing Address PO BOX 37073 SAINT LOUIS	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182 ANOR MO 63111-2834 MO 63141-1573	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552 Level of Care: RCF* County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	78 No 30531 No 85 No 25482 No 34 Yes
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN SAINT LOUIS Mailing Address PO BOX 37073 SAINT LOUIS CARRIAGE RESIDENTIAL CARE	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182 ANOR MO 63111-2834 MO 63141-1573	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	78 No 30531 No 85 No 25482 No 34 Yes 01058
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN SAINT LOUIS Mailing Address PO BOX 37073 SAINT LOUIS CARRIAGE RESIDENTIAL CARE 508 NORTH WASHINGTON ST	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182 ANOR MO 63111-2834 MO 63141-1573 CENTER LLC	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	78 No 30531 No 85 No 25482 No 34 Yes 01058
105 BERNARD DRIVE BELTON Mailing Address 105 BERNARD DR BELTON CARNEGIE VILLAGE SENIOR LI 103 BERNARD DR BELTON Mailing Address 103 BERNARD DR BELTON CARONDELET RETIREMENT MA 6811 MICHIGAN SAINT LOUIS Mailing Address PO BOX 37073 SAINT LOUIS CARRIAGE RESIDENTIAL CARE 508 NORTH WASHINGTON ST FARMINGTON	MO 64012-6181 IVE MO 64012-6181 VING COMMUNITY MO 64012-6182 MO 64012-6182 ANOR MO 63111-2834 MO 63141-1573 CENTER LLC	Telephone (816) 348-8815 Level of Care: SNF County CASS Region 3 Medicare/Medicaid Telephone (816) 322-0844 Level of Care: ALF** County CASS Region 3 Telephone (314) 353-9552 Level of Care: RCF* County SAINT LOUIS CITY Region 7 Telephone (573) 756-8140 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	78 No 30531 No 85 No 25482 No 34 Yes 01058

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CARRIAGE SQUARE REHAB AND	HEALTHCARE CENTER			
4009 GENE FIELD RD		Telephone (816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Level of Care: SNF	Bed Capacity	130
Mailing Address 4009 GENE FIELD R	RD	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-1864	Region 4 Medicare/Medicaid	Facility Number	01061
CADDIACE COUADE DEILAD AND	HEAT THEADE CENTED			
CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD	HEALTHCARE CENTER	Telephone (816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Telephone (816) 364-1526 Level of Care: RCF*		32
Mailing Address 4009 GENE FIELD R			Bed Capacity DMH Licensed	No
SAINT JOSEPH	MO 64506-1864		Facility Number	
SAINT JOSEFFI	WIO 04300-1804	Region 4	racinty Number	01061
CARRIE DUMAS LONG TERM CA	RE FACILITY			
2836 BENTON BLVD		Telephone (816) 924-5017	Alzheimer's Unit	No
KANSAS CITY	MO 64128-1140	Level of Care: ALF	Bed Capacity	34
Mailing Address 2836 BENTON BLV	D	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64128-1140	Region 3	Facility Number	18550
CARRIE ELLIGSON GIETNER HO	ME			
5000 SOUTH BROADWAY		Telephone (314) 752-0000	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2015	Level of Care: SNF	Bed Capacity	130
Mailing Address 5000 S BROADWAY	<i>"</i>	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63111-2015	Region 7 Medicare/Medicaid	Facility Number	02877
			•	
a				
CARROLL HOUSE		T. 1 (550) 740 4700		
307 GRAND		Telephone (660) 542-1599	Alzheimer's Unit	No
CARROLLTON	MO 64633-2265	Level of Care: SNF	Bed Capacity	63
Mailing Address 307 GRAND	1.00 (1.00 00 0	County CARROLL	DMH Licensed	No
CARROLLTON	MO 64633-2265	Region 4 Medicare/Medicaid	Facility Number	22027
CARTHAGE HEALTH AND REHAI	BILITATION CENTER			
1901 BUENA VISTA AVE		Telephone (417) 358-1937	Alzheimer's Unit	Yes
CARTHAGE	MO 64836-3178	Level of Care: SNF	Bed Capacity	120
Mailing Address 1901 BUENA VISTA	AAVE	County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3178	Region 1 Medicare/Medicaid	Facility Number	12472
CASSVILLE HEALTH CENTER FO	OR REHAR AND HEALTHCARE			
CASSVILLE HEALTH CENTER FO	OR REHAB AND HEALTHCARE	Telephone (417) 847-3386	Alzheimer's Unit	No
1300 COUNTY FARM RD		Telephone (417) 847-3386 Level of Care: SNF	Alzheimer's Unit	No 60
1300 COUNTY FARM RD CASSVILLE	MO 65625-1726	Level of Care: SNF	Bed Capacity	60
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FAR	MO 65625-1726 M RD	Level of Care: SNF County BARRY	Bed Capacity DMH Licensed	60 No
1300 COUNTY FARM RD CASSVILLE	MO 65625-1726	Level of Care: SNF	Bed Capacity	60
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FAR CASSVILLE	MO 65625-1726 M RD MO 65625-1726	Level of Care: SNF County BARRY	Bed Capacity DMH Licensed	60 No
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FAR CASSVILLE CASTLEWOOD SENIOR LIVING T	MO 65625-1726 M RD MO 65625-1726	Level of Care: SNF County BARRY Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 01097
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FAR CASSVILLE CASTLEWOOD SENIOR LIVING T 1538 N OLD CASTLE ROAD	MO 65625-1726 M RD MO 65625-1726 THE	Level of Care: SNF County BARRY Region 1 Medicare/Medicaid Telephone (417) 724-8188	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 01097 Yes
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FAR CASSVILLE CASTLEWOOD SENIOR LIVING T 1538 N OLD CASTLE ROAD NIXA	MO 65625-1726 M RD MO 65625-1726 THE MO 65714-9902	Level of Care: SNF County BARRY Region 1 Medicare/Medicaid Telephone (417) 724-8188 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	60 No 01097 Yes 66
1300 COUNTY FARM RD CASSVILLE Mailing Address 1300 COUNTY FAR CASSVILLE CASTLEWOOD SENIOR LIVING T 1538 N OLD CASTLE ROAD	MO 65625-1726 M RD MO 65625-1726 THE MO 65714-9902	Level of Care: SNF County BARRY Region 1 Medicare/Medicaid Telephone (417) 724-8188	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 01097 Yes

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CEDAR KNOLL PARTNERSHIP		T. 1 (770) 0 67 0 670		
13635 STATE ROUTE V		Telephone (573) 265-3658	Alzheimer's Unit	No
SAINT JAMES	MO 65559-8331	Level of Care: ALF	Bed Capacity	32
Mailing Address 13635 STATE ROUTI		County PHELPS	DMH Licensed	Yes
SAINT JAMES	MO 65559-8331	Region 6	Facility Number	01142
CEDAR POINTE				
1800 WHITE COLUMNS DR		Telephone (573) 364-7766	Alzheimer's Unit	Yes
ROLLA	MO 65401-2044	Level of Care: SNF	Bed Capacity	102
Mailing Address 1800 WHITE COLUM	INS DR	County PHELPS	DMH Licensed	No
ROLLA	MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number	06801
GED AD DYDGE GADE GENWED AA	a			
CEDAR RIDGE CARE CENTER, LL	C	T-11 (417) 947 5546	A 1-1	NT-
71 SYCAMORE	MO (5(05 1755	Telephone (417) 847-5546 Level of Care: RCF*	Alzheimer's Unit	No
CASSVILLE	MO 65625-1755		Bed Capacity	30
Mailing Address PO BOX 633	110 (5(25,0(2)	County BARRY	DMH Licensed	Yes
CASSVILLE	MO 65625-0633	Region 1	Facility Number	15295
CEDARGATE HEALTHCARE				
2350 KANELL BLVD		Telephone (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care: SNF	Bed Capacity	108
Mailing Address 2350 KANELL BLVD		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number	01182
1 Of Lank BLOTT	110 03701 4030	Region 2 Medical e/Medicald	racinty Number	01162
CEDARGATE HEALTHCARE				
CEDARGATE HEALTHCARE 2350 KANELL BLVD		Telephone (573) 785-0188	Alzheimer's Unit	No
	MO 63901-4036	Telephone (573) 785-0188 Level of Care: ALF	Alzheimer's Unit Bed Capacity	No 16
2350 KANELL BLVD		• '		
2350 KANELL BLVD POPLAR BLUFF		Level of Care: ALF	Bed Capacity	16
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF		Level of Care: ALF County BUTLER	Bed Capacity DMH Licensed	16 No
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD		Level of Care: ALF County BUTLER Region 2	Bed Capacity DMH Licensed Facility Number	16 No 01182
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD	MO 63901-4036	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	16 No 01182 Yes
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD	MO 63901-4036 MO 63010-4809	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	16 No 01182 Yes 94
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA	MO 63901-4036 MO 63010-4809 TE ROAD	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	16 No 01182 Yes 94 No
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD	MO 63901-4036 MO 63010-4809	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	16 No 01182 Yes 94
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA	MO 63901-4036 MO 63010-4809 TE ROAD	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	16 No 01182 Yes 94 No
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA	MO 63901-4036 MO 63010-4809 TE ROAD	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	16 No 01182 Yes 94 No
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA ARNOLD CEDARHURST OF BLUE SPRINGS	MO 63901-4036 MO 63010-4809 TE ROAD	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	16 No 01182 Yes 94 No 32428
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	16 No 01182 Yes 94 No 32428
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	16 No 01182 Yes 94 No 32428
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STA ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS Mailing Address 20551 E TRINITY PL BLUE SPRINGS	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 ACE	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	16 No 01182 Yes 94 No 32428 Yes 89 No
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS Mailing Address 20551 E TRINITY PL BLUE SPRINGS CEDARHURST OF COLUMBIA	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 ACE	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	16 No 01182 Yes 94 No 32428 Yes 89 No 31581
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS Mailing Address 20551 E TRINITY PL BLUE SPRINGS CEDARHURST OF COLUMBIA 2333 CHAPEL HILL RD	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 ACE MO 64015-9501	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	16 No 01182 Yes 94 No 32428 Yes 89 No 31581
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS Mailing Address 20551 E TRINITY PL BLUE SPRINGS CEDARHURST OF COLUMBIA 2333 CHAPEL HILL RD COLUMBIA	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 ACE MO 64015-9501	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF** County JACKSON Region 3 Telephone (573) 234-1091 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	16 No 01182 Yes 94 No 32428 Yes 89 No 31581
2350 KANELL BLVD POPLAR BLUFF Mailing Address 2350 KANELL BLVD POPLAR BLUFF CEDARHURST OF ARNOLD 2069 MISSOURI STATE ROAD ARNOLD Mailing Address 2069 MISSOURI STATE ARNOLD CEDARHURST OF BLUE SPRINGS 20551 E TRINITY PLACE BLUE SPRINGS Mailing Address 20551 E TRINITY PL BLUE SPRINGS CEDARHURST OF COLUMBIA 2333 CHAPEL HILL RD	MO 63901-4036 MO 63010-4809 TE ROAD MO 63010-4809 MO 64015-9501 ACE MO 64015-9501	Level of Care: ALF County BUTLER Region 2 Telephone (636) 333-2715 Level of Care: ALF** County JEFFERSON Region 2 Telephone (816) 685-8863 Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	16 No 01182 Yes 94 No 32428 Yes 89 No 31581

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CEDARHURST OF DES PERES		
12826 DAYLIGHT CIRCLE	Telephone	(314) 916-6614 Alzheimer's Unit Yes
SAINT LOUIS MO 6313	31-1890 Level of Care:	ALF** Bed Capacity 76
Mailing Address 12826 DAYLIGHT CIRCLE	County SAI	NT LOUIS COUNTY DMH Licensed No
SAINT LOUIS MO 6313	31-1890 Region 7	Facility Number 30351
CEDARHURST OF FARMINGTON		
200 MAPLE VALLEY DRIVE	Telephone	(573) 713-9150 Alzheimer's Unit Yes
FARMINGTON MO 6364	*	ALF** Bed Capacity 84
Mailing Address 200 MAPLE VALLEY DRIVE		NT FRANCOIS DMH Licensed No
FARMINGTON MO 6364		Facility Number 32159
TARMINOTON MO 030-	Region 2	Facinty Number 52139
CEDARHURST OF LEBANON ASSISTED LIVI	ING & MEMORY CARE	
842 LYNN STREET	Telephone	(417) 815-0122 Alzheimer's Unit Yes
LEBANON MO 6553	36-3832 Level of Care:	ALF** Bed Capacity 90
Mailing Address 842 LYNN STREET	County LAC	CLEDE DMH Licensed No
LEBANON MO 6553	36-3832 Region 1	Facility Number 31890
CEDARHURST OF SPRINGFIELD		
1146 EAST LAKEWOOD ST	Telephone	(417) 885-9050 Alzheimer's Unit Yes
SPRINGFIELD MO 6581	•	ALF** Bed Capacity 66
Mailing Address 1146 E LAKEWOOD ST		EENE DMH Licensed No
SPRINGFIELD MO 6581		Facility Number 28295
110 000	Kegion 1	racincy ramper 20275
CEDARHURST OF ST. CHARLES ASSISTED I	IVING & MEMODY CADE	
	LIVING & MEMORI CARE	
1800 FIRST CAPITOL DRIVE	Telephone	(636) 255-8094 Alzheimer's Unit Yes
1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330	Telephone	(636) 255-8094 Alzheimer's Unit Yes ALF** Bed Capacity 155
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE	Telephone D1-1646 Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No
SAINT CHARLES MO 6330	Telephone D1-1646 Level of Care: County SAI	ALF** Bed Capacity 155
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE	Telephone D1-1646 Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330	Telephone D1-1646 Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS	Telephone D1-1646 Level of Care: County SAI Region 5	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6310	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone Level of Care:	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6310	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Annual County SAI Annual County SAI County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312	Telephone D1-1646 Level of Care: County SAI Region 5 Telephone Level of Care: County SAI	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS	Telephone County SAI Region 5 Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663 (417) 372-8940 Alzheimer's Unit YES ALF** Bed Capacity 84
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63	Telephone County SAI Region 5 Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663 (417) 372-8940 Alzheimer's Unit YES ALF** Bed Capacity 84
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663 (417) 372-8940 Alzheimer's Unit YES ALF** Bed Capacity 84 WELL DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO 6577	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County HO' Region 2	ALF** Bed Capacity 155 NT CHARLES DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663 (417) 372-8940 Alzheimer's Unit YES ALF** Bed Capacity 84 WELL DMH Licensed No
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO 6577 CEDARS OF LIBERTY HEALTH CARE CENT	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County HO' Region 2	ALF** Bed Capacity DMH Licensed No Facility Number (314) 849-1366 Alzheimer's Unit ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed Facility Number 13663 (417) 372-8940 Alzheimer's Unit YES ALF** Bed Capacity 84 WELL DMH Licensed No Facility Number 32028
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO 6577 CEDARS OF LIBERTY HEALTH CARE CENT 200 WEST RUTH EWING RD	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County HO' Region 2 ER Telephone	ALF** Bed Capacity DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663 (417) 372-8940 Alzheimer's Unit ALF** Bed Capacity Alzheimer's Unit YES ALF** Bed Capacity 84 WELL DMH Licensed No Facility Number 32028
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO 6577 CEDARS OF LIBERTY HEALTH CARE CENT 200 WEST RUTH EWING RD LIBERTY MO 6400	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County HO' Region 2 ER Telephone Level of Care: County HO' Region 2	ALF** Bed Capacity DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit No ALF** Bed Capacity 79 NT LOUIS COUNTY DMH Licensed No Facility Number 13663 (417) 372-8940 Alzheimer's Unit ALF** Bed Capacity 84 WELL DMH Licensed No Facility Number 32028 (816) 781-7600 Alzheimer's Unit No RCF Bed Capacity 206
SAINT CHARLES MO 6330 Mailing Address 1800 FIRST CAPITOL DRIVE SAINT CHARLES MO 6330 CEDARHURST OF TESSON HEIGHTS 12335 WEST BEND DR SAINT LOUIS MO 6312 Mailing Address 12335 WEST BEND DR SAINT LOUIS MO 6312 CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS MO 6577 Mailing Address 1521 US HIGHWAY 63 WEST PLAINS MO 6577 CEDARS OF LIBERTY HEALTH CARE CENT 200 WEST RUTH EWING RD	Telephone Level of Care: County SAI Region 5 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County SAI Region 7 Telephone Level of Care: County HO' Region 2 ER Telephone Level of Care: County HO' Region 2	ALF** Bed Capacity DMH Licensed No Facility Number 30676 (314) 849-1366 Alzheimer's Unit ALF** Bed Capacity Top NT LOUIS COUNTY DMH Licensed Facility Number 13663 (417) 372-8940 Alzheimer's Unit ALF** Bed Capacity Alzheimer's Unit Bed Capacity Alzheimer's Unit Bed Capacity Alzheimer's Unit No Facility Number 206

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CENTED AT CARDENIC INC				
CENTRAL GARDENS INC				
302 NORTH ELM ST		Telephone (573) 624-0011	Alzheimer's Unit	No
DEXTER	MO 63841-1773	Level of Care: RCF*	Bed Capacity	83
Mailing Address 302 NORTH ELM S		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-1773	Region 2	Facility Number	18858
CENTRAL RESIDENCE CNSL OPE	CRATION LLC			
5143 WATERMAN BLVD	ALTION EDG	Telephone (314) 367-5620	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-1103	Level of Care: RCF*	Bed Capacity	41
Mailing Address 5143 WATERMAN I		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-1103	Region 7	Facility Number	02785
S.M.V. Bools	110 00100 1100	Region /	Tuellity Tulliper	02703
CENTURY PINES ASSISTED LIVIN	NG			
709 EAST MCCRACKEN RD		Telephone (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care: ALF	Bed Capacity	80
Mailing Address 709 EAST MCCRAC	CKEN RD	County CHRISTIAN	DMH Licensed	Yes
OZARK	MO 65721-9499	Region 1	Facility Number	01200
CENTURY PINES ASSISTED LIVIN	NG			
709 EAST MCCRACKEN RD		Telephone (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care: ALF**	Bed Capacity	23
Mailing Address 709 EAST MCCRAC		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1	Facility Number	01200
			·	
CHAFFEE NURSING CENTER				
12273 STATE HIGHWAY 77		Telephone (573) 887-3615	Alzheimer's Unit	No
CHAFFEE	MO 63740-8219	Level of Care: SNF	Bed Capacity	71
Mailing Address 12273 STATE HIGH	WAY 77	County SCOTT	DMH Licensed	No
			= :	
Mailing Address 12273 STATE HIGH	WAY 77 MO 63740-8219	County SCOTT	DMH Licensed	No
Mailing Address 12273 STATE HIGH CHAFFEE	WAY 77 MO 63740-8219	County SCOTT	DMH Licensed	No
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE	WAY 77 MO 63740-8219	County SCOTT Region 2 Medicare/Medicaid	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 13652
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR	WAY 77 MO 63740-8219	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486	DMH Licensed Facility Number Alzheimer's Unit	No 13652 No
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY	WAY 77 MO 63740-8219	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 13652 No 120
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR	WAY 77 MO 63740-8219 CENTER MO 65281-1236	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 13652 No 120 No
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY	WAY 77 MO 63740-8219 CENTER MO 65281-1236	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 13652 No 120 No
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR	WAY 77 MO 63740-8219 CENTER MO 65281-1236	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 13652 No 120 No 06469
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL	WAY 77 MO 63740-8219 CCENTER MO 65281-1236 MO 65281-1236 MO 63834-1349	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 13652 No 120 No 06469
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON	WAY 77 MO 63740-8219 CCENTER MO 65281-1236 MO 65281-1236 MO 63834-1349	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721 Level of Care: SNF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	No 13652 No 120 No 06469 Yes 120
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON Mailing Address 1220 EAST MARSH CHARLESTON	WAY 77 MO 63740-8219 CCENTER MO 65281-1236 MO 65281-1236 MO 63834-1349 ALL	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721 Level of Care: SNF County MISSISSIPPI	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	No 13652 No 120 No 06469 Yes 120 No
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON Mailing Address 1220 EAST MARSH CHARLESTON CHATEAU ANN MARIE	WAY 77 MO 63740-8219 CCENTER MO 65281-1236 MO 65281-1236 MO 63834-1349 ALL	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721 Level of Care: SNF County MISSISSIPPI Region 2 Medicare/Medicaid	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 13652 No 120 No 06469 Yes 120 No 01251
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON Mailing Address 1220 EAST MARSH CHARLESTON	WAY 77 MO 63740-8219 CCENTER MO 65281-1236 MO 65281-1236 MO 63834-1349 ALL	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721 Level of Care: SNF County MISSISSIPPI	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 13652 No 120 No 06469 Yes 120 No
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON Mailing Address 1220 EAST MARSH CHARLESTON CHATEAU ANN MARIE 7700 MINNESOTA AVE SAINT LOUIS	MAY 77 MO 63740-8219 CENTER MO 65281-1236 MO 65281-1236 MO 63834-1349 ALL MO 63834-1349 MO 63111-3336	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721 Level of Care: SNF County MISSISSIPPI Region 2 Medicare/Medicaid Telephone (314) 449-1497 Level of Care: ALF	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 13652 No 120 No 06469 Yes 120 No 01251
Mailing Address 12273 STATE HIGH CHAFFEE CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR SALISBURY CHARLESTON MANOR 1220 EAST MARSHALL CHARLESTON Mailing Address 1220 EAST MARSH CHARLESTON CHATEAU ANN MARIE 7700 MINNESOTA AVE	MAY 77 MO 63740-8219 CENTER MO 65281-1236 MO 65281-1236 MO 63834-1349 ALL MO 63834-1349 MO 63111-3336	County SCOTT Region 2 Medicare/Medicaid Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid Telephone (573) 683-3721 Level of Care: SNF County MISSISSIPPI Region 2 Medicare/Medicaid Telephone (314) 449-1497	DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 13652 No 120 No 06469 Yes 120 No 01251

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CHATEAU GIRARDEAU			
3120 INDEPENDENCE ST		Telephone (573) 335-1281	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63703-5043	Level of Care: SNF	Bed Capacity 75
Mailing Address 3120 INDEPENDEN		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63703-5043	Region 2 Medicare/Medicaid	Facility Number 01386
CHATEAU CIDADDEAU			
CHATEAU GIRARDEAU 3120 INDEPENDENCE ST		Telephone (573) 335-1281	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63703-5043	Level of Care: ALF**	Bed Capacity 55
Mailing Address 3120 INDEPENDEN		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63703-5043	Region 2	Facility Number 01386
CAI E GIRARDEAU	WO 03703-3043	Region 2	racinty Number 01380
CHEROKEE RESIDENTIAL CARE	ACQUISITION, LLC		
3409 MISSOURI AVE		Telephone (314) 771-8360	Alzheimer's Unit No
SAINT LOUIS	MO 63118-3236	Level of Care: RCF*	Bed Capacity 34
Mailing Address 3409 MISSOURI AV	Œ	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63118-3236	Region 7	Facility Number 14047
CHESTERFIELD VILLAS			
14901 N OUTER 40 RD		Telephone (636) 532-9296	Alzheimer's Unit No
CHESTERFIELD	MO 63017-6034	Level of Care: ALF	Bed Capacity 54
Mailing Address 14901 N OUTER 40	RD	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-6034	Region 7	Facility Number 29067
CHESTNUT GLENN - ASSISTED L	IVING BY AMERICARE		
121 KLONDIKE CROSSING		Telephone (636) 928-4200	Alzheimer's Unit Yes
SAINT PETERS	MO 63376-5394	Level of Care: ALF**	Bed Capacity 74
Mailing Address 121 KLONDIKE CR	OSSING	County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-5394	Region 5	Facility Number 25446
CHESTNUT REHAB AND NURSING	G		
10954 KENNERLY RD		Telephone (314) 843-4242	Alzheimer's Unit No
SAINT LOUIS	MO 63128-2018	Level of Care: SNF	Bed Capacity 167
Mailing Address 10954 KENNERLY	RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-2018	Region 7 Medicare/Medicaid	Facility Number 03182
CHILL ICOTHE MANOR LLEC			
CHILLICOTHE MANOR I LLC 1301 MONROE ST		Talanhana (660) 646 5190	Alabaimania Tivit
CHILLICOTHE	MO 64601 1245	Telephone (660) 646-5180 Level of Care: RCF*	Alzheimer's Unit No
	MO 64601-1345		Bed Capacity 64
Mailing Address 1301 MONROE ST CHILLICOTHE	MO 64601-1345		DMH Licensed Yes Facility Number 04622
CHILLICUTTE	1/10 0/4001-1343	Region 4	Facility Number 04632
CHRISTIAN EXTENDED CARE &	REHABILITATION		
11160 VILLAGE NORTH DR		Telephone (314) 355-8010	Alzheimer's Unit No
SAINT LOUIS	MO 63136-6159	Level of Care: SNF	Bed Capacity 60
Mailing Address 11160 VILLAGE NO	ORTH DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63136-6159	Region 7 Medicare/Medicaid	Facility Number 08300

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CHURCHILL TERRACE - ASSISTE	D LIVING BY AMERICARE		
120 HOSPITAL DR		Telephone (573) 642-5222	Alzheimer's Unit No
FULTON	MO 65251-2511	Level of Care: ALF**	Bed Capacity 57
Mailing Address 120 HOSPITAL DR		County CALLAWAY	DMH Licensed No
FULTON	MO 65251-2511	Region 6	Facility Number 20783
CITIZENS MEMORIAL HEALTH C	ARE FACILITY		
1218 W LOCUST ST		Telephone (417) 326-7648	Alzheimer's Unit No
BOLIVAR	MO 65613-1312	Level of Care: SNF	Bed Capacity 111
Mailing Address PO BOX 590		County POLK	DMH Licensed No
BOLIVAR	MO 65613-0590	Region 1 Medicare/Medicaid	Facility Number 00710
CI ADA MANOD NIIDSING HOME			
CLARA MANOR NURSING HOME 3621 WARWICK BLVD		Telephone (816) 756-1593	Alzheimer's Unit No
KANSAS CITY	MO 64111-1403	Level of Care: SNF	Bed Capacity 90
Mailing Address 3621 WARWICK BL		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64111-1403	Region 3 Medicaid	Facility Number 14102
MINONS CITT	WO 04111 1403	Region 5 Medicaid	14102
CLARENCE CARE CENTER			
111 EAST ST	150 (0405 4000	Telephone (660) 699-2118	Alzheimer's Unit No
CLARENCE	MO 63437-1902	Level of Care: SNF	Bed Capacity 60
Mailing Address 111 EAST ST	150 (0405 4000	County SHELBY	DMH Licensed No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number 01475
CLARENDALE CLAYTON			
7651 CLAYTON ROAD		Telephone (314) 390-9399	Alzheimer's Unit Yes
CLAYTON	MO 63117-1419	Level of Care: ALF**	Bed Capacity 98
Mailing Address 7651 CLAYTON ROA		County SAINT LOUIS COUNTY	DMH Licensed No
CLAYTON	MO 63117-1419	Region 7	Facility Number 32528
CLARENDALE OF ST PETERS			
10 DUBRAY DRIVE		Telephone (636)706-5100	Alzheimer's Unit yes
SAINT PETERS	MO 63376-3558	Level of Care: ALF**	Bed Capacity 110
Mailing Address 10 DUBRAY DRIVE		County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-3558	Region 5	Facility Number 32095
CLARK CARE CENTER - ONE			
1505 EAST ASHLAND ST		Telephone (417) 667-3900	Alzheimer's Unit No
NEVADA	MO 64772-4025	Level of Care: RCF*	Bed Capacity 38
Mailing Address PO BOX 246		County VERNON	DMH Licensed Yes
NEVADA	MO 64772-0246	Region 1	Facility Number 20206
CLARK COUNTY NURSING HOME			
1260 N JOHNSON ST		Telephone (660) 727-3303	Alzheimer's Unit No
KAHOKA	MO 63445-1100	Level of Care: SNF	Bed Capacity 103
Mailing Address 1260 N JOHNSON ST	Γ	County CLARK	DMH Licensed No
KAHOKA	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number 01480

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G. 1				
CLARK COUNTY NURSING HOME 1260 N JOHNSON ST		Tolonhous (660) 727 2202	Alzheimer's Unit No	
KAHOKA	MO 63445-1100	Telephone (660) 727-3303 Level of Care: RCF*	Bed Capacity 22	
Mailing Address 1260 N JOHNSON ST		County CLARK	DMH Licensed No	
KAHOKA	MO 63445-1100	Region 5	Facility Number 01480	
Killoki	1100	Region 5	racincy runiber 01400	
CLARK'S MOUNTAIN NURSING C	ENTER			
2100 BARNES		Telephone (573) 223-4297	Alzheimer's Unit No	,
PIEDMONT	MO 63957-1008	Level of Care: SNF	Bed Capacity 91	
Mailing Address 2100 BARNES		County WAYNE	DMH Licensed No	,
PIEDMONT	MO 63957-1008	Region 2 Medicare/Medicaid	Facility Number 01496	
CLARU DEVILLE NURSING CENT	FR			
105 SPRUCE ST		Telephone (573) 783-3993	Alzheimer's Unit Yes	
FREDERICKTOWN	MO 63645-1002	Level of Care: SNF	Bed Capacity 90	
Mailing Address 105 SPRUCE ST		County MADISON	DMH Licensed No	
FREDERICKTOWN	MO 63645-1002	Region 2 Medicare/Medicaid	Facility Number 17527	
CLEARVIEW NURSING CENTER				
430 SALCEDO ROAD	160 (2001 4002	Telephone (573) 471-2565	Alzheimer's Unit No	
SIKESTON A LL PO POY 707	MO 63801-4802	Level of Care: SNF	Bed Capacity 98	
Mailing Address PO BOX 707 SIKESTON	MO 63801-0707	County SCOTT	DMH Licensed No	
SIRESTON	WO 03801-0707	Region 2 Medicare/Medicaid	Facility Number 19913	
CLINTON HEALTHCARE AND RE	HABILITATION CENTER			
1009 EAST OHIO		Telephone (660) 885-5571	Alzheimer's Unit No	
CLINTON	MO 64735-2455	Level of Care: SNF	Bed Capacity 120	J
Mailing Address 1009 EAST OHIO		County HENRY	DMH Licensed No.	
CLINTON	MO 64735-2455	Region 1 Medicare/Medicaid	Facility Number 01318	
COATES STREET COMFORT HOU	SE			
612 WEST COATES ST		Telephone (660) 263-6759	Alzheimer's Unit No	
MOBERLY	MO 65270-1319	Level of Care: RCF	Bed Capacity 20	ı
Mailing Address PO BOX 781		County RANDOLPH	DMH Licensed Yes	
MODERNI		County In It is obtain		
MOBERLY	MO 65270-0781	Region 5	Facility Number 08220	•
	MO 65270-0781	•)
COLLIER CARE HOME, INC	MO 65270-0781	Region 5	Facility Number 08220	
	MO 65270-0781 MO 64015-3104	•	Facility Number 08220 Alzheimer's Unit No	,
COLLIER CARE HOME, INC 3001 NW VESPER ST	MO 64015-3104	Region 5 Telephone (816) 225-9317	Facility Number 08220 Alzheimer's Unit No	,
COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS	MO 64015-3104	Region 5 Telephone (816) 225-9317 Level of Care: RCF*	Facility Number 08220 Alzheimer's Unit No Bed Capacity 15	
COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER ST BLUE SPRINGS	MO 64015-3104 Γ	Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON	Facility Number 08220 Alzheimer's Unit No Bed Capacity 15 DMH Licensed Yes	;
COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER S' BLUE SPRINGS COLLINS HOUSE, THE	MO 64015-3104 Γ	Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3	Facility Number 08220 Alzheimer's Unit No Bed Capacity 15 DMH Licensed Yes Facility Number 01591	· · · · · · · · · · · · · · · · · · ·
COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER ST BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD	MO 64015-3104 T MO 64015-3104	Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986	Facility Number 08220 Alzheimer's Unit No Bed Capacity 15 DMH Licensed Yes Facility Number 01591 Alzheimer's Unit NO	
COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER ST BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD FESTUS	MO 64015-3104 Γ	Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3	Facility Number 08220 Alzheimer's Unit No Bed Capacity 15 DMH Licensed Yes Facility Number 01591	
COLLIER CARE HOME, INC 3001 NW VESPER ST BLUE SPRINGS Mailing Address 3001 NW VESPER ST BLUE SPRINGS COLLINS HOUSE, THE 102 COLLINS RD	MO 64015-3104 T MO 64015-3104	Region 5 Telephone (816) 225-9317 Level of Care: RCF* County JACKSON Region 3 Telephone (314) 749-0986 Level of Care: ALF**	Facility Number 08220 Alzheimer's Unit No Bed Capacity 15 DMH Licensed Yes Facility Number 01591 Alzheimer's Unit NO Bed Capacity 8	

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COLONIAL HOME, THE				
102 SUMMIT ST		Telephone (573) 996-4283	Alzheimer's Unit	No
DONIPHAN	MO 63935-1328	Level of Care: ALF**	Bed Capacity	31
Mailing Address 102 SUMMIT ST		County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1328	Region 2	Facility Number	01610
COLONIAL HOUSE OF FESTUS II				
129 GRAY ST		Telephone (636) 465-0994	Alzheimer's Unit	No
FESTUS	MO 63028-1950	Level of Care: RCF	Bed Capacity	20
Mailing Address 129 GRAY ST		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-1950	Region 2	Facility Number	07322
		11081011		0,022
COLONIAL MANOR, LLC				
907 WEST MALONE ST		Telephone (573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO 63801-2425	Level of Care: ALF	Bed Capacity	20
Mailing Address 907 WEST MALONE		County SCOTT	DMH Licensed	Yes
SIKESTON	MO 63801-2425	Region 2	Facility Number	13255
COLONIAL RESIDENTIAL CARE	FACILITY II			
1162 CEDAR ST		Telephone (573) 734-2846	Alzheimer's Unit	No
BISMARCK	MO 63624-8920	Level of Care: RCF*	Bed Capacity	48
Mailing Address PO BOX 134		County SAINT FRANCOIS	DMH Licensed	Yes
MOUNTAIN GROVE	MO 65711-0134	Region 2	Facility Number	01693
COLONIAL SPRINGS HEALTHCA	DE CENTED			
750 W COOPER ST	RE CENTER	Telephone (417) 345-2228	Alzheimer's Unit	Yes
BUFFALO	MO 65622-8662	Level of Care: SNF	Bed Capacity	134
Mailing Address PO BOX 978	WO 03022-0002	County DALLAS	DMH Licensed	No
BUFFALO	MO 65622-0978	Region 1 Medicare/Medicaid	Facility Number	01302
Bellikee	110 03022 0770	Region 1 Medical e/Medicalu	racinty runner	01302
COLONY POINTE-ASSISTED LIVI	NG BY AMERICARE			
1510 CHAPEL HILL RD		Telephone (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-5457	Level of Care: ALF**	Bed Capacity	59
Mailing Address 1510 CHAPEL HILL		County BOONE	DMH Licensed	No
COLUMBIA	MO 65203-5457	Region 6	Facility Number	28191
COLUMBIA MANOR HEALTH & F	REHABILITATION			
2012 E. NIFONG BLVD		Telephone (573) 449-1246	Alzheimer's Unit	No
COLUMBIA	MO 65201-3874	Level of Care: SNF	Bed Capacity	52
Mailing Address 2012 E. NIFONG BL	VD	County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3874	Region 6 Medicare/Medicaid	Facility Number	01715
			-	
COLUMBIA DOSE A CUER				
COLUMBIA POST ACUTE		T-1 (572) 207 7144	Alabaiaaa U.T. W	N.T
3535 BERRYWOOD DRIVE	MO (5201 (594	Telephone (573) 397-7144	Alzheimer's Unit	No 70
COLUMBIA Mailing Address 2525 DEDDVWOOD	MO 65201-6584	Level of Care: SNF	Bed Capacity	70 No
Mailing Address 3535 BERRYWOOD		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-6584	Region 6 Medicare/Medicaid	Facility Number	30959

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COLUMBIA STREET RESIDENTIA	L CARE CENTER LLC			
208 WEST COLUMBIA ST		Telephone (573) 756-7481	Alzheimer's Unit	No
FARMINGTON	MO 63640-1705	Level of Care: RCF	Bed Capacity	16
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	01729
COMMUNITIES OF WILDWOOD R	ANCH			
3222 SOUTH JOHN DUFFY DR		Telephone (417) 621-0175	Alzheimer's Unit	No
JOPLIN	MO 64804-1569	Level of Care: SNF	Bed Capacity	120
Mailing Address 3222 SOUTH JOHN I	OUFFY DR	County JASPER	DMH Licensed	No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number	29077
COMMUNITY CADE CENTED OF I	EMAY INC			
COMMUNITY CARE CENTER OF I 9353 SOUTH BROADWAY	ENIA 1, INC	Telephone (314) 631-0540	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-1600	Level of Care: SNF	Bed Capacity	60
Mailing Address 9353 SOUTH BROAI		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-1600	Region 7 Medicare/Medicaid	Facility Number	01732
SAINT LOOIS	WO 03123 1000	Region / Medical e/Medicald	racinty rumber	01732
COMMUNITY MANOR				
783 WEBER ROAD		Telephone (573) 756-8998	Alzheimer's Unit	No
FARMINGTON	MO 63640-3318	Level of Care: SNF	Bed Capacity	99
Mailing Address 783 WEBER RD		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-3318	Region 2 Medicare/Medicaid	Facility Number	13887
COMMUNITY OF AUTUMN COURT	T AT MT VERNON, THE			
1421 S LANDRUM ST		Telephone (417) 466-3549	Alzheimer's Unit	No
MOUNT VERNON	MO 65712-1912	Level of Care: ALF**	Bed Capacity	34
Mailing Address 1421 S LANDRUM S	Γ	County LAWRENCE	DMH Licensed	No
MOUNT VERNON	MO 65712-1912	Region 1	Facility Number	
	WIO 03/12-1912	Region 1	Facility Number	20809
	WIO 03/12-1912	Region 1	racinty Number	20809
COMMUNITY SPRINGS HEALTHC		region .	Facility Number	20809
COMMUNITY SPRINGS HEALTHC 400 EAST HOSPITAL RD		Telephone (417) 876-2531	Alzheimer's Unit	20809 Yes
		Ü	·	
400 EAST HOSPITAL RD	ARE FACILITY MO 64744-2024	Telephone (417) 876-2531	Alzheimer's Unit	Yes
400 EAST HOSPITAL RD EL DORADO SPRINGS	ARE FACILITY MO 64744-2024	Telephone (417) 876-2531 Level of Care: SNF	Alzheimer's Unit Bed Capacity	Yes 120
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAI	ARE FACILITY MO 64744-2024 RD	Telephone (417) 876-2531 Level of Care: SNF County CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAI EL DORADO SPRINGS	ARE FACILITY MO 64744-2024 RD	Telephone (417) 876-2531 Level of Care: SNF County CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME	ARE FACILITY MO 64744-2024 RD	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD	ARE FACILITY MO 64744-2024 ARD MO 64744-2024	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT	ARE FACILITY MO 64744-2024 RD MO 64744-2024 MO 63034-1414	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	Yes 120 No 01740 No
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT Mailing Address 17025 OLD JAMESTO	ARE FACILITY MO 64744-2024 RD MO 64744-2024 MO 63034-1414	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF County SAINT LOUIS COUNTY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No 01740 No 12 Yes
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT	ARE FACILITY MO 64744-2024 ARD MO 64744-2024 MO 63034-1414 DWN RD	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	Yes 120 No 01740 No
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT Mailing Address 17025 OLD JAMESTOFLORISSANT	ARE FACILITY MO 64744-2024 ARD MO 64744-2024 MO 63034-1414 DWN RD	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF County SAINT LOUIS COUNTY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No 01740 No 12 Yes
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT Mailing Address 17025 OLD JAMESTOFLORISSANT COOPER HOUSE	ARE FACILITY MO 64744-2024 ARD MO 64744-2024 MO 63034-1414 DWN RD	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 12 Yes 01777
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT Mailing Address 17025 OLD JAMESTOFLORISSANT COOPER HOUSE 4385 MARYLAND AVE	ARE FACILITY MO 64744-2024 RD MO 64744-2024 MO 63034-1414 DWN RD MO 63034-1414	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF County SAINT LOUIS COUNTY Region 7 Telephone (314) 535-1919	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 12 Yes 01777
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT Mailing Address 17025 OLD JAMESTOFLORISSANT COOPER HOUSE 4385 MARYLAND AVE SAINT LOUIS	MO 64744-2024 MO 64744-2024 MO 64744-2024 MO 63034-1414 DWN RD MO 63034-1414 MO 63108-2703	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF County SAINT LOUIS COUNTY Region 7 Telephone (314) 535-1919 Level of Care: RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	Yes 120 No 01740 No 12 Yes 01777
400 EAST HOSPITAL RD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITAL EL DORADO SPRINGS CONVERSE HOME 17025 OLD JAMESTOWN RD FLORISSANT Mailing Address 17025 OLD JAMESTOFLORISSANT COOPER HOUSE 4385 MARYLAND AVE	MO 64744-2024 MO 64744-2024 MO 64744-2024 MO 63034-1414 DWN RD MO 63034-1414 MO 63108-2703	Telephone (417) 876-2531 Level of Care: SNF County CEDAR Region 1 Medicare/Medicaid Telephone (314) 355-8041 Level of Care: RCF County SAINT LOUIS COUNTY Region 7 Telephone (314) 535-1919	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 12 Yes 01777

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COPPER ROCK HEALTHCARE			
712 COPPER ROCK DRIVE		Telephone (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care: SNF	Bed Capacity 90
Mailing Address PO BOX 560		County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851
CORI MANOR HEALTHCARE & R	THARILITATION CENTER		
560 CORISANDE HILLS RD	ENABILITATION CENTER	Telephone (636) 343-2282	Alzheimer's Unit No
FENTON	MO 63026-5613	Level of Care: SNF	Bed Capacity 144
Mailing Address 560 CORISANDE H		County JEFFERSON	DMH Licensed No
FENTON	MO 63026-5613	Region 2 Medicare/Medicaid	Facility Number 01800
		region - Medicare/Medicard	Tuesday (Vallage)
CORNERSTONE LIVING CENTER			
533 E CANNAN RD		Telephone (573) 764-5141	Alzheimer's Unit NO
GERALD	MO 63037-2515	Level of Care: ALF**	Bed Capacity 60
Mailing Address 533 E CANNAN RD		County FRANKLIN	DMH Licensed No
GERALD	MO 63037-2515	Region 6	Facility Number 13926
COTTAGE AT CENTURY PINES, T	'UE		
707 EAST MCCRACKEN ROAD	.HE	Telephone (417) 581-7278	Alzheimer's Unit Yes
OZARK	MO 65721-9499	Level of Care: ALF**	Bed Capacity 24
Mailing Address 709 EAST MCCRAC		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-9499	Region 1	Facility Number 30579
OLARK	WIO 03721-9499	Region 1	Facility Number 30379
COTTAGES OF LAKE ST LOUIS			
2885 TECHNOLOGY DRIVE		Telephone (636) 614-3510	Alzheimer's Unit No
LAKE SAINT LOUIS	MO 63367-4123	Level of Care: SNF	Bed Capacity 60
Mailing Address 2885 TECHNOLOG	Y DRIVE	County SAINT CHARLES	DMH Licensed No
LAKE SAINT LOUIS	MO 63367-4123	Region 5 Medicare	Facility Number 30318
COTTON POINT LIVING CENTER			
609 SOUTH RAILROAD ST	•	Telephone (573) 471-7861	Alzheimer's Unit Yes
MATTHEWS	MO 63867-9751	Level of Care: SNF	Bed Capacity 98
Mailing Address 609 SOUTH RAILRO		County NEW MADRID	DMH Licensed No
MATTHEWS	MO 63867-9751	Region 2 Medicare/Medicaid	Facility Number 07057
COUNTRY AIDE ESTATES AT S			
COUNTRY AIRE ESTATES, LLC		T-11 (572) 221 5400	Alabata and Theta
49303 RENSSELAER LN	MO (2401 725)	Telephone (573) 221-5400	Alzheimer's Unit No
HANNIBAL	MO 63401-7356	Level of Care: RCF*	Bed Capacity 16
Mailing Address 49303 RENSSELAE		County RALLS	DMH Licensed Yes
HANNIBAL	MO 63401-7356	Region 5	Facility Number 14270
COUNTRY AIRE RETIREMENT C	ENTER		
18540 STATE HIGHWAY 16		Telephone (573) 215-2216	Alzheimer's Unit No
LEWISTOWN	MO 63452-2111	Level of Care: RCF*	Bed Capacity 8
Mailing Address 18540 STATE HIGH	WAY 16	County LEWIS	DMH Licensed No
LEWISTOWN	MO 63452-2111	Region 5	Facility Number 16896

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COUNTRY AIRE RETIREMENT CENTER	₹			
18540 STATE HIGHWAY 16		Telephone (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN MO	63452-2111	Level of Care: SNF	Bed Capacity	60
Mailing Address 18540 STATE HIGHWAY 1	.6	County LEWIS	DMH Licensed	No
LEWISTOWN MO	63452-2111	Region 5 Medicare/Medicaid	Facility Number	16896
COUNTRY CLUB REHAB AND HEALTH	CARE CENTER			
503 REGENT DR	CARE CENTER	Telephone (660) 429-4444	Alzheimer's Unit	No
	64093-3231	Level of Care: RCF*	Bed Capacity	40
Mailing Address 503 REGENT DR	04073 3231	County JOHNSON	DMH Licensed	No
_	64093-3231	Region 3	Facility Number	20892
WARRENSBORG	040/3-3231	Region 5	racinty Number	20092
COUNTRY CLUB REHAB AND HEALTHO	CARE CENTER			
503 REGENT DR		Telephone (660) 429-4444	Alzheimer's Unit	No
	64093-3231	Level of Care: SNF	Bed Capacity	73
Mailing Address 503 REGENT DR		County JOHNSON	DMH Licensed	No
WARRENSBURG MO	64093-3231	Region 3 Medicare/Medicaid	Facility Number	20892
COUNTRY LIVING ASSISTED LIVING				
2820 NORTH MAIN ST		Telephone (417) 926-1955	Alzheimer's Unit	No
MOUNTAIN GROVE MO	65711-1403	Level of Care: ALF	Bed Capacity	40
Mailing Address 2820 NORTH MAIN ST		County WRIGHT	DMH Licensed	No
MOUNTAIN GROVE MO	65711-1403	Region 1	Facility Number	27548
COUNTRY MEADOWS				
1301 N ST JOE DR		Telephone (573) 431-2889	Alzheimer's Unit	No
PARK HILLS MO	63601-1965	Level of Care: ALF	Bed Capacity	15
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	DMH Licensed	No
PARK HILLS MO	63601-1965	Region 2	Facility Number	14443
		-		
COUNTRY MEADOWS				
1301 N ST JOE DR		Telephone (573) 431-2889	Alzheimer's Unit	No
	63601-1965	Level of Care: SNF	Bed Capacity	72
Mailing Address 1301 N ST JOE DR	03001-1703	County SAINT FRANCOIS	DMH Licensed	No
	63601-1965	Region 2 Medicare/Medicaid	Facility Number	14443
TARK THEES	03001 1703	Region 2 Medical e/Medicalu	racinty rumber	14443
COUNTRY PLACE				
28601 US HIGHWAY 61		Telephone (573) 264-1555	Alzheimer's Unit	No
	63780-9143	Level of Care: ALF	Bed Capacity	24
Mailing Address 28601 US HIGHWAY 61		County SCOTT	DMH Licensed	No
SCOTT CITY MO	63780-9143	Region 2	Facility Number	25934
COUNTRY VALLEY HOME				
15750 COUNTY RD 2430		Telephone (573) 265-8250	Alzheimer's Unit	No
SAINT JAMES MO	65559-8211	Level of Care: RCF*	Bed Capacity	23
Mailing Address 15750 COUNTY RD 2430		County PHELPS	DMH Licensed	Yes
SAINT JAMES MO	65559-8211	Region 6	Facility Number	01852

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COUNTRY VIEW NURSING FACIL	ITY, INC		
2106 WEST MAIN ST		Telephone (573) 324-2216	Alzheimer's Unit No
BOWLING GREEN	MO 63334-1049	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 330		County PIKE	DMH Licensed No
BOWLING GREEN	MO 63334-0330	Region 5 Medicare/Medicaid	Facility Number 14926
COUNTRYSIDE CARE CENTER, L	LC		
385 SOUTH EISENHOWER		Telephone (417) 235-4040	Alzheimer's Unit No
MONETT	MO 65708-8266	Level of Care: RCF*	Bed Capacity 33
Mailing Address PO BOX 434		County BARRY	DMH Licensed Yes
MONETT	MO 65708-0434	Region 1	Facility Number 12737
			•
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COUNTRYSIDE ESTATES		<b>T. 1</b> (650) ( <b>T</b> 6 040)	
500 NORTH OHIO	3.50 (4.50.5	<b>Telephone</b> (660) 476-2128	Alzheimer's Unit No
APPLETON CITY	MO 64724-1625	Level of Care: RCF*	Bed Capacity 24
Mailing Address PO BOX 98	NO 64524 0000	County SAINT CLAIR	DMH Licensed No
APPLETON CITY	MO 64724-0098	Region 1	Facility Number 15005
COUNTRYSIDE HOME, LLC			
24499 PARK DR		<b>Telephone</b> (417) 532-7418	Alzheimer's Unit No
LEBANON	MO 65536-5843	Level of Care: RCF	Bed Capacity 20
Mailing Address 24499 PARK DR		County LACLEDE	DMH Licensed Yes
LEBANON	MO 65536-5843	Region 1	Facility Number 15052
CD AD ADDLE VIII LAGE GENIOD E	CITA INTEG		
CRAB APPLE VILLAGE SENIOR E	SIAIES	T-lh (626) 620 6161	Alabataa ada Tiata Xaa
214 HARTMAN PL, SUITE 100	MO 63077-2458	Telephone (636) 629-6161  Level of Care: ALF**	Alzheimer's Unit Yes
SAINT CLAIR  Mailing Address 214 HARTMAN PL,		County FRANKLIN	Bed Capacity 65  DMH Licensed No
SAINT CLAIR	MO 63077-2458	Region 6	Facility Number 24395
SAINT CLAIR	WIO 03077-2436	Region 0	racinty Number 24393
CRANE RESIDENTIAL CARE HOM	TE .		
102 LILLIAN		<b>Telephone</b> (417) 723-5900	Alzheimer's Unit No
CRANE	MO 65633-9103	Level of Care: RCF	<b>Bed Capacity</b> 36
Mailing Address 102 LILLIAN		County STONE	<b>DMH Licensed</b> Yes
CRANE	MO 65633-9103	Region 1	Facility Number 01898
CRAWFORD RANCH BOARDING H	HOME, LLC		
2200 VARVERA RD	IOME, EEC	<b>Telephone</b> (573) 756-4656	Alzheimer's Unit No
DOE RUN	MO 63637-3121	Level of Care: RCF*	Bed Capacity 32
Mailing Address 2200 VARVERA RD		County SAINT FRANCOIS	DMH Licensed Yes
DOE RUN	MO 63637-3121	Region 2	Facility Number 13193
DOL RUN	112 03037-3121	Acgiuii 2	racinty number 15195
CRESTVIEW HOME			
1313 SOUTH 25TH ST		<b>Telephone</b> (660) 425-3128	Alzheimer's Unit No
BETHANY	MO 64424-2634	Level of Care: SNF	<b>Bed Capacity</b> 92
Mailing Address PO BOX 430		County HARRISON	<b>DMH Licensed</b> No
BETHANY	MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number 01936

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CRESTWOOD HEALTH CARE CEN	NTER, LLC			
11400 MEHL AVE		<b>Telephone</b> (314) 741-3525	Alzheimer's Unit	No
FLORISSANT	MO 63033-7204	Level of Care: SNF	Bed Capacity	150
Mailing Address 11400 MEHL AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-7204	Region 7 Medicare/Medicaid	<b>Facility Number</b>	14296
CREVE COEUR ASSISTED LIVING	SAND MEMODY CADE			
693 DECKER LN	SAND MEMORI CARE	<b>Telephone</b> (314) 997-4532	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7127	Level of Care: ALF**		110
Mailing Address 693 DECKER LANE			Bed Capacity DMH Licensed	No
CREVE COEUR	MO 63141-7127			
CREVE COEUR	WIO 03141-7127	Region 7	Facility Number	29440
CREVE COEUR MANOR				
1127 TIMBER RUN DR		<b>Telephone</b> (314) 434-8361	Alzheimer's Unit	No
SAINT LOUIS	MO 63146-4482	Level of Care: SNF	Bed Capacity	149
Mailing Address 1127 TIMBER RUN	DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-4482	Region 7 Medicare/Medicaid	Facility Number	02417
CROSS CREEK AT LEE'S SUMMIT				
3320 NE WILSHIRE DR		<b>Telephone</b> (816) 607-5700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64064-2077	Level of Care: ALF**	Bed Capacity	55
Mailing Address 3320 NE WILSHIRE	DR	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64064-2077	Region 3	Facility Number	30996
CROWLEY DIDGE CARE CENTER				
CROWLEY RIDGE CARE CENTER		T. 1 (572) (24.5557	A1 1 *	37
1204 NORTH OUTER RD	NO (2041 0604	<b>Telephone</b> (573) 624-5557	Alzheimer's Unit	Yes
DEXTER	MO 63841-8684	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 668		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-0668	Region 2 Medicare/Medicaid	Facility Number	12667
CROWN REHAB AND HEALTHCA	RE CENTER			
3001 EAST ELM		<b>Telephone</b> (816) 380-6525	Alzheimer's Unit	No
HARRISONVILLE	MO 64701-1196	Level of Care: SNF	Bed Capacity	118
Mailing Address 3001 EAST ELM		County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-1196	Region 3 Medicare/Medicaid	Facility Number	21031
CRYSTAL CREEK HEALTH AND F	REHABILITATION CENTER			
250 NEW FLORISSANT RD SOUTH		<b>Telephone</b> (314) 838-2211	Alzheimer's Unit	No
FLORISSANT	MO 63031-6716	Level of Care: SNF	<b>Bed Capacity</b>	158
Mailing Address 250 NEW FLORISSA	ANT RD SOUTH	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-6716	Region 7 Medicare/Medicaid	Facility Number	05782
			•	
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care: ALF**	Bed Capacity	60
Mailing Address 1500 CALVARY CH		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2	Facility Number	99932
1 201 00	1710 03020-4123	Acgion 2	racinty Number	J773L

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CDVCTALOAKC				
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care: SNF	Bed Capacity	131
Mailing Address 1500 CALVARY CHU		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2 Medicare/Medicaid	Facility Number	99932
CUBA MANOR, INC				
210 ELDON DR		<b>Telephone</b> (573) 885-4500	Alzheimer's Unit	No
CUBA	MO 65453-1642	Level of Care: SNF	Bed Capacity	90
Mailing Address 210 ELDON DR	100 03433-1042	County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-1642	Region 6 Medicare/Medicaid	Facility Number	21149
CURRENT RIVER NURSING CENT	ER, INC			
1015 NORTH GRAND AVE		<b>Telephone</b> (573) 996-4239	Alzheimer's Unit	Yes
DONIPHAN	MO 63935-1779	Level of Care: SNF	Bed Capacity	120
Mailing Address 1015 NORTH GRANI		County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number	17125
CYPRESS POINT - SKILLED NURS	ING RY AMERICARE			
801 BAILIFF DR	NO DI MILITERIA	<b>Telephone</b> (573) 624-8908	Alzheimer's Unit	No
DEXTER	MO 63841-9500	Level of Care: SNF	Bed Capacity	79
Mailing Address 801 BAILIFF DR	1.10 0.00 11 7.000	County STODDARD	DMH Licensed	No
DEXTER	MO 63841-9500	Region 2 Medicare/Medicaid	Facility Number	08315
	120 00011 7000	region 2 Medicare/Medicard	ruemey rumoer	00313
DAVIESS COUNTY NURSING AND	REHABILITATION			
1337 WEST GRAND		<b>Telephone</b> (660) 663-2197	Alzheimer's Unit	Yes
GALLATIN	3.50 (1610 0000	Level of Care: SNF	Bed Capacity	
O. ILLEITIN (	MO 64640-8320	Develor curev Bivi	Dea capacity	97
Mailing Address 1337 WEST GRAND	MO 64640-8320	County DAVIESS	DMH Licensed	97 No
	MO 64640-8320 MO 64640-8320			
Mailing Address 1337 WEST GRAND GALLATIN		County DAVIESS	DMH Licensed	No
Mailing Address 1337 WEST GRAND GALLATIN DAYBREAK NURSING CENTER		County DAVIESS Region 4 Medicare/Medicaid	DMH Licensed Facility Number	No 02032
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD	MO 64640-8320	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683	DMH Licensed Facility Number  Alzheimer's Unit	No 02032 No
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON		County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 02032 No 70
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD	MO 64640-8320	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683	DMH Licensed Facility Number  Alzheimer's Unit	No 02032 No
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD	MO 64640-8320 MO 63801-5350	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 02032 No 70 No
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD	MO 64640-8320 MO 63801-5350	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 02032 No 70 No
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON	MO 64640-8320 MO 63801-5350	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 02032 No 70 No
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR	MO 64640-8320 MO 63801-5350	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02032 No 70 No 11496
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD	MO 64640-8320  MO 63801-5350  MO 63801-0430  MO 63112-3104	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (314) 361-2902	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02032 No 70 No 11496
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD SAINT LOUIS	MO 64640-8320  MO 63801-5350  MO 63801-0430  MO 63112-3104	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (314) 361-2902 Level of Care: SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 02032 No 70 No 11496
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD SAINT LOUIS Mailing Address 5460 DELMAR BLVI SAINT LOUIS	MO 64640-8320  MO 63801-5350  MO 63801-0430  MO 63112-3104	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (314) 361-2902 Level of Care: SNF County SAINT LOUIS CITY	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 02032 No 70 No 11496
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON  Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD SAINT LOUIS Mailing Address 5460 DELMAR BLVI SAINT LOUIS  DELMAR GARDENS NORTH	MO 64640-8320  MO 63801-5350  MO 63801-0430  MO 63112-3104	CountyDAVIESSRegion4Medicare/MedicaidTelephone(573) 471-7683Level of Care:SNFCountySCOTTRegion2Medicare/MedicaidTelephone(314) 361-2902Level of Care:SNFCountySAINT LOUIS CITYRegion7Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02032 No 70 No 11496 No 156 No 02089
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD SAINT LOUIS Mailing Address 5460 DELMAR BLVI SAINT LOUIS  DELMAR GARDENS NORTH 4401 PARKER ROAD	MO 63801-5350 MO 63801-0430 MO 63112-3104 D MO 63112-3104	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (314) 361-2902 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid  Telephone (314) 355-1516	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02032  No 70 No 11496  No 156 No 02089
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD SAINT LOUIS Mailing Address 5460 DELMAR BLVI SAINT LOUIS  DELMAR GARDENS NORTH 4401 PARKER ROAD BLACK JACK	MO 63801-5350 MO 63801-0430 MO 63112-3104 MO 63033-4266	CountyDAVIESSRegion 4Medicare/MedicaidTelephone(573) 471-7683Level of Care:SNFCountySCOTTRegion 2Medicare/MedicaidTelephone(314) 361-2902Level of Care:SNFCountySAINT LOUIS CITYRegion 7Medicare/MedicaidTelephone(314) 355-1516Level of Care:SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02032  No 70 No 11496  No 156 No 02089
Mailing Address 1337 WEST GRAND GALLATIN  DAYBREAK NURSING CENTER 410 H ROAD SIKESTON Mailing Address 410 H ROAD SIKESTON  DELHAVEN MANOR 5460 DELMAR BLVD SAINT LOUIS Mailing Address 5460 DELMAR BLVI SAINT LOUIS  DELMAR GARDENS NORTH 4401 PARKER ROAD	MO 63801-5350 MO 63801-0430 MO 63112-3104 MO 63033-4266	County DAVIESS Region 4 Medicare/Medicaid  Telephone (573) 471-7683 Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (314) 361-2902 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid  Telephone (314) 355-1516	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02032  No 70 No 11496  No 156 No 02089

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DELMAR GARDENS OF CHESTER	FIELD			
14855 NORTH OUTER 40 RD		<b>Telephone</b> (636) 532-0150	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-2026	Level of Care: SNF	Bed Capacity 2	237
Mailing Address 14855 NORTH OUT	ER 40 RD	<b>County</b> SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2026	Region 7 Medicare/Medicaid	Facility Number 021	111
DELMAR GARDENS OF CREVE CO	OFUR			
850 COUNTRY MANOR LN	SECK	<b>Telephone</b> (314) 434-5900	Alzheimer's Unit	No
CREVE COEUR	MO 63141-6651	Level of Care: SNF		148
Mailing Address 850 COUNTRY MAN		County SAINT LOUIS COUNTY		No
CREVE COEUR	MO 63141-6651	Region 7 Medicare/Medicaid	Facility Number 018	
CKEVE COLOR	MO 03141 0031	Region / Medicare/Medicard	racinty runner 016	330
DELMAR GARDENS OF MERAME	C VALLEY			
1 ARBOR TERRACE		<b>Telephone</b> (636) 343-0016		Yes
FENTON	MO 63026-3900	Level of Care: SNF		190
Mailing Address 1 ARBOR TERRACE	3	County SAINT LOUIS COUNTY		No
FENTON	MO 63026-3900	Region 7 Medicare/Medicaid	Facility Number 134	468
DELMAR GARDENS OF O'FALLO	N			
7068 SOUTH OUTER 364		<b>Telephone</b> (636) 240-6100	Alzheimer's Unit	Yes
O'FALLON	MO 63368-7757	Level of Care: SNF		240
Mailing Address 7068 SOUTH OUTER	R 364	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5 Medicare/Medicaid	Facility Number 242	291
DELMAR GARDENS ON THE GRE	EN			
15197 CLAYTON RD		<b>Telephone</b> (636) 394-7515	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-7048	Level of Care: SNF	Bed Capacity 1	180
Mailing Address 15197 CLAYTON RI	)	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-7048	Region 7 Medicare/Medicaid	Facility Number 015	515
DELMAR GARDENS SOUTH				
5300 BUTLER HILL ROAD		<b>Telephone</b> (314) 842-0588	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-4152	Level of Care: SNF	Bed Capacity 2	250
Mailing Address 5300 BUTLER HILL	RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-4152	Region 7 Medicare/Medicaid	Facility Number 129	909
DELMAR GARDENS WEST				
13550 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 878-1330	Alzheimer's Unit	No
TOWN AND COUNTRY	MO 63017-5812	Level of Care: SNF		321
Mailing Address 13550 SOUTH OUTE		County SAINT LOUIS COUNTY		No
TOWN AND COUNTRY	MO 63017-5812	Region 7 Medicare/Medicaid		120
To mind to control	- 5551. 5512	medical C/Medical U	_ 1011101 021	.20
DELTA SOUTH NURSING & REHA	BILITATION			
640 COLONEL GEORGE E DAY PAR		<b>Telephone</b> (573) 471-3400	Alzheimer's Unit	NO
SIKESTON	MO 63801-0624	Level of Care: SNF	Bed Capacity	60
Mailing Address 640 COLONEL GEO		County NEW MADRID		No
SIKESTON	MO 63801-0624	Region 2 Medicare/Medicaid	Facility Number 305	
5	1.10 00001 0021	region 2 Medical Civiculcalu	2 401110/21/101111001	, U- <b>T</b>

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DIANA'S BOARDING HOME 1, INC			
15432 STATE HIGHWAY M		<b>Telephone</b> (573) 866-2010	Alzheimer's Unit No
MARBLE HILL	MO 63764-7487	Level of Care: RCF	<b>Bed Capacity</b> 20
Mailing Address 15431 STATE HIGHV	WAY M	County BOLLINGER	<b>DMH Licensed</b> Yes
MARBLE HILL	MO 63764-7487	Region 2	Facility Number 11123
DIANA'S BOARDING HOME 2			
25140 BUZZARD DR	150	<b>Telephone</b> (573) 238-3344	Alzheimer's Unit No
MARBLE HILL	MO 63764-9408	Level of Care: RCF	Bed Capacity 40
Mailing Address HC 64, BOX 4677	150	County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number 23940
DIXON NURSING & REHAB			
403 EAST 10TH ST		<b>Telephone</b> (573) 759-2135	Alzheimer's Unit No
DIXON	MO 65459-6049	Level of Care: SNF	Bed Capacity 60
Mailing Address 403 EAST 10TH ST	MO 03437 0047	County PULASKI	DMH Licensed No
DIXON	MO 65459-6049	Region 6 Medicare/Medicaid	Facility Number 15510
BINON	110 03-37 00-7	Region o Medicale/Medicald	racinty runner 15510
DOLAN MEMORY CARE AT CALA	IS		
1225 TENNANT RD		<b>Telephone</b> (314) 993-9500	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-5523	Level of Care: ALF**	Bed Capacity 44
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 27755
DOLAN MEMORY CARE AT CONV	VAY		
12550 CONWAY RD		<b>Telephone</b> (314) 576-3998	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-8613	Level of Care: ALF**	<b>Bed Capacity</b> 9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
ST LOUIS	MO 63146-	Region 7	Facility Number 22648
DOLAN MEMORY CARE AT FRON	TIED		
11566 FRONTIER DR	HER	<b>Telephone</b> (314) 995-5331	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-4873	Level of Care: ALF**	Bed Capacity 20
Mailing Address 11300 DOLAN WAY	110 03110 1073	County SAINT LOUIS COUNTY	DMH Licensed No
ST LOUIS	MO 63146-	Region 7	Facility Number 25162
or zoois	110 03110	Region	ruenty rumber 23102
DOLAN MEMORY CARE AT MASO	ON MANOR		
12740 MASON MANOR		<b>Telephone</b> (314) 576-6200	Alzheimer's Unit Yes
SAINT LOUIS	MO 63141-7350	Level of Care: ALF**	<b>Bed Capacity</b> 8
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 19861
DOLAN MEMORY CARE AN COMM	ET7		
DOLAN MEMORY CARE AT SCHU 1706 SCHUETZ RD	EIL	<b>Telephone</b> (314) 989-1782	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-4931	Level of Care: ALF**	Bed Capacity 10
Mailing Address 11300 DOLAN WAY	110 00170 701	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 23805
Dimit LOUIS	110 00170	Acgiun /	23003

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DOLAN MEMORY CARE AT WAT	ERFORD CROSSING		
11350 DOLAN WAY		<b>Telephone</b> (314) 993-9500	<b>Alzheimer's Unit</b> Yes
SAINT LOUIS	MO 63146-5533	Level of Care: ALF**	<b>Bed Capacity</b> 88
Mailing Address 11300 DOLAN WAY	Y	County SAINT LOUIS COUNTY	DMH Licensed No
ST LOUIS	MO 63006-	Region 7	Facility Number 31366
DOUGHERTY FERRY ASSISTED I	IVING & MEMORY CARE		
2929 DOUGHERTY FERRY RD	SIVING & MEMORI CARE	<b>Telephone</b> (636) 825-6665	Alzheimer's Unit Yes
SAINT LOUIS	MO 63122-3368	Level of Care: ALF**	Bed Capacity 110
Mailing Address 2929 DOUGHERTY		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63122-3368	Region 7	Facility Number 30034
SAINT LOUIS	WO 03122-3308	Region /	Facility Number 50034
DUNN-DUNN HOUSE LLC		<b>T</b>	A11 * * ** **
2133 JANNETTE DR	1.50 (0.10.5) (0.00.5)	<b>Telephone</b> (314) 869-2431	Alzheimer's Unit No
SAINT LOUIS	MO 63136-4020	Level of Care: RCF	Bed Capacity 10
Mailing Address 2133 JANNETTE DE		County SAINT LOUIS COUNTY	DMH Licensed Yes
SAINT LOUIS	MO 63136-4020	Region 7	Facility Number 14694
DUTCHTOWN CARE CENTER			
3421 GASCONADE ST		<b>Telephone</b> (314) 832-4700	Alzheimer's Unit No
SAINT LOUIS	MO 63118-4201	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address 3421 GASCONADE	ST	County SAINT LOUIS CITY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number 21455
E W THOMPSON HEALTH & REH	ABILITATION CENTER		
975 MITCHELL ROAD		<b>Telephone</b> (660) 851-0668	Alzheimer's Unit Yes
SEDALIA	MO 65301-2133	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 975 MITCHELL RO.	AD	County PETTIS	<b>DMH Licensed</b> No
SEDALIA	MO 65301-2133	Region 6 Medicare/Medicaid	Facility Number 30182
EASTVIEW MANOR CARE CENTE	ER		
1622 EAST 28TH ST		<b>Telephone</b> (660) 359-2251	Alzheimer's Unit No
TRENTON	MO 64683-1104	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 1622 EAST 28TH ST	Γ	County GRUNDY	<b>DMH Licensed</b> No
TRENTON	MO 64683-1104	Region 4 Medicare/Medicaid	Facility Number 18267
EDGEWOOD MANOR HEALTH CA	ARE CENTER		
11900 JESSICA LN		<b>Telephone</b> (816) 358-7858	Alzheimer's Unit No
RAYTOWN	MO 64138-2649	Level of Care: SNF	Bed Capacity 91
Mailing Address 11900 JESSICA LN		County JACKSON	DMH Licensed No
RAYTOWN	MO 64138-2649	Region 3 Medicare/Medicaid	Facility Number 14119
EL DORADO SPRINGS RESIDENT	IAL CARE		
805 NORTH JACKSON ST		<b>Telephone</b> (417) 876-4278	Alzheimer's Unit No
EL DORADO SPRINGS	MO 64744-2912	Level of Care: RCF	<b>Bed Capacity</b> 60
Mailing Address 805 NORTH JACKS	ON ST	County CEDAR	<b>DMH Licensed</b> Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number 12621

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ELDON NURSING & REHAB				
1001 E NORTH ST		<b>Telephone</b> (573) 392-3164	Alzheimer's Unit	Yes
ELDON	MO 65026-2634	Level of Care: SNF	Bed Capacity	90
Mailing Address 1001 E NORTH ST	110 (500) 0501	County MILLER	DMH Licensed	No
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number	06139
ELIZABETH HOUSE				
12284 DE PAUL DR		<b>Telephone</b> (314) 209-8814	Alzheimer's Unit	No
BRIDGETON	MO 63044-2508	Level of Care: SNF	Bed Capacity	36
Mailing Address 12284 DE PAUL DR		County SAINT LOUIS COUNTY	DMH Licensed	No
BRIDGETON	MO 63044-2508	Region 7	Facility Number	22316
EI CDEDDY MISSOUDI HEAT THE	A DE CENTED			
ELSBERRY MISSOURI HEALTH CA 1827 HIGHWAY B	ARE CENTER	<b>Telephone</b> (573) 898-2880	Alzheimer's Unit	No
ELSBERRY	MO 63343-3126	Level of Care: SNF	Bed Capacity	56
Mailing Address 1827 HWY B	WO 03343-3120	County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-3126	Region 5 Medicare/Medicaid	Facility Number	02336
ELSDERK I	MO 03343-3120	Region 5 Medicare/Medicald	racinty Number	02330
ELSBERRY MISSOURI HEALTH CA	ARE CENTER			
1827 HIGHWAY B		<b>Telephone</b> (573) 898-2880	Alzheimer's Unit	NO
ELSBERRY	MO 63343-3126	Level of Care: ALF**	Bed Capacity	12
Mailing Address 1827 HIGHWAY B		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-3126	Region 5	Facility Number	02336
EQUILIBRIUM RANCH				
81 PILKENTON LN		<b>Telephone</b> (573) 885-6443	Alzheimer's Unit	No
CUBA	MO 65453-8136	Level of Care: RCF	Bed Capacity	18
Mailing Address 81 PILKENTON LN		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8136	Region 6	Facility Number	15026
ESSEX BY BRISTOL, THE				
301 EAST 3RD		<b>Telephone</b> (660) 829-1758	Alzheimer's Unit	No
SEDALIA	MO 65301-4335	Level of Care: RCF	Bed Capacity	24
Mailing Address 301 EAST 3RD		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-4335	Region 6	Facility Number	23020
ESSEX OF CONCORDIA, THE				
402 REDBUD		<b>Telephone</b> (660) 463-0200	Alzheimer's Unit	No
CONCORDIA	MO 64020-8358	Level of Care: RCF	Bed Capacity	12
Mailing Address 402 REDBUD		County LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-8358	Region 3	Facility Number	24461
ESSEX OF GRAIN VALLEY, THE				
401 SOUTHWEST ROCK CREEK LN		<b>Telephone</b> (816) 443-3992	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-8460	Level of Care: RCF	Bed Capacity	12
Mailing Address 401 SOUTHWEST RO		County JACKSON	DMH Licensed	No

**Facility Number** 

24475

MO 64029-8460

GRAIN VALLEY

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ESSEX OF LEBANON, THE	TELL 1 (417) 520 4062	All Line Little
1316 DEADRA DR	<b>Telephone</b> (417) 532-4863	Alzheimer's Unit No
LEBANON MO 65536-460		Bed Capacity 12
Mailing Address 1316 DEADRA DR	County LACLEDE	DMH Licensed No
LEBANON MO 65536-460	9 Region 1	Facility Number 24257
ESSEX OF MEXICO, THE		
1109 OLD FARM RD WEST	<b>Telephone</b> (573) 581-5223	Alzheimer's Unit No
MEXICO MO 65265-325	_	Bed Capacity 12
Mailing Address 1109 OLD FARM RD WEST	County AUDRAIN	DMH Licensed No
MEXICO MO 65265-325	·	Facility Number 24425
M2 65265 52.	Kegon 5	1 definity (validation 2442)
ESSEX OF OZARK, THE		
5173 NORTH 22ND	<b>Telephone</b> (417) 485-4185	Alzheimer's Unit No
OZARK MO 65721-763	37 <b>Level of Care:</b> RCF	<b>Bed Capacity</b> 12
Mailing Address 5173 NORTH 22ND	<b>County</b> CHRISTIAN	DMH Licensed No
OZARK MO 65721-763	<b>Region</b> 1	Facility Number 24318
ESTATES OF HIDDEN LAKE THE		
11728 HIDDEN LAKE DR	<b>Telephone</b> (314) 355-8833	Alzheimer's Unit No
SAINT LOUIS MO 63138-175	Level of Care: ALF**	<b>Bed Capacity</b> 38
Mailing Address 11728 HIDDEN LAKE DR	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS MO 63138-17:	Region 7	Facility Number 18442
ECTATES OF HIDDEN LAVE THE		
ESTATES OF HIDDEN LAKE THE	TO 1 1 (214) 255 0022	All to the time
11728 HIDDEN LAKE DR	Telephone (314) 355-8833	Alzheimer's Unit No
SAINT LOUIS MO 63138-17:		Bed Capacity 38  DMH Licensed No
Mailing Address 11728 HIDDEN LAKE DR SAINT LOUIS MO 63138-17:	•	
SAINT LOUIS MIO 03130-17.	7 Region 7	Facility Number 18442
ESTATES OF HIDDEN LAKE THE		
11728 HIDDEN LAKE DR	<b>Telephone</b> (314) 355-8833	Alzheimer's Unit No
SAINT LOUIS MO 63138-175	57 Level of Care: SNF	<b>Bed Capacity</b> 67
Mailing Address 11728 HIDDEN LAKE DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS MO 63138-17:	Region 7 Medicare/Medicaid	Facility Number 18442
ESTATES OF PERRYVILLE, LLC, THE		
430 NORTH WEST ST	<b>Telephone</b> (573) 547-1011	Alzheimer's Unit No
PERRYVILLE MO 63775-133		<b>Bed Capacity</b> 156
Mailing Address 430 NORTH WEST ST	<b>County</b> PERRY	<b>DMH Licensed</b> No
PERRYVILLE MO 63775-13:	59 Region 2 Medicare/Medicaid	Facility Number 00137
ESTATES OF SPANISH LAKE, THE		
610 PRIGGE ROAD	<b>Telephone</b> (314) 741-9393	Alzheimer's Unit No
SAINT LOUIS MO 63138-354		Bed Capacity 150
Mailing Address 610 PRIGGE ROAD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS MO 63138-354		Facility Number 15265
	0	•

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ESTATES OF ST LOUIS, LLC, THE			
2115 KAPPEL DR		<b>Telephone</b> (314) 867-7474	Alzheimer's Unit No
SAINT LOUIS	MO 63136-4115	Level of Care: SNF	<b>Bed Capacity</b> 94
Mailing Address 2115 KAPPEL DR		<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63136-4115	Region 7 Medicare/Medicaid	Facility Number 05340
FAIR VIEW NURSING HOME			
1714 WEST 16TH ST		<b>Telephone</b> (660) 827-1594	Alzheimer's Unit No
SEDALIA	MO 65301-5273	Level of Care: SNF	<b>Bed Capacity</b> 75
Mailing Address 1714 WEST 16TH ST	Γ	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-5273	Region 6 Medicare/Medicaid	Facility Number 02469
			·
EAIDMONT ON CLAVTON			
FAIRMONT ON CLAYTON		Telephone (214) 646 7600	Alzheimer's Unit Yes
7920 CLAYTON ROAD RICHMOND HEIGHTS	MO 63117-1327	Telephone (314) 646-7600 Level of Care: ICF	Alzheimer's Unit Yes Bed Capacity 90
Mailing Address 7920 CLAYTON RO.			DMH Licensed No
RICHMOND HEIGHTS			
RICHMOND HEIGHTS	MO 63117-1327	Region 7	Facility Number 24149
FAMILY COUNSELING CENTER II	NC		
18408 WAYNE ROUTE D		<b>Telephone</b> (573) 222-8676	Alzheimer's Unit No
WAPPAPELLO	MO 63966-	Level of Care: RCF*	<b>Bed Capacity</b> 27
Mailing Address 18408 WAYNE ROU	TE D	County WAYNE	<b>DMH Licensed</b> Yes
WAPPAPELLO	MO 63966-	Region 2	Facility Number 23584
FAMILY PARTNERS MANCHESTE	CR, LLC		
351 FOREST SUMMIT COURT		<b>Telephone</b> (314) 686-4468	Alzheimer's Unit Yes
MANCHESTER	MO 63021-5509	Level of Care: ALF**	<b>Bed Capacity</b> 42
Mailing Address 351 FOREST SUMM	IT COURT	County SAINT LOUIS COUNTY	DMH Licensed No
MANCHESTER	MO 63021-5509	Region 7	Facility Number 32473
FARMINGTON MANOR			
2879 US HIGHWAY 67		<b>Telephone</b> (573) 756-7566	Alzheimer's Unit No
FARMINGTON	MO 63640-9168	Level of Care: ALF	<b>Bed Capacity</b> 70
Mailing Address 2879 US HWY 67		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-9168	Region 2	Facility Number 15140
FARMINGTON PRESBYTERIAN M	ANOR		
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit Yes
FARMINGTON	MO 63640-2910	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-2910	Region 2 Medicare/Medicaid	Facility Number 06181
FARMINGTON PRESBYTERIAN M	ANOR		
500 CAYCE ST	·	<b>Telephone</b> (573) 756-6768	Alzheimer's Unit No
FARMINGTON	MO 63640-2910	Level of Care: ALF	Bed Capacity 60
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-2910	Region 2	Facility Number 06181

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EADMINICTON DDECDYTEDIAN N	LANOD		
FARMINGTON PRESBYTERIAN M. 500 CAYCE ST	IANOK	<b>Telephone</b> (573) 756-6768	Alzheimer's Unit No
FARMINGTON	MO 63640-2910	Level of Care: RCF	Bed Capacity 60
Mailing Address 500 CAYCE ST	WO 03040-2910	County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-2910		
FARMINGTON	MO 03040-2910	Region 2	Facility Number 06181
FERNDALE, INC			
15677 COUNTY RD 2430		<b>Telephone</b> (573) 265-3344	Alzheimer's Unit No
SAINT JAMES	MO 65559-8210	Level of Care: ALF	Bed Capacity 32
Mailing Address 15677 COUNTY RD		County PHELPS	DMH Licensed Yes
SAINT JAMES	MO 65559-8210	Region 6	Facility Number 02526
		Region	2 401103 1 (4111002) 02525
FESTUS MANOR			
627 WESTWOOD DR S		<b>Telephone</b> (636) 931-9066	Alzheimer's Unit No
FESTUS	MO 63028-2062	Level of Care: SNF	<b>Bed Capacity</b> 150
Mailing Address 627 WESTWOOD D	R S	County JEFFERSON	<b>DMH Licensed</b> No
FESTUS	MO 63028-2062	Region 2 Medicare/Medicaid	Facility Number 02546
FIELD POINTE ASSISTED LIVING	BY AMERICARE		
5002 GENE FIELD ROAD		<b>Telephone</b> (816) 688-4001	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64506-2056	Level of Care: ALF**	Bed Capacity 65
Mailing Address 5002 GENE FIELD F		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-2056	Region 4	Facility Number 32538
DARRY JOSEAN	NO 04300 2030	Kegion 4	Facility Number 52556
FIESER NURSING CENTER			
404 MAIN ST		<b>Telephone</b> (636) 343-4344	Alzheimer's Unit No
FENTON	MO 63026-4107	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 404 MAIN ST		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
FENTON	MO 63026-4107	Region 7 Medicaid	Facility Number 02569
FLORISSANT VALLEY HEALTH &	REHABILITATION CENTER		
1200 GRAHAM RD		<b>Telephone</b> (314) 838-6555	Alzheimer's Unit No
FLORISSANT	MO 63031-8015	Level of Care: SNF	Bed Capacity 98
Mailing Address 1200 GRAHAM RD		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number 00154
FORSYTH CARE CENTER			
477 COY BLVD		<b>Telephone</b> (417) 546-6337	Alzheimer's Unit No
	MO 65652 5122	-	
FORSYTH  Moiling Address DO POV 640	MO 65653-5132	Level of Care: SNF County TANEY	Bed Capacity 120 DMH Licensed No
Mailing Address PO BOX 640	MO 65652 0640	·	
FORSYTH	MO 65653-0640	Region 1 Medicare/Medicaid	Facility Number 18870
FOUNTAINBLEAU LODGE			
2001 NORTH KINGSHIGHWAY		<b>Telephone</b> (573) 335-1999	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-2193	Level of Care: ALF	<b>Bed Capacity</b> 56
Mailing Address 2001 NORTH KINGS		<b>County</b> CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63701-2193	Region 2	Facility Number 12751

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FOUNTAINBLEAU LODGE				
2001 NORTH KINGSHIGHWAY		<b>Telephone</b> (573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2193	Level of Care: SNF	Bed Capacity	33
Mailing Address 2001 NORTH KINGS	HIGHWAY	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2193	Region 2 Medicare/Medicaid	Facility Number	12751
FOUNTAINBLEAU NURSING CENT	TER			
1349 HIGHWAY 61		<b>Telephone</b> (636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 63028-4107	Level of Care: SNF	Bed Capacity	106
Mailing Address PO BOX 700	110 00020 1107	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-0700	Region 2 Medicare/Medicaid	Facility Number	17080
120100	110 00020 0700	Region 2 Medicare/Neureau	Tuelity Tulliber	17000
FOUNTAINS OF WEST COUNTY AI	L. LLC THE			
15822 CLAYTON RD	E, EEC THE	<b>Telephone</b> (636) 220-1660	Alzheimer's Unit	Yes
ELLISVILLE	MO 63011-2240	Level of Care: ALF**	Bed Capacity	80
Mailing Address 15822 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE	MO 63011-2240	Region 7	Facility Number	29435
EBBIO TIBEL	110 05011 2210	Kegion /	Tuelity Tulliber	27433
FOUR SEASONS ASSISTED LIVING	<u></u>			
230 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care: ALF	Bed Capacity	30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
		Region 5	Tuesday Tuesday	02021
FOUR SEASONS LIVING CENTER				
2800 HIGHWAY TT		<b>Telephone</b> (660) 826-8803	Alzheimer's Unit	Yes
SEDALIA	MO 65301-1410	Level of Care: SNF	Bed Capacity	239
Mailing Address 2800 HIGHWAY TT		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-1410	Region 6 Medicare/Medicaid	<b>Facility Number</b>	00836
FOUR SEASONS RCF I				
220 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care: RCF	Bed Capacity	23
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
EOVDEDDY TEDDACE ACCICTED	I IVING DV AMEDICADE			
FOXBERRY TERRACE - ASSISTED 4316 NORTH ST LOUIS AVE	LIVING BY AMERICARE	T-1 (417) 625 1000	41-1	Vac
	MO 64970 0550	<b>Telephone</b> (417) 625-1000	Alzheimer's Unit	Yes
WEBB CITY	MO 64870-9550	Level of Care: ALF**	Bed Capacity	46
Mailing Address 4316 NORTH ST LOU		County JASPER	DMH Licensed	No
WEBB CITY	MO 64870-9550	Region 1	Facility Number	25428
FOXWOOD SPRINGS LIVING CENT	ΓER			
1500 WEST FOXWOOD DR		<b>Telephone</b> (816) 331-3111	Alzheimer's Unit	No
RAYMORE	MO 64083-9347	Level of Care: ALF**	Bed Capacity	62
Mailing Address 1500 WEST FOXWOO		County CASS	DMH Licensed	No
	~= ==·			110

**Facility Number** 

02649

MO 64083-9347

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FOXWOOD SPRINGS LIVING CEN	TER		
1500 WEST FOXWOOD DR		<b>Telephone</b> (816) 331-3111	Alzheimer's Unit Yes
RAYMORE	MO 64083-9347	Level of Care: SNF	Bed Capacity 108
Mailing Address 1500 WEST FOXWO		County CASS	<b>DMH Licensed</b> No
RAYMORE	MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number 02649
FREDERICK STREET MANOR			
429 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4834	Level of Care: RCF*	<b>Bed Capacity</b> 32
Mailing Address 429 NORTH FREDE	RICK STREET	County CAPE GIRARDEAU	DMH Licensed Yes
CAPE GIRARDEAU	MO 63701-4834	Region 2	Facility Number 02662
EDELIONE GENUOD I WING THE			
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST		Tolophone (417) 991 0500	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-8401	Telephone (417) 881-0500 Level of Care: ALF**	
			Bed Capacity 72  DMH Licensed No
Mailing Address 1520 EAST BATES S SPRINGFIELD	MO 65804-8401	•	
SEKINOPIELD	WIO 03804-8401	Region 1	Facility Number 28782
FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE		
15250 VILLAGE VIEW DRIVE		<b>Telephone</b> (636) 733-0199	Alzheimer's Unit YES
CHESTERFIELD	MO 63017-1982	Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 15250 VILLAGE VIE	EW DRIVE	County SAINT LOUIS COUNTY	DMH Licensed Yes
CHESTERFIELD	MO 63017-1982	Region 7	Facility Number 02715
			·
FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE		
12777 POINTE DR		<b>Telephone</b> (314) 270-7111	Alzheimer's Unit Yes
SAINT LOUIS	MO 63127-1757	Level of Care: ALF**	<b>Bed Capacity</b> 84
Mailing Address 12777 POINTE DR		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63127-1757	Region 7	Facility Number 02703
FRIENDSHIP VILLAGE CHESTER	FIELD	T. I. I. (62.6) 7.22 0.100	
15250 VILLAGE VIEW DRIVE	MO (2015 1002	<b>Telephone</b> (636) 733-0199	Alzheimer's Unit No
CHESTERFIELD	MO 63017-1982	Level of Care: SNF	Bed Capacity 90
Mailing Address 15250 VILLAGE VIE		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-1982	Region 7 Medicare/Medicaid	Facility Number 02715
FRIENDSHIP VILLAGE SUNSET H	ILLS		
12651 VILLAGE CIRCLE DR		<b>Telephone</b> (314) 270-7777	Alzheimer's Unit No
SAINT LOUIS	MO 63127-1778	Level of Care: SNF	Bed Capacity 144
Mailing Address 12651 VILLAGE CIR	RCLE DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63127-1778	Region 7 Medicare/Medicaid	Facility Number 02703
FULTON MANOR CARE CENTER		Tolonbono (572) (42, 6234	Alabaimont-Tiit
520 MANOR DR	MO 65251 2420	<b>Telephone</b> (573) 642-6834	Alzheimer's Unit No
FULTON Mailing Address 520 MANOR DR	MO 65251-2429	Level of Care: SNF	Bed Capacity 52
Mailing Address 520 MANOR DR	MO 65251 2420	County CALLAWAY	DMH Licensed No
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number 02725

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FULTON NURSING & REHAB 1510 BLUFF ST FULTON Mailing Address 1510 BLUFF ST FULTON	MO 65251-2345 MO 65251-2345	Telephone (573) 642-0202 Level of Care: SNF County CALLAWAY Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 100 No 03492
GABLES AT BRADY CIRCLE, LLC 11 BRADY CIRCLE SAINT LOUIS Mailing Address 11 BRADY CIRCLE SAINT LOUIS	THE  MO 63114-1110  MO 63114-1110	Telephone (314) 890-2230 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 32 No 30048
GAINESVILLE NURSING 77 MEDICAL DR GAINESVILLE Mailing Address PO BOX 628 GAINESVILLE	MO 65655-0628 MO 65655-0628	Telephone (417) 679-4921 Level of Care: SNF County OZARK Region ¹ Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 99 No 12868
GARDEN PLAZA OF FLORISSANT 1101 GARDEN PLAZA DR FLORISSANT Mailing Address 1101 GARDEN PLAZ FLORISSANT	MO 63033-2269	Telephone (314) 831-0988 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 102 No 27826
GARDEN VIEW CARE CENTER 700 GARDEN PATH O'FALLON Mailing Address 700 GARDEN PATH O'FALLON	MO 63366-3052 MO 63366-3052	Telephone (636) 240-2840 Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	YES 120 No 13963
GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK	MO 63088-1447	Telephone (636) 861-0500 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 23101
GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PRKW CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD	YY MO 63017-1957	Telephone (636) 537-3333 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 130 No 16409
GARDEN VILLAS 13590 SOUTH OUTER 40 RD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY	MO 63017-5823 ER 40 RD MO 63017-5823	Telephone (314) 434-2520 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 46 No 28978

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GARDEN VILLAS NORTH 4505 PARKER ROAD		<b>Telephone</b> (314) 355-6100	Alzheimer's Unit No
BLACK JACK	MO 63033-4268	Telephone (314) 355-6100 Level of Care: ALF**	
Mailing Address 4505 PARKER RD	MO 03033-4208	County SAINT LOUIS COUNTY	Bed Capacity 90  DMH Licensed No
BLACK JACK	MO 63033-4268	Region 7	Facility Number 28930
BLACK JACK	WO 03033-4208	Kegion /	racinty Number 20930
GARDEN VILLAS OF O'FALLON			
7092 SOUTH OUTER 364 ROAD		<b>Telephone</b> (636) 240-5560	Alzheimer's Unit No
O'FALLON	MO 63368-7757	Level of Care: ALF	<b>Bed Capacity</b> 95
Mailing Address 7092 SOUTH OUTER		County SAINT CHARLES	<b>DMH Licensed</b> No
O'FALLON	MO 63368-7757	Region 5	Facility Number 27793
GARDEN VILLAS SOUTH			
13457 TESSON FERRY RD		<b>Telephone</b> (314) 843-7788	Alzheimer's Unit No
SAINT LOUIS	MO 63128-4010	Level of Care: ALF	<b>Bed Capacity</b> 83
Mailing Address 13457 TESSON FERI	RY RD	<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63128-4010	Region 7	Facility Number 28964
GARDENS AT BARRY ROAD, THE			
8300 NW BARRY RD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit Yes
KANSAS CITY	MO 64153-1634	Level of Care: ALF**	Bed Capacity 40
Mailing Address 8300 NW BARRY RI	)	County PLATTE	DMH Licensed No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 23774
GARDENS AT BARRY ROAD, THE			
8300 NW BARRY ROAD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit No
KANSAS CITY	MO 64153-1634	Level of Care: ALF	Bed Capacity 100
Mailing Address 8300 NW BARRY RI	)	<b>County</b> PLATTE	<b>DMH Licensed</b> No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 23774
GARDENS, THE			
1302 WEST SUNSET		<b>Telephone</b> (417) 889-7600	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-5943	Level of Care: ALF**	<b>Bed Capacity</b> 148
Mailing Address 1302 WEST SUNSET		County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-5943	Region 1	Facility Number 20288
GASCONADE MANOR NURSING H	ОМЕ		
1910 NURSING HOME RD		<b>Telephone</b> (573) 437-4101	Alzheimer's Unit No
OWENSVILLE	MO 65066-2844	Level of Care: SNF	<b>Bed Capacity</b> 79
Mailing Address PO BOX 520		<b>County</b> GASCONADE	<b>DMH Licensed</b> No
OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number 02804
GASCONADE TERRACE RETIREM	IENT CENTER		
1930 NURSING HOME RD		<b>Telephone</b> (573) 437-4833	Alzheimer's Unit No
OWENSVILLE	MO 65066-2844	Level of Care: ALF	<b>Bed Capacity</b> 19
Mailing Address PO BOX 520		County GASCONADE	<b>DMH Licensed</b> No
OWENSVILLE	MO 65066-0520	Region 6	Facility Number 14143

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GEORGIA BROWN BLOSSER HOM	ME FOR THE AGED			
1210 EAST EASTWOOD ST		<b>Telephone</b> (660) 886-5022	Alzheimer's Unit	No
MARSHALL	MO 65340-1510	Level of Care: RCF	<b>Bed Capacity</b>	11
Mailing Address 1210 EAST EASTWO	OOD ST	County SALINE	DMH Licensed	No
MARSHALL	MO 65340-1510	Region 5	<b>Facility Number</b>	00633
GEORGIAN GARDENS CENTER FO	OD DEHAD AND HEAT THEADE			
1 GEORGIAN GARDENS DR	OR REHAD AND HEALTHCARE	<b>Telephone</b> (573) 438-6261	Alzheimer's Unit	Yes
POTOSI	MO 63664-1436	Level of Care: SNF	Bed Capacity	120
Mailing Address 1 GEORGIAN GARD		County WASHINGTON	DMH Licensed	No
POTOSI	MO 63664-1436		Facility Number	
FOTOSI	WIO 03004-1430	Region 2 Medicare/Medicaid	racinty Number	02830
GIDEON CARE CENTER		T-1 (572) 449 2505	Alebeieren I. Ti. 14	37
300 LUNBECK	1.00 (20.10.0014	<b>Telephone</b> (573) 448-3505	Alzheimer's Unit	Yes
GIDEON PO POY 107	MO 63848-9211	Level of Care: SNF	Bed Capacity	72
Mailing Address PO BOX 197		County NEW MADRID	DMH Licensed	No
GIDEON	MO 63848-0197	Region 2 Medicare/Medicaid	Facility Number	15538
GLASGOW GARDENS				
100 AUDSLEY DR	1.0	<b>Telephone</b> (660) 338-2297	Alzheimer's Unit	No
GLASGOW	MO 65254-9537	Level of Care: SNF	Bed Capacity	59
Mailing Address 100 AUDSLEY DR		County HOWARD	DMH Licensed	No
GLASGOW	MO 65254-9537	Region 5 Medicare/Medicaid	Facility Number	01659
GLENDALE GARDENS NURSING &	& REHAB	T. 1. 1. (417) 000 0055		
3535 EAST CHEROKEE	140, 65000, 2020	<b>Telephone</b> (417) 889-9955	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2829	Level of Care: SNF	Bed Capacity	120
Mailing Address 3535 EAST CHEROI		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2829	Region 1 Medicare/Medicaid	Facility Number	16735
CLEMEIELD MEMODY CADE				
GLENFIELD MEMORY CARE 118 OHMES ROAD		<b>Telephone</b> (636) 447-4440	Alzheimer's Unit	Yes
COTTLEVILLE	MO 63376-7649	Telephone (636) 447-4440 Level of Care: ALF**	Bed Capacity	12
Mailing Address 118 OHMES RD	WO 03370-7049	County SAINT CHARLES	DMH Licensed	No
COTTLEVILLE	MO 63376-7649	•	Facility Number	
COTTLEVILLE	MO 03370-7049	Region 5	Facility Number	30372
GLENWOOD HEALTHCARE				
851 THOROUGHFARE		<b>Telephone</b> (417) 935-2992	Alzheimer's Unit	Yes
SEYMOUR	MO 65746-8767	Level of Care: SNF		60
			Bed Capacity DMH Licensed	
Mailing Address 851 THOROUGHFA		County WEBSTER		No
SEYMOUR	MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number	16944
GOGGIN BOARDING HOME LLC				
620 COUNTY ROAD 40		<b>Telephone</b> (573) 697-5894	Alzheimer's Unit	No
CALEDONIA	MO 63631-9133	Level of Care: RCF	Bed Capacity	12
Mailing Address 620 COUNTY RD 40		County IRON	DMH Licensed	Yes
CALEDONIA	MO 63631-9133	•	Facility Number	02937
CALEDUNIA	1410 03031-3133	Region 2	racinty Number	02937

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GOLDEN AGE LIVING CENTER			
404 E THIRD ST	<b>Telephone</b> (573) 377-4521	Alzheimer's Unit	Yes
STOVER MO 65078-0947	Level of Care: SNF	Bed Capacity	61
Mailing Address PO BOX 307	County MORGAN	DMH Licensed	No
STOVER MO 65078-0307	Region 6 Medicare/Medicaid	Facility Number	02949
	and the state of t	•	
GOLDEN AGE NURSING HOME			
12498 SE HWY 116	<b>Telephone</b> (660) 645-2243	Alzheimer's Unit	No
BRAYMER MO 64624-9107	Level of Care: SNF	Bed Capacity	83
Mailing Address 12498 SE HWY 116	County CALDWELL	DMH Licensed	No
BRAYMER MO 64624-9107	Region 4 Medicare/Medicaid	Facility Number	02957
GOLDEN ESTATE RESIDENTIAL CARE			
1134 WEST NORTON RD	<b>Telephone</b> (417) 833-4440	Alzheimer's Unit	No
SPRINGFIELD MO 65803-1070	Level of Care: RCF*	Bed Capacity	31
Mailing Address 1134 WEST NORTON RD	County GREENE	DMH Licensed	Yes
SPRINGFIELD MO 65803-1070	Region 1	Facility Number	02984
110 0000 1010	Region 1	Tuesticy Transpor	02704
GOLDEN OAKS ASSISTED LIVING I LLC			
27882 HIGHWAY H	<b>Telephone</b> (660) 886-6172	Alzheimer's Unit	No
MARSHALL MO 65340-5303	Level of Care: ALF**	Bed Capacity	67
Mailing Address 27882 HIGHWAY H	County SALINE	DMH Licensed	No
MARSHALL MO 65340-5303	Region 5	Facility Number	15380
GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE			
2001 JEFFERSON PARKWAY	<b>Telephone</b> (816) 380-4731	Alzheimer's Unit	Yes
HARRISONVILLE MO 64701-3714	Level of Care: SNF	<b>Bed Capacity</b>	128
Mailing Address 2001 JEFFERSON PARKWAY	County CASS	DMH Licensed	No
HARRISONVILLE MO 64701-3714	<b>Region</b> 3 Medicare/Medicaid	Facility Number	12458
GOOD SAMARITAN CARE CENTER			
403 WEST MAIN ST	<b>Telephone</b> (660) 668-4515	Alzheimer's Unit	No
COLE CAMP MO 65325-1144	Level of Care: SNF	Bed Capacity	72
Mailing Address 403 WEST MAIN ST	County BENTON	DMH Licensed	No
COLE CAMP MO 65325-1144	Region 6 Medicare/Medicaid	Facility Number	03039
	Region o Medicard Medicard	Tuesticy Transpor	03037
GOOD SHEPHERD CARE CENTER			
1101 WEST CLAY RD	<b>Telephone</b> (573) 378-5411	Alzheimer's Unit	No
VERSAILLES MO 65084-1177	Level of Care: SNF	Bed Capacity	120
Mailing Address 1101 WEST CLAY RD	County MORGAN	DMH Licensed	No
VERSAILLES MO 65084-1177	Region 6 Medicare/Medicaid	Facility Number	21631
GOOD SHEPHERD COMMUNITY CARE AND REHABILITATI	ON		
200 WEST 12TH ST	<b>Telephone</b> (417) 232-4571	Alzheimer's Unit	Yes
LOCKWOOD MO 65682-8337	Level of Care: SNF	Bed Capacity	69
Mailing Address 200 WEST 12TH ST	<b>County</b> DADE	DMH Licensed	No
LOCKWOOD MO 65682-8337	Region 1 Medicare/Medicaid	Facility Number	03051

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GOOD GWEDWEDD DEGEDENTAL	CARE ELOW VEN			
GOOD SHEPHERD RESIDENTIAL	CARE FACILITY	T-I (417) 222 4571	A 1-1	NT-
200 WEST 12TH	MO 65600 0227	<b>Telephone</b> (417) 232-4571	Alzheimer's Unit	No
LOCKWOOD	MO 65682-8337	Level of Care: RCF*	Bed Capacity	20
Mailing Address 200 WEST 12TH	110 (77.00 0007	County DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1	Facility Number	03051
GOWER CONVALESCENT CENTE	D INC			
323 SOUTH HIGHWAY 169	K, IIIC	<b>Telephone</b> (816) 424-6483	Alzheimer's Unit	No
GOWER GOWER	MO 64454-9116	• '		82
	MO 04434-9110		Bed Capacity DMH Licensed	No
Mailing Address PO BOX 170	MO 64454 0170			
GOWER	MO 64454-0170	Region 4 Medicare/Medicaid	Facility Number	03107
GRAN VILLAS NEOSHO				
420 LYON DR		<b>Telephone</b> (417) 451-7071	Alzheimer's Unit	No
NEOSHO	MO 64850-9194	Level of Care: RCF	Bed Capacity	30
Mailing Address 420 LYON DR	1.10 0.000 919.	County NEWTON	DMH Licensed	No
NEOSHO	MO 64850-9194	Region 1	Facility Number	20156
NEOSHO	WO 04650-9194	Kegion 1	Facility Number	20150
GRANBY HOUSE				
301 SOUTH MAIN		<b>Telephone</b> (417) 472-6271	Alzheimer's Unit	No
GRANBY	MO 64844-8336	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address 301 SOUTH MAIN		County NEWTON	DMH Licensed	No
GRANBY	MO 64844-8336	Region 1 Medicare/Medicaid	Facility Number	16481
		•	•	
GRAND MANOR NURSING & REH	ABILITATION CENTER			
3645 COOK AVE		<b>Telephone</b> (314) 531-2352	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-3801	Level of Care: SNF	Bed Capacity	120
Mailing Address 3645 COOK AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63113-3801	Region 7 Medicare/Medicaid	Facility Number	13324
GRAND RIVER HEALTH CARE				
118 TRENTON RD		<b>Telephone</b> (660) 646-0353	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-4002	Level of Care: SNF	Bed Capacity	60
Mailing Address 118 TRENTON RD	110 04001 4002	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number	16939
CHILLICOTHE	WO 04001-4002	kegion + Medicare/Medicaid	racinty Number	10939
GRAND ROYALE, THE				
2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit	NO
GLADSTONE	MO 64119-1831	Level of Care: ALF**	Bed Capacity	25
Mailing Address 2900 NE KENDALL	WOOD PKWY	County CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1831	Region 4	Facility Number	03086
GRAND ROYALE, THE 2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit	No
GLADSTONE	MO 64119-1831	Level of Care: SNF	Bed Capacity	45
			DMH Licensed	
Mailing Address 2900 NE KENDALLY		•		No
GLADSTONE	MO 64119-1831	Region 4 Medicare/Medicaid	Facility Number	03086

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GRANDE AT CHESTERFIELD, THE			
16300 JUSTUS POST ROAD		<b>Telephone</b> (636) 778-4800	Alzheimer's Unit Yes
CHESTERFIELD	MO 63017-4608	Level of Care: ALF**	<b>Bed Capacity</b> 95
Mailing Address 16300 JUSTUS POST	ROAD	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-4608	Region 7	Facility Number 30848
		-	
GRANDE AT CREVE COEUR THE			
450 NORTH LINDBERGH BLVD		<b>Telephone</b> (314) 628-0004	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-7814	Level of Care: ALF**	Bed Capacity 58
Mailing Address 450 NORTH LINDBE		County SAINT LOUIS COUNTY	DMH Licensed No
CREVE COEUR	MO 63141-7814		
CREVE COEUR	WO 03141-7814	Region 7	Facility Number 30479
CDANDE AT LAUMEIED DADIZ TH	E.		
GRANDE AT LAUMEIER PARK THI 12470 ROTT ROAD	<u>ı.</u>	<b>Telephone</b> (314) 462-0222	Alzheimer's Unit Yes
	MO (2127-1247		
SUNSET HILLS	MO 63127-1247	Level of Care: ALF**	1 0
Mailing Address 12470 ROTT ROAD	NO 62125 1245	County SAINT LOUIS COUNTY	DMH Licensed No
SUNSET HILLS	MO 63127-1247	Region 7	Facility Number 30466
CDANDVIEW HEAT THEADE CENT	NED		
GRAND AVE	EK	T 1 1 (626) 220 0100	A11
201 GRAND AVE	MO 62000 1200	<b>Telephone</b> (636) 239-9190	Alzheimer's Unit No
WASHINGTON	MO 63090-1209	Level of Care: SNF	Bed Capacity 102
Mailing Address 201 GRAND AVE	1.0 (2000 1200	County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-1209	Region 6 Medicare/Medicaid	Facility Number 15045
CDANIER HOUSE DOELL C			
GRANITE HOUSE RCF LLC		TO 1 1 (572) 546 7002	A11
321 SOUTH MAIN ST	MO 62650 1406	<b>Telephone</b> (573) 546-7283	Alzheimer's Unit No
IRONTON PO POY (	MO 63650-1406	Level of Care: RCF	Bed Capacity 60
Mailing Address PO BOX 6		County IRON	DMH Licensed Yes
IRONTON	MO 63650-0066	Region 2	Facility Number 04628
CREEN A CREC RECIDENTIAL CAR	DE EACH ION II C		
GREEN ACRES RESIDENTIAL CAR 3688 SAND CREEK ROAD	E FACILITY, LLC	Telephone (572) 756 2017	Alzheimer's Unit No
	MO 62640 7250	<b>Telephone</b> (573) 756-2917	
FARMINGTON  A 11 2600 GAND CREEK B	MO 63640-7350	Level of Care: RCF	Bed Capacity 12
Mailing Address 3688 SAND CREEK R		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7350	Region 2	Facility Number 17289
GREEN PARK SENIOR LIVING COM	MMUNITY		
9350 GREEN PARK ROAD	WIND WITE	<b>Telephone</b> (314) 845-0900	Alzheimer's Unit Yes
SAINT LOUIS	MO 63123-7211	Level of Care: SNF	
Mailing Address 9350 GREEN PARK R		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63123-7211	Region 7 Medicare/Medicaid	Facility Number 17565
GREENVILLE HEALTH CARE CEN	TER		
117 SYCAMORE ST	· <del></del> -	<b>Telephone</b> (573) 224-3298	Alzheimer's Unit No
GREENVILLE	MO 63944-0000	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 108		County WAYNE	DMH Licensed No
Training reduces 10 DOA 100		County WILLIAM	Divili Diceiscu NO

Medicare/Medicaid

**Facility Number** 

15550

MO 63944-0108

**GREENVILLE** 

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GREGORY RIDGE HEALTH CARE	CENTER		
7001 CLEVELAND AVE		<b>Telephone</b> (816) 333-0700	Alzheimer's Unit No
KANSAS CITY	MO 64132-1622	Level of Care: SNF	<b>Bed Capacity</b> 116
Mailing Address 7001 CLEVELAND A	AVE	County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64132-1622	Region 3 Medicare/Medicaid	Facility Number 04109
HAMPTON HOUSE RESIDENTIAL	CARE		
201 N DECATUR STREET		<b>Telephone</b> (573) 276-6054	Alzheimer's Unit No
MALDEN	MO 63863-2017	Level of Care: RCF*	Bed Capacity 22
Mailing Address 201 N DECATUR ST	REET	County DUNKLIN	DMH Licensed Yes
MALDEN	MO 63863-2017	Region 2	Facility Number 03331
HAMPTON MANOR OF WENTZVI	LLE	TELL (626) 529 6700	All to the Area
21 MIDLAND PARK DR	MO (2205 0100	<b>Telephone</b> (636) 538-6700	Alzheimer's Unit YES
WENTZVILLE	MO 63385-8100	Level of Care: ALF**	Bed Capacity 85
Mailing Address 21 MIDLAND PARK		County SAINT CHARLES	DMH Licensed No
WENTZVILLE	MO 63385-8100	Region 5	Facility Number 33289
HARAMBEE HOUSE, INC			
703 NORTH EIGHTH ST		<b>Telephone</b> (573) 443-6972	Alzheimer's Unit No
COLUMBIA	MO 65201-4516	Level of Care: RCF*	Bed Capacity 15
Mailing Address 703 NORTH EIGHTH	H ST	County BOONE	DMH Licensed Yes
COLUMBIA	MO 65201-4516	Region 6	Facility Number 17197
		8	2,22,
HARBOR PLACE - LINN			
24 TRENSHAW TRAIL		<b>Telephone</b> (573) 897-2100	Alzheimer's Unit NO
LINN	MO 65051-2874	Level of Care: RCF	<b>Bed Capacity</b> 24
Mailing Address 24 TRENSHAW TRA	AIL	County OSAGE	<b>DMH Licensed</b> No
LINN	MO 65051-2874	Region 6	Facility Number 31116
HADMONY CARDENC ACCICTED	I IVING BY AMERICARE		
HARMONY GARDENS - ASSISTED 503 BURKARTH ROAD	LIVING BY AMERICARE	<b>Telephone</b> (660) 747-5411	Alzheimer's Unit No
WARRENSBURG	MO 64093-3145	Level of Care: ALF**	Bed Capacity 44
Mailing Address 503 BURKARTH RD		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3145	Region 3	Facility Number 18615
WARRENGBURG	1410 040/3-3143	Region 3	racinty Number 18013
HAROLD AND LOUISE HEALTHC	ARE CENTER		
135 COMMUNICATION DR		<b>Telephone</b> (573) 221-1189	Alzheimer's Unit No
HANNIBAL	MO 63401-3670	Level of Care: RCF	<b>Bed Capacity</b> 98
Mailing Address 135 COMMUNICAT	ION DR	County MARION	<b>DMH Licensed</b> Yes
HANNIBAL	MO 63401-3670	Region 5	Facility Number 29639
WARDING WOUND PROPERTY	DE EACH VEY TYPE		
HARRIS HOUSE RESIDENTIAL CA	ARE FACILITY, THE	T-l-nh (01.0) 500 5000	All-between Tire!
3859 EAST 59TH TERRACE	MO 64120 4410	<b>Telephone</b> (816) 599-5230	Alzheimer's Unit No
KANSAS CITY Mailing Address 2850 FAST 50TH TE	MO 64130-4410	Level of Care: RCF	Bed Capacity 7
Mailing Address 3859 EAST 59TH TE		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64130-4410	Region 3	Facility Number 16225

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HARRIS RESIDENTIAL CARE CEN	TER LLC			
401 SOUTH HENRY		<b>Telephone</b> (573) 756-5376	Alzheimer's Unit No	О
FARMINGTON	MO 63640-1823	Level of Care: RCF*	Bed Capacity 3	7
Mailing Address PO BOX 671		County SAINT FRANCOIS	DMH Licensed Ye	s
FARMINGTON	MO 63640-0675	Region 2	Facility Number 02256	6
		C		
HARTLAND RESIDENTIAL CARE O	CENTER			
23435 LADDER DR		<b>Telephone</b> (660) 886-7093	Alzheimer's Unit	n
MARSHALL	MO 65340-4662	Level of Care: RCF	Bed Capacity 1:	
Mailing Address 23435 LADDER DR	1110 03310 1002	County SALINE	DMH Licensed No.	
MARSHALL	MO 65340-4662	Region 5		
WARSHALL	WO 03340-4002	Region 3	Facility Number 1516	3
HARTMANN VILLAGE - ASSISTED	I IVING DV AMEDICADE			
615 RANKIN MILL LN	LIVING DI AMERICARE	<b>Telephone</b> (660) 882-9933	Alzheimer's Unit No	0
BOONVILLE	MO 65222 2072	Level of Care: ALF**		
	MO 65233-2873		1 1	
Mailing Address 615 RANKIN MILL L		County COOPER	DMH Licensed No.	
BOONVILLE	MO 65233-2873	Region 6	Facility Number 2602	6
HARTON SENIOR LIVING				
1054 SOUTH HWY 47		<b>Telephone</b> (636) 377-4444	Alzheimer's Unit No	^
WARRENTON	MO 63383-2625	Level of Care: RCF		
Mailing Address 1054 SOUTH HWY 4		•		
WARRENTON	MO 63383-2625	Region 6	Facility Number 3014	4
HARTVILLE CARE CENTER				
649 WEST ROLLA ST		<b>Telephone</b> (417) 741-6192	Alzheimer's Unit No	o
HARTVILLE	MO 65667-8221	Level of Care: SNF	Bed Capacity 6	
Mailing Address 649 WEST ROLLA ST		County WRIGHT	DMH Licensed No	0
HARTVILLE	MO 65667-8221	Region 1 Medicare/Medicaid	Facility Number 1794	
TH INT VIELE	NIO 03007 0221	Region 1 Medical C/Medicald	Tacinty Number 1794	U
HARVESTER RESIDENTIAL CARE				
35 LILLIAN DR		<b>Telephone</b> (636) 939-3833	Alzheimer's Unit No	О
SAINT CHARLES	MO 63304-7032	Level of Care: RCF*	Bed Capacity 3	8
Mailing Address 35 LILLIAN DR		County SAINT CHARLES	DMH Licensed Ye	s
SAINT CHARLES	MO 63304-7032	Region 5	Facility Number 0341	
		Region 5		•
HAVEN, THE				
614 SOUTH BY-PASS		<b>Telephone</b> (573) 888-1201	Alzheimer's Unit No	О
KENNETT	MO 63857-3240	Level of Care: RCF*	Bed Capacity 6-	4
Mailing Address 612 SOUTH BY-PASS	S	County DUNKLIN	DMH Licensed Ye	s
KENNETT	MO 63857-3240	Region 2	Facility Number 2762	0
		<b>0</b> ·	, 2702	
HEART OF THE OZARKS HEALTH	CARE CENTER			
2004 CRESTVIEW ST		<b>Telephone</b> (417) 683-4129	Alzheimer's Unit No	О
AVA	MO 65608-8903	Level of Care: SNF	<b>Bed Capacity</b> 12	0
Mailing Address PO BOX 727		County DOUGLAS	DMH Licensed N	О
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number 0129	0

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HEARTLAND CARE AND REHABII	LITATION CENTER		
2525 BOUTIN DR		<b>Telephone</b> (573) 334-5225	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8551	Level of Care: SNF	<b>Bed Capacity</b> 102
Mailing Address 2525 BOUTIN DR		County CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63701-8551	Region 2 Medicare/Medicaid	Facility Number 01023
HEARTLAND II RESIDENTIAL CAI	RE FACILITY, INC		
117 SOUTH 15TH ST		<b>Telephone</b> (816) 676-1506	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2904	Level of Care: RCF*	Bed Capacity 52
Mailing Address 117 SOUTH 15TH ST	,	County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64501-2904	Region 4	Facility Number 18620
HEADTI AND HIDCE			
HEARTLAND III RCF 1606 SOUTH 38TH ST		Talanhana (816) 200 8041	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2216	Telephone (816) 390-8941 Level of Care: RCF	Alzheimer's Unit No Bed Capacity 18
Mailing Address PO BOX 8923	WO 04307-2210	County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64508-8923	·	
SAINI JOSEFH	WO 04306-6923	Region 4	Facility Number 00920
HEARTLAND RESIDENTIAL CARE	FACILITY, INC		
1311 FRANCIS ST		<b>Telephone</b> (816) 233-5779	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2318	Level of Care: RCF	Bed Capacity 20
Mailing Address 1311 FRANCIS ST		County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64501-2318	Region 4	Facility Number 02491
HEISINGER BLUFFS HEALTHCAR	E WESTERN CAMPUS		
1306 WEST MAIN ST		<b>Telephone</b> (573) 635-0166	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-1356	Level of Care: SNF	<b>Bed Capacity</b> 69
Mailing Address 1306 WEST MAIN ST	Γ	County COLE	<b>DMH Licensed</b> No
JEFFERSON CITY	MO 65109-1356	Region 6 Medicare/Medicaid	Facility Number 07572
HEISINGER BLUFFS REHAB AND I	HEAL THEADE CENTED		
1002 WEST MAIN ST	HEALTHCARE CENTER	<b>Telephone</b> (573) 636-6288	Algheimenta Unit No
JEFFERSON CITY	MO (5100 (001	• ` ′	Alzheimer's Unit No
	MO 65109-6901	Level of Care: SNF	Bed Capacity 60  DMH Licensed No
Mailing Address 1002 WEST MAIN ST JEFFERSON CITY	MO 65109-6901	County COLE	DMH Licensed No Facility Number 03479
JETTERSON CITT	MO 03109-0901	Region 6 Medicare/Medicaid	racinty Number 03479
HEISINGER BLUFFS SENIOR LIVIN	NG		
1002 WEST MAIN ST		<b>Telephone</b> (573) 636-6288	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-6901	Level of Care: ALF**	Bed Capacity 111
Mailing Address 1002 WEST MAIN ST	Γ	County COLE	<b>DMH Licensed</b> No
JEFFERSON CITY	MO 65109-6901	Region 6	Facility Number 03479
HENLEY PLACE OF NEOSHO, A SE	ENIOR RESIDENCE BY AMERICARE		
1105 VILLAGE RD		<b>Telephone</b> (417) 451-1000	Alzheimer's Unit No
NEOSHO	MO 64850-9076	Level of Care: RCF	<b>Bed Capacity</b> 50
Mailing Address 1105 VILLAGE RD		County NEWTON	<b>DMH Licensed</b> No
NEOSHO	MO 64850-9076	Region 1	Facility Number 20193

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HERITAGE CARE CENTER		
4401 NORTH HANLEY RD	<b>Telephone</b> (314) 521-7471	Alzheimer's Unit No
SAINT LOUIS MO 63134-2710	Level of Care: SNF	Bed Capacity 120
Mailing Address 4401 NORTH HANLEY RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS MO 63134-2710	Region 7 Medicare/Medicaid	Facility Number 00411
HERITAGE HALL NURSING CENTER		
750 EAST HIGHWAY 22	<b>Telephone</b> (573) 682-5551	Alzheimer's Unit No
CENTRALIA MO 65240-1146	Level of Care: SNF	Bed Capacity 60
Mailing Address 750 EAST HIGHWAY 22	County BOONE	DMH Licensed No
CENTRALIA MO 65240-1146	·	Facility Number 03069
CENTRALIA MO 03240-1140	Region 6 Medicare/Medicaid	Facility Number 05009
HERITAGE HILLS ASSISTED LIVING FACILITY		
ROUTE 5, BOX 68	<b>Telephone</b> (573) 866-2003	Alzheimer's Unit No
PATTON MO 63662-9760	Level of Care: ALF	Bed Capacity 24
Mailing Address PO BOX B	County BOLLINGER	<b>DMH Licensed</b> Yes
PATTON MO 63662-0010	Region 2	Facility Number 18783
WEDNEL OF NURSENG OF VIEW OF NURSENG BY A MEDICAL PROPERTY.	an.	
HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICAR		
1802 SAINT FRANCIS ST	<b>Telephone</b> (573) 888-1044	Alzheimer's Unit No
KENNETT MO 63857-1568	Level of Care: SNF	Bed Capacity 72
Mailing Address PO BOX 827	County DUNKLIN	DMH Licensed No
KENNETT MO 63857-0827	Region 2 Medicare/Medicaid	Facility Number 17533
HERITAGE VILLAGE OF GLADSTONE		
3000 NORTH EAST 64TH ST	<b>Telephone</b> (816) 454-5130	Alzheimer's Unit No
GLADSTONE MO 64119-1569	Level of Care: ALF**	<b>Bed Capacity</b> 60
Mailing Address 3000 NE 64TH ST	County CLAY	DMH Licensed No
GLADSTONE MO 64119-1569	Region 4	Facility Number 12510
HERITAGE VILLAGE OF PLATTE CITY		
15 WALLINGFORD DR	<b>Telephone</b> (816) 858-2182	Alzheimer's Unit No
PLATTE CITY MO 64079-9604	Level of Care: RCF*	Bed Capacity 30
Mailing Address 15 WALLINGFORD DR	County PLATTE	DMH Licensed No
PLATTE CITY MO 64079-9604	Region 4	Facility Number 13182
ine viewyout	Region	ruenty rumser 13102
HERMITAGE NURSING & REHAB		
18599 FIRST STREET	<b>Telephone</b> (417) 745-2111	Alzheimer's Unit Yes
HERMITAGE MO 65668-9129	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX 325	County HICKORY	<b>DMH Licensed</b> No
HERMITAGE MO 65668-0325	Region 1 Medicare/Medicaid	Facility Number 10240
HICKORY MANOR		
209 HICKORY ST	<b>Telephone</b> (573) 674-2111	Alzheimer's Unit No
LICKING MO 65542-9847	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 209 HICKORY ST	County TEXAS	DMH Licensed No
LICKING MO 65542-9847	Region 2 Medicare/Medicaid	Facility Number 07929

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HIDDEN ACRES ASSISTED LIVING			
19235 STATE ROUTE EE	<b>Telephone</b> (573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE MO 63670-8213	Level of Care: ALF	Bed Capacity	18
Mailing Address 19235 STATE ROUTE EE	County SAINTE GENEVIEVE	DMH Licensed	Yes
SAINTE GENEVIEVE MO 63670-8213	Region 2	Facility Number	19721
HIDDEN ACRES ASSISTED LIVING II LLC			
19235 STATE ROUTE EE	<b>Telephone</b> (573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE MO 63670-8213	Level of Care: ALF	Bed Capacity	18
Mailing Address 19235 STATE ROUTE EE	County SAINTE GENEVIEVE	DMH Licensed	Yes
SAINTE GENEVIEVE MO 63670-8213	Region 2		11134
HIDDEN LAKE CARE CENTER			
11400 HIDDEN LAKE DR	<b>Telephone</b> (816) 737-1010	Alzheimer's Unit	No
RAYTOWN MO 64133-7409	Level of Care: RCF*	Bed Capacity	48
Mailing Address 11400 HIDDEN LAKE DR	County JACKSON	DMH Licensed	No
RAYTOWN MO 64133-7409	Region 3		17146
KATTOWN 1910 04133-7407	Kegion 5	racinty Number	1/140
HIDDEN LAKE CARE CENTER			
11400 HIDDEN LAKE DR	<b>Telephone</b> (816) 737-1010	Alzheimer's Unit	No
RAYTOWN MO 64133-7409	Level of Care: SNF	Bed Capacity	112
Mailing Address 11400 HIDDEN LAKE DR	<b>County</b> JACKSON	DMH Licensed	No
RAYTOWN MO 64133-7409	Region 3 Medicare/Medicaid	Facility Number	17146
HIGHI AND ODEST ASSISTED I WING BY AMERICAD	E		
HIGHLAND CREST - ASSISTED LIVING BY AMERICAR		Alahaiman'a Unit	No
2204 S HALLIBURTON ST KIRKSVILLE MO 63501-4651	<b>Telephone</b> (660) 627-8004 <b>Level of Care:</b> ALF**	Alzheimer's Unit	No 42
		Bed Capacity DMH Licensed	No
Mailing Address 2204 S HALLIBURTON ST KIRKSVILLE MO 63501-4651	·		
KIKKS VILLE INO 03301-4031	Region 5	Facility Number	16785
HIGHLAND REHABILITATION & HEALTH CARE CENT	TER		
904 EAST 68TH ST	<b>Telephone</b> (816) 333-5485	Alzheimer's Unit	NO
KANSAS CITY MO 64131-1305	Level of Care: SNF	<b>Bed Capacity</b>	162
Mailing Address 904 EAST 68TH ST	<b>County</b> JACKSON	DMH Licensed	No
KANSAS CITY MO 64131-1305	<b>Region</b> 3 Medicare/Medicaid	Facility Number	06782
HILL CREST MANOR			
801 SOUTH COLBY	<b>Telephone</b> (816) 583-2119	Alzheimer's Unit	No
HAMILTON MO 64644-8287	Level of Care: SNF	Bed Capacity	90
Mailing Address 801 SOUTH COLBY	County CALDWELL	DMH Licensed	No
HAMILTON MO 64644-8287	Region 4 Medicare/Medicaid		03315
HILL CREST MANOR 801 SOUTH COLBY	<b>Telephone</b> (816) 583-2119	Alzheimer's Unit	No
HAMILTON MO 64644-8287	Level of Care: RCF	Bed Capacity	24
Mailing Address 801 SOUTH COLBY	County CALDWELL	DMH Licensed	No
HAMILTON MO 64644-8287	Region 4	Facility Number	03315
	· ·	•	

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HILLCREST CARE CENTER, INC		m		
1108 CLARKE ST	MO (2000) 250 (	<b>Telephone</b> (636) 586-3022	Alzheimer's Unit	No
DE SOTO	MO 63020-2706	Level of Care: SNF	Bed Capacity	120
Mailing Address 1108 CLARKE ST	MO (2000 270)	County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2706	Region 2 Medicare/Medicaid	Facility Number 20	0084
WWW.CONFORT DEGINERATION CARD	n nya			
HILLCREST RESIDENTIAL CARE	E, INC	m 1 1 (572) (0( 2201		N.T.
9415 NORTH BROWN STATION RD	MO (5202 0671	<b>Telephone</b> (573) 696-3201	Alzheimer's Unit	No
COLUMBIA	MO 65202-8671	Level of Care: ALF	Bed Capacity	33
Mailing Address 9415 NORTH BROV		County BOONE	DMH Licensed	Yes
COLUMBIA	MO 65202-8671	Region 6	Facility Number 03	3572
HILLSIDE LIVING CENTER				
10160 RESTORATION CIRCLE ROA	D	<b>Telephone</b> (573) 562-0303	Alzheimer's Unit	No
MINERAL POINT	MO 63660-8538	Level of Care: ALF**	Bed Capacity	60
Mailing Address PO BOX 534	110 03000 0330	County WASHINGTON	DMH Licensed	Yes
PARK HILLS	MO 63601-0534	Region 2		9270
TARKTILLS	WO 03001-0334	Region 2	racinty Number	9270
HILLSIDE REHAB AND HEALTH	CARE CENTER			
1265 MCLARAN AVE		<b>Telephone</b> (314) 388-4121	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63147-1606	Level of Care: SNF	Bed Capacity	208
Mailing Address 1265 MCLARAN A	VE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63147-1606	Region 7 Medicare/Medicaid	Facility Number 04	4687
		•	·	
HILLTOP AT BLUE RIVER, THE				
10425 CHESTNUT DR		<b>Telephone</b> (816) 763-4444	Alzheimer's Unit	Yes
KANSAS CITY	MO 64137-3201	Level of Care: SNF	Bed Capacity	160
Mailing Address 10425 CHESTNUT	DR	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64137-3201	Region 3 Medicare/Medicaid	Facility Number	9114
HILLTOP HAVEN RESIDENTIAL	CADE FACILITY			
18941 CR 305A	CARE FACILITY	<b>Telephone</b> (573) 226-5426	Alzheimer's Unit	No
EMINENCE	MO 65466-9702	Level of Care: RCF	Bed Capacity	20
Mailing Address 18941 CR 305A	WO 03400-9702	County SHANNON	DMH Licensed	Yes
	MO 65466 0702			
EMINENCE	MO 65466-9702	Region 2	Facility Number 03	3615
HOLDEN MANOR HEALTH & RE	HABILITATION			
2005 SOUTH LEXINGTON		<b>Telephone</b> (816) 732-4138	Alzheimer's Unit	No
HOLDEN	MO 64040-1610	Level of Care: SNF	Bed Capacity	52
Mailing Address 2005 SOUTH LEXIN		County JOHNSON	DMH Licensed	No
HOLDEN	MO 64040-1610	Region 3 Medicare/Medicaid		8334
		-g Azearen a Azearen a		
HOLIDAY RESIDENTIAL CARE				
1019 OLD ST MARY'S RD		<b>Telephone</b> (573) 547-7398	Alzheimer's Unit	No
PERRYVILLE	MO 63775-1298	<b>Level of Care:</b> RCF*	Bed Capacity	20
Mailing Address 1019 OLD ST MAR	Y'S RD	County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-1298	Region 2	Facility Number 19	9872

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HOLLY HILLS RETIREMENT HOME			
6421 MINNESOTA	<b>Telephone</b> (314) 351-0767	Alzheimer's Unit	No
SAINT LOUIS MO 63111-2808	Level of Care: RCF*	Bed Capacity	15
Mailing Address 6421 MINNESOTA	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63111-2808	Region 7	Facility Number	03678
HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY	V THE		
1481 MARBACH DRIVE	<b>Telephone</b> (636) 239-1941	Alzheimer's Unit	No
WASHINGTON MO 63090-4636	Level of Care: ALF	Bed Capacity	36
Mailing Address 1481 MARBACH DRIVE	County FRANKLIN	DMH Licensed	No
WASHINGTON MO 63090-4636	Region 6	Facility Number	32345
HOPE CARE CENTER	m		
115 EAST 83RD ST	<b>Telephone</b> (816) 523-3988	Alzheimer's Unit	No
KANSAS CITY MO 64114-2537	Level of Care: SNF	Bed Capacity	16
Mailing Address 115 EAST 83RD ST	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64114-2537	Region 3 Medicaid	Facility Number	21370
HOPEDALE COTTAGE ASSISTED LIVING THE			
1314 W SCHOOL STREET	<b>Telephone</b> (417) 581-1308	Alzheimer's Unit	Yes
OZARK MO 65721-6618	Level of Care: ALF**	Bed Capacity	14
Mailing Address 1314 W SCHOOL STREET	County CHRISTIAN	DMH Licensed	No
OZARK MO 65721-6618	Region 1	Facility Number	30302
	region 1	Tuesday Transpor	30302
HOUSE OF CARE CENTER			
3744 BENTON BLVD	<b>Telephone</b> (816) 921-6852	Alzheimer's Unit	No
KANSAS CITY MO 64128-2515	Level of Care: RCF	Bed Capacity	8
Mailing Address 3744 BENTON BLVD	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64128-7912	Region 3	Facility Number	17001
HOUSTON HOUSE			
1000 NORTH INDUSTRIAL DR	<b>Telephone</b> (417) 967-2527	Alzheimer's Unit	No
HOUSTON MO 65483-9400	Level of Care: SNF	Bed Capacity	96
Mailing Address PO BOX 199	County TEXAS	DMH Licensed	No
HOUSTON MO 65483-0199	Region 2 Medicare/Medicaid	Facility Number	10626
HIDGON HOUSE			
HUDSON HOUSE	M. L. J. (417) 279 21 22	A1 1	N.T.
1700-B SOUTH HUDSON AVE	<b>Telephone</b> (417) 678-2169	Alzheimer's Unit	No
AURORA MO 65605-2717	Level of Care: RCF*	Bed Capacity	41 N-
Mailing Address 1700-B S HUDSON AVE	County LAWRENCE	DMH Licensed	No
AURORA MO 65605-2717	Region 1	Facility Number	10444
HUNTER ACRES CARING CENTER			
628 NORTH WEST ST	<b>Telephone</b> (573) 471-7130	Alzheimer's Unit	Yes
SIKESTON MO 63801-4738	Level of Care: SNF	<b>Bed Capacity</b>	120
Mailing Address 628 NORTH WEST ST	County SCOTT	DMH Licensed	No
SIKESTON MO 63801-4738	Region 2 Medicare/Medicaid	<b>Facility Number</b>	07345

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IGNITE MEDICAL RESORT BLUE	E SPRINGS			
20511 E TRINITY PLACE		<b>Telephone</b> (816) 622-2900	Alzheimer's Unit	NO
BLUE SPRINGS	MO 64015-9501	Level of Care: SNF	<b>Bed Capacity</b>	90
Mailing Address 20511 E TRINITY P	PLACE	County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64015-9501	Region 3 Medicare/Medicaid	<b>Facility Number</b>	32246
IGNITE MEDICAL RESORT CARO	ONDELETILC			
621 CARONDELET DR	ONDELET LLC	<b>Telephone</b> (816) 941-1300	Alzheimer's Unit	No
KANSAS CITY	MO 64114-4670	Level of Care: SNF	Bed Capacity	162
Mailing Address 621 CARONDELET		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-4670	2 0 11111	Facility Number	12185
RANSAS CITT	WIO 04114-4070	Region 3 Medicare/Medicaid	Facility Number	12185
IGNITE MEDICAL RESORT KANS	SAS CITY LLC			
2100 NW BARRY ROAD		<b>Telephone</b> (816) 521-6610	Alzheimer's Unit	No
KANSAS CITY	MO 64154-1000	Level of Care: SNF	Bed Capacity	90
Mailing Address 2100 NW BARRY F		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-1000	Region 4 Medicare/Medicaid	Facility Number	31464
IGNITE MEDICAL RESORT ST M	ARYS LLC			
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64014-2504	Level of Care: SNF	<b>Bed Capacity</b>	130
Mailing Address 111 MOCK AVE		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	Region 3 Medicare/Medicaid	<b>Facility Number</b>	13219
INDEPENDENCE CARE CENTER	OF PERRY COUNTY			
800 SOUTH KINGSHIGHWAY	OF TERRI COUNTY	<b>Telephone</b> (573) 547-6546	Alzheimer's Unit	Yes
PERRYVILLE	MO 63775-2106	Level of Care: SNF	Bed Capacity	133
Mailing Address 800 SOUTH KINGS		County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-2106	Region 2 Medicare/Medicaid	Facility Number	06393
TERRIVIELE	110 03773 2100	Region 2 Medicale/Medicalu	racincy runnocr	00393
INDEPENDENCE COURT				
121 INDEPENDENCE DR		<b>Telephone</b> (573) 547-1499	Alzheimer's Unit	No
PERRYVILLE	MO 63775-1496	Level of Care: RCF*	Bed Capacity	75
Mailing Address 121 INDEPENDENC		County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-1496	Region 2	Facility Number	06393
INDEPENDENCE MANOR CARE O	CENTER			
1600 SOUTH KINGS HIGHWAY		<b>Telephone</b> (816) 833-4777	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64055-1853	Level of Care: SNF	<b>Bed Capacity</b>	99
Mailing Address 1600 SOUTH KING	S HIGHWAY	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64055-1853	Region 3 Medicare/Medicaid	Facility Number	03807
J & J RESIDENTIAL CARE FACIL	ЛТҮ ІІ			
104 WESBECHER		<b>Telephone</b> (573) 238-1008	Alzheimer's Unit	No
MARBLE HILL	MO 63764-0378	Level of Care: RCF*	Bed Capacity	12
Mailing Address PO BOX 378		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-0378	Region 2	Facility Number	07171
	****	-8		

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LA CIZCON ODERIZ MEMODY CADE				
JACKSON CREEK MEMORY CARE		T. L. J. (016) 470,5600	AT T	3.7
19400 EAST 40TH ST COURT SOUTH	MO (4057-1540	<b>Telephone</b> (816) 478-5689	Alzheimer's Unit	Yes
	MO 64057-1548	Level of Care: ICF	Bed Capacity	70
Mailing Address 19400 EAST 40TH ST		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1548	Region 3	Facility Number 2	25894
JACKSON CREEK POST ACUTE				
3980 SOUTH JACKSON DR		<b>Telephone</b> (816) 795-1433	Alzheimer's Unit	No
	MO 64057-2205	Level of Care: ALF**	Bed Capacity	62
Mailing Address 3980 S JACKSON DR		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-2205	Region 3	Facility Number 2	25709
IA CIVICAN ODERIV DOCE A CIVEE				
JACKSON CREEK POST ACUTE 3980 SOUTH JACKSON DR		<b>Telephone</b> (816) 795-1433	Alzheimer's Unit	No
	MO 64057-2205	Level of Care: SNF	Bed Capacity	120
	WO 04037-2203			
Mailing Address 3980 S JACKSON DR	MO (4057 2205	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-2205	Region 3 Medicare/Medicaid	Facility Number 2	25709
JACKSON MANOR				
710 BROADRIDGE DR		<b>Telephone</b> (573) 243-3101	Alzheimer's Unit	No
	MO 63755-3042	Level of Care: SNF	Bed Capacity	90
Mailing Address 710 BROADRIDGE DE		County CAPE GIRARDEAU	DMH Licensed	No
_	MO 63755-3042	Region 2 Medicare/Medicaid		3438
JACKBON	MIO 03733-30 <del>4</del> 2	Region 2 Medicare/Medicaid	racinty Number 0	13436
JACOBS CARE CENTER, LLC				
932 WEST STATE		<b>Telephone</b> (417) 865-6140	Alzheimer's Unit	No
SPRINGFIELD	MO 65806-2846	Level of Care: RCF	Bed Capacity	12
Mailing Address 932 WEST STATE		County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65806-2846	Region 1	Facility Number 0	6229
JAMES RIVER NURSING AND REHA	ABILITATION	T		
3550 EAST BATTLEFIELD		<b>Telephone</b> (417) 889-9500	Alzheimer's Unit	No
	MO 65809-3400	Level of Care: SNF	Bed Capacity	120
Mailing Address 3550 EAST BATTLEFI		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-3400	Region 1 Medicare/Medicaid	Facility Number 1	7645
JANE HOWELL STUPP APARTMEN	ГS			
2443 PROUHET AVE		<b>Telephone</b> (314) 890-7100	Alzheimer's Unit	No
	MO 63114-1946	Level of Care: RCF*	Bed Capacity	30
Mailing Address 2443 PROUHET AVE		County SAINT LOUIS COUNTY	DMH Licensed	Yes
•	MO 63114-1946	Region 7		.8369
OTERLAND	110 03111-1710	regiuli /	racincy number 1	0307
JEANNE JUGAN CENTER				
8745 JAMES A REED ROAD		<b>Telephone</b> (816) 761-4744	Alzheimer's Unit	No
KANSAS CITY	MO 64138-4414	Level of Care: SNF	Bed Capacity	26
Mailing Address 8745 JAMES A REED				3.7
Maining Mudiciss 0743 Mining Mining	RD	County JACKSON	DMH Licensed	No
	RD MO 64138-4414	County JACKSON  Region 3 Medicaid		2724

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JEANNE JUGAN CENTER			
8745 JAMES A REED ROAD		<b>Telephone</b> (816) 761-4744	Alzheimer's Unit No
KANSAS CITY	MO 64138-4414	Level of Care: ICF	Bed Capacity 26
Mailing Address 8745 JAMES A REEL	D RD	County JACKSON	DMH Licensed No.
KANSAS CITY	MO 64138-4414	Region 3 Medicaid	Facility Number 12724
TEPEEDGON GUEN MANOR GARE	CENTER		
JEFFERSON CITY MANOR CARE	CENTER	(572) (25 (102	
1720 VIETH DR	NO. 65100 2522	<b>Telephone</b> (573) 635-6193	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-2522	Level of Care: SNF	Bed Capacity 102
Mailing Address 1720 VIETH DR	NO. 65100 2522	County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-2522	Region 6 Medicare/Medicaid	Facility Number 03870
JEFFERSON CITY NURSING AND	REHABILITATION CENTER, LLC		
1221 SOUTHGATE LN	, 22., 22., 22., 220	<b>Telephone</b> (573) 635-3131	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-2465	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 104118	1120 30107 2100	County COLE	DMH Licensed No
JEFFERSON CITY	MO 65110-4118	Region 6 Medicare/Medicaid	Facility Number 01865
		region o Medicare/Medicard	1 demog 1 value of 1003
JEFFERSON GARDENS - ASSISTEI	D LIVING BY AMERICARE		
509 WEST ROGERS ST		<b>Telephone</b> (660) 885-9770	Alzheimer's Unit No
CLINTON	MO 64735-2548	Level of Care: ALF**	Bed Capacity 42
Mailing Address 509 WEST ROGERS	ST	County HENRY	DMH Licensed No.
CLINTON	MO 64735-2548	Region 1	Facility Number 20603
JEFFERSON HEALTH CARE			
615 SW OLDHAM PARKWAY		<b>Telephone</b> (816) 524-3328	Alzheimer's Unit No
LEE'S SUMMIT	MO 64081-2602	Level of Care: SNF	Bed Capacity 120
Mailing Address 615 SW OLDHAM P		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-2602	Region 3 Medicare/Medicaid	Facility Number 04415
JOE CLARK RESIDENTIAL CARE	НОМЕ		
1495 EAST ASHLAND ST		<b>Telephone</b> (417) 667-5000	Alzheimer's Unit No
NEVADA	MO 64772-4016	Level of Care: ALF**	Bed Capacity 34
Mailing Address PO BOX 246		County VERNON	DMH Licensed No
NEVADA	MO 64772-0246	Region 1	Facility Number 23419
		-	
JOHN KNOX VILLAGE CARE CEN	TER		
600 NW PRYOR ROAD		<b>Telephone</b> (816) 347-2400	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64081-1104	Level of Care: SNF	<b>Bed Capacity</b> 430
Mailing Address 600 NW PRYOR RD		County JACKSON	DMH Licensed No.
LEE'S SUMMIT	MO 64081-1104	Region 3 Medicare/Medicaid	Facility Number 14529
JOHNSON COUNTY CARE CENTE	R		
122 EAST MARKET ST		<b>Telephone</b> (660) 747-8101	Alzheimer's Unit No
WARRENSBURG	MO 64093-1818	Level of Care: ICF	Bed Capacity 87
Mailing Address 122 EAST MARKET		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-1818	Region 3 Medicaid	Facility Number 05309
···			00000

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JOLET HOME				
3920 FOREST		<b>Telephone</b> (816) 531-5308	Alzheimer's Unit	lo
KANSAS CITY	MO 64110-1220	Level of Care: RCF	Bed Capacity	17
Mailing Address 3920 FOREST		County JACKSON	DMH Licensed Y	es
KANSAS CITY	MO 64110-1220	Region 3	Facility Number 0398	82
JONES' WILDWOOD CARE CENTI	ER			
12806 HWY 151		<b>Telephone</b> (660) 291-8636	Alzheimer's Unit	Vo.
MADISON	MO 65263-3114	Level of Care: RCF		32
Mailing Address PO BOX 69		County MONROE		es
MADISON	MO 65263-0069	Region 5	Facility Number 0857	
		and a second		, ,
JOPLIN GARDENS				
2810 SOUTH JACKSON AVE		<b>Telephone</b> (417) 572-0041	Alzheimer's Unit	Vo.
JOPLIN	MO 64804-2524	Level of Care: SNF		92
Mailing Address 2810 SOUTH JACKS		County JASPER		Vo
JOPLIN	MO 64804-2524			
JOI LIN	WIO 04004-2324	Region 1 Medicare/Medicaid	Facility Number 0133	13
TODE IN THE AT WHI AND DELLARITY	EATHON CENTED			
JOPLIN HEALTH AND REHABILITY 2218 WEST 32ND ST	IATION CENTER	Tolonhone (417) 622 5264	Alahaima-i- IIi4	es
	MO (4904 2514	<b>Telephone</b> (417) 623-5264		
JOPLIN	MO 64804-3514	Level of Care: SNF		20
Mailing Address 2218 WEST 32ND ST		County NEWTON		No
JOPLIN	MO 64804-3514	Region 1 Medicare/Medicaid	Facility Number 1258	83
ION ADMITTICADE CENTRED				
JOY ADULT CARE CENTER		Talanhana (660) 995 9229	Alabaiman'a Unit	To.
614 SOUTH MAIN CLINTON	MO (4725-2620	Telephone (660) 885-8328 Level of Care: RCF*		No 42
	MO 64735-2620			
Mailing Address PO BOX 8 CLINTON	MO 64725 0009	County HENRY		es
CLINTON	MO 64735-0008	Region 1	Facility Number 0720	80
ION AGGIGTED I MUNIC FOR GENIA	ong			
JOY ASSISTED LIVING FOR SENIO	UKS	Tolophono (417) 964 9905	Alzheimer's Unit	Jo
2030 W MOUNT VERNON ST	MO 65000 4046	<b>Telephone</b> (417) 864-8805		No
SPRINGFIELD	MO 65802-4846	Level of Care: ALF		74
Mailing Address PO BOX 9655	MO (5901 0(55	County GREENE		es
SPRINGFIELD	MO 65801-9655	Region 1	Facility Number 1966	80
KADIH MUDUMU HOMBU PAG				
KABUL NURSING HOMES, INC		m 1 - 1	A1.1 ( ) TT ( )	T _
1000 MAIN ST	MO (55690 0125	<b>Telephone</b> (417) 962-3713		10 10
CABOOL	MO 65689-9125	Level of Care: SNF		99
Mailing Address 1000 MAIN ST	MO 25500 0405	County TEXAS		No.
CABOOL	MO 65689-9125	Region 2 Medicare/Medicaid	Facility Number 0408	85
KACEN DATCE HEAL BUY CARE CE	NITED			
KASEY PAIGE HEALTH CARE CE	NIEK	Tolophono (214) 791 0222	Alghaiman's IIi4	Jo
3715 JAMIESON AVE SAINT LOUIS	MO 63109-1109	Telephone (314) 781-0222 Level of Care: RCF		No 11
			• •	11
Mailing Address 3715 JAMIESON AV SAINT LOUIS	MO 63109-1109	•		es
	IVIU 03109-1109	Region 7	Facility Number 0465	าเป

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KATY MANOR		The Late of the Control of the Contr	All I de la Tital
205 PROSPECT PILOT GROVE	MO 65276-1111	Telephone (660) 834-3111 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 60
Mailing Address PO BOX 8	MO 032/0-1111	County COOPER	Bed Capacity 60  DMH Licensed No
PILOT GROVE	MO 65276-0008	Region 6 Medicare/Medicaid	Facility Number 14982
TILOTOROVE	WO 03270-0000	Region o Medicale/Medicald	racinty Number 14702
KIDWELL HOME			
1000 KIDWELL DR		<b>Telephone</b> (573) 378-5175	Alzheimer's Unit No
VERSAILLES	MO 65084-1177	Level of Care: RCF*	Bed Capacity 44
Mailing Address 1000 KIDWELL DR		County MORGAN	DMH Licensed No
VERSAILLES	MO 65084-1177	Region 6	Facility Number 21631
KINGDOM CARE SENIOR LIVING	LLC	TT 1 1 (572) (12 (646	All to Law to Manager
811 CENTER ST	MO (5251 1022	<b>Telephone</b> (573) 642-6646	Alzheimer's Unit No
FULTON Mailing Address 811 CENTER ST	MO 65251-1922	Level of Care: SNF County CALLAWAY	Bed Capacity 36  DMH Licensed No
FULTON	MO 65251-1922	•	Facility Number 18735
FULTON	WO 03231-1922	Region 6 Medicare/Medicaid	racinty Number 18/35
KINGDOM CARE SENIOR LIVING	LLC		
811 CENTER ST		<b>Telephone</b> (573) 642-6646	Alzheimer's Unit No
FULTON	MO 65251-1922	Level of Care: ALF	Bed Capacity 41
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed No
FULTON	MO 65251-1922	Region 6	Facility Number 18735
WINGIS DAVISWEEDS WOME TWO			
KING'S DAUGHTERS HOME, THE		T-1	Al-la-i
620 WEST BOULEVARD ST MEXICO	MO 65265-2199	Telephone (573) 581-1577 Level of Care: ICF	Alzheimer's Unit No Bed Capacity 36
Mailing Address 620 WEST BOULEV		County AUDRAIN	Bed Capacity 36  DMH Licensed No
MEXICO	MO 65265-2199	Region 5	Facility Number 04146
MLAICO	WO 03203-21//	Region 5	racinty Number 04140
KING'S DAUGHTERS HOME, THE			
620 WEST BOULEVARD ST		<b>Telephone</b> (573) 581-1577	Alzheimer's Unit No
MEXICO	MO 65265-2199	Level of Care: RCF*	<b>Bed Capacity</b> 12
Mailing Address 620 WEST BOULEV		County AUDRAIN	<b>DMH Licensed</b> No
MEXICO	MO 65265-2199	Region 5	Facility Number 04146
KINGSLAND WALK SENIOR LIVIN	NG		
868 KINGSLAND AVENUE		<b>Telephone</b> (314) 955-6884	Alzheimer's Unit Yes
UNIVERSITY CITY	MO 63130-3181	Level of Care: ALF**	Bed Capacity 70
Mailing Address 868 KINGSLAND AV	/ENUE	County SAINT LOUIS COUNTY	DMH Licensed No
UNIVERSITY CITY	MO 63130-3181	Region 7	Facility Number 32203
www.cow.com			
KINGSWOOD		m.ll. (01.0.040.000.1	All I do a fattate
10000 WORNALL RD	MO 64114 4250	<b>Telephone</b> (816) 942-0994	Alzheimer's Unit Yes
KANSAS CITY  Mailing Address 10000 WODNALL D	MO 64114-4359	Level of Care: ALF** County JACKSON	Bed Capacity 67  DMH Licensed Yes
Mailing Address 10000 WORNALL RI KANSAS CITY	MO 64114-4359	·	
KAINSAS CITT	WIO 04114-4337	Region 3	Facility Number 04152

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KINGSWOOD			
KINGSWOOD 10000 WORNALL RD		<b>Telephone</b> (816) 942-0994	Alzheimer's Unit Yes
KANSAS CITY	MO 64114-4359	Level of Care: SNF	Bed Capacity 86
Mailing Address 10000 WORNALL R		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number 04152
		region - Medicare/Medicard	
KIRKSVILLE MANOR CARE CEN	ГЕК		
1705 EAST LAHARPE		<b>Telephone</b> (660) 665-3774	Alzheimer's Unit No
KIRKSVILLE	MO 63501-3927	Level of Care: SNF	<b>Bed Capacity</b> 132
Mailing Address 1705 EAST LAHARI	PE	County ADAIR	DMH Licensed No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number 04161
WNOV COUNTRY NUDGING HOME	DICTRICT		
KNOX COUNTY NURSING HOME 55774 STATE HIGHWAY 6	DISTRICT	Telephone (660) 207 2282	Algheimenta IInit No
EDINA	MO 63537-4253	Telephone (660) 397-2282 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 60
Mailing Address 55774 STATE HIGH		County KNOX	
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number 04173
L.Y.B.L. LLC			
1325 SOUTH HIGHLAND COURT		<b>Telephone</b> (660) 530-7081	Alzheimer's Unit No
MARSHALL	MO 65340-3058	Level of Care: RCF	Bed Capacity 11
Mailing Address 1325 SOUTH HIGHI	LAND COURT	County SALINE	DMH Licensed No
MARSHALL	MO 65340-3058	Region 5	Facility Number 03558
LA BELLE MANOR CARE CENTE	R		
1002 CENTRAL	•	<b>Telephone</b> (660) 213-3234	Alzheimer's Unit Yes
LA BELLE	MO 63447-2092	Level of Care: SNF	Bed Capacity 94
Mailing Address 1002 CENTRAL	05 2092	County LEWIS	DMH Licensed No
LA BELLE	MO 63447-2092	Region 5 Medicare/Medicaid	Facility Number 04212
LA BONNE MAISON-ASSISTED LI	VING BY AMERICARE	m	
226 PLAZA DR	NO	<b>Telephone</b> (573) 472-2546	Alzheimer's Unit No
SIKESTON	MO 63801-5105	Level of Care: ALF**	Bed Capacity 30
Mailing Address 226 PLAZA DR	NO 62001 5105	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-5105	Region 2	Facility Number 28804
LA PLATA NURSING HOME			
100 OLD STAGECOACH RD		<b>Telephone</b> (660) 332-4315	Alzheimer's Unit No
LA PLATA	MO 63549-1362	Level of Care: SNF	<b>Bed Capacity</b> 52
Mailing Address 100 OLD STAGECO	ACH RD	County MACON	DMH Licensed No
LA PLATA	MO 63549-1362	Region 5 Medicare/Medicaid	Facility Number 04395
LACLEDE COMMONS			
727 S LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-4911	Level of Care: ALF**	Bed Capacity 242
Mailing Address 727 S LACLEDE ST.		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63119-4911	Region 7	Facility Number 17713
	00117 1711	region ,	

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LACOBA HOMES, INC		<b>T. 1</b> (445) 225 5225	
850 HIGHWAY 60	MO (5700 007)	<b>Telephone</b> (417) 235-7895	Alzheimer's Unit No
MONETT  M. W. A. H. DO DOY 995	MO 65708-9376	Level of Care: SNF	Bed Capacity 79
Mailing Address PO BOX 885 MONETT	MO (5709 0005	County BARRY	DMH Licensed No
MONETI	MO 65708-0885	Region 1 Medicare/Medicaid	Facility Number 04315
LAKE GEORGE ASSISTED LIVING	, ,		
5000 E RICHLAND RD		<b>Telephone</b> (573) 442-0577	Alzheimer's Unit No
COLUMBIA	MO 65201-9606	Level of Care: ALF**	Bed Capacity 10
Mailing Address 5000 EAST RICHLA	ND RD	County BOONE	DMH Licensed No
COLUMBIA	MO 65201-9606	Region 6	Facility Number 28997
I AVE DADVE SENIOD I WING			
LAKE PARKE SENIOR LIVING 145 4TH ST		<b>Telephone</b> (573) 745-0874	Alzheimer's Unit No
CAMDENTON	MO 65020-7138	Level of Care: RCF	Bed Capacity 48
Mailing Address 145 4TH ST	WIO 03020-7138	County CAMDEN	DMH Licensed No
CAMDENTON	MO 65020-7138	·	
CAMBENTON	MO 03020-7138	Region 6	Facility Number 30084
LAKE ST CHARLES ASSISTED LIV	VING APARTMENTS		
45 HONEY LOCUST LN		<b>Telephone</b> (636) 947-1100	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5711	Level of Care: ALF	<b>Bed Capacity</b> 50
Mailing Address 45 HONEY LOCUST	ΓLN	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63303-5711	Region 5	Facility Number 18030
LAKE STOCKTON HEALTHCARE	FACH ITV		
1523 3RD ROAD	FACILITI	<b>Telephone</b> (417) 276-5126	Alzheimer's Unit Yes
STOCKTON	MO 65785-9608	Level of Care: SNF	Bed Capacity 90
Mailing Address PO BOX 945	WIO 03703 7000	County CEDAR	DMH Licensed No
STOCKTON	MO 65785-0945	Region 1 Medicare/Medicaid	Facility Number 07680
LAKESHORES RESIDENTIAL CAR	RE FACILITY		
102 SOUTH BOLIVAR RD		<b>Telephone</b> (417) 754-2272	Alzheimer's Unit No
HUMANSVILLE	MO 65674-8553	Level of Care: RCF*	<b>Bed Capacity</b> 30
Mailing Address PO BOX 221		County POLK	DMH Licensed Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number 15309
LAKESIDE MOUNTAIN MANOR			
238 HARMONY HEIGHTS		<b>Telephone</b> (417) 546-5595	Alzheimer's Unit No
FORSYTH	MO 65653-5533	Level of Care: RCF	Bed Capacity 40
Mailing Address 238 HARMONY HE	IGHTS	<b>County</b> TANEY	DMH Licensed Yes
FORSYTH	MO 65653-5533	Region 1	Facility Number 06232
LAKESIDE SUITES			
205 TIMBERLINE DR		<b>Telephone</b> (660) 547-3322	Alzheimer's Unit No
LINCOLN	MO 65338-2007	Level of Care: ALF	Bed Capacity 14
Mailing Address 205 TIMBERLINE D		County BENTON	DMH Licensed No
LINCOLN	MO 65338-2007	Region 6	Facility Number 04803
· <del></del> ·		2.26.011	04003

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LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER		
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1450 ASHLEY RD		County COOPER	<b>DMH Licensed</b> No
BOONVILLE	MO 65233-2141	Region 6 Medicare/Medicaid	Facility Number 01602
LAKEVIEW HEALTH CARE & REI	HADH ITATION CENTED		
1450 ASHLEY RD	HABILITATION CENTER	<b>Telephone</b> (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Telephone (660) 882-7007 Level of Care: RCF*	Bed Capacity 17
	MO 03233-2141		DMH Licensed No
Mailing Address 1450 ASHLEY RD BOONVILLE	MO 65233-2141	County COOPER  Region 6	
BOOWILLE	WO 03233-2141	Kegion 0	Facility Number 01602
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER		
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Level of Care: ICF	<b>Bed Capacity</b> 19
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed No
BOONVILLE	MO 65233-2141	Region 6 Medicaid	Facility Number 01602
LAKEVIEW POST ACUTE			
1201 GARDEN PLAZA DR		<b>Telephone</b> (314) 831-3752	Alzheimer's Unit No
FLORISSANT	MO 63033-2230	Level of Care: SNF	Bed Capacity 120
Mailing Address 1201 GARDEN PLAZ	ZA DR	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63033-2230	Region 7 Medicare/Medicaid	Facility Number 27146
LAKEWOOD - ASSISTED LIVING I	BY AMERICARE		
4685 ROBBERSON AVE		<b>Telephone</b> (417) 881-1411	Alzheimer's Unit Yes
SPRINGFIELD	MO 65810-1785	Level of Care: ALF**	<b>Bed Capacity</b> 67
Mailing Address 4685 ROBBERSON A	AVE	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65810-1785	Region 1	Facility Number 23613
I AMBI ICHT VII I ACE			
LAMPLIGHT VILLAGE		Tolonhono (417) 257 2740	Alghaiman's Unit
309 LOCUST ST	MO 65775-3906	<b>Telephone</b> (417) 256-2749	Alzheimer's Unit No
WEST PLAINS Mailing Address PO BOX 166	MO 03/73-3900	Level of Care: RCF*	Bed Capacity 32  DMH Licensed Yes
WEST PLAINS	MO 65775-0166	County HOWELL	DMH Licensed Yes Facility Number 21563
WESTTEAMS	WIO 03773-0100	Region 2	Facility Number 21303
LANDING OF O'FALLON, THE			
1000 LANDING CIRCLE		<b>Telephone</b> (636) 669-0780	Alzheimer's Unit Yes
SAINT CHARLES	MO 63304-7647	Level of Care: ALF**	Bed Capacity 142
Mailing Address 1000 LANDING CIRC		County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63304-7647	Region 5	Facility Number 31181
		<b>o</b> .	,
LANDMARK VILLA ALF			
1101 OZARK AVE		<b>Telephone</b> (417) 962-3700	Alzheimer's Unit No
CABOOL	MO 65689-7362	Level of Care: ALF	Bed Capacity 44
Mailing Address 1101 OZARK AVE		County TEXAS	DMH Licensed Yes
CABOOL	MO 65689-7362	Region 2	Facility Number 04085

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LANSDOWNE VILLAGE			
4624 LANSDOWNE AVE		<b>Telephone</b> (314) 351-6888	Alzheimer's Unit No
	IO 63116-1523	Level of Care: SNF	<b>Bed Capacity</b> 145
Mailing Address 4624 LANSDOWNE AV		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS N	IO 63116-1523	Region 7 Medicare/Medicaid	Facility Number 14557
LAURIE CARE CENTER		T. 1 (573) 274 22 (2	
610 HWY O	10. 65030 1060	<b>Telephone</b> (573) 374-8263	Alzheimer's Unit Yes
	IO 65038-1068	Level of Care: SNF County MORGAN	Bed Capacity 108
Mailing Address PO BOX 1068	10 (5039 1069		DMH Licensed No
LAURIE M	IO 65038-1068	Region 6 Medicare/Medicaid	Facility Number 04449
LAURIE KNOLLS			
610 HIGHWAY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit No
	IO 65038-1068	Level of Care: RCF*	Bed Capacity 66
Mailing Address PO BOX 1068	10 00 000 1000	County MORGAN	DMH Licensed No
_	IO 65038-1068	Region 6	Facility Number 04449
2.70,712	10 00000 1000	Region 5	2 4 6 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LAVERNA MANOR HEALTH & REHA	BILITATION		
904 SOUTH HALL AVE		<b>Telephone</b> (816) 324-3185	Alzheimer's Unit Yes
SAVANNAH M	IO 64485-1952	Level of Care: SNF	Bed Capacity 120
Mailing Address 904 SOUTH HALL AVE		County ANDREW	DMH Licensed No
SAVANNAH M	IO 64485-1952	Region 4 Medicare/Medicaid	Facility Number 04478
I AMBENCE COMMENTALANOD			
LAWRENCE COUNTY MANOR			
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit Yes
915 CARL ALLEN ST	IO 65712-1612	Telephone (417) 466-2183 Level of Care: SNF	Alzheimer's Unit Yes Bed Capacity 90
915 CARL ALLEN ST	IO 65712-1612	Level of Care: SNF County LAWRENCE	<b>Bed Capacity</b> 90 <b>DMH Licensed</b> No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST	IO 65712-1612 IO 65712-1612	Level of Care: SNF	<b>Bed Capacity</b> 90
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M	IO 65712-1612	Level of Care: SNF County LAWRENCE	<b>Bed Capacity</b> 90 <b>DMH Licensed</b> No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M LAWRENCE COUNTY RESIDENTIAL	IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid	Bed Capacity90DMH LicensedNoFacility Number04349
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST	IO 65712-1612  CARE CENTER	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON M	IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF*	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST	O 65712-1612  CARE CENTER  IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST	IO 65712-1612  CARE CENTER	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF*	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST	O 65712-1612  CARE CENTER  IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M Mailing Address 915 CARL ALLEN ST	O 65712-1612  CARE CENTER  IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE	O 65712-1612  CARE CENTER  IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE LAWSON MAIling Address 210 WEST 8TH TERRACE	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 65712-1612	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269 Level of Care: SNF	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes Bed Capacity 60
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON MAILEN ST MT VERNON MANOR & REHAB 210 WEST 8TH TERRACE LAWSON MANOR & STHATERRACE LAWSON MAILING ADDRESS 210 WEST 8TH TERRACE	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 65712-1612  IO 64062-9357  CE IO 64062-9357	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269 Level of Care: SNF County RAY	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE LAWSON MAIling Address 210 WEST 8TH TERRACE LAWSON MAIling Address 210 WEST 8TH TERRACE LAWSON MAILING & REHAB LAWSON MAILING & REHAB	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 65712-1612  IO 64062-9357  CE IO 64062-9357	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269 Level of Care: SNF County RAY Region 4 Medicare/Medicaid	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No Facility Number 07395
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON M  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE LAWSON MAILING & REHAB 210 WEST 8TH TERRACE	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 64062-9357  CE IO 64062-9357  B	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269 Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No Facility Number 07395
915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON Mailing Address 915 CARL ALLEN ST MT VERNON  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TERRAC LAWSON MAILEBANON MORTH NURSING & REHA 596 MORTON RD LEBANON	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 65712-1612  IO 64062-9357  CE IO 64062-9357	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269 Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No Facility Number 07395  Alzheimer's Unit Yes Bed Capacity 180
915 CARL ALLEN ST MT VERNON  Mailing Address 915 CARL ALLEN ST MT VERNON  LAWRENCE COUNTY RESIDENTIAL 915 CARL ALLEN ST MT VERNON  Mailing Address 915 CARL ALLEN ST MT VERNON  LAWSON MANOR & REHAB 210 WEST 8TH TERRACE LAWSON  Mailing Address 210 WEST 8TH TERRAC LAWSON  Mailing Address 210 WEST 8TH TERRAC LAWSON  Mailing Address 596 MORTON RD  LEBANON  Mailing Address 596 MORTON RD	CARE CENTER  IO 65712-1612  IO 65712-1612  IO 64062-9357  CE IO 64062-9357  B	Level of Care: SNF County LAWRENCE Region 1 Medicare/Medicaid  Telephone (417) 466-2183 Level of Care: RCF* County LAWRENCE Region 1  Telephone (816) 580-3269 Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173	Bed Capacity 90 DMH Licensed No Facility Number 04349  Alzheimer's Unit No Bed Capacity 30 DMH Licensed No Facility Number 04349  Alzheimer's Unit Yes Bed Capacity 60 DMH Licensed No Facility Number 07395

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LEBANON SOUTH NURSING & RI	EHAB		
514 WEST FREMONT ROAD		<b>Telephone</b> (417) 532-5351	Alzheimer's Unit No
LEBANON	MO 65536-4244	Level of Care: SNF	<b>Bed Capacity</b> 116
Mailing Address 514 WEST FREMON	NT ROAD	County LACLEDE	<b>DMH Licensed</b> No
LEBANON	MO 65536-4244	Region 1 Medicare/Medicaid	Facility Number 15650
LEBANON SOUTH NURSING & RI	ЕНАВ		
514 WEST FREMONT RD		<b>Telephone</b> (417) 532-5351	Alzheimer's Unit No
LEBANON	MO 65536-4244	Level of Care: RCF	<b>Bed Capacity</b> 68
Mailing Address 514 WEST FREMON		County LACLEDE	<b>DMH Licensed</b> No
LEBANON	MO 65536-4244	Region 1	Facility Number 15650
LEE HOUGE GENIOD LIVING LLC	•		
LEE HOUSE SENIOR LIVING LLC 105 NORTH MILL ST		Talankana (572) 202 5559	Alzheimer's Unit No
ELDON	MO 65026-1728	Telephone (573) 392-5558 Level of Care: RCF	
Mailing Address 105 NORTH MILL S			Bed Capacity 53  DMH Licensed No
ELDON	MO 65026-1728	·	
ELDON	MO 63026-1728	Region 6	Facility Number 13089
LEE'S SUMMIT PLACE			
1501 SW 3RD ST		<b>Telephone</b> (816) 525-6300	Alzheimer's Unit No
LEE'S SUMMIT	MO 64081-2424	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1501 SW 3RD ST		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-2424	Region 3 Medicare/Medicaid	Facility Number 12484
		<b>g</b>	·
LEGENDARY NURSING & REHAB	BILITATION LLC		
809 EAST GORDON ST		<b>Telephone</b> (660) 886-2247	Alzheimer's Unit No
MARSHALL	MO 65340-2811	Level of Care: SNF	<b>Bed Capacity</b> 92
Mailing Address 809 EAST GORDON	N ST	County SALINE	<b>DMH Licensed</b> No
MARSHALL	MO 65340-2811	Region 5 Medicare/Medicaid	Facility Number 04895
LEISURE LIVING			
305 5TH ST		<b>Telephone</b> (417) 235-5959	Alzheimer's Unit No
MONETT	MO 65708-2312	Level of Care: RCF	Bed Capacity 20
Mailing Address 305 5TH ST		County BARRY	DMH Licensed Yes
MONETT	MO 65708-2312	Region 1	Facility Number 18227
LENOIR HEALTH CARE CENTER			
3850 CARTWRIGHT LANE		<b>Telephone</b> (573) 876-5800	Alzheimer's Unit No
COLUMBIA	MO 65201-7779	Level of Care: SNF	<b>Bed Capacity</b> 100
Mailing Address 3850 CARTWRIGHT	ΓLANE	County BOONE	<b>DMH Licensed</b> No
COLUMBIA	MO 65201-7779	Region 6 Medicare/Medicaid	Facility Number 04750
LENOIR MANOR			
3850 CARTWRIGHT LANE		<b>Telephone</b> (573) 876-5800	Alzheimer's Unit Yes
COLUMBIA	MO 65201-	Level of Care: ALF**	Bed Capacity 92
Mailing Address 3850 CARTWRIGHT		County BOONE	DMH Licensed No
COLUMBIA	MO 65201-	Region 6	Facility Number 04750
-		8	3 1730

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LEONA HOUSE				
5000 NW OLD TRAIL ROAD		<b>Telephone</b> (816) 584-1033	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-1946	Level of Care: ALF**	Bed Capacity	7
Mailing Address 5000 NW OLD TRAI		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-1946	Region 4	Facility Number	24748
LEVERING REGIONAL HEALTH (	CARE CENTER	(572) 221 222		
1734 MARKET ST	10 (240) 4025	<b>Telephone</b> (573) 221-2930	Alzheimer's Unit	No
HANNIBAL 1734 MARKET ST	MO 63401-4025	Level of Care: SNF	Bed Capacity	179
Mailing Address 1734 MARKET ST	NO 62401 4025	County MARION	DMH Licensed	No
HANNIBAL	MO 63401-4025	Region 5 Medicare/Medicaid	Facility Number	15954
LEVERING REGIONAL HEALTH	CARE CENTER			
1734 MARKET ST	CARE CENTER	<b>Telephone</b> (573) 221-2930	Alzheimer's Unit	No
HANNIBAL	MO 63401-4025	Level of Care: RCF*	Bed Capacity	35
Mailing Address 1734 MARKET ST	110 00 101 1020	County MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-4025	Region 5	Facility Number	15954
	110 00 101 1020	Region 5	Tuesting Transpor	13754
LEWIS & CLARK GARDENS				
1221 BOONES LICK RD		<b>Telephone</b> (636) 946-6140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2328	Level of Care: SNF	Bed Capacity	142
Mailing Address 1221 BOONES LICK	RD	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2328	Region 5 Medicare/Medicaid	<b>Facility Number</b>	01266
LEWIS COUNTY NURSING HOME	DISTRICT			
LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N	DISTRICT	<b>Telephone</b> (573) 288-4454	Alzheimer's Unit	Yes
	<b>DISTRICT</b> MO 63435-3463	Telephone (573) 288-4454 Level of Care: SNF	Alzheimer's Unit Bed Capacity	Yes 120
17528 STATE HIGHWAY 81 N		• '		
17528 STATE HIGHWAY 81 N CANTON		Level of Care: SNF	<b>Bed Capacity</b>	120
17528 STATE HIGHWAY 81 N CANTON <b>Mailing Address</b> PO BOX 266 CANTON	MO 63435-3463 MO 63435-0266	Level of Care: SNF County LEWIS	Bed Capacity DMH Licensed	120 No
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON LIBERTY HEALTH AND WELLNE	MO 63435-3463 MO 63435-0266	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	120 No 04790
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR	MO 63435-3463 MO 63435-0266	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	120 No 04790
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY	MO 63435-3463 MO 63435-0266 SS MO 64068-3375	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 04790 No 143
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 04790 No 143 No
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY	MO 63435-3463 MO 63435-0266 SS MO 64068-3375	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 04790 No 143
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 04790 No 143 No
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 04790 No 143 No 16715
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 04790 No 143 No
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 04790 No 143 No 16715
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207 Level of Care: RCF* County TEXAS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 04790 No 143 No 16715
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING Mailing Address 225 WEST HIGHWAY	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 04790 No 143 No 16715
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING Mailing Address 225 WEST HIGHWA LICKING LIFE CARE CENTER OF BRIDGET	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832  YY 32  MO 65542-9832	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207 Level of Care: RCF* County TEXAS Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 04790 No 143 No 16715
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING Mailing Address 225 WEST HIGHWA LICKING LIFE CARE CENTER OF BRIDGET 12145 BRIDGETON SQUARE DR	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832  Y 32  MO 65542-9832	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207 Level of Care: RCF* County TEXAS Region 2  Telephone (314) 298-7444	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 04790 No 143 No 16715 No 34 No 24302
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING Mailing Address 225 WEST HIGHWA LICKING  LIFE CARE CENTER OF BRIDGET 12145 BRIDGETON SQUARE DR BRIDGETON	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832  YY 32  MO 65542-9832  TON  MO 63044-2616	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207 Level of Care: RCF* County TEXAS Region 2  Telephone (314) 298-7444 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 04790 No 143 No 16715 No 34 No 24302
17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR LIBERTY Mailing Address 2201 GLENN HEND LIBERTY  LICKING RESIDENTIAL CARE 225 WEST HIGHWAY 32 LICKING Mailing Address 225 WEST HIGHWA LICKING LIFE CARE CENTER OF BRIDGET 12145 BRIDGETON SQUARE DR	MO 63435-3463  MO 63435-0266  SS  MO 64068-3375  REN DR  MO 64068-3375  MO 65542-9832  YY 32  MO 65542-9832  TON  MO 63044-2616	Level of Care: SNF County LEWIS Region 5 Medicare/Medicaid  Telephone (816) 736-8800 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 674-2207 Level of Care: RCF* County TEXAS Region 2  Telephone (314) 298-7444	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 04790 No 143 No 16715 No 34 No 24302

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^{**} 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)).

LIFE CARE CENTER OF BROOKF	IELD			
315 HUNT ST		<b>Telephone</b> (660) 258-3367		es
BROOKFIELD	MO 64628-2412	Level of Care: SNF		20
Mailing Address 315 HUNT ST		County LINN		No.
BROOKFIELD	MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number 0082	22
LIFE CARE CENTER OF CAPE GI	RARDEAU			
365 SOUTH BROADVIEW ST		<b>Telephone</b> (573) 335-2086		lo.
CAPE GIRARDEAU	MO 63703-5725	Level of Care: SNF		20
Mailing Address 365 SOUTH BROAD		County CAPE GIRARDEAU		VО
CAPE GIRARDEAU	MO 63703-5725	Region 2 Medicare/Medicaid	Facility Number 0103	32
LIEF CARE CENTER OF CARROL	I TON			
LIFE CARE CENTER OF CARROL 300 LIFE CARE LN	LTON	Tolonhous (660) 542 0155	Alzheimer's Unit Ye	es
CARROLLTON	MO 64633-1861	Telephone (660) 542-0155 Level of Care: SNF		es 20
Mailing Address 300 LIFE CARE LN	MO 04033-1801	County CARROLL	• •	20 Vo
CARROLLTON	MO 64633-1861			
CARROLLION	WO 04033-1801	Region 4 Medicare/Medicaid	Facility Number 1150	Ю
LIFE CARE CENTER OF GRANDV	IEW			
6301 EAST 125TH ST		<b>Telephone</b> (816) 765-7714	Alzheimer's Unit Y	es
GRANDVIEW	MO 64030-1884	Level of Care: SNF		72
Mailing Address 6301 EAST 125TH S		County JACKSON		No.
GRANDVIEW	MO 64030-1884	Region 3 Medicare/Medicaid	Facility Number 1192	
		region 5 Medical Chicalcan	11011	-/
LIFE CARE CENTER OF ST LOUIS	S			
3520 CHOUTEAU AVE		<b>Telephone</b> (314) 771-2100	Alzheimer's Unit	Vo.
SAINT LOUIS	MO 63103-2916	Level of Care: SNF	Bed Capacity 10	00
Mailing Address 3520 CHOUTEAU A	VE	County SAINT LOUIS CITY	DMH Licensed	Vо
SAINT LOUIS	MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number 1982	23
LIFE CARE CENTER OF SULLIVA	.N	m 1 1 (572) 460 2120		
875 DUNSFORD DR	MO (2000 1220	<b>Telephone</b> (573) 468-3128		No.
SULLIVAN	MO 63080-1238	Level of Care: SNF		20
Mailing Address 875 DUNSFORD DR		County FRANKLIN		No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number 0774	14
LIFE CARE CENTER OF WAYNES	VILLE			
700 BIRCH LN		<b>Telephone</b> (573) 774-6456	Alzheimer's Unit Y	es
WAYNESVILLE	MO 65583-2275	Level of Care: SNF		20
Mailing Address 700 BIRCH LN		County PULASKI		No
WAYNESVILLE	MO 65583-2275	Region 6 Medicare/Medicaid	Facility Number 0459	
		O Marie Care Care Care Care Care Care Care Car	🕡 222	_
LIFE ENHANCEMENT VILLAGE (	OF THE OZARKS INC			
732 SOUTH GREGG ROAD		<b>Telephone</b> (417) 725-5166		Ю
NIXA	MO 65714-7419	Level of Care: RCF*		44
Mailing Address 732 SOUTH GREGO	RD	County CHRISTIAN		es
NIXA	MO 65714-7419	Region 1	Facility Number 1419	<del>)</del> 0

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^{**} 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)).

LINCOLN COMMUNITY CARE CEN	TOED.		
LINCOLN COMMUNITY CARE CEN 205 TIMBERLINE DR	ILK	<b>Telephone</b> (660) 547-3322	Alzheimer's Unit No
LINCOLN	MO 65338-2007	Level of Care: SNF	Bed Capacity 66
Mailing Address 205 TIMBERLINE DR		County BENTON	DMH Licensed No
LINCOLN	MO 65338-2007	Region 6 Medicare/Medicaid	Facility Number 04803
ENCOLIV	140 05550 2007	Region o Medicai e/Medicaid	Tacinty Number 04003
LINCOLN COUNTY NURSING & RE	НАВ		
1145 EAST CHERRY ST		<b>Telephone</b> (636) 528-5712	Alzheimer's Unit No
TROY	MO 63379-1520	Level of Care: SNF	Bed Capacity 90
Mailing Address PO BOX 130		County LINCOLN	DMH Licensed No
TROY	MO 63379-0130	Region 5 Medicare/Medicaid	Facility Number 15750
LINDEN MANOR CNSL OPERATION	NLLC		
4336 LINDELL BLVD		<b>Telephone</b> (314) 652-4828	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2702	Level of Care: RCF*	Bed Capacity 20
Mailing Address PO BOX 525		County SAINT LOUIS CITY	DMH Licensed Yes
CUBA	MO 65453-	Region 7	Facility Number 10470
LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit No
GLADSTONE  GLADSTONE	MO 64119-7400	Level of Care: ALF**	Bed Capacity 40
Mailing Address 2901 NE 72ND STREE		County CLAY	DMH Licensed No
GLADSTONE	MO 64119-7400	Region 4	Facility Number 30156
OL/ADSTOTAL	100 04117 /400	Region 4	racinty Number 50150
LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit No
	MO 64119-7400	Telephone (816) 268-4000 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 40
2901 NE 72ND STREET		• '	
2901 NE 72ND STREET GLADSTONE		Level of Care: SNF	<b>Bed Capacity</b> 40
2901 NE 72ND STREET GLADSTONE <b>Mailing Address</b> 2901 NE 72ND STREE	ET	Level of Care: SNF County CLAY	Bed Capacity40DMH LicensedNo
2901 NE 72ND STREET GLADSTONE <b>Mailing Address</b> 2901 NE 72ND STREE GLADSTONE	ET	Level of Care: SNF County CLAY	Bed Capacity40DMH LicensedNo
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE LIVING CENTER, THE	ET	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid	Bed Capacity40DMH LicensedNoFacility Number30156
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY	ET MO 64119-7400	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL	ET MO 64119-7400	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL	MO 64119-7400  MO 65340-0017  MO 65340-0370	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL LIVING COMMUNITY OF ST JOSER	MO 64119-7400  MO 65340-0017  MO 65340-0370	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791  Alzheimer's Unit No
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791  Alzheimer's Unit No Bed Capacity 96
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH Mailing Address 1202 HEARTLAND R	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200 D	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF County BUCHANAN	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791  Alzheimer's Unit No Bed Capacity 96 DMH Licensed No
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791  Alzheimer's Unit No Bed Capacity 96
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH Mailing Address 1202 HEARTLAND R SAINT JOSEPH LIVING COMMUNITY OF ST JOSEF	MO 64506-3200 MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200  D  MO 64506-3200	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791  Alzheimer's Unit No Bed Capacity 96 DMH Licensed No Facility Number 24179
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL  LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH Mailing Address 1202 HEARTLAND R SAINT JOSEPH LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200  D  MO 64506-3200  PH	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity 99 DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity 96 DMH Licensed No Facility Number  Alzheimer's Unit Bed Capacity 96 DMH Licensed No Facility Number  No Facility Number  No
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL  LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH Mailing Address 1202 HEARTLAND R SAINT JOSEPH LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200  D  MO 64506-3200  PH  MO 64506-3200	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: ALF**	Bed Capacity 40 DMH Licensed No Facility Number 30156  Alzheimer's Unit Yes Bed Capacity 99 DMH Licensed No Facility Number 21791  Alzheimer's Unit No Bed Capacity 96 DMH Licensed No Facility Number 24179  Alzheimer's Unit No Bed Capacity 36 Alzheimer's Unit No Bed Capacity 35
2901 NE 72ND STREET GLADSTONE Mailing Address 2901 NE 72ND STREE GLADSTONE  LIVING CENTER, THE 2506 LINDEN TREE PARKWAY MARSHALL Mailing Address PO BOX 370 MARSHALL  LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD SAINT JOSEPH Mailing Address 1202 HEARTLAND R SAINT JOSEPH LIVING COMMUNITY OF ST JOSEF 1202 HEARTLAND RD	MO 64119-7400  MO 65340-0017  MO 65340-0370  PH  MO 64506-3200  D  MO 64506-3200  PH  MO 64506-3200	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (660) 886-9676 Level of Care: SNF County SALINE Region 5 Medicare/Medicaid  Telephone (816) 671-8500 Level of Care: SNF County BUCHANAN Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity 99 DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity 96 DMH Licensed No Facility Number  Alzheimer's Unit Bed Capacity 96 DMH Licensed No Facility Number  No Facility Number  No

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LIVING LIFE LONG RESIDENTIA	L CARE, LLC			
5076 WATERMAN		<b>Telephone</b> (314) 495-5498	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-1102	Level of Care: RCF	Bed Capacity	20
Mailing Address 303 UNION BLVD		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-4400	Region 7	Facility Number	05212
LIVINGSTON MANOR CARE CEN	TER			
939 E BIRCH DR		<b>Telephone</b> (660) 646-5177	Alzheimer's Unit	Yes
CHILLICOTHE	MO 64601-2189	Level of Care: SNF	Bed Capacity	94
Mailing Address 939 E BIRCH DR		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-2189	Region 4 Medicare/Medicaid	Facility Number	20099
LOCH HAVEN		<b>T</b> 1 1 (660) 227 2442	411	*7
701 SUNSET HILLS DR	NO (2552 2165	<b>Telephone</b> (660) 385-3113	Alzheimer's Unit	Yes
MACON	MO 63552-2165	Level of Care: SNF	Bed Capacity	100
Mailing Address PO BOX 187	NO 62552 0105	County MACON	DMH Licensed	No
MACON	MO 63552-0187	Region 5 Medicare/Medicaid	Facility Number	04739
LOCH HAVEN				
701 SUNSET HILLS DR		<b>Telephone</b> (660) 385-3113	Alzheimer's Unit	No
MACON	MO 63552-2165	Level of Care: RCF*	<b>Bed Capacity</b>	26
Mailing Address PO BOX 187		County MACON	DMH Licensed	No
MACON	MO 63552-0187	Region 5	Facility Number	04739
LODGE RESIDENTIAL CARE FAC	ILITY, THE			
3860 EAST 60TH ST		<b>Telephone</b> (816) 599-5235	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4418	Level of Care: RCF	Bed Capacity	8
Mailing Address 3860 EAST 60TH ST	•	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4418	Region 3	Facility Number	16211
LODGE THE				
LODGE, THE 542 STATE ROAD DD		<b>Telephone</b> (660) 248-2277	Alzheimer's Unit	No
FAYETTE	MO 65248-9658	Level of Care: ALF**	Bed Capacity	60
Mailing Address 542 STATE RD DD	00210 7000	County HOWARD	DMH Licensed	Yes
FAYETTE	MO 65248-9658	Region 5	Facility Number	28815
LODGES THE				
LODGES, THE		m 1 1 (417) 024 4545		**
2401 W GRAND ST	NO (5000 40 (5	<b>Telephone</b> (417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4967	Level of Care: RCF*	Bed Capacity	99
Mailing Address 2401 W GRAND ST	MO (5902 4067	County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65802-4967	Region 1	Facility Number	09756
LOVING ARMS MEMORY CARE A	AND ASSISTED LIVING			
1300 EAST 24TH ST		<b>Telephone</b> (660) 851-2266	Alzheimer's Unit	yes
SEDALIA	MO 65301-8233	<b>Level of Care:</b> ALF**	Bed Capacity	20
Mailing Address 1300 EAST 24TH ST	REET	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8233	Region 6	Facility Number	15971

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LUTHER MANOR RETIREMENT &	NURSING CENTER			
3170 HIGHWAY 61 NORTH		<b>Telephone</b> (573) 221-5533	Alzheimer's Unit	No
HANNIBAL	MO 63401-6571	Level of Care: SNF	<b>Bed Capacity</b>	64
Mailing Address 3170 HIGHWAY 61 N	ORTH	County MARION	DMH Licensed	No
HANNIBAL	MO 63401-6571	Region 5 Medicare/Medicaid	Facility Number	04673
LUTHERAN CONVALESCENT HOM	IF.			
723 SOUTH LACLEDE STATION RD	III.	<b>Telephone</b> (314) 968-5570	Alzheimer's Unit	No
WEBSTER GROVES	MO 63119-4911	Level of Care: SNF	Bed Capacity	286
Mailing Address 723 SOUTH LACLEDI		County SAINT LOUIS COUNTY	DMH Licensed	No
WEBSTER GROVES	MO 63119-4911	Region 7 Medicare/Medicaid	Facility Number	04695
WEBSTER GROVES	WO 03117-4711	Region / Wedicare/Medicaid	racinty Number	04093
LUTHERAN GOOD SHEPHERD HON	ME			
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit	NO
CONCORDIA	MO 64020-9643	Level of Care: ALF**	Bed Capacity	53
Mailing Address PO BOX 849		County LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3	Facility Number	04705
LUTHERAN HOME ASSISTED LIVIN	NG			
2825 BLOOMFIELD RD		<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63703-6335	Level of Care: ALF**	Bed Capacity	115
Mailing Address 2825 BLOOMFIELD R	RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6335	Region 2	Facility Number	13536
LUTHERAN HOME, THE				
2825 BLOOMFIELD RD		<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63703-6335	Level of Care: SNF	<b>Bed Capacity</b>	274
Mailing Address 2825 BLOOMFIELD R	RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6335	Region 2 Medicare/Medicaid	Facility Number	13536
LUTHERAN NURSING HOME				
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit	Yes
CONCORDIA	MO 64020-9643	Level of Care: SNF	<b>Bed Capacity</b>	113
Mailing Address PO BOX 849		County LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3 Medicare/Medicaid	Facility Number	04705
LUTHERAN SENIOR SERVICES AT	BREEZE PARK			
600 BREEZE PARK DR		<b>Telephone</b> (636) 939-5223	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63304-9139	Level of Care: ALF**	Bed Capacity	23
Mailing Address 600 BREEZE PARK D		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5	Facility Number	20704
	. 0000.7207		1.0011001	20704
LUMBERAN CENTOR CERTIFICA	DDEEZE DADIZ			
LUTHERAN SENIOR SERVICES AT	DREELE PAKK	<b>Telephone</b> (636) 939-5223	Alghaiman's Unit	Ma
600 BREEZE PARK DR	MO 63204 0120	_	Alzheimer's Unit	No
SAINT CHARLES  Mailing Address 600 PREEZE DARK D	MO 63304-9139	Level of Care: ALF	Bed Capacity	56 No.
Mailing Address 600 BREEZE PARK D		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5	Facility Number	20704

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LUTHERAN SENIOR SERVICES A	Γ BREEZE PARK			
600 BREEZE PARK DR		<b>Telephone</b> (636) 939-5223	Alzheimer's Unit	No
SAINT CHARLES	MO 63304-9139	Level of Care: SNF	<b>Bed Capacity</b>	81
Mailing Address 600 BREEZE PARK	DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5 Medicare/Medicaid	<b>Facility Number</b>	20704
LUTHERAN SENIOR SERVICES A	T MED AMEC DI HEES			
50 MERAMEC TRAIL DR	I MERAMEC BLUFFS	<b>Telephone</b> (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care: ALF**		100
Mailing Address 50 MERAMEC TRA			Bed Capacity DMH Licensed	No
BALLWIN	MO 63021-3303	• • • • •		
BALLWIN	WIO 03021-3303	Region 7	Facility Number	23643
LUTHERAN SENIOR SERVICES A	T MERAMEC BLUFFS	<b>m</b> 1 1 (200 021 0200		
50 MERAMEC TRAIL DR		<b>Telephone</b> (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care: SNF	Bed Capacity	128
Mailing Address 50 MERAMEC TRA		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	Facility Number	23643
LUXLIFE SENIOR LIVING				
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2504	Level of Care: ALF**	Bed Capacity	57
Mailing Address 111 MOCK AVE		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	Region 3	Facility Number	13219
LYNN'S HERITAGE HOUSE, INC				
800 KELLY LN		<b>Telephone</b> (573) 754-4020	Alzheimer's Unit	Yes
LOUISIANA	MO 63353-2415	Level of Care: ALF**	Bed Capacity	44
Mailing Address 800 KELLY LN		County PIKE	DMH Licensed	No
LOUISIANA	MO 63353-2415	Region 5	Facility Number	21055
MACON HEALTH CARE CENTER		m		
29612 KELLOGG AVE	140	<b>Telephone</b> (660) 385-5797	Alzheimer's Unit	Yes
MACON	MO 63552-3702	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 465		County MACON	DMH Licensed	No
MACON	MO 63552-0465	Region 5 Medicare/Medicaid	Facility Number	04914
MADIGON GENTOD I WING TWO				
MADISON SENIOR LIVING THE		m 1 1 2 207 1707	A11.	37
14001 MADISON AVENUE		<b>Telephone</b> 816-627-1726	Alzheimer's Unit	Yes
KANSAS CITY	MO 64145-1613	Level of Care: ALF**	Bed Capacity	66 N
Mailing Address 14001 MADISON AV		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64145-1613	Region 3	Facility Number	32321
MACNOLIA HOUSE				
MAGNOLIA HOUSE 204 GRAND AVE		Tolophone (626) 022 0662	Alzhoimon's Unit	No
FESTUS	MO 62028 1842	Telephone (636) 933-0662 Level of Care: RCF	Alzheimer's Unit	No
	MO 63028-1842		Bed Capacity	12 Vas
Mailing Address 204 GRAND AVE	MO 62029 1942	County JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1842	Region 2	Facility Number	13697

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MAGNOLIA SQUARE NURSING A	ND REHAB			
1502 WEST EDGEWOOD		<b>Telephone</b> (417) 877-7545	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-3567	Level of Care: SNF	Bed Capacity 12	20
Mailing Address 1502 WEST EDGEW	/OOD	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-3567	Region 1 Medicare/Medicaid	Facility Number 2340	00
MANCHECTED DELIAD AND HEAT	THEADE CENTED			
MANCHESTER REHAB AND HEAI 312 SOLLEY DR	LIHCARE CENTER	T-1 (626) 201 0666	Aleksinsents Tieria	10
BALLWIN	MO 63021-5248	Telephone (636) 391-0666 Level of Care: SNF		37
Mailing Address 312 SOLLEY DR	WO 03021-3248		=	S) No
BALLWIN	MO 63021-5248	•		
BALLWIN	MO 03021-3248	Region 7 Medicare/Medicaid	Facility Number 049'	70
MANOR AT ELFINDALE, THE		Talanhana (417) 921 2272	Alahaimania II	705
1707 WEST ELFINDALE ST	NO (5005 104)	<b>Telephone</b> (417) 831-2273		es
SPRINGFIELD	MO 65807-1246	Level of Care: SNF		00
Mailing Address 1707 WEST ELFIND		County GREENE		No
SPRINGFIELD	MO 65807-1246	Region 1 Medicare	Facility Number 173	71
	_			
MANOR GROVE, INCORPORATEI	)			
711 SOUTH KIRKWOOD RD	1.0 .01.0 .000	<b>Telephone</b> (314) 965-0864		No
KIRKWOOD	MO 63122-5928	Level of Care: SNF	· · · · · · · · · · · · · · · · · · ·	17
Mailing Address 711 SOUTH KIRKW		County SAINT LOUIS COUNTY		No
KIRKWOOD	MO 63122-5928	Region 7 Medicare/Medicaid	Facility Number 0600	38
MANOR THE				
MANOR, THE		T. I. I. (572) (96 1147	411	
2071 BARRON RD	MO (2001 1002	<b>Telephone</b> (573) 686-1147		No
POPLAR BLUFF	MO 63901-1903	Level of Care: SNF County BUTLER	· · · · · · · · · · · · · · · · · · ·	90
Mailing Address 2071 BARRON RD	MO (2001 1002			No
POPLAR BLUFF	MO 63901-1903	Region 2 Medicare/Medicaid	Facility Number 0068	83
MAPLE CREST MANOR				
430 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-4835	Level of Care: RCF*		48
Mailing Address 430 NORTH FREDE		County CAPE GIRARDEAU		es es
CAPE GIRARDEAU	MO 63701-4835	Region 2	Facility Number 0362	
CHI E GIRARDENO	NIO 03701 4033	Region 2	racincy runner 030.	20
MAPLE GROVE LODGE				
2407 KENTUCKY ST		<b>Telephone</b> (573) 754-5456	Alzheimer's Unit	No
LOUISIANA	MO 63353-2503	Level of Care: SNF		90
Mailing Address 2407 KENTUCKY S		County PIKE		No
LOUISIANA	MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number 0500	
200101111		region o medical c/medicald	_ uemij _ number	J-2
MAPLE LAWN NURSING HOME				
1410 WEST LINE ST		<b>Telephone</b> (573) 769-2213	Alzheimer's Unit Y	es
PALMYRA	MO 63461-1831	Level of Care: SNF		10
Mailing Address PO BOX 232		County MARION	= -	No
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number 0996	
	- ** **- *-*-	-1051011 - Miculcul Civiculculu		-

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MAPLE RIDGE RESIDENTIAL CAR	E CENTER LLC			
1034 DORIS DR		<b>Telephone</b> (573) 760-0155	Alzheimer's Unit	No
FARMINGTON	MO 63640-1954	Level of Care: RCF*	Bed Capacity	20
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed Y	l'es
FARMINGTON	MO 63640-0272	Region 2	Facility Number 198	08
MAPLE SENIOR LIVING LLC				
3 SOUTHWEST FIRST LANE		<b>Telephone</b> (417) 682-6184	Alzheimer's Unit	No
LAMAR	MO 64759-8313	Level of Care: RCF*		56
Mailing Address 3 SOUTHWEST FIRST		County BARTON		No
LAMAR	MO 64759-8313	Region 1	Facility Number 208	
				0,
MAPLE TREE TERRACE - ASSISTED	D LIVING BY AMERICARE	T. I. I. (417) 250 7201	411 1 1 77 1/	
2510 CLINTON ST	NO. 61036 2127	<b>Telephone</b> (417) 358-7201		No
CARTHAGE	MO 64836-3427	Level of Care: ALF**		50 N
Mailing Address 2510 CLINTON ST	MO (492( 2427	County JASPER		No
CARTHAGE	MO 64836-3427	Region 1	Facility Number 176	60
MAPLEBROOK-ASSISTED LIVING I	BY AMERICARE			
520 MAPLE VALLEY DR		<b>Telephone</b> (573) 756-2777	Alzheimer's Unit Y	es
FARMINGTON	MO 63640-1981	Level of Care: ALF**	Bed Capacity	61
Mailing Address 520 MAPLE VALLEY	DR	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-1981	Region 2	Facility Number 286	35
MAPLES HEALTH AND REHABILIT	TATION, THE			
610 WEST SUNSET ST		<b>Telephone</b> (417) 891-1700	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-3696	Level of Care: SNF	Bed Capacity 1	20
Mailing Address 610 WEST SUNSET S	T	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-3696	Region 1 Medicare/Medicaid	Facility Number 064	41
MAPLEWOOD, INC				
1827 CRADER DR		<b>Telephone</b> (573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-2005	Level of Care: ALF**	Bed Capacity	24
Mailing Address 1827 CRADER DR		County COLE	DMH Licensed Y	l'es
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 169	64
MAPLEWOOD, INC				
1827 CRADER DR		<b>Telephone</b> (573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-2005	Level of Care: ALF		13
Mailing Address 1827 CRADER DR	2000	County COLE		l'es
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 169	
	- 00107 2000	and a second	109	JT
MARANATHA VILLAGE, INC		m 1 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
233 EAST NORTON RD	MO (5000 2602	<b>Telephone</b> (417) 833-0016		No
SPRINGFIELD	MO 65803-3633	Level of Care: RCF		29 N
Mailing Address 233 EAST NORTON R		County GREENE		No
SPRINGFIELD	MO 65803-3633	Region 1	Facility Number 049	U/

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MARANATHA VILLAGE, INC			
233 EAST NORTON RD		<b>Telephone</b> (417) 833-0016	Alzheimer's Unit No
SPRINGFIELD	MO 65803-3633	Level of Care: SNF	Bed Capacity 120
Mailing Address 233 EAST NORTON F		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65803-3633	Region 1 Medicare/Medicaid	Facility Number 04907
MARI DE VILLA RETIREMENT CE	NTED INC		
13900 CLAYTON RD	WIER, INC	<b>Telephone</b> (636) 227-5347	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-8406	Level of Care: SNF	Bed Capacity 224
Mailing Address 13900 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed No
TOWN AND COUNTRY	MO 63017-8406	Region 7	Facility Number 05047
MARIAN CLIFF RESIDENTIAL CAR	RE CENTER LLC		
381 ELM ST		<b>Telephone</b> (573) 543-2218	Alzheimer's Unit No
SAINT MARY	MO 63673-9330	Level of Care: RCF*	<b>Bed Capacity</b> 66
Mailing Address PO BOX 272		County SAINTE GENEVIEVE	DMH Licensed Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number 05058
MARIES MANOR			
174 BALLPARK RD		<b>Telephone</b> (573) 422-3177	Alzheimer's Unit No
VIENNA	MO 65582-8043	Level of Care: SNF	Bed Capacity 98
Mailing Address 174 BALLPARK RD		County MARIES	DMH Licensed No
VIENNA	MO 65582-8043	Region 6 Medicare/Medicaid	Facility Number 10491
		Troutent of Frederical a	10171
MARK TWAIN ASSISTED LIVING, I	INC		
901 UNION AVE		<b>Telephone</b> (660) 263-6515	Alzheimer's Unit No
MOBERLY	MO 65270-2456	Level of Care: ALF**	<b>Bed Capacity</b> 42
Mailing Address 901 UNION AVE		County RANDOLPH	<b>DMH Licensed</b> No
MOBERLY	MO 65270-2456	Region 5	Facility Number 16369
MARK TWAIN CARING CENTER			
3001 MAY ST		<b>Telephone</b> (573) 686-6999	Alzheimer's Unit Yes
POPLAR BLUFF	MO 63901-1942	Level of Care: SNF	Bed Capacity 120
Mailing Address 3001 MAY ST		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-1942	Region 2 Medicare/Medicaid	Facility Number 16013
MADIZ TWAIN MANOD			
MARK TWAIN MANOR		Tolonhone (214) 201 9240	Alaboimonia IInii
11988 MARK TWAIN LN	MO (2044 2925	<b>Telephone</b> (314) 291-8240	Alzheimer's Unit No
BRIDGETON  Mailing Address 11089 MADE TWAIN	MO 63044-2825	Level of Care: SNF	Bed Capacity 120
Mailing Address 11988 MARK TWAIN		County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON	MO 63044-2825	Region 7 Medicare/Medicaid	Facility Number 08188
MARSHFIELD CARE CENTER FOR	REHAB AND HEALTHCARE		
800 SOUTH WHITE OAK		<b>Telephone</b> (417) 859-3701	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care: SNF	Bed Capacity 74
Mailing Address 800 SOUTH WHITE C		County WEBSTER	<b>DMH Licensed</b> No
MARSHFIELD	MO 65706-2231	Region 1 Medicare/Medicaid	Facility Number 18481

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MADCHELL D. DI. A.CE		
MARSHFIELD PLACE	T-11 (417) 050 (122	Al-Laineaula Tirrita Na
820 SOUTH WHITE OAK STREET	Telephone (417) 859-6133	Alzheimer's Unit No
MARSHFIELD MO 65706-2		Bed Capacity 40
Mailing Address 820 SOUTH WHITE OAK STREET	County WEBSTER	DMH Licensed Yes
MARSHFIELD MO 65706-2	231 <b>Region</b> 1	Facility Number 20500
MARY CULVER HOME, THE		
221 WEST WASHINGTON AVE	<b>Telephone</b> (314) 966-6034	Alzheimer's Unit No
KIRKWOOD MO 63122-3	_	Bed Capacity 28
Mailing Address 221 W WASHINGTON AVE	County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD MO 63122-3	•	Facility Number 00592
		- 110000 J
MARY, QUEEN AND MOTHER CENTER		
7601 WATSON RD	<b>Telephone</b> (314) 961-8000	Alzheimer's Unit NO
SHREWSBURY MO 63119-5	001 Level of Care: SNF	<b>Bed Capacity</b> 230
Mailing Address 7601 WATSON RD	County SAINT LOUIS COUNTY	DMH Licensed No
SHREWSBURY MO 63119-5	Region 7 Medicare/Medicaid	Facility Number 05103
MA DVMOJINT MANOD		
MARYMOUNT MANOR 313 AUGUSTINE RD	T-11 ((2)() 029 (779)	Alahaimant-TI14
	<b>Telephone</b> (636) 938-6770	Alzheimer's Unit No
EUREKA MO 63025-1		Bed Capacity 100
Mailing Address PO BOX 600	County SAINT LOUIS COUNTY	DMH Licensed Yes
EUREKA MO 63025-0	600 <b>Region</b> 7	Facility Number 05117
MARYMOUNT MANOR		
313 AUGUSTINE RD	<b>Telephone</b> (636) 938-6770	Alzheimer's Unit Yes
EUREKA MO 63025-1	935 Level of Care: SNF	Bed Capacity 174
Mailing Address PO BOX 600	County SAINT LOUIS COUNTY	DMH Licensed No
EUREKA MO 63025-0	Region 7 Medicare/Medicaid	Facility Number 05117
MARYVILLE CHATEAU		
1101 E 5TH STREET	<b>Telephone</b> (660) 582-7447	Alzheimer's Unit No
MARYVILLE MO 64468-1	• • • • • • • • • • • • • • • • • • • •	Bed Capacity 20
Mailing Address 1101 E 5TH STREET	County NODAWAY	DMH Licensed No
MARYVILLE MO 64468-1	·	Facility Number 05149
		•
MARYVILLE LIVING CENTER		
524 NORTH LAURA	<b>Telephone</b> (660) 582-7447	Alzheimer's Unit Yes
MARYVILLE MO 64468-1		<b>Bed Capacity</b> 105
Mailing Address 524 NORTH LAURA	<b>County</b> NODAWAY	<b>DMH Licensed</b> No
MARYVILLE MO 64468-1	955 Region 4 Medicare/Medicaid	Facility Number 05149
MASON POINTE CARE CENTER		
13190 SOUTH OUTER 40 RD	<b>Telephone</b> (314) 434-3300	Alzheimer's Unit No
CHESTERFIELD MO 63017-5	917 <b>Level of Care:</b> ALF**	<b>Bed Capacity</b> 62
Mailing Address 13190 SOUTH OUTER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD MO 63017-5	917 <b>Region</b> 7	Facility Number 03957

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MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3300	Alzheimer's Unit	NO
CHESTERFIELD	MO 63017-5917	Level of Care: SNF	Bed Capacity	200
Mailing Address 13190 SOUTH OUTER		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number	03957
MATTIS POINTE - ASSISTED LIVING	G BY AMERICARE			
4962 MATTIS ROAD		<b>Telephone</b> (314) 328-4084	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-2795	Level of Care: ALF**	Bed Capacity	120
Mailing Address 4962 MATTIS ROAD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-2795	Region 7	Facility Number	30805
MAYWOOD MANOR				
1041 WEST TRUMAN RD		<b>Telephone</b> (816) 254-6789	Alzheimer's Unit	No
INDEPENDENCE	MO 64050-3447	Level of Care: RCF*	<b>Bed Capacity</b>	24
Mailing Address 1041 WEST TRUMAN	RD	County JACKSON	DMH Licensed	Yes
INDEPENDENCE	MO 64050-3447	Region 3	Facility Number	03948
MAYWOOD TERRACE LIVING CEN	TER			
10300 EAST TRUMAN RD		<b>Telephone</b> (816) 836-1250	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64052-2258	Level of Care: SNF	Bed Capacity	89
Mailing Address 10300 EAST TRUMAN	N RD	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64052-2258	Region 3 Medicare/Medicaid	Facility Number	08673
MCCLAY SENIOR CARE				
3801 MCCLAY ROAD		<b>Telephone</b> (636) 244-3323	Alzheimer's Unit	No
3801 MCCLAY ROAD SAINT PETERS	MO 63376-7327	Telephone (636) 244-3323 Level of Care: SNF		No 60
SAINT PETERS		Level of Care: SNF	Bed Capacity	
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD		Level of Care: SNF County SAINT CHARLES	Bed Capacity DMH Licensed	60 No
SAINT PETERS		Level of Care: SNF	Bed Capacity	60
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS	MO 63376-7327	Level of Care: SNF County SAINT CHARLES	Bed Capacity DMH Licensed	60 No
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF	MO 63376-7327	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 29933
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD	MO 63376-7327  ASSISTED LIVING	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 29933 Yes
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY	MO 63376-7327  ASSISTED LIVING  MO 64116-2639	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 29933 Yes 164
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON R	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  RD	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 29933 Yes 164 No
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY	MO 63376-7327  ASSISTED LIVING  MO 64116-2639	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 29933 Yes 164
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON R KANSAS CITY	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  RD  MO 64116-2639	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 29933 Yes 164 No
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON R KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF S	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  RD  MO 64116-2639	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF 1201 NW TULLISON RD KANSAS CITY Mailing Address 1201 NW TULLISON B KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF 1301 TULLISON ROAD	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  RD  MO 64116-2639  SKILLED FACILITY	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON R KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF S 1301 TULLISON ROAD KANSAS CITY	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  RD  MO 64116-2639  SKILLED FACILITY  MO 64116-2640	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON R KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF S 1301 TULLISON ROAD KANSAS CITY  Mailing Address 1201 NW TULLISON R Mailing Address 1201 NW TULLISON R	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  MO 64116-2639  SKILLED FACILITY  MO 64116-2640  ROAD	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON R KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF S 1301 TULLISON ROAD KANSAS CITY	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  RD  MO 64116-2639  SKILLED FACILITY  MO 64116-2640	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON B KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF S 1301 TULLISON ROAD KANSAS CITY  Mailing Address 1201 NW TULLISON B KANSAS CITY  Mailing Address 1201 NW TULLISON B KANSAS CITY	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  MO 64116-2639  SKILLED FACILITY  MO 64116-2640  ROAD	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF A 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON B KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF S 1301 TULLISON ROAD KANSAS CITY  Mailing Address 1201 NW TULLISON B KANSAS CITY  Mailing Address 1201 NW TULLISON B KANSAS CITY  MCDONALD BOARDING HOME	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  MO 64116-2639  SKILLED FACILITY  MO 64116-2640  ROAD	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF County CLAY Region 4 Medicare	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 29933 Yes 164 No 29084 No 56 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF AT 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF ST 1301 TULLISON ROAD KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  MCDONALD BOARDING HOME 438 NORTH 17TH ST	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  MO 64116-2639  SKILLED FACILITY  MO 64116-2640  ROAD  MO 64116-2639	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 29933 Yes 164 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF AT 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF AT 1301 TULLISON ROAD KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  MCDONALD BOARDING HOME 438 NORTH 17TH ST SAINT JOSEPH	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  MO 64116-2639  SKILLED FACILITY  MO 64116-2640  ROAD	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 29933 Yes 164 No 29084 No 29084
SAINT PETERS  Mailing Address 3801 MCCLAY ROAD SAINT PETERS  MCCRITE PLAZA AT BRIARCLIFF AT 1201 NW TULLISON RD KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  MCCRITE PLAZA AT BRIARCLIFF ST 1301 TULLISON ROAD KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  Mailing Address 1201 NW TULLISON BE KANSAS CITY  MCDONALD BOARDING HOME 438 NORTH 17TH ST	MO 63376-7327  ASSISTED LIVING  MO 64116-2639  MO 64116-2639  SKILLED FACILITY  MO 64116-2640  ROAD  MO 64116-2639	Level of Care: SNF County SAINT CHARLES Region 5 Medicare/Medicaid  Telephone (816) 888-7930 Level of Care: ALF** County CLAY Region 4  Telephone (816) 888-7930 Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 29933 Yes 164 No 29084 No 29084

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MCDONALD COUNTY LIVING CE	NTER			
1000 PATTERSON ST		<b>Telephone</b> (417) 845-3351	Alzheimer's Unit Yes	s
ANDERSON	MO 64831-7327	Level of Care: SNF	Bed Capacity 96	6
Mailing Address 1000 PATTERSON S	T	County MCDONALD	DMH Licensed No	О
ANDERSON	MO 64831-7327	Region 1 Medicare/Medicaid	Facility Number 05183	3
MCKNIGHT PLACE ASSISTED LIV	VING AND MEMORY CARE			
THREE MCKNIGHT PLACE	ING AND MEMORI CARE	<b>Telephone</b> (314) 993-3333	Alzheimer's Unit Yes	c
SAINT LOUIS	MO 63124-1900	Level of Care: SNF	Bed Capacity 55	
Mailing Address THREE MCKNIGHT			DMH Licensed No	
SAINT LOUIS	MO 63124-1900			
SAINI LOUIS	WIO 03124-1900	Region 7	Facility Number 23542	۷
MONNICHE DI 1 CE 1 CONCEDE I III	THIS AND MEMORY SARE			
MCKNIGHT PLACE ASSISTED LIV	VING AND MEMORY CARE	T. I. I. (214) 007 5222	A11	
THREE MCKNIGHT PL	NO (2124 1000	<b>Telephone</b> (314) 997-5333	Alzheimer's Unit No	
SAINT LOUIS	MO 63124-1900	Level of Care: ALF**	Bed Capacity 120	
Mailing Address THREE MCKNIGHT		County SAINT LOUIS COUNTY	DMH Licensed No.	
SAINT LOUIS	MO 63124-1900	Region 7	Facility Number 23542	2
MCKNIGHT PLACE EXTENDED C	ARE			
TWO MCKNIGHT PL		<b>Telephone</b> (314) 993-2221	Alzheimer's Unit No	
SAINT LOUIS	MO 63124-1900	Level of Care: SNF	Bed Capacity 70	
Mailing Address TWO MCKNIGHT Pl		County SAINT LOUIS COUNTY	DMH Licensed No.	)
SAINT LOUIS	MO 63124-1900	Region 7 Medicare	Facility Number 18914	1
MCLARNEY MANOR				
215 EAST PRATT		<b>Telephone</b> (660) 258-7402	Alzheimer's Unit No	
BROOKFIELD	MO 64628-1300	Level of Care: SNF	Bed Capacity 60	
Mailing Address PO BOX 129		County LINN	DMH Licensed No.	)
BROOKFIELD	MO 64628-0129	Region 5 Medicare/Medicaid	Facility Number 05220	)
MEADOW BIDGE GENIOD I WING				
MEADOW RIDGE SENIOR LIVING		T. 1. 1 (660) 262 0550	A11	
521 MEADOW RIDGE LANE	140	<b>Telephone</b> (660) 263-0550	Alzheimer's Unit No	
MOBERLY	MO 65270-4550	Level of Care: ALF**	Bed Capacity 57	
Mailing Address 521 MEADOW RIDO		County RANDOLPH	DMH Licensed No	
MOBERLY	MO 65270-4550	Region 5	Facility Number 28019	)
MEADOW VIEW HEALTH & REHA	ARII ITATION			
2203 EAST MECHANIC ST	SDIMITATION	<b>Telephone</b> (816) 380-2622	Alzheimer's Unit Yes	c
	MO 64701 2060	• '		
HARRISONVILLE	MO 64701-2060	Level of Care: SNF	Bed Capacity 120	
Mailing Address 2203 EAST MECHA		County CASS	DMH Licensed No	
HARRISONVILLE	MO 64701-2060	Region 3 Medicare/Medicaid	Facility Number 00968	3
MEADOWBROOK RESIDENTIAL (	CARE, INC			
806 WEST MULBERRY		<b>Telephone</b> (573) 546-7065	Alzheimer's Unit No	0
PILOT KNOB	MO 63663-	Level of Care: ALF**	Bed Capacity 36	
Mailing Address PO BOX 510		County IRON	DMH Licensed No	
PILOT KNOB	MO 63663-0510	Region 2	Facility Number 20513	
I ILUI KNUD	1410 03003-0310	Kegion 2	Facility Number 20513	,

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MEADOWVIEW MEMORY CARE		
555 WOODLAND VILLAS LANE		<b>Izheimer's Unit</b> Yes
ARNOLD MO 63010-2011	Level of Care: ALF** Bo	ed Capacity 24
Mailing Address 555 WOODLAND VILLAS LANE	County JEFFERSON D	MH Licensed No
ARNOLD MO 63010-2011	Region 2 Fa	acility Number 12549
MEDICALODGES BUTLER		
103 EAST NURSERY	<b>Telephone</b> (660) 679-3179 A	Izheimer's Unit Yes
BUTLER MO 64730-2331	•	ed Capacity 110
Mailing Address 103 EAST NURSERY		MH Licensed No
BUTLER MO 64730-2331	•	acility Number 05319
MG 01/30 2551	Region 5 Medical C/Medicalu 13	acincy (vanise) 0551)
MEDICAL ODGES NEOSHO		
MEDICALODGES NEOSHO	Tolophone (A17) A51 0544 A3	Izheimer's Unit Yes
400 LYON DR		
NEOSHO MO 64850-9194		ed Capacity 114
Mailing Address 400 LYON DR		MH Licensed No
NEOSHO MO 64850-9194	Region 1 Medicare/Medicaid Fa	acility Number 05383
MEDICALODGES NEVADA		
1210 W ASHLAND ST	•	Izheimer's Unit No
NEVADA MO 64772-1906	Level of Care: SNF Bo	ed Capacity 100
Mailing Address 1210 W ASHLAND ST	County VERNON D	MH Licensed No
NEVADA MO 64772-1906	Region 1 Medicare/Medicaid Fa	acility Number 05717
MELODY HOUSE		
3031 SOUTH TEN MILE DR	<b>Telephone</b> (573) 893-7228 A	<b>Izheimer's Unit</b> No
JEFFERSON CITY MO 65109-6816	Level of Care: RCF* Bo	ed Capacity 15
Mailing Address 3031 S TEN MILE DR	County COLE D	MH Licensed Yes
JEFFERSON CITY MO 65109-6816	Region 6 Fa	acility Number 14376
MEMORY LANE OF DEXTER 415 S CATALPA STREET	<b>Telephone</b> (573) 624-7491 <b>A</b>	Izheimer's Unit Yes
DEXTER MO 63841-2017		ed Capacity 73
Mailing Address 415 S CATALPA STREET	•	MH Licensed No
DEXTER MO 63841-2017	Region 2 Medicare/Medicaid Fa	acility Number 02156
MERAMEC NURSING CENTER		
	Tolonhone (572) 460 7722	lahaimanta Tinit N-
940 MATTOX DR		Izheimer's Unit No
SULLIVAN MO 63080-2364		ed Capacity 60
Mailing Address 940 MATTOX DR	•	MH Licensed No
SULLIVAN MO 63080-2364	Region 6 Medicare/Medicaid Fa	acility Number 18277
MEVED CADE CENTED		
MEYER CARE CENTER 1201 WEST 19TH ST	<b>Telephone</b> (660) 584-7111 Al	Izheimer's Unit No
HIGGINSVILLE MO 64037-1458	_	ed Capacity 39
Mailing Address 1201 WEST 19TH ST	•	
HIGGINSVILLE MO 64037-1458	Region 3 Fa	acility Number 05326

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MEYER CARE CENTER				
1201 WEST 19TH ST		<b>Telephone</b> (660) 584-7111	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care: SNF	Bed Capacity	56
Mailing Address 1201 WEST 19TH ST	Γ	County LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3 Medicare/Medicaid	<b>Facility Number</b>	05326
MILANTHEAT THE CADE CENTEED				
MILAN HEALTH CARE CENTER 52435 INFIRMARY RD		T-1	A 1-1	No
MILAN	MO 63556-2874	Telephone (660) 265-4032 Level of Care: SNF	Alzheimer's Unit	100
			Bed Capacity DMH Licensed	No
Mailing Address 52435 INFIRMARY	MO 63556-2874			
MILAN	MO 05350-2874	Region 5 Medicare/Medicaid	Facility Number	05418
MILL CREEK VILLAGE-ASSISTEI	D LIVING BY AMERICARE			
1990 W SOUTHAMPTON DR		<b>Telephone</b> (573) 381-2510	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-6238	Level of Care: ALF**	Bed Capacity	50
Mailing Address 1990 W SOUTHAME		County BOONE	DMH Licensed	No
COLUMBIA	MO 65203-6238	Region 6	Facility Number	30107
MILLER COUNTY CARE AND REA	HABILITATION CENTER			
1157 HIGHWAY 17		<b>Telephone</b> (573) 369-2318	Alzheimer's Unit	Yes
TUSCUMBIA	MO 65082-2100	Level of Care: SNF	Bed Capacity	86
Mailing Address 1157 HWY 17		County MILLER	DMH Licensed	No
TUSCUMBIA	MO 65082-2100	Region 6 Medicare/Medicaid	Facility Number	05422
MILLER RESIDENT CARE, INC				
210 ROCK RD		<b>Telephone</b> (660) 327-5680	Alzheimer's Unit	No
PARIS	MO 65275-1282	Level of Care: RCF*	Bed Capacity	40
Mailing Address 210 ROCK RD		County MONROE	DMH Licensed	No
PARIS	MO 65275-1282	Region 5	Facility Number	18026
MINGO RESIDENTIAL CARE FAC	II ITV			
24080 STATE HWY 51		<b>Telephone</b> (573) 222-3086	Alzheimer's Unit	No
PUXICO	MO 63960-8114	Level of Care: RCF*	Bed Capacity	36
Mailing Address 24080 STATE HWY		County STODDARD	DMH Licensed	Yes
PUXICO	MO 63960-8114	Region 2	Facility Number	24959
TOAICO	WIO 03700-0114	Region 2	racinty Number	24939
MISSION RIDGE				
4349 S KANSAS AVE		<b>Telephone</b> (417) 520-7020	Alzheimer's Unit	NO
SPRINGFIELD	MO 65810-1413	Level of Care: ALF**	Bed Capacity	60
Mailing Address 4349 S KANSAS AV		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-1413	Region 1	Facility Number	33342
MOCKINGBIRD MANOR RESIDEN	NTIAL CARE			
227 W FRANKLIN		<b>Telephone</b> (816) 781-8058	Alzheimer's Unit	No
LIBERTY	MO 64068-1641	Level of Care: RCF*	Bed Capacity	16
Mailing Address PO BOX 121		County CLAY	DMH Licensed	Yes
LIBERTY	MO 64069-0121	Region 4	Facility Number	

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MONROE CITY MANOR CARE CENTER   Telephome   G73) 735-4830   Alzheimer's Unit   No MONROE CITY   MO   64456-1116   Level of Care: SNF   Bed Capacity   60   Malling Address   101   11   11   12   12   13   13   14   14   14   14   14   14						
MONROE CITY	MONROE CITY MANOR CARE CENTER	R				
Mailing Address   1010   11   11   12   12   13   14   14   14   14   14   14   14	1010 HIGHWAY 24 & 36 EAST		Telephone	(573) 735-4850	Alzheimer's Unit	No
MONROE CITY	MONROE CITY MC	0 63456-1116	Level of Care:	: SNF	Bed Capacity	60
MONROF MANOR  200 SOUTH ST	Mailing Address 1010 HWY 24 & 36 EAST		County M	IARION	DMH Licensed	No
PARIS	MONROE CITY MO	0 63456-1116	Region 5	Medicare/Medicaid	Facility Number	05473
Parkis						
PARIS	MONROE MANOR					
Mailing Address 200 SOUTH ST	200 SOUTH ST		Telephone	(660) 327-4125	Alzheimer's Unit	Yes
PARIS	PARIS MC	0 65275-1165	Level of Care:	: SNF	Bed Capacity	119
MONTEREY PARK REHABILITATION & HEALTH CARE CENTER  4600 LITTLE BLUE PARKWAY  MO 64057-8302  Level of Care: SNF Bed Capacity 122  Mailing Address 4600 LITTLE BLUE PRKWY  County JACKSON DMH Licensed No  NDEPENDENCE MO 64057-8302  Region 3 Medicare/Medicaid Facility Number 15987  MONTICELLO HOUSE  1115 K LAND DR  Telephone (573) 243-8989 Alzheimer's Unit No  JACKSON MO 63755-2588  Level of Care: RCF* Bed Capacity 32  Mailing Address PO BOX 740 County CAPE GIRARDEAU DMH Licensed No  JACKSON MO 63755-2588  Level of Care: SNF Bed Capacity 14545  MONTICELLO HOUSE  1115 K LAND DR  Telephone (573) 243-8989 Alzheimer's Unit No  JACKSON MO 63755-2588  Level of Care: RCF* Bed Capacity 14545  MONTICELLO HOUSE  1115 K LAND DR  Telephone (573) 243-8989 Alzheimer's Unit No  MO 63755-2588 Level of Care: SNF Bed Capacity 105  Mailing Address PO BOX 740  Ackson MO 63755-2588 Level of Care: SNF Bed Capacity 105  Mailing Address PO BOX 740  Ackson MO 63755-0740  Region 2 Medicare/Medicaid Facility Number 14454  MOORE-FEW CARE CENTER  901 SOUTH ADAMS  NEVADA MO 64772-3209 Level of Care: SNF Bed Capacity 108  Mailing Address 901 SOUTH ADAMS  NEVADA MO 64772-3209 Level of Care: SNF Bed Capacity 108  Mailing Address 901 SOUTH ADAMS  NEVADA MO 64093-1720  MOOREVIEW RESIDENTIAL  130 WEST CULTON  MO 64093-1720  Region 1 Medicare/Medicaid Facility Number 1125  MORNINGSIDE CENTER  1700 MORNINGSIDE CR  MORNINGSIDE CENTER  1700 MORNINGSIDE CR  Telephone (660) 449-1587 Alzheimer's Unit No  MORNINGSIDE CENTER  1700 MORNINGSIDE CENTER  1700 MORNINGSIDE CR  Telephone (660) 646-0170 Alzheimer's Unit No  MORNINGSIDE CENTER  1700 M	Mailing Address 200 SOUTH ST		County M	IONROE	DMH Licensed	No
Add	PARIS MO	0 65275-1165	Region 5	Medicare/Medicaid	Facility Number	05484
Telephome   (816) 795-7888   Alzheimer's Unit   No     NOEPENDENCE   MO 64057-8302   Level of Care:   SNF   Bed Capacity   122     Monticello House   Mo 64057-8302   Region   3   Medicare/Medicaid   Facility Number   15987	MONTEDEV DADE DEHARII ITATION	& HEATTH CADE CENTED				
No		W HEALTH CARE CENTER	Telephone	(816) 795-7888	Alzheimer's Unit	No
Mailing Address 4600 LITTLE BLUE PRKWY   County   JACKSON   DMH Licensed   No   No   No   No   Action   No   No   No   No   No   No   No		64057-8302	•	` '		
No						
MONTICELLO HOUSE	· ·					
Telephome   Gr33 243-8989   Alzheimer's Unit   No     JACKSON   MO   63755-2588   Level of Care   RCF®   Bed Capacity   32     Mailing Address PO BOX 740   Region   County   CAPE GIRARDEAU   DMH Licensed   No     JACKSON   MO   63755-0740   Region   Cape   Gr33 243-8989   Alzheimer's Unit   Cape     MONTICELLO HOUSE   Telephome   Gr33 243-8989   Alzheimer's Unit   Cape     MONTICELLO HOUSE   Telephome   Gr33 243-8989   Alzheimer's Unit   Cape     JACKSON   MO   63755-2588   Level of Care   SNF   Bed Capacity   105     JACKSON   MO   63755-0740   Region   2   Medicare/Medicaid   Facility Number   14454     MOORE-FEW CARE CENTER   Gradient	INDEL ENDERGE	9 04037 0302	Region 5	Medical e/Medicald	racinty rumber	13967
Telephome   Gr33 243-8989   Alzheimer's Unit   No     JACKSON   MO   63755-2588   Level of Care   RCF®   Bed Capacity   32     Mailing Address PO BOX 740   Region   County   CAPE GIRARDEAU   DMH Licensed   No     JACKSON   MO   63755-0740   Region   Cape   Gr33 243-8989   Alzheimer's Unit   Cape     MONTICELLO HOUSE   Telephome   Gr33 243-8989   Alzheimer's Unit   Cape     MONTICELLO HOUSE   Telephome   Gr33 243-8989   Alzheimer's Unit   Cape     JACKSON   MO   63755-2588   Level of Care   SNF   Bed Capacity   105     JACKSON   MO   63755-0740   Region   2   Medicare/Medicaid   Facility Number   14454     MOORE-FEW CARE CENTER   Gradient	MONTICELLO HOUSE					
JACKSON	1115 K LAND DR		Telephone	(573) 243-8989	Alzheimer's Unit	No
Mailing Address PO BOX 740         County Region 2         CAPE GIR ARDEAU Facility Number         MN Licensed No Facility Number         No 1454           MONTICELLO HOUSE         I115 K LAND DR         Telephone (573) 243-8989         Alzheimer's Unit Yes Bed Capacity         105           JACKSON         MO 63755-2588         Level of Care: SNF         Bed Capacity         105           Mailing Address PO BOX 740         County CAPE GIR ARDEAU         DMH Licensed         No           MOORE-FEW CARE CENTER         901 SOUTH ADAMS         Telephone (417) 448-3841         Alzheimer's Unit No         No           NEVADA         MO 64772-3209         Level of Care: SNF         Bed Capacity         108           Mailing Address 901 SOUTH ADAMS         County VERNON         DMH Licensed         No           MOOREVIEW RESIDENTIAL         130 WEST CULTON         Telephone (660) 429-1587         Alzheimer's Unit No           WARRENSBURG         MO 64093-1720         Level of Care: RCF         Red Capacity         20           MORNINGSIDE DR         Telephone (660) 646-0170         Alzheimer's Unit	JACKSON MC	0 63755-2588	•	: RCF*		32
MONTICELLO HOUSE	Mailing Address PO BOX 740		County C.	APE GIRARDEAU		No
MONTICELLO HOUSE  1115 K LAND DR	· ·	0 63755-0740	·			14454
Telephone   (573) 243-8989   Alzheimer's Unit   Yes     JACKSON					•	
Mailing Address PO BOX 740   County   CAPE GIRARDEAU   DMH Licensed   No JACKSON   MO 63755-0740   Region 2   Medicare/Medicaid   Facility Number   14454	MONTICELLO HOUSE					
Moore-few Care Center  901 SOUTH ADAMS MO 64772-3209 Meling Address 901 SOUTH ADAMS NEVADA MOOREVIEW RESIDENTIAL  130 WEST CULTON MOREVIEW Region 1  1448-3841 Melicare/Medicaid Facility Number No 5705 Medicare/Medicaid Facility Number No 64603-1720 Meling Address 130 WEST CULTON Moreview Region 1  16600 429-1587 Melicare/Medicaid Melicare/Medicaid Melicare/Medicaid No 64093-1720 Melicare/Medicaid No 64093-1580 No 64601-1545 Melicare/Medicaid Melicare/Medicaid No 64093-1580 No 64093-1720 Melicare/Medicaid No 64093-1580 No 64093-1720 No Melicare/Medicaid No 64093-1580 No Melicare/Medicaid No 64093-1580 No Melicare/Medicaid No 64093-1580 No Melicare/Medicaid No Alzheimer's Unit No Melicare/Medicaid No Alzheimer's Unit No Melicare/Medicaid No Alzheimer's Unit No Melicare/Medicaid No 64093-1720 No Melicare/Medicaid No 64093-1720 No Melicare/Medicaid No Alzheimer's Unit No Melicare/Medicaid No 64093-1720 No Melicare/Medicaid No 64093-1720 No Melicare/Medicaid No Melicare/Medicaid No Alzheimer's Unit No Melicare/Medicaid No 64093-1720 No Melicare/Medicaid No Melicare/Melicare/Melicare/Melicare/Melicare/Melicare/Melicare/Melicare/Melicare/Melicare/Melicare/Meli	1115 K LAND DR		Telephone	(573) 243-8989	Alzheimer's Unit	Yes
MOORE-FEW CARE CENTER	JACKSON MC	O 63755-2588	Level of Care:	: SNF	Bed Capacity	105
MOORE-FEW CARE CENTER           901 SOUTH ADAMS         Telephone         (417) 448-3841         Alzheimer's Unit         No           NEVADA         MO 64772-3209         Level of Care:         SNF         Bed Capacity         108           Mailing Address 901 SOUTH ADAMS         County         VERNON         DMH Licensed         No           NEVADA         MO 64772-3209         Region 1         Medicare/Medicaid         Facility Number         05703           MOOREVIEW RESIDENTIAL           130 WEST CULTON         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON<	Mailing Address PO BOX 740		County C.	APE GIRARDEAU	DMH Licensed	No
901 SOUTH ADAMS         Telephone         (417) 448-3841         Alzheimer's Unit         No           NEVADA         MO 64772-3209         Level of Care:         SNF         Bed Capacity         108           Mailing Address 901 SOUTH ADAMS         County         VERNON         DMH Licensed         No           NEVADA         MO 64772-3209         Region 1         Medicare/Medicaid         Facility Number         05703           MOOREVIEW RESIDENTIAL           130 WEST CULTON         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No <td>JACKSON MC</td> <td>0 63755-0740</td> <td>Region 2</td> <td>Medicare/Medicaid</td> <td>Facility Number</td> <td>14454</td>	JACKSON MC	0 63755-0740	Region 2	Medicare/Medicaid	Facility Number	14454
901 SOUTH ADAMS         Telephone         (417) 448-3841         Alzheimer's Unit         No           NEVADA         MO 64772-3209         Level of Care:         SNF         Bed Capacity         108           Mailing Address 901 SOUTH ADAMS         County         VERNON         DMH Licensed         No           NEVADA         MO 64772-3209         Region 1         Medicare/Medicaid         Facility Number         05703           MOOREVIEW RESIDENTIAL           130 WEST CULTON         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No <td>MOODE FEW CADE CENTED</td> <td></td> <td></td> <td></td> <td></td> <td></td>	MOODE FEW CADE CENTED					
NEVADA         MO 64772-3209         Level of Care:         SNF         Bed Capacity         108           Mailing Address 901 SOUTH ADAMS         County         VERNON         DMH Licensed         No           NEVADA         MO 64772-3209         Region 1         Medicare/Medicaid         Facility Number         05703           MOOREVIEW RESIDENTIAL         130 WEST CULTON         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No			Telephone	(417) 448-3841	Alzheimer's Unit	No
Mailing Address 901 SOUTH ADAMS         County         VERNON         DMH Licensed         No           NEVADA         MO 64772-3209         Region 1         Medicare/Medicaid         Facility Number         05703           MOOREVIEW RESIDENTIAL           130 WEST CULTON         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No		0 64772-3209	•			
MO OREVIEW RESIDENTIAL         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER         Telephone         (660) 646-0170         Alzheimer's Unit         No           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No		04112-3207				
MOOREVIEW RESIDENTIAL           130 WEST CULTON         Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No	· ·	64772-3209				
Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No	NEVADA MC	7 04772-3207	Region 1	Medical e/Medicald	racinty Number	03703
Telephone         (660) 429-1587         Alzheimer's Unit         No           WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No	MOOREVIEW RESIDENTIAL					
WARRENSBURG         MO 64093-1720         Level of Care:         RCF         Bed Capacity         20           Mailing Address 130 WEST CULTON         County         JOHNSON         DMH Licensed         Yes           WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No			Telephone	(660) 429-1587	Alzheimer's Unit	No
Mailing Address 130 WEST CULTON       County       JOHNSON       DMH Licensed       Yes         WARRENSBURG       MO 64093-1720       Region 3       Facility Number       11225         MORNINGSIDE CENTER         1700 MORNINGSIDE DR       Telephone       (660) 646-0170       Alzheimer's Unit       No         CHILLICOTHE       MO 64601-1545       Level of Care:       SNF       Bed Capacity       60         Mailing Address 1700 MORNINGSIDE DR       County       LIVINGSTON       DMH Licensed       No	WARRENSBURG MC	0 64093-1720	-	: RCF	Bed Capacity	20
WARRENSBURG         MO 64093-1720         Region 3         Facility Number         11225           MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care: SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No	Mailing Address 130 WEST CULTON		County JC	OHNSON		Yes
MORNINGSIDE CENTER           1700 MORNINGSIDE DR         Telephone         (660) 646-0170         Alzheimer's Unit         No           CHILLICOTHE         MO 64601-1545         Level of Care:         SNF         Bed Capacity         60           Mailing Address 1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No	· ·	O 64093-1720	·		Facility Number	11225
1700 MORNINGSIDE DRTelephone(660) 646-0170Alzheimer's UnitNoCHILLICOTHEMO 64601-1545Level of Care:SNFBed Capacity60Mailing Address 1700 MORNINGSIDE DRCountyLIVINGSTONDMH LicensedNo			Ü		<del>-</del>	
CHILLICOTHE MO 64601-1545 <b>Level of Care:</b> SNF <b>Bed Capacity</b> 60  Mailing Address 1700 MORNINGSIDE DR County LIVINGSTON DMH Licensed No	MORNINGSIDE CENTER					
Mailing Address         1700 MORNINGSIDE DR         County         LIVINGSTON         DMH Licensed         No	1700 MORNINGSIDE DR		Telephone	(660) 646-0170	Alzheimer's Unit	No
·	CHILLICOTHE MC	O 64601-1545	Level of Care:	: SNF	Bed Capacity	60
CHILLICOTHE MO 64601-1545 Region 4 Medicare/Medicaid Facility Number 05557	_		County Ll	IVINGSTON		No
	CHILLICOTHE MC	0 64601-1545	Region 4	Medicare/Medicaid	Facility Number	05557

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MORNINGSIDE CENTER ASSISTE	D LIVING APARTMENTS		
1702 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit No
CHILLICOTHE	MO 64601-1545	Level of Care: ALF	<b>Bed Capacity</b> 31
Mailing Address 1702 MORNINGSID		County LIVINGSTON	<b>DMH Licensed</b> No
CHILLICOTHE	MO 64601-1545	Region 4	Facility Number 05557
MOTHER OF GOOD COUNSEL HO	)ME		
6825 NATURAL BRIDGE RD		<b>Telephone</b> (314) 383-4765	Alzheimer's Unit No
SAINT LOUIS	MO 63121-5314	Level of Care: SNF	Bed Capacity 114
Mailing Address 6825 NATURAL BRI		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63121-5314	Region 7	Facility Number 05568
MOTHER OF PERPETUAL HELP F	RESIDENCE, INC	T. I	
7609 WATSON ROAD	MO (2110 5001	<b>Telephone</b> (314) 918-2260	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-5001	Level of Care: ALF**	Bed Capacity 160  DMH Licensed No
Mailing Address 7609 WATSON ROA		County SAINT LOUIS COUNTY	
SAINT LOUIS	MO 63119-5001	Region 7	Facility Number 21111
MOUNT CARMEL SENIOR LIVING	G - ST CHARLES, LLC		
723 FIRST CAPITOL DR		<b>Telephone</b> (636) 946-4140	Alzheimer's Unit No
SAINT CHARLES	MO 63301-2729	Level of Care: SNF	Bed Capacity 110
Mailing Address 723 FIRST CAPITOL	DR	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63301-2729	Region 5 Medicare/Medicaid	Facility Number 07560
MOLINIPA IN VIEW HEAT THEAT			
MOUNTAIN VIEW HEALTHCARE 1211 NORTH ASH ST		Telephone (417) 024 6919	Alzheimer's Unit No
MOUNTAIN VIEW	MO 65548-7376	Telephone (417) 934-6818 Level of Care: SNF	Bed Capacity 105
Mailing Address PO BOX 879	WIO 03348-7370	County HOWELL	DMH Licensed No
MOUNTAIN VIEW	MO 65548-0879	Region 2 Medicare/Medicaid	Facility Number 15542
WOOMINE VIEW	140 03340 0077	Region 2 Medical e/Medicalu	racincy runner 13342
MT VERNON NURSING			
1425 SOUTH LANDRUM		<b>Telephone</b> (417) 466-2260	Alzheimer's Unit NO
MT VERNON	MO 65712-1912	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1425 S LANDRUM		County LAWRENCE	<b>DMH Licensed</b> No
MT VERNON	MO 65712-1912	Region 1 Medicare/Medicaid	Facility Number 16304
MY BLESSED HOME			
305 E 63RD ST		<b>Telephone</b> (816) 678-8061	Alzheimer's Unit No
KANSAS CITY	MO 64113-2225	Level of Care: RCF	Bed Capacity 11
Mailing Address 305 E 63RD ST		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64113-2225	Region 3	Facility Number 27175
MY PLACE RESIDENTIAL CARE, I	L.C.	T-l1	Alabada and TT 14
23 NORTH SIXTH ST	MO (2029 1201	<b>Telephone</b> (636) 933-1793	Alzheimer's Unit No
FESTUS	MO 63028-1301	Level of Care: ALF	Bed Capacity 44
Mailing Address 23 NORTH SIXTH S		County JEFFERSON	DMH Licensed Yes
FESTUS	MO 63028-1301	Region 2	Facility Number 10631

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MY PLACE TOO, INC				
1107 CLARKE ST		<b>Telephone</b> (636) 586-7871	Alzheimer's Unit	No
DE SOTO	MO 63020-2709	Level of Care: RCF*	Bed Capacity	50
Mailing Address 1107 CLARKE ST		County JEFFERSON	DMH Licensed	Yes
DE SOTO	MO 63020-2709	Region 2	Facility Number	16234
MYERS NURSING & CONVALESC	ENT CENTER			
2315 WALROND AVE	NO (4127 4210	<b>Telephone</b> (816) 231-3180	Alzheimer's Unit	No
KANSAS CITY	MO 64127-4210	Level of Care: ICF	Bed Capacity	84
Mailing Address 2315 WALROND AV		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64127-4210	Region 3 Medicaid	Facility Number	05626
NATHAN RICHARD HEALTH CAR	E CENTER			
700 EAST HIGHLAND AVE	ECENTER	<b>Telephone</b> (417) 667-8889	Alzheimer's Unit	No
NEVADA	MO 64772-1025	Level of Care: SNF	Bed Capacity	68
Mailing Address 700 EAST HIGHLAN		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1025	Region 1 Medicare/Medicaid	Facility Number	18210
		region - medical of medical d	,	10210
NAZARETH LIVING CENTER				
2 NAZARETH LN		<b>Telephone</b> (314) 487-3950	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63129-7600	Level of Care: ALF**	<b>Bed Capacity</b>	114
Mailing Address 2 NAZARETH LN		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7	Facility Number	17458
VI Z I DEWY I WING CONTROL				
NAZARETH LIVING CENTER		T. 1 . (214) 407 2050		
2 NAZARETH LN	NO 62120 7600	<b>Telephone</b> (314) 487-3950	Alzheimer's Unit	No
SAINT LOUIS	MO 63129-7600	Level of Care: SNF	Bed Capacity	121 N-
Mailing Address 2 NAZARETH LN	MO (2120 7600	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7 Medicare/Medicaid	Facility Number	17458
NEIGHBORHOODS AT QUAIL CRI	EEK, THE			
1514 WEST LARK		<b>Telephone</b> (417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2270	Level of Care: SNF	Bed Capacity	120
Mailing Address 1514 WEST LARK		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2270	Region 1 Medicare/Medicaid	Facility Number	24701
	TION & SKILLED NURSING BY TIGE			
3003 FALLING LEAF COURT		<b>Telephone</b> (573) 256-4620	Alzheimer's Unit	No
COLUMBIA	MO 65201-3549	Level of Care: SNF	Bed Capacity	120
Mailing Address 3003 FALLING LEAD		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3549	Region 6 Medicare/Medicaid	Facility Number	24341
NEW HAVEN CARE CENTER				
9503 HIGHWAY 100		<b>Telephone</b> (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care: SNF	Bed Capacity	90
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number	05738
		5	-	

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NEW HAVEN CARE CENTER				
9503 HIGHWAY 100		<b>Telephone</b> (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care: ALF	Bed Capacity	16
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number	05738
NEW HOPE ASSISTED LIVING LL	C			
328 NORTH NEW HOPE DRIVE		<b>Telephone</b> (573) 300-4877	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4819	Level of Care: ALF	<b>Bed Capacity</b>	15
Mailing Address 328 NORTH NEW H	OPE DR	County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4819	Region 2	Facility Number	32690
NEW HORIZONS RCF II				
5858 BUSIEK ROAD		<b>Telephone</b> (573) 756-2426	Alzheimer's Unit	No
FARMINGTON	MO 63640-7325	Level of Care: ALF	Bed Capacity	15
Mailing Address PO BOX 510		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0510	Region 2	Facility Number	14868
		8	·	- 1000
NEW MADRID LIVING CENTER				
1050 DAWSON RD		<b>Telephone</b> (573) 748-5622	Alzheimer's Unit	Yes
NEW MADRID	MO 63869-1116	Level of Care: SNF	Bed Capacity	112
Mailing Address 1050 DAWSON RD	WIO 03809-1110	County NEW MADRID	DMH Licensed	No
NEW MADRID	MO 63869-1116	Region 2 Medicare/Medicaid	Facility Number	04952
NEW MADRID	WIO 03007-1110	Region 2 Medicare/Medicald	racinty Number	04932
NEW MARY CARE CENTER				
NEW MARK CARE CENTER		T. I	A1 1	37
11221 NORTH NASHUA DR		<b>Telephone</b> (816) 734-4433	Alzheimer's Unit	Yes
IZ A NIC A C. CIETY	MO (4155 1150	• ' '		
KANSAS CITY	MO 64155-1159	Level of Care: SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA	DR	Level of Care: SNF County CLAY	Bed Capacity DMH Licensed	199 No
		Level of Care: SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA I KANSAS CITY	DR MO 64155-1159	Level of Care: SNF County CLAY	Bed Capacity DMH Licensed	199 No
Mailing Address 11221 N NASHUA I KANSAS CITY NEWBRIDGE RETIREMENT COM	DR MO 64155-1159	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	199 No 12688
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD	DR MO 64155-1159 MUNITY	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	199 No 12688 YES
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU	DR MO 64155-1159  MUNITY  MO 63703-6581	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	199 No 12688 YES 94
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU	DR MO 64155-1159  MUNITY  MO 63703-6581 BURN RD	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	199 No 12688 YES 94 No
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU	DR MO 64155-1159  MUNITY  MO 63703-6581	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	199 No 12688 YES 94
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU	DR MO 64155-1159  MUNITY  MO 63703-6581 BURN RD	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	199 No 12688 YES 94 No
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE	DR MO 64155-1159  MUNITY  MO 63703-6581 BURN RD	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	199 No 12688 YES 94 No 33246
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD	DR	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	199 No 12688 YES 94 No 33246
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS	DR MO 64155-1159  MUNITY  MO 63703-6581 BURN RD	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	199 No 12688 YES 94 No 33246
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS  Mailing Address 19 N NEWSTEAD	MO 64155-1159  MUNITY  MO 63703-6581  BURN RD  MO 63703-6581  MO 63108-2260	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF* County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	199 No 12688 YES 94 No 33246
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS	DR	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	199 No 12688 YES 94 No 33246
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS  Mailing Address 19 N NEWSTEAD SAINT LOUIS	MO 64155-1159  MUNITY  MO 63703-6581  BURN RD  MO 63703-6581  MO 63108-2260	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF* County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	199 No 12688 YES 94 No 33246
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS  Mailing Address 19 N NEWSTEAD SAINT LOUIS	MO 64155-1159  MUNITY  MO 63703-6581  BURN RD  MO 63703-6581  MO 63108-2260	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	199 No 12688 YES 94 No 33246 No 20 Yes 19169
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS  Mailing Address 19 N NEWSTEAD SAINT LOUIS  NHC HEALTHCARE, DESLOGE 801 BRIM ST	MO 64155-1159  MUNITY  MO 63703-6581  BURN RD  MO 63703-6581  MO 63108-2260  MO 63108-2260	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	199 No 12688 YES 94 No 33246 No 20 Yes 19169
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS  Mailing Address 19 N NEWSTEAD SAINT LOUIS  NHC HEALTHCARE, DESLOGE 801 BRIM ST DESLOGE	MO 64155-1159  MUNITY  MO 63703-6581  BURN RD  MO 63703-6581  MO 63108-2260	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF* County SAINT LOUIS CITY Region 7  Telephone (573) 431-0223 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	199 No 12688 YES 94 No 33246 No 20 Yes 19169
Mailing Address 11221 N NASHUA I KANSAS CITY  NEWBRIDGE RETIREMENT COM 1205 S. MOUNT AUBURN RD CAPE GIRARDEAU  Mailing Address 1205 S. MOUNT AU CAPE GIRARDEAU  NEWSTEAD PLACE 19 NORTH NEWSTEAD SAINT LOUIS  Mailing Address 19 N NEWSTEAD SAINT LOUIS  NHC HEALTHCARE, DESLOGE 801 BRIM ST	MO 64155-1159  MUNITY  MO 63703-6581  BURN RD  MO 63703-6581  MO 63108-2260  MO 63108-2260	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 803-1863 Level of Care: ALF** County CAPE GIRARDEAU Region 2  Telephone (314) 286-4510 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	199 No 12688 YES 94 No 33246 No 20 Yes 19169

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NUCLIEAL WILCARE TOPLIN			
NHC HEALTHCARE, JOPLIN 2700 EAST 34TH ST		<b>Telephone</b> (417) 781-1737	Alzheimer's Unit No
JOPLIN	MO 64804-4310	Level of Care: SNF	Bed Capacity 126
Mailing Address 2700 EAST 34TH ST	110 01001 1310	County NEWTON	DMH Licensed No
JOPLIN	MO 64803-2877	Region 1 Medicare/Medicaid	Facility Number 04044
		region - medical c/medical	
NHC HEALTHCARE, KENNETT			
1120 FALCON		<b>Telephone</b> (573) 888-1150	Alzheimer's Unit Yes
KENNETT	MO 63857-3825	Level of Care: SNF	<b>Bed Capacity</b> 170
Mailing Address PO BOX 696		County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-0696	Region 2 Medicare/Medicaid	Facility Number 04268
NUCHEAU THEAT THE MADVI AND			
NHC HEALTHCARE, MARYLAND 1 2920 FEE FEE RD	HEIGHTS	Tolonhono (214) 201 0121	Alzheimer's Unit Yes
MARYLAND HEIGHTS	MO 63043-1915	Telephone (314) 291-0121 Level of Care: SNF	Alzheimer's Unit Yes Bed Capacity 220
Mailing Address 2920 FEE FEE RD	WO 03043-1913	County SAINT LOUIS COUNTY	DMH Licensed No
MARYLAND HEIGHTS	MO 63043-1915	Region 7 Medicare/Medicaid	Facility Number 08272
MAKTLAND HEIGHTS	WO 03043-1913	Region / Medicare/Medicald	racinty Number 08272
NHC HEALTHCARE, ST CHARLES			
35 SUGAR MAPLE LN		<b>Telephone</b> (636) 946-8887	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5740	Level of Care: SNF	Bed Capacity 120
Mailing Address 35 SUGAR MAPLE I	.N	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63303-5740	Region 5 Medicare/Medicaid	Facility Number 07503
NUIC HEAT THICA BE WEST BY A IN	a		
NHC HEALTHCARE, WEST PLAIN	8	Tolonhone (417) 256 0709	Alahaiman'a Unit Vas
211 DAVIS DR		Telephone (417) 256-0798	Alzheimer's Unit Yes Red Copposity 114
211 DAVIS DR WEST PLAINS	MO 65775-2242	Level of Care: SNF	Bed Capacity 114
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497	MO 65775-2242	Level of Care: SNF County HOWELL	<b>Bed Capacity</b> 114 <b>DMH Licensed</b> No
211 DAVIS DR WEST PLAINS		Level of Care: SNF	Bed Capacity 114
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497	MO 65775-2242 MO 65775-0497	Level of Care: SNF County HOWELL	<b>Bed Capacity</b> 114 <b>DMH Licensed</b> No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS	MO 65775-2242 MO 65775-0497	Level of Care: SNF County HOWELL	<b>Bed Capacity</b> 114 <b>DMH Licensed</b> No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS NICK'S HEALTH CARE CENTER, I	MO 65775-2242 MO 65775-0497	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid	Bed Capacity114DMH LicensedNoFacility Number08434
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116	MO 65775-2242 MO 65775-0497	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376	Bed Capacity 114  DMH Licensed No  Facility Number 08434  Alzheimer's Unit No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG	MO 65775-2242 MO 65775-0497	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF	Bed Capacity 114  DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON	Bed Capacity 114  DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70  DMH Licensed No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG NIXA NURSING & REHAB	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid	Bed Capacity 114 DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 22058
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777	Bed Capacity 114 DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 22058  Alzheimer's Unit No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF	Bed Capacity 114 DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 22058  Alzheimer's Unit No Bed Capacity 82
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA Mailing Address 1104 N MAIN ST	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561  MO 65714-9316	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF County CHRISTIAN	Bed Capacity 114 DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 22058  Alzheimer's Unit No Bed Capacity 82 DMH Licensed No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF	Bed Capacity 114 DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 22058  Alzheimer's Unit No Bed Capacity 82
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA Mailing Address 1104 N MAIN ST	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561  MO 65714-9316	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid	Bed Capacity 114 DMH Licensed No Facility Number 08434  Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 22058  Alzheimer's Unit No Bed Capacity 82 DMH Licensed No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA Mailing Address 1104 N MAIN ST NIXA NODAWAY HEALTHCARE 22371 STATE HIGHWAY 46	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561  MO 65714-9316  MO 65714-9316	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (660) 562-2876	Bed Capacity DMH Licensed No Facility Number  Alzheimer's Unit Bed Capacity To DMH Licensed No Facility Number  Alzheimer's Unit No Bed Capacity Number  Alzheimer's Unit No Facility Number  13840  Alzheimer's Unit No Facility Number No
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA Mailing Address 1104 N MAIN ST NIXA  NODAWAY HEALTHCARE 22371 STATE HIGHWAY 46 MARYVILLE	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561  MO 65714-9316	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (660) 562-2876 Level of Care: SNF	Bed Capacity DMH Licensed No Facility Number  Alzheimer's Unit Bed Capacity To DMH Licensed No Facility Number  Alzheimer's Unit Bed Capacity Sed Capacity No Bed Capacity Sed Capacity Bed Capacity Sed Capacity Sed Capacity Sed Capacity Sed Capacity Sed Capacity No Facility Number  Alzheimer's Unit No Bed Capacity Sed Capacity Se
211 DAVIS DR WEST PLAINS Mailing Address PO BOX 497 WEST PLAINS  NICK'S HEALTH CARE CENTER, I 253 EAST HIGHWAY 116 PLATTSBURG Mailing Address 253 EAST HWY 116 PLATTSBURG  NIXA NURSING & REHAB 1104 NORTH MAIN ST NIXA Mailing Address 1104 N MAIN ST NIXA NODAWAY HEALTHCARE 22371 STATE HIGHWAY 46	MO 65775-2242  MO 65775-0497  LC  MO 64477-1561  MO 64477-1561  MO 65714-9316  MO 65714-9316	Level of Care: SNF County HOWELL Region 2 Medicare/Medicaid  Telephone (816) 539-2376 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 725-1777 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (660) 562-2876	Bed Capacity DMH Licensed No Facility Number  Alzheimer's Unit Bed Capacity To DMH Licensed No Facility Number  Alzheimer's Unit No Bed Capacity Number  Alzheimer's Unit No Facility Number  13840  Alzheimer's Unit No Facility Number No

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NODMANDV NIJDSING CENTED				
NORMANDY NURSING CENTER 7301 SAINT CHARLES ROCK RD		<b>Telephone</b> (314) 862-0555	Alzheimer's Unit	No
SAINT LOUIS	MO 63133-1737	Level of Care: SNF	Bed Capacity	116
Mailing Address 7301 SAINT CHARLE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63133-1737	•	Facility Number	01118
SAINI LOUIS	WIO 03133-1737	Region 7 Medicare/Medicaid	racinty Number	01118
NORTERRE				
2555 NORTERRE CIRCLE		<b>Telephone</b> (816) 479-4793	Alzheimer's Unit	No
LIBERTY	MO 64068-3313	Level of Care: SNF	Bed Capacity	60
Mailing Address 2555 NORTERRE CIR		County CLAY	DMH Licensed	No
LIBERTY	MO 64086-3313	Region 4 Medicare/Medicaid	Facility Number	31005
NORTERRE 2580 NORTERRE CIRCLE		<b>Telephone</b> (816) 479-4793	Alzheimer's Unit	Yes
LIBERTY	MO 64068-3412	Level of Care: ALF**	Bed Capacity	60
Mailing Address 2580 NORTERRE CIR		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-3412	Region 4	Facility Number	31005
NORTH VILLAGE PARK				
2041 SILVA LN		<b>Telephone</b> (660) 269-7300	Alzheimer's Unit	No
MOBERLY	MO 65270-3658	Level of Care: SNF	Bed Capacity	184
Mailing Address 2041 SILVA LN		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-3658	Region 5 Medicare/Medicaid	Facility Number	06481
NORTHLAND REHABILITATION & 4301 NE PARVIN ROAD KANSAS CITY  Mailing Address 4301 NE PARVIN RO. KANSAS CITY	MO 64117-3001	Telephone (816) 702-8000 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 118 No 31230
4301 NE PARVIN ROAD KANSAS CITY <b>Mailing Address</b> 4301 NE PARVIN RO.	MO 64117-3001 AD MO 64117-3001	Level of Care: SNF County CLAY	Bed Capacity DMH Licensed	118 No
4301 NE PARVIN ROAD KANSAS CITY <b>Mailing Address</b> 4301 NE PARVIN RO. KANSAS CITY	MO 64117-3001 AD MO 64117-3001	Level of Care: SNF County CLAY	Bed Capacity DMH Licensed	118 No
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN RO. KANSAS CITY NORTHPARK VILLAGE - ASSISTED	MO 64117-3001 AD MO 64117-3001	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	118 No 31230
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN ROA KANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN	MO 64117-3001 AD MO 64117-3001  DLIVING BY AMERICARE  MO 65721-7221	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	118 No 31230 No
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN ROA KANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK	MO 64117-3001 AD MO 64117-3001  DLIVING BY AMERICARE  MO 65721-7221	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	118 No 31230 No 52
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN RO. KANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHW	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	118 No 31230 No 52 No
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN ROAKANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED I	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	118 No 31230 No 52 No 20003
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN ROAKANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED I 1500 LYNN ST	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221  LIVING BY AMERICARE	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1  Telephone (417) 532-9793	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	118 No 31230 No 52 No 20003
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN ROAKANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED I 1500 LYNN ST LEBANON	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221  LIVING BY AMERICARE	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1  Telephone (417) 532-9793 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	118 No 31230 No 52 No 20003
4301 NE PARVIN ROAD KANSAS CITY Mailing Address 4301 NE PARVIN RO. KANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED I 1500 LYNN ST LEBANON Mailing Address 1500 LYNN ST LEBANON NORTHWOOD HILLS CARE CENTER	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221  LIVING BY AMERICARE  MO 65536-4409  MO 65536-4409	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1  Telephone (417) 532-9793 Level of Care: ALF** County LACLEDE Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	118 No 31230 No 52 No 20003 Yes 50 No 20525
4301 NE PARVIN ROAD KANSAS CITY  Mailing Address 4301 NE PARVIN ROAKANSAS CITY  NORTHPARK VILLAGE - ASSISTED A449 N STATE HIGHWAY NN OZARK  Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED IN 1500 LYNN ST LEBANON  Mailing Address 1500 LYNN ST LEBANON  NORTHWOOD HILLS CARE CENTER 800 NORTH ARTHUR ST	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221  LIVING BY AMERICARE  MO 65536-4409  MO 65536-4409  ER	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1  Telephone (417) 532-9793 Level of Care: ALF** County LACLEDE Region 1  Telephone (417) 754-2208	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	118 No 31230 No 52 No 20003 Yes 50 No 20525
4301 NE PARVIN ROAD KANSAS CITY  Mailing Address 4301 NE PARVIN ROAKANSAS CITY  NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK  Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED I 1500 LYNN ST LEBANON  Mailing Address 1500 LYNN ST LEBANON  NORTHWOOD HILLS CARE CENTER 800 NORTH ARTHUR ST HUMANSVILLE	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221  LIVING BY AMERICARE  MO 65536-4409  MO 65536-4409	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1  Telephone (417) 532-9793 Level of Care: ALF** County LACLEDE Region 1  Telephone (417) 754-2208 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	118 No 31230 No 52 No 20003 Yes 50 No 20525
4301 NE PARVIN ROAD KANSAS CITY  Mailing Address 4301 NE PARVIN ROAKANSAS CITY  NORTHPARK VILLAGE - ASSISTED A449 N STATE HIGHWAY NN OZARK  Mailing Address 4449 N STATE HIGHWOZARK  NORTHRIDGE PLACE - ASSISTED IN 1500 LYNN ST LEBANON  Mailing Address 1500 LYNN ST LEBANON  NORTHWOOD HILLS CARE CENTER 800 NORTH ARTHUR ST	MO 64117-3001 AD MO 64117-3001  D LIVING BY AMERICARE  MO 65721-7221 WAY NN MO 65721-7221  LIVING BY AMERICARE  MO 65536-4409  MO 65536-4409  ER	Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (417) 581-3200 Level of Care: ALF** County CHRISTIAN Region 1  Telephone (417) 532-9793 Level of Care: ALF** County LACLEDE Region 1  Telephone (417) 754-2208	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	118 No 31230 No 52 No 20003 Yes 50 No 20525

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OAK KNOLL SKILLED NURSING &	REHABILITATION CENTER		
37 N CLARK AVE		<b>Telephone</b> (314) 521-7419	Alzheimer's Unit No
FERGUSON	MO 63135-2323	Level of Care: SNF	Bed Capacity 72
Mailing Address 37 N CLARK AVE		County SAINT LOUIS COUNTY	DMH Licensed No
FERGUSON	MO 63135-2323	Region 7 Medicare/Medicaid	Facility Number 05864
OAK PARK CARE CENTER			
6637 BERTHOLD AVE		<b>Telephone</b> (314) 781-3444	Alzheimer's Unit No
SAINT LOUIS	MO 63139-3318	Level of Care: SNF	Bed Capacity 120
Mailing Address 6637 BERTHOLD AV		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63139-3318	Region 7 Medicare/Medicaid	Facility Number 05914
OAK POINTE OF CARTHAGE			
300 W AIRPORT DR	3.50 (400) 0.544	<b>Telephone</b> (417) 358-3355	Alzheimer's Unit Yes
CARTHAGE	MO 64836-3511	Level of Care: ALF**	Bed Capacity 55
Mailing Address 300 W AIRPORT DR		County JASPER	DMH Licensed No
CARTHAGE	MO 64836-3511	Region 1	Facility Number 30168
OAK POINTE OF KEARNEY			
200 MEADOWBROOK DR		<b>Telephone</b> (816) 628-0075	Alzheimer's Unit Yes
KEARNEY	MO 64060-8788	Level of Care: ALF**	<b>Bed Capacity</b> 55
Mailing Address 200 MEADOWBROO	K DR	County CLAY	DMH Licensed No
KEARNEY	MO 64060-8788	Region 4	Facility Number 29803
		· ·	•
OAK POINTE OF MARYVILLE			
817 SOUTH COUNTRY CLUB DR		<b>Telephone</b> (660) 562-2799	Alzheimer's Unit Yes
MARYVILLE	MO 64468-1477	Level of Care: ALF**	Bed Capacity 55
Mailing Address 817 SOUTH COUNTR		County NODAWAY	DMH Licensed No
MARYVILLE	MO 64468-1477	Region 4	Facility Number 29544
OAK POINTE OF MONETT			
1011 OLD AIRPORT ROAD		<b>Telephone</b> (417) 235-3500	Alzheimer's Unit Yes
MONETT	MO 65708-1375	Level of Care: ALF**	<b>Bed Capacity</b> 55
Mailing Address 1011 OLD AIRPORT	ROAD	County LAWRENCE	DMH Licensed No
MONETT	MO 65708-1375	Region 1	Facility Number 30206
OAK POINTE OF NEOSHO			
2601 OAK RIDGE EXTENSION		<b>Telephone</b> (417) 451-8872	Alzheimer's Unit Yes
NEOSHO	MO 64850-7765	Level of Care: ALF**	Bed Capacity 55
Mailing Address 2601 OAK RIDGE EX		County NEWTON	DMH Licensed No
NEOSHO	MO 64850-7765	Region 1	Facility Number 29972
NEODIIO	1120 UTUJU-110J	region i	299/2
OAK POINTE OF ROLLA			
1000 EAST LIONS CLUB DRIVE		<b>Telephone</b> (573) 426-2186	<b>Alzheimer's Unit</b> Yes
ROLLA	MO 65401-4356	Level of Care: ALF**	<b>Bed Capacity</b> 65
Mailing Address 1000 EAST LIONS CI		County PHELPS	<b>DMH Licensed</b> No
ROLLA	MO 65401-4356	Region 6	Facility Number 31216

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OAK POINTE OF WARRENTON 700 FORREST AVE		<b>Telephone</b> (636) 456-6464	Alzheimer's Unit Yes
WARRENTON	MO 63383-7040	Level of Care: ALF**	Bed Capacity 71
Mailing Address 700 FORREST AVE WARRENTON	MO 63383-7040	County WARREN  Region 6	DMH Licensed No Facility Number 25045
WARRENTON	MO 03363-7040	Region 0	Facility Number 25045
OAK POINTE OF WASHINGTON			
1650 HIGH STREET		<b>Telephone</b> (636) 390-3290	Alzheimer's Unit Yes
WASHINGTON	MO 63090-4354	Level of Care: ALF**	Bed Capacity 65
Mailing Address 1650 HIGH STREET	NO (2000 1251	County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-4354	Region 6	Facility Number 32114
OAK RIDGE ASSISTED LIVING			
403 CRISPIN ST		<b>Telephone</b> (816) 776-3435	Alzheimer's Unit Yes
RICHMOND	MO 64085-1212	Level of Care: ALF**	<b>Bed Capacity</b> 55
Mailing Address 403 CRISPIN ST		County RAY	<b>DMH Licensed</b> No
RICHMOND	MO 64085-1212	Region 4	Facility Number 29711
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care: RCF*	<b>Bed Capacity</b> 36
Mailing Address 2702 DEBBIE LN		County BUTLER	<b>DMH Licensed</b> Yes
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number 18157
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care: ALF	<b>Bed Capacity</b> 60
Mailing Address 2702 DEBBIE LN		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number 18157
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care: SNF	<b>Bed Capacity</b> 70
Mailing Address 2702 DEBBIE LN		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-2650	Region 2 Medicare/Medicaid	Facility Number 18157
OAKRIDGE OF PLATTSBURG			
205 EAST CLAY AVE		<b>Telephone</b> (816) 539-2128	Alzheimer's Unit No
PLATTSBURG	MO 64477-8100	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 247		County CLINTON	DMH Licensed No
PLATTSBURG	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number 05994
OAKS COTTAGE ASSISTED LIVING	G. THE		
5448 N 2ND AVENUE	~, <del></del>	<b>Telephone</b> (417) 581-0330	Alzheimer's Unit Yes
OZARK	MO 65721-6210	Level of Care: ALF**	Bed Capacity 12
Mailing Address 5448 N 2ND AVENU	E	County CHRISTIAN	DMH Licensed No
07177	3.50 (5.50.)		77 W. 37 3

**Facility Number** 

31804

MO 65721-6210

OZARK

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OAKS RETIREMENT COMMUNITY	Z.THE			
127 HAMLET ROAD	.,	<b>Telephone</b> (417) 239-1112	Alzheimer's Unit	No
BRANSON	MO 65616-7746	Level of Care: ALF**	Bed Capacity	30
Mailing Address 127 HAMLET ROAD		County TANEY	DMH Licensed	No
BRANSON	MO 65616-7746	Region 1	Facility Number	27358
DIANGON	110 03010-7740	Kegion 1	racinty Number	21336
OAKS, THE				
5550 NOLAND ROAD		<b>Telephone</b> (816) 356-0200	Alzheimer's Unit	No
KANSAS CITY	MO 64133-3685	Level of Care: RCF	Bed Capacity	62
Mailing Address 5550 NOLAND RD		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64133-3685	Region 3	Facility Number	13440
		Region 5	1 domey 1 dame 2	13110
OASIS RESIDENTIAL CARE FACIL	JTY			
3508 PRAIRIE AVE		<b>Telephone</b> (314) 534-3355	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-2214	Level of Care: RCF*	Bed Capacity	20
Mailing Address 3508 PRAIRIE AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63107-2214	Region 7	Facility Number	15415
OREGON HEALTHCARE				
501 MONROE		<b>Telephone</b> (660) 446-3355	Alzheimer's Unit	No
OREGON	MO 64473-7800	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 19		County HOLT	DMH Licensed	No
OREGON	MO 64473-0019	Region 4 Medicare/Medicaid	Facility Number	06097
ORILLA'S WAY				
1209 SOUTH HIGH ST		<b>Telephone</b> (660) 564-2204	Alzheimer's Unit	No
GRANT CITY	MO 64456-0056	Level of Care: ALF**	Bed Capacity	37
Mailing Address PO BOX 56		County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-0056	Region 4	Facility Number	08591
OSAGE BEACH REHABILITATION	AND HEALTH CARE CENTER			
OSAGE BEACH REHABILITATION 844 PASSOVER RD	AND HEALTH CARE CENTER	<b>Telephone</b> (573) 348-2225	Alzheimer's Unit	No
	AND HEALTH CARE CENTER  MO 65065-2834	Telephone (573) 348-2225 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 94
844 PASSOVER RD		• '		
844 PASSOVER RD OSAGE BEACH		Level of Care: SNF	Bed Capacity	94
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD	MO 65065-2834	Level of Care: SNF County CAMDEN	Bed Capacity DMH Licensed	94 Yes
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD	MO 65065-2834 MO 65065-2834	Level of Care: SNF County CAMDEN	Bed Capacity DMH Licensed	94 Yes
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH	MO 65065-2834 MO 65065-2834	Level of Care: SNF County CAMDEN	Bed Capacity DMH Licensed	94 Yes
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH OUR LADY OF MERCY COUNTRY	MO 65065-2834 MO 65065-2834	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	94 Yes 06116
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE LIBERTY	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	94 Yes 06116 No
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF* County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	94 Yes 06116 No 44 No
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE LIBERTY Mailing Address 2115 MATURANA D	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955  RIVE	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	94 Yes 06116 No 44
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE LIBERTY Mailing Address 2115 MATURANA D LIBERTY  OWEN ACRES RESIDENTIAL CAR	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955  RIVE  MO 64068-7955	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF* County CLAY Region 4	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	94 Yes 06116 No 44 No 06153
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE LIBERTY Mailing Address 2115 MATURANA D LIBERTY  OWEN ACRES RESIDENTIAL CAR 614 COUNTY ROAD 466	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955  RIVE  MO 64068-7955	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF* County CLAY Region 4  Telephone (573) 778-0497	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	94 Yes 06116 No 44 No 06153
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE LIBERTY Mailing Address 2115 MATURANA D LIBERTY  OWEN ACRES RESIDENTIAL CAR 614 COUNTY ROAD 466 POPLAR BLUFF	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955  RIVE  MO 64068-7955  E FACILITY  MO 63901-2964	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF* County CLAY Region 4  Telephone (573) 778-0497 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	94 Yes 06116 No 44 No 06153
844 PASSOVER RD OSAGE BEACH Mailing Address 844 PASSOVER RD OSAGE BEACH  OUR LADY OF MERCY COUNTRY 2160 MERCY DRIVE LIBERTY Mailing Address 2115 MATURANA D LIBERTY  OWEN ACRES RESIDENTIAL CAR 614 COUNTY ROAD 466	MO 65065-2834  MO 65065-2834  HOME  MO 64068-7955  RIVE  MO 64068-7955  E FACILITY  MO 63901-2964	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (816) 781-5711 Level of Care: RCF* County CLAY Region 4  Telephone (573) 778-0497	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	94 Yes 06116 No 44 No 06153

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OFFECED OR LAW ARROYS OFF				
OXFORD GRAND AT SHOAL CRE	EK	T		
8280 N TULLIS AVENUE		<b>Telephone</b> (816) 781-8282	Alzheimer's Unit	Yes
KANSAS CITY	MO 64158-7683	Level of Care: ALF**	Bed Capacity	98
Mailing Address 8280 N TULLIS AVI		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64158-7683	Region 4	Facility Number	30758
OZARK MANOR				
1013 HIGHWAY Z		<b>Telephone</b> (573) 783-8338	Alzheimer's Unit	No
FREDERICKTOWN	MO 63645-8035	Level of Care: ALF**	Bed Capacity	55
Mailing Address 1013 HIGHWAY Z		County MADISON	DMH Licensed	No
FREDERICKTOWN	MO 63645-8035	Region 2	Facility Number	22947
OZADY NIJDCING & CADE CENTE	7 <b>D</b>			
OZARK NURSING & CARE CENTI 1486 NORTH RIVERSIDE RD	Z <b>N</b>	<b>Telephone</b> (417) 581-7126	Alzheimer's Unit	No
OZARK	MO 65721-7688	Level of Care: SNF	Bed Capacity	93
Mailing Address 1486 NORTH RIVE		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-7688	·	Facility Number	
UZAKK	MO 03721-7088	Region 1 Medicare/Medicaid	Facility Number	06240
OZARK OAKS RESIDENTIAL CAR	RE FACILITY II			
3405 S SCHIFFERDECKER		<b>Telephone</b> (417) 347-7760	Alzheimer's Unit	No
JOPLIN	MO 64804-1388	Level of Care: RCF*	Bed Capacity	30
Mailing Address PO BOX 2526		County NEWTON	DMH Licensed	Yes
JOPLIN	MO 64803-2526	Region 1	Facility Number	13636
VO. 211.	110 01000 2020	Region 1	ruemty rumper	13030
OZARK REHABILITATION & HEA	ALTH CARE CENTER			
1083 OZARK CARE DR		<b>Telephone</b> (573) 348-1711	Alzheimer's Unit	No
		(373) 340 1711	Mizhenner 3 Chit	110
OSAGE BEACH	MO 65065-3016	Level of Care: SNF	Bed Capacity	60
OSAGE BEACH Mailing Address PO BOX 270	MO 65065-3016	• ' '		
	MO 65065-3016 MO 65065-0270	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 270 OSAGE BEACH		Level of Care: SNF County CAMDEN	Bed Capacity DMH Licensed	60 No
Mailing Address PO BOX 270 OSAGE BEACH OZARK RIVERVIEW MANOR		Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 06217
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST	MO 65065-0270	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 06217 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK		Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 06217 No 90
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157	MO 65065-0270 MO 65721-9103	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK	MO 65065-0270	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 06217 No 90
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK  Mailing Address PO BOX 157 OZARK	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE	MO 65765-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T	MO 65765-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 76 No 06273
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE	MO 65065-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403  HE	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1  Telephone (417) 258-2573	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 76 No 06273
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE	MO 65765-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1  Telephone (417) 258-2573 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 06273
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE	MO 65065-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403  HE	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1  Telephone (417) 258-2573	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 76 No 06273

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PACIFIC CARE CENTER				
105 SOUTH SIXTH ST		<b>Telephone</b> (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care: ALF**	Bed Capacity	16
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638
PACIFIC CARE CENTER				
105 SOUTH SIXTH ST		<b>Telephone</b> (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care: SNF	Bed Capacity	120
Mailing Address 105 S SIXTH ST	1.0 .00.00.1000	County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number	12638
DADC DDOVENCE				
PARC PROVENCE 605 COEUR DE VILLE DR		<b>Telephone</b> (314) 542-2500	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-6603	Level of Care: SNF	Bed Capacity	140
Mailing Address 605 COEUR DE VIL		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63141-6603	Region 7	Facility Number	24122
SAINT LOUIS	MO 03141-0003	Kegion /	racinty Number	24122
PARK PLACE APARTMENTS				
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-7376	Level of Care: ALF	Bed Capacity	18
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 2	Facility Number	15542
PARK PLACE II				
2000 BOARDWALK PLACE DR		<b>Telephone</b> (636) 625-2900	Alzheimer's Unit	No
O'FALLON	MO 63368-3901	Level of Care: ALF**	<b>Bed Capacity</b>	124
Mailing Address 2000 BOARDWALK	PLACE DR	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63368-3901	Region 5	Facility Number	29016
	DELLA DIL PEA TION			
PARKDALE MANOR HEALTH & R 814 WEST SOUTH AVE	REHABILITATION	<b>Telephone</b> (660) 582-8161	Alzheimer's Unit	No
MARYVILLE	MO 64468-2772	Telephone (660) 582-8161 Level of Care: SNF	Bed Capacity	No 86
Mailing Address 814 WEST SOUTH A			DMH Licensed	
MARYVILLE				
		County NODAWAY		No
WINCI VIELE	MO 64468-2772	Region 4 Medicare/Medicaid	Facility Number	06308
PARKSIDE MANOR				
PARKSIDE MANOR		Region 4 Medicare/Medicaid	Facility Number	06308
PARKSIDE MANOR 1201 HUNT AVE	MO 64468-2772	Region 4 Medicare/Medicaid  Telephone (573) 449-1448	Facility Number  Alzheimer's Unit	06308 Yes
PARKSIDE MANOR 1201 HUNT AVE COLUMBIA	MO 64468-2772	Region 4 Medicare/Medicaid  Telephone (573) 449-1448  Level of Care: SNF  County BOONE	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	06308 Yes 120
PARKSIDE MANOR 1201 HUNT AVE COLUMBIA Mailing Address 1201 HUNT AVE	MO 64468-2772 MO 65202-1367	Region 4 Medicare/Medicaid  Telephone (573) 449-1448  Level of Care: SNF  County BOONE	Facility Number  Alzheimer's Unit Bed Capacity	06308 Yes 120 No
PARKSIDE MANOR 1201 HUNT AVE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA PARKSIDE MANOR, LLC	MO 64468-2772 MO 65202-1367	Region 4 Medicare/Medicaid  Telephone (573) 449-1448  Level of Care: SNF  County BOONE	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	06308 Yes 120 No
PARKSIDE MANOR 1201 HUNT AVE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC 300 S SAINT CHARLES ST	MO 64468-2772 MO 65202-1367	Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 324-9918	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	06308  Yes 120 No 11262
PARKSIDE MANOR 1201 HUNT AVE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC 300 S SAINT CHARLES ST BOWLING GREEN	MO 64468-2772  MO 65202-1367  MO 65202-1367  MO 63334-2221	Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 324-9918 Level of Care: ALF**	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 120 No 11262
PARKSIDE MANOR 1201 HUNT AVE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC 300 S SAINT CHARLES ST	MO 64468-2772  MO 65202-1367  MO 65202-1367  MO 63334-2221	Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 324-9918	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	06308  Yes 120  No 11262

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PARKSIDE-ASSISTED LIVING BY AMERICA		<b></b>	(553) 200 0024		NO
2100 PARKSIDE AVE		Telephone	(573) 308-0834	Alzheimer's Unit	NO
		Level of Care:	ALF**	Bed Capacity	28
Mailing Address 2100 PARKSIDE AVE		County PHE	LPS	DMH Licensed	No
ROLLA MO 65	5401-5472	Region 6		Facility Number	31191
PARKVIEW HEALTH CARE FACILITY					
119 WEST FOREST	,	Telephone	(417) 326-3000	Alzheimer's Unit	Yes
		Level of Care:	SNF	Bed Capacity	78
		County POL		DMH Licensed	No
Mailing Address 119 WEST FOREST BOLIVAR MO 65					
BOLIVAK WIO 03	)013-1310	Region 1 M	ledicare/Medicaid	Facility Number	17638
PARKVIEW HEALTHCARE					
128 NORTH HARDESTY	•	Telephone	(816) 241-2020	Alzheimer's Unit	No
KANSAS CITY MO 64	1123-1404	Level of Care:	SNF	Bed Capacity	120
Mailing Address 128 NORTH HARDESTY		County JAC	KSON	DMH Licensed	No
· ·			Iedicare/Medicaid	Facility Number	02928
		<b>g</b>		·	
PARKWAY HEALTH CARE CENTER					
2323 SWOPE PARKWAY		Telephone	(816) 924-1122	Alzheimer's Unit	No
	4130-2638	Level of Care:	SNF	<b>Bed Capacity</b>	97
Mailing Address 2323 SWOPE PARKWAY		County JAC	KSON	DMH Licensed	No
KANSAS CITY MO 64	4130-2638	Region 3 M	ledicare/Medicaid	Facility Number	07092
PARKWAY SENIOR LIVING, THE					
550 NE NAPOLEON DR	,	Telephone	(816) 228-8866	Alzheimer's Unit	Yes
		Level of Care:	ALF**	Bed Capacity	72
Mailing Address 550 NE NAPOLEON DR			KSON	DMH Licensed	No
· ·		Region 3	N. JOIN	Facility Number	29917
BLUE SI KINGS	1014-5405	Kegion 5		racinty Number	29917
PARKWOOD MEADOWS - ASSISTED LIVIN	NG BY AMERICARE				
805 PARKWOOD DR		Telephone	(573) 883-3883	Alzheimer's Unit	Yes
SAINTE GENEVIEVE MO 63	3670-1858	Level of Care:	ALF**	Bed Capacity	66
Mailing Address 805 PARKWOOD DR		County SAIN	NTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE MO 63	3670-1858	Region 2		Facility Number	23234
DADEWOOD OUR LED MIDGING AND DEW	IADH TEATION CENTED				
PARKWOOD SKILLED NURSING AND REH		77.1.1.	(214) 201 5011	A1 1	N.T.
3201 PARKWOOD LN		Telephone	(314) 291-5911	Alzheimer's Unit	No
		Level of Care:	SNF	Bed Capacity	130
Mailing Address 3201 PARKWOOD LN		_	NT LOUIS COUNTY	DMH Licensed	No 02471
MARYLAND HEIGHTS MO 63	3043-1334	Region 7 M	ledicare/Medicaid	Facility Number	02471
PAUL L & MARTHA BARONE CARE CENTI	ER		TEMPORARY CLOSU	URE - STAFFING	
2101 NORTH ASH ST		Telephone	(417) 448-3841	Alzheimer's Unit	Yes
NEVADA MO 64		Level of Care:	SNF	<b>Bed Capacity</b>	40
Mailing Address 2101 NORTH ASH ST		County VER	NON	DMH Licensed	No
_	1772-1082	Region 1 M	<b>I</b> edicaid	Facility Number	16917

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PEACE HAVEN ASSOCIATION				
12630 ROTT RD		<b>Telephone</b> (314) 965-3833	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1214	Level of Care: ICF	<b>Bed Capacity</b>	42
Mailing Address 12630 ROTT RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1214	Region 7	<b>Facility Number</b>	06369
PEARL'S II EDEN FOR ELDERS				
611 NORTH COLLEGE		<b>Telephone</b> (660) 748-4407	Alzheimer's Unit	No
PRINCETON	MO 64673-1051	Level of Care: SNF	Bed Capacity	60
Mailing Address 611 NORTH COLLEC		County MERCER	DMH Licensed	No
PRINCETON	MO 64673-1051	Region 4 Medicare/Medicaid	Facility Number	06453
		nzeureure, vreureure		00.00
DETER COLUMN ACCIONED I IVIN	CHC			
PETTIS COUNTY ASSISTED LIVING 3017 BROOKING PARK AVENUE	G, LLC	<b>Telephone</b> (660) 827-3222	Alzheimer's Unit	No
SEDALIA	MO 65301-9327	Level of Care: ALF**	Bed Capacity	139
Mailing Address 3017 BROOKING PA		County PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-9327	•	Facility Number	
SEDALIA	MO 03301-9327	Region 6	racinty Number	30112
	ALTH & REHABILITATION CENTER	<i>'</i>		
13700 OLD HALLS FERRY RD	110 (2002) (100	<b>Telephone</b> (314) 355-0760	Alzheimer's Unit	No
FLORISSANT	MO 63033-4109	Level of Care: SNF	Bed Capacity	120
Mailing Address 13700 OLD HALLS F		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-4109	Region 7 Medicare/Medicaid	Facility Number	07440
PIN OAKS LIVING CENTER				
1525 WEST MONROE ST		<b>Telephone</b> (573) 581-7261	Alzheimer's Unit	No
MEXICO	MO 65265-1201	Level of Care: SNF	Bed Capacity	124
Mailing Address 1525 WEST MONRO		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number	05804
PINE LODGE RESIDENTIAL CARE				
967 N MAPLE ST		<b>Telephone</b> (417) 345-0310	Alzheimer's Unit	No
BUFFALO	MO 65622-7568	Level of Care: RCF	Bed Capacity	22
Mailing Address 967 N MAPLE ST		County DALLAS	DMH Licensed	No
BUFFALO	MO 65622-7568	Region 1	Facility Number	25563
PINE VALLEY AT THE WOODLAN	DS			
620 WOODLAND MEADOWS		<b>Telephone</b> (636) 202-1050	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care: ALF**	Bed Capacity	48
Mailing Address 620 WOODLAND ME		County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-2030	Region 2	Facility Number	31974
PINE VALLEY RCF				
3381 1st STREET		<b>Telephone</b> (573) 760-8601	Alzheimer's Unit	No
DOE RUN	MO 63637-3155	Level of Care: RCF	Bed Capacity	12
Mailing Address 3381 1st STREET		County SAINT FRANCOIS	DMH Licensed	Yes
DOE DUN	MO 62627 2155	Date 2	Easility Number	00270

**Facility Number** 

08379

MO 63637-3155

DOE RUN

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PINE VIEW MANOR, INC			
307 NORTH PINEVIEW ST		<b>Telephone</b> (660) 783-2118	Alzheimer's Unit No
STANBERRY	MO 64489-1509	Level of Care: ALF**	<b>Bed Capacity</b> 12
Mailing Address 307 NORTH PINEVIE	W ST	<b>County</b> GENTRY	<b>DMH Licensed</b> No
STANBERRY	MO 64489-1509	Region 4	Facility Number 05832
PINE VIEW MANOR, INC			
307 NORTH PINEVIEW ST		<b>Telephone</b> (660) 783-2118	Alzheimer's Unit No
STANBERRY	MO 64489-1509	Level of Care: SNF	Bed Capacity 70
Mailing Address 307 NORTH PINEVIE		County GENTRY	DMH Licensed No
STANBERRY	MO 64489-1509	Region 4 Medicare/Medicaid	Facility Number 05832
STEVBERRY	110 01103 1303	Region : Wedicare/Medicard	Tacinty Number 03032
PIONEER SKILLED NURSING CENT	ΓER		
1500 SOUTH KANSAS AVE		<b>Telephone</b> (660) 376-2001	Alzheimer's Unit No
MARCELINE	MO 64658-1716	Level of Care: SNF	<b>Bed Capacity</b> 96
Mailing Address 1500 S KANSAS AVE		County CHARITON	<b>DMH Licensed</b> No
MARCELINE	MO 64658-1716	Region 5 Medicare/Medicaid	Facility Number 05900
PLAZA AT WILDWOOD SENIOR LI	VING,THE		
251 PLAZA DRIVE		<b>Telephone</b> (636) 273-3900	Alzheimer's Unit Yes
WILDWOOD	MO 63040-1203	Level of Care: ALF**	<b>Bed Capacity</b> 94
Mailing Address 251 PLAZA DRIVE		County SAINT LOUIS COUNTY	DMH Licensed No
WILDWOOD	MO 63040-1203	Region 7	Facility Number 31049
DI EACANE IIII I HEALEH AND DE	HADILITATION CENTED		
PLEASANT HILL HEALTH AND RE	HABILITATION CENTER	Telephone (916) 540 2116	Alahaiman'a Unit Vas
1300 BROADWAY	MO (4090 1942	<b>Telephone</b> (816) 540-2116	Alzheimer's Unit Yes Bed Capacity 90
PLEASANT HILL	MO 64080-1842	Level of Care: SNF County CASS	
Mailing Address 1300 BROADWAY	MO 64080-1842	•	
PLEASANT HILL	MO 64080-1842	Region 3 Medicare/Medicaid	Facility Number 15101
PLEASANT VALLEY MANOR			
213 DAVIS DR		<b>Telephone</b> (417) 257-0179	Alzheimer's Unit No
WEST PLAINS	MO 65775-2274	Level of Care: RCF*	Bed Capacity 72
Mailing Address 213 DAVIS DR		County HOWELL	<b>DMH Licensed</b> No
WEST PLAINS	MO 65775-2274	Region 2	Facility Number 13641
PLEASANT VALLEY MANOR CARE	E CENTER		
6814 SOBBIE RD		<b>Telephone</b> (816) 781-5277	Alzheimer's Unit No
LIBERTY	MO 64068-9555	Level of Care: SNF	<b>Bed Capacity</b> 102
Mailing Address 6814 SOBBIE RD		County CLAY	DMH Licensed No
LIBERTY	MO 64068-9555	Region 4 Medicare/Medicaid	Facility Number 06020
DI EACANE VIICA			
PLEASANT VIEW 641 EUCLID AVE		<b>Telephone</b> (573) 406-1090	Alzheimer's Unit No
HANNIBAL	MO 63401-2959	Level of Care: ALF**	Bed Capacity 41
Mailing Address 641 EUCLID AVE	110 03101 2/3/	County MARION	DMH Licensed No
HANNIBAL	MO 63401-2959	Region 5	Facility Number 25358
INMINIDAL	1710 03701-2737	region 2	23336

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PLEASANT VIEW NURSING HOM	Æ			
470 RAINBOW DR		<b>Telephone</b> (660) 744-6252	Alzheimer's Unit	No
ROCK PORT	MO 64482-1641	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 273		<b>County</b> ATCHISON	DMH Licensed	No
ROCK PORT	MO 64482-0273	Region 4 Medicare/Medicaid	Facility Number	06041
POINT LOOKOUT NURSING & R	ЕНАВ			
11103 HISTORIC HIGHWAY 165		<b>Telephone</b> (417) 334-4105	Alzheimer's Unit	Yes
HOLLISTER	MO 65672-6239	Level of Care: SNF	Bed Capacity	130
Mailing Address 11103 HISTORIC H		County TANEY	DMH Licensed	No
HOLLISTER	MO 65672-6239	Region 1 Medicare/Medicaid	Facility Number	12716
HOLLISTER	WO 03072-0239	Region 1 Medicare/Medicaid	Facility Number	12/10
POPA GOOD SAMARITAN SERVI	ICES, LLC			
16979 HWY 39		<b>Telephone</b> (417) 353-4448	Alzheimer's Unit	Yes
VERONA	MO 65769-6319	<b>Level of Care:</b> ALF**	Bed Capacity	8
Mailing Address 16979 HWY 39		<b>County</b> LAWRENCE	DMH Licensed	No
VERONA	MO 65769-6319	Region 1	Facility Number	30440
PORTAGEVILLE HEALTH CARE	CENTER			
290 WEST STATE HWY 162		<b>Telephone</b> (573) 379-2017	Alzheimer's Unit	No
PORTAGEVILLE	MO 63873-9397	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 408		County NEW MADRID	DMH Licensed	No
PORTAGEVILLE	MO 63873-0408	Region 2 Medicare/Medicaid	Facility Number	17119
PORTIA'S RESIDENTIAL CARE				
307 NORTH BROADWAY		<b>Telephone</b> (573) 686-3446	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-5103	Level of Care: RCF	Bed Capacity	20
Mailing Address 307 N BROADWA	Y	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5103	Region 2	Facility Number	03002
POTOSI MANOR				
307 SOUTH HIGHWAY 21		<b>Telephone</b> (573) 438-3225	Alzheimer's Unit	No
POTOSI	MO 63664-9317	Level of Care: SNF	Bed Capacity	90
Mailing Address 307 SOUTH HIGHV		County WASHINGTON	DMH Licensed	No
POTOSI	MO 63664-9317	Region 2 Medicare/Medicaid	Facility Number	21648
PRAIRIE VIEW SKILLED NURSIN	NG			
606 WEST MISSOURI ST		<b>Telephone</b> (573) 568-2137	Alzheimer's Unit	No
BLOOMFIELD	MO 63825-9706	Level of Care: SNF	Bed Capacity	60
Mailing Address 606 WEST MISSOU		County STODDARD	DMH Licensed	No
BLOOMFIELD	MO 63825-9706	Region 2 Medicare/Medicaid	Facility Number	00629
PREFERRED FAMILY HEALTHO	CARE, INC			
900 EAST LAHARPE	•	<b>Telephone</b> (660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care: RCF*	Bed Capacity	57
Mailing Address PO BOX 767		County ADAIR	DMH Licensed	Yes
VIDVEVII I E	MO 62501 0767	n 5	Eagility Number	21051

**Facility Number** 

21851

MO 63501-0767

KIRKSVILLE

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PRIMROSE OF SEDALIA				
3761 WEST 10TH ST		<b>Telephone</b> (660) 527-7054	Alzheimer's Unit	No
SEDALIA	MO 65301-2524	Level of Care: ALF**	Bed Capacity	90
Mailing Address 3761 WEST 10TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2524	Region 6	Facility Number	25967
PRIMROSE RETIREMENT COMM	UNITY OF JEFFERSON CITY			
1214 FREEDOM BLVD		<b>Telephone</b> (573) 634-5408	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0082	Level of Care: ALF**	Bed Capacity	49
Mailing Address 1214 FREEDOM BL	VD	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0082	Region 6	Facility Number	29697
PRIMROSE RETIREMENT COMM	UNITY OF KANSAS CITY			
8559 NORTH LINE CREEK PARKWA	Y	<b>Telephone</b> (816) 468-8282	Alzheimer's Unit	No
KANSAS CITY	MO 64154-2100	Level of Care: ALF**	Bed Capacity	44
Mailing Address 8559 NORTH LINE O		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-2100	Region 4	Facility Number	29020
KANSAS CII I	WO 04134-2100	Kegion +	racinty Number	29020
PRINCETON SENIOR LIVING THE				
1701 S E OLDHAM PARKWAY		<b>Telephone</b> (816) 875-4950	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-	Level of Care: ALF**	Bed Capacity	68
Mailing Address 1701 S E OLDHAM I	PARKWAY	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-	Region 3	Facility Number	32762
EEE 0 00 (MINIT	1110 04001	Acgion 5	Pacinty Number	32702
PROMENADE SENIOR LIVING				
8825 EAGER ROAD		<b>Telephone</b> (314) 325-7699	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63144-1205	Level of Care: ALF**	Bed Capacity	90
Mailing Address 8825 EAGER ROAD		County SAINT LOUIS COUNT	TY DMH Licensed	No
SAINT LOUIS	MO 63144-1205	Region 7	<b>Facility Number</b>	30363
PROMISE CARE CENTER, LLC				
1111 CARE AVE		<b>Telephone</b> (417) 494-5037	Alzheimer's Unit	No
NIXA	MO 65714-9679	Level of Care: RCF	Bed Capacity	126
Mailing Address 1111 CARE AVE		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9679	Region 1	Facility Number	15935
PROMISSON OF PROMISS				
PROVISION OF PROMISE		m		
4528 NORTH MARKET ST		<b>Telephone</b> (314) 535-5509	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-2113	Level of Care: RCF	Bed Capacity	20
Mailing Address 4528 NORTH MARK	ET ST	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-2113	Region 7	Facility Number	17937
PUTNAM COUNTY CARE CENTER	•			
1814 OAK ST	•	<b>Telephone</b> (660) 947-2492	Alzheimer's Unit	NO
UNIONVILLE	MO 63565-1275	Level of Care: SNF	Bed Capacity	60
	1410 03303-1273			
Mailing Address 1814 OAK ST	MO (25/5 1275	County PUTNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1275	Region 5 Medicare/Medicaio	I Facility Number	06516

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PUXICO NURSING & REHABILIAT	TION CENTER		
540 NORTH HIGHWAY 51		<b>Telephone</b> (573) 222-3125	Alzheimer's Unit No
PUXICO	MO 63960-9117	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 540 NORTH HWY 5		County STODDARD	<b>DMH Licensed</b> No
PUXICO	MO 63960-9117	Region 2 Medicare/Medicaid	Facility Number 03163
QUAIL RUN HEALTH CARE CENT	FR		
1405 WEST GRAND AVE		<b>Telephone</b> (816) 632-2151	Alzheimer's Unit No
CAMERON	MO 64429-1118	Level of Care: SNF	Bed Capacity 84
Mailing Address PO BOX 525		County DEKALB	DMH Licensed No
CAMERON	MO 64429-0525	Region 4 Medicare/Medicaid	Facility Number 03829
QUALITY RESIDENTIAL CARE			
2034 WEST COLLEGE		<b>Telephone</b> (417) 831-6466	Alzheimer's Unit No
SPRINGFIELD	MO 65806-1524	Level of Care: RCF*	Bed Capacity 42
Mailing Address PO BOX 8127		County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65801-8127	Region 1	Facility Number 13150
57 Att (67 2222		Region 1	13130
QUARTERS AT DES PERES, THE			
13230 MANCHESTER RD		<b>Telephone</b> (314) 821-2886	Alzheimer's Unit No
DES PERES	MO 63131-1706	Level of Care: SNF	Bed Capacity 147
Mailing Address 13230 MANCHESTE		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
DES PERES	MO 63131-1706	Region 7 Medicare/Medicaid	Facility Number 26726
RANCH RESIDENTIAL CARE FAC	ILITY THE		
ROUTE 2, BOX 2790		<b>Telephone</b> (573) 238-4253	Alzheimer's Unit No
MARBLE HILL	MO 63764-9510	Level of Care: RCF*	<b>Bed Capacity</b> 32
Mailing Address ROUTE 2, BOX 2790	)	County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-9510	Region 2	Facility Number 08707
DANGHO DENADAND HEALTHG	A DE CENTED		
RANCHO REHAB AND HEALTHCA	ARE CENTER	T-l (214) 920 2150	Al-haimanta Tiraid
615 RANCHO LN	MO (2021 1717	<b>Telephone</b> (314) 839-2150	Alzheimer's Unit No
FLORISSANT	MO 63031-1717	Level of Care: SNF	Bed Capacity 120
Mailing Address 615 RANCHO LN FLORISSANT	MO 62021 1717	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSAINI	MO 63031-1717	Region 7 Medicare/Medicaid	Facility Number 02585
RATLIFF CARE CENTER			
717 NORTH SPRIGG		<b>Telephone</b> (573) 335-5810	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4815	Level of Care: SNF	<b>Bed Capacity</b> 46
Mailing Address 717 NORTH SPRIGO	i	County CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63701-4815	Region 2 Medicare/Medicaid	Facility Number 17420
RAVENWOOD - ASSISTED LIVING	BY AMERICARE		
1950 EAST REPUBLIC RD		<b>Telephone</b> (417) 890-6000	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-6763	Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 1950 E REPUBLIC R	D	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65804-6763	Region 1	Facility Number 20791
		-	

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RAVENWOOD TERRACE - ASSIST	ED LIVING BY AMERICARE		
1830 RAVENWOOD		<b>Telephone</b> (660) 263-8004	Alzheimer's Unit Yes
MOBERLY	MO 65270-3002	Level of Care: ALF**	<b>Bed Capacity</b> 55
Mailing Address 1830 RAVENWOOD	)	County RANDOLPH	<b>DMH Licensed</b> No
MOBERLY	MO 65270-3002	Region 5	Facility Number 16411
REHAB OF KANSAS CITY SOUTH		m	
8033 HOLMES ROAD	NO (4121 2115	<b>Telephone</b> (816) 363-6222	Alzheimer's Unit No
KANSAS CITY	MO 64131-2115	Level of Care: SNF	Bed Capacity 100
Mailing Address 8033 HOLMES ROA		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64131-2115	Region 3 Medicare/Medicaid	Facility Number 03680
REHABILITATION CENTER OF IN	DEPENDENCE.THE		
1800 S SWOPE DR	· · · · · · · · · · · · · · · · · · ·	<b>Telephone</b> (816) 257-2566	Alzheimer's Unit Yes
INDEPENDENCE	MO 64057-1084	Level of Care: SNF	Bed Capacity 130
Mailing Address 1800 S SWOPE DR		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-1084	Region 3 Medicare/Medicaid	Facility Number 22063
		region - Medicaro Medicara	
REPUBLIC NURSING & REHAB			
901 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-1822	Alzheimer's Unit Yes
REPUBLIC	MO 65738-1155	Level of Care: SNF	Bed Capacity 127
Mailing Address 901 EAST HIGHWA	Y 174	County GREENE	DMH Licensed No
REPUBLIC	MO 65738-1155	Region 1 Medicare/Medicaid	Facility Number 13684
REST HAVEN CONVALESCENT &	DETIDEMENT HOME		
1800 SOUTH INGRAM	RETREWENT HOWE	<b>Telephone</b> (660) 827-0845	Alzheimer's Unit No
SEDALIA	MO 65301-7538	Level of Care: SNF	Bed Capacity 86
Mailing Address 1800 S INGRAM	WO 03301-7338	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-7538	Region 6 Medicare/Medicaid	Facility Number 06582
SEDALIA	MO 05501-7556	Region 0 Medicare/Medicaid	Facility Number 00382
RICHLAND CARE CENTER, INC			
400 TRI-COUNTY LANE		<b>Telephone</b> (573) 765-3243	Alzheimer's Unit No
RICHLAND	MO 65556-8582	Level of Care: SNF	<b>Bed Capacity</b> 86
Mailing Address PO BOX 756		County PULASKI	DMH Licensed No
RICHLAND	MO 65556-0756	Region 6 Medicare/Medicaid	Facility Number 08100
RICHMOND TERRACE ASSISTED	LIVING		
1633 LACLEDE STATION RD	T(1 ) I(U	<b>Telephone</b> (314) 646-8000	Alzheimer's Unit No
SAINT LOUIS	MO 63117-2038	Level of Care: ALF**	
Mailing Address 1633 LACLEDE STA			
· ·		·	
SAINT LOUIS	MO 63117-2038	Region 7	Facility Number 22269
RIDGE CREST NURSING CENTER			
706 SOUTH MITCHELL		<b>Telephone</b> (660) 429-2177	Alzheimer's Unit Yes
WARRENSBURG	MO 64093-2828	Level of Care: SNF	Bed Capacity 120
Mailing Address 706 SOUTH MITCH	ELL	County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number 06640

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	CLV (PDD)		
RIDGEVIEW ASSISTED LIVING CI	ENTER	T. 1. (770) (94, 440)	
13134 STATE HIGHWAY 25		<b>Telephone</b> (573) 624-4433	Alzheimer's Unit No
DEXTER	MO 63841-9740	Level of Care: ALF**	<b>Bed Capacity</b> 26
Mailing Address 13134 STATE HIGH	WAY 25	County STODDARD	<b>DMH Licensed</b> No
DEXTER	MO 63841-9740	Region 2	Facility Number 10128
RIDGEVIEW LIVING COMMUNIT	Y		
500 BARRETT DRIVE		<b>Telephone</b> (573) 276-3843	Alzheimer's Unit No
MALDEN	MO 63863-1204	Level of Care: SNF	<b>Bed Capacity</b> 96
Mailing Address 500 BARRETT DRIV	E	County DUNKLIN	<b>DMH Licensed</b> No
MALDEN	MO 63863-1204	Region 2 Medicare/Medicaid	Facility Number 06656
RIDGEWAY RESIDENTIAL CARE 431 RUSSELL		<b>Telephone</b> (573) 468-4318	Alzheimer's Unit No
	MO (2000 2220	• '	
SULLIVAN	MO 63080-2228		Bed Capacity 20
Mailing Address PO BOX 267		County FRANKLIN	DMH Licensed Yes
SULLIVAN	MO 63080-0267	Region 6	Facility Number 06668
RIVER CITY LIVING COMMUNITY	Y		
3038 WEST TRUMAN BLVD	•	<b>Telephone</b> (573) 893-3404	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-0525	Level of Care: SNF	Bed Capacity 87
Mailing Address 3038 WEST TRUMA			DMH Licensed No
JEFFERSON CITY	MO 65109-0525	0.00000	
JEFFERSON CIT I	MO 03109-0323	Region 6 Medicare/Medicaid	Facility Number 04826
RIVER CROSSING REHAB AND HI	EALTHCARE CENTER		
11278 SCHUETZ RD		<b>Telephone</b> (314) 991-4066	Alzheimer's Unit No
SAINT LOUIS	MO 63146-4957	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address 11278 SCHUETZ RD	)	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-4957	Region 7 Medicare/Medicaid	Facility Number 16378
RIVER MIST - ASSISTED LIVING H	BY AMERICARE	T	
2050 WEST MAUD		<b>Telephone</b> (573) 686-2833	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4000	Level of Care: ALF**	<b>Bed Capacity</b> 42
Mailing Address 2050 WEST MAUD		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-4000	Region 2	Facility Number 20291
RIVER OAKS CARE CENTER			
1001 NORTH WALNUT		<b>Telephone</b> (573) 695-2121	Alzheimer's Unit No
STEELE	MO 63877-1355	Level of Care: SNF	Bed Capacity 90
	110 03077-1333		
Mailing Address 1001 N WALNUT	MO 62977 1255	•	
STEELE	MO 63877-1355	Region 2 Medicare/Medicaid	Facility Number 06672
RIVERBEND HEIGHTS HEALTH &	REHABILITATION		
1221 HIGHWAY 13 SOUTH		<b>Telephone</b> (660) 259-4695	Alzheimer's Unit No
LEXINGTON	MO 64067-7187	Level of Care: SNF	<b>Bed Capacity</b> 154
Mailing Address 1221 HIGHWAY 13	SOUTH	County LAFAYETTE	DMH Licensed No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number 04333

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RIVERDELL CARE CENTER				
1121 11TH ST		<b>Telephone</b> (660) 882-7600	Alzheimer's Unit	No
BOONVILLE	MO 65233-1419	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address 1121 11TH ST		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1419	Region 6 Medicare/Medicaid	Facility Number	14428
RIVERSIDE NURSING & REHAB	ILITATION CENTER, LLC			
4700 NW CLIFFVIEW DR		<b>Telephone</b> (816) 741-5105	Alzheimer's Unit	NO
RIVERSIDE	MO 64150-1237	Level of Care: SNF	Bed Capacity	180
Mailing Address 4700 NW CLIFFVI		County PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-1237	Region 4 Medicare/Medicaid	Facility Number	01532
RIVERVIEW AT THE PARK CAR	RE AND REHABILITATION CENT	ER		
1100 PROGRESS PARKWAY		<b>Telephone</b> (573) 883-3454	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-9232	Level of Care: SNF	Bed Capacity	120
Mailing Address 1100 PROGRESS I	PARKWAY	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-9232	Region 2 Medicare/Medicaid	Facility Number	06729
DAVEDVIEW NURSENIG CENTER				
RIVERVIEW NURSING CENTER		m 1 1 (572) (77, 212)	A1 1 ' ! TT '	N-
10303 STATE RD C MOKANE	MO (5050 1211	<b>Telephone</b> (573) 676-3136	Alzheimer's Unit	No 60
	MO 65059-1211	Level of Care: SNF	Bed Capacity	
Mailing Address 10303 STATE RD		County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number	06730
RIVERVIEW RESIDENTIAL PLA	CE			
1200 WEST HALL ST		<b>Telephone</b> (417) 581-2510	Alzheimer's Unit	No
OZARK	MO 65721-9103	Level of Care: RCF*	Bed Capacity	40
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-0157	Region 1	Facility Number	01426
RIVERWAYS MANOR				
403 WATERCRESS RD		<b>Telephone</b> (573) 323-4282	Alzheimer's Unit	No
VAN BUREN	MO 63965-9100	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 969		County CARTER	DMH Licensed	No
VAN BUREN	MO 63965-0969	Region 2 Medicare/Medicaid	Facility Number	06744
DOADING DIVED HEAT TH AND	DELLA DIL LEA TION			
ROARING RIVER HEALTH AND 812 OLD EXETER RD	REHABILITATION	T-11 (417) 947 2194	A 1-1	Yes
CASSVILLE	MO 65625-1704	Telephone (417) 847-2184 Level of Care: SNF	Alzheimer's Unit	90
			Bed Capacity	
Mailing Address 812 OLD EXETER		County BARRY	DMH Licensed	No
CASSVILLE	MO 65625-1704	Region 1 Medicare/Medicaid	Facility Number	10644
ROCK ISLAND VILLAGE				
619 EAST 8TH STREET		<b>Telephone</b> (573) 557-9545	Alzheimer's Unit	Yes
ELDON	MO 65026-4740	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	70
Mailing Address 619 EAST 8TH ST		County MILLER	DMH Licensed	No
EL DOM	MO 65026 4740	D	Eagility Number	20065

**Facility Number** 

30865

MO 65026-4740

**ELDON** 

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ROCK POINT NURSING CENTER				
8477 NORTH STREET		<b>Telephone</b> (573) 292-3212	Alzheimer's Unit	Yes
BIRCH TREE	MO 65438-8887	Level of Care: SNF	Bed Capacity	86
Mailing Address 8477 NORTH STREE		County SHANNON	DMH Licensed	No
BIRCH TREE	MO 65438-8887	Region 2 Medicare/Medicaid	Facility Number	00560
ROCKHILL MANOR ASSISTED LIT	VING			
4235 LOCUST ST		<b>Telephone</b> (816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care: ALF**	Bed Capacity	36
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	Facility Number	06794
		C	•	
DOCKNING MANOR AGGIGNER AN	Emya.			
ROCKHILL MANOR ASSISTED LI	VING	T-l (916) 931 3325	All-bathar 1 TT 14	N.T
4235 LOCUST ST	NO (4110 1016	<b>Telephone</b> (816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care: ALF	Bed Capacity	154
Mailing Address PO BOX 5930	NO 64171 0020	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	Facility Number	06794
ROCKY RIDGE MANOR				
3111 HIGHWAY A		<b>Telephone</b> (417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care: SNF	<b>Bed Capacity</b>	65
Mailing Address 3111 HWY A		County WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region 1 Medicare/Medicaid	Facility Number	04996
ROLLA PRESRYTERIAN MANOR				
ROLLA PRESBYTERIAN MANOR		Telephone (573) 364-7336	Alzheimer's Linit	No
1200 HOMELIFE PLAZA	MO 65401-2512	Telephone (573) 364-7336 Level of Care: SNF	Alzheimer's Unit	No 30
1200 HOMELIFE PLAZA ROLLA	MO 65401-2512 AZA	Level of Care: SNF	Bed Capacity	30
1200 HOMELIFE PLAZA ROLLA <b>Mailing Address</b> 1200 HOMELIFE PL	AZA	Level of Care: SNF County PHELPS	Bed Capacity DMH Licensed	30 No
1200 HOMELIFE PLAZA ROLLA		Level of Care: SNF	Bed Capacity	30
1200 HOMELIFE PLAZA ROLLA <b>Mailing Address</b> 1200 HOMELIFE PL ROLLA	AZA	Level of Care: SNF County PHELPS	Bed Capacity DMH Licensed	30 No
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA ROLLA PRESBYTERIAN MANOR	AZA	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	30 No 18727
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA	AZA MO 65401-2512	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	30 No 18727 Yes
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA	AZA MO 65401-2512 MO 65401-2512	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 No 18727 Yes 37
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL	AZA MO 65401-2512 MO 65401-2512 AZA	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 No 18727 Yes 37 No
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA	AZA MO 65401-2512 MO 65401-2512	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 No 18727 Yes 37
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL	AZA MO 65401-2512 MO 65401-2512 AZA	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 No 18727 Yes 37 No
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL	AZA  MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 No 18727 Yes 37 No
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA	AZA  MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 No 18727 Yes 37 No
ROLLA  ROLLA  Mailing Address 1200 HOMELIFE PL  ROLLA  ROLLA PRESBYTERIAN MANOR  1200 HOMELIFE PLAZA  ROLLA  Mailing Address 1200 HOMELIFE PL  ROLLA  ROLLA  ROSEWOOD REHAB AND HEALTI	AZA  MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 No 18727 Yes 37 No 18727
1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROSEWOOD REHAB AND HEALTI 1415 WEST WHITE OAK	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 No 18727 Yes 37 No 18727
ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROSEWOOD REHAB AND HEALT 1415 WEST WHITE OAK INDEPENDENCE	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 No 18727 Yes 37 No 18727
ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROSEWOOD REHAB AND HEALTI 1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE O	AZA  MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590  OAK	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 No 18727 Yes 37 No 18727 Yes 300 No
ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROSEWOOD REHAB AND HEALTI 1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE OIL INDEPENDENCE	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590  OAK  MO 64050-2590	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 No 18727 Yes 37 No 18727 Yes 300 No
ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROSEWOOD REHAB AND HEALTI 1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE OIL INDEPENDENCE ROSEWOOD RESIDENTIAL CARE	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590  OAK  MO 64050-2590	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 No 18727 Yes 37 No 18727 Yes 300 No 06604
ROLLA  ROLLA  Mailing Address 1200 HOMELIFE PL  ROLLA  ROLLA PRESBYTERIAN MANOR  1200 HOMELIFE PLAZA  ROLLA  Mailing Address 1200 HOMELIFE PL  ROLLA  ROSEWOOD REHAB AND HEALTI  1415 WEST WHITE OAK  INDEPENDENCE  Mailing Address 1415 WEST WHITE OID  INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE  13450 COUNTY RD 7040	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590  OAK  MO 64050-2590	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 No 18727 Yes 37 No 18727 Yes 300 No 06604
ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA PRESBYTERIAN MANOR 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROSEWOOD REHAB AND HEALTI 1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE OI INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590  OAK  MO 64050-2590  MO 65401-8122	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 No 18727 Yes 37 No 18727 Yes 300 No 06604
ROLLA  ROLLA  Mailing Address 1200 HOMELIFE PL  ROLLA  ROLLA PRESBYTERIAN MANOR  1200 HOMELIFE PLAZA  ROLLA  Mailing Address 1200 HOMELIFE PL  ROLLA  ROSEWOOD REHAB AND HEALTI  1415 WEST WHITE OAK  INDEPENDENCE  Mailing Address 1415 WEST WHITE OID  INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE  13450 COUNTY RD 7040	MO 65401-2512  MO 65401-2512  AZA  MO 65401-2512  HCARE CENTER  MO 64050-2590  OAK  MO 64050-2590  MO 65401-8122	Level of Care: SNF County PHELPS Region 6 Medicare/Medicaid  Telephone (573) 364-7336 Level of Care: ALF** County PHELPS Region 6  Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 No 18727 Yes 37 No 18727 Yes 300 No 06604

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ROYAL OAKS CARE CENTER LLO	C			
507 EAST MARSHALL		<b>Telephone</b> (660) 530-3168	Alzheimer's Unit	No
SWEET SPRINGS	MO 65351-9759	Level of Care: ALF	Bed Capacity	51
Mailing Address PO BOX 204		County SALINE	DMH Licensed	Yes
SWEET SPRINGS	MO 65351-0204	Region 5	Facility Number	14953
SALEM CARE CENTER				
1203 NORTH JACKSON		<b>Telephone</b> (573) 729-6649	Alzheimer's Unit	No
SALEM	MO 65560-1076	Level of Care: SNF	Bed Capacity	60
Mailing Address 1203 NORTH JACK	SON	County DENT	DMH Licensed	No
SALEM	MO 65560-1076	Region 6 Medicaid	Facility Number	02354
SALEM RESIDENTIAL CARE				
1207 EAST ROOSEVELT ST		<b>Telephone</b> (573) 729-9449	Alzheimer's Unit	No
SALEM	MO 65560-9676	Level of Care: RCF*	Bed Capacity	35
Mailing Address 1207 EAST ROOSE		County DENT	DMH Licensed	No
SALEM	MO 65560-9676	Region 6	Facility Number	19746
DI NELEVI	110 03300 7070	Region 0	racinty Number	19740
SALT RIVER COMMUNITY CARE				
142 SHELBY PLAZA RD		<b>Telephone</b> (573) 588-4175	Alzheimer's Unit	Yes
SHELBINA	MO 63468-1065	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 529		County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-0529	Region 5 Medicare/Medicaid	Facility Number	06934
SCENIC NURSING AND REHABIL	ITATION CENTED II C			
1333 SCENIC DR	HATION CENTER, LLC	<b>Telephone</b> (636) 931-2995	Alzheimer's Unit	Yes
HERCULANEUM	MO 63048-1550	Level of Care: SNF	Bed Capacity	189
Mailing Address 1333 SCENIC DR	100 03040-1330	County JEFFERSON	DMH Licensed	No
HERCULANEUM	MO 63048-1550	Region 2 Medicare/Medicaid	Facility Number	09605
TERCOET VEOR	110 03010 1330	Region 2 Medicare/Medicard	ruemey rumber	07003
SCHUYLER COUNTY NURSING H	OME			
1306 US HIGHWAY 63		<b>Telephone</b> (660) 766-2291	Alzheimer's Unit	No
QUEEN CITY	MO 63561-2251	Level of Care: SNF	Bed Capacity	60
Mailing Address 1306 US HIGHWAY	63	County SCHUYLER	DMH Licensed	No
QUEEN CITY	MO 63561-2251	Region 5 Medicare/Medicaid	Facility Number	07004
SEASONS REHAB AND HEALTHC	ARE CENTER			
15600 WOODS CHAPEL RD	<del></del>	<b>Telephone</b> (816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care: SNF	Bed Capacity	78
Mailing Address 15600 WOODS CHA		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3 Medicare/Medicaid	Facility Number	23712
MARIOTO CITT	OTI3/ 1201	region 5 Medical Confederation	racinty runiber	23/12
SECRET GARDENS				
BECKET GIRDENS				
351 KEITH ST		<b>Telephone</b> (573) 518-0444	Alzheimer's Unit	No
	MO 63601-2049	Level of Care: RCF	Bed Capacity	No 10
351 KEITH ST	MO 63601-2049 MO 63601-0481	- · · · · · · · · · · · · · · · · · · ·		

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SENATH SOUTH HEALTH CARE O	CENTER			
300 EAST HORNBECK ST		<b>Telephone</b> (573) 738-2627		No
SENATH	MO 63876-9225	Level of Care: SNF		50
Mailing Address PO BOX 940		County DUNKLIN	DMH Licensed	No
SENATH	MO 63876-0940	Region 2 Medicare/Medicaid	Facility Number 161	47
SENECA HOME PLACE				
2400 SOUTH CHEROKEE AVE		<b>Telephone</b> (417) 776-8053		No
SENECA	MO 64865-9323	Level of Care: RCF*	_ · · · · · · · · · · · · · · · · · · ·	30
Mailing Address 2400 SOUTH CHERO		County NEWTON		No
SENECA	MO 64865-9323	Region 1	Facility Number 175	71
CENIECA NITIDEINIC				
SENECA NURSING 914 CHICKESAW ST		<b>Telephone</b> (417) 776-8041	Alzheimer's Unit	No
SENECA	MO 64865-9281	Level of Care: SNF		80
Mailing Address 914 CHICKESAW ST		County NEWTON	- ·	No
SENECA	MO 64865-9281		Facility Number 170	
SENECA	WIO 04003-9281	Region 1 Medicare/Medicaid	racinty Number 170	90
SEVILLE CARE CENTER				
35625 HIGHWAY 72		<b>Telephone</b> (573) 729-6141	Alzheimer's Unit	No
SALEM	MO 65560-7217	Level of Care: SNF	Bed Capacity	90
Mailing Address 35625 HIGHWAY 72	!	County DENT	DMH Licensed	No
SALEM	MO 65560-0746	Region 6 Medicare/Medicaid	Facility Number 071	10
		C	·	
SHADY OAKS HEALTHCARE CEN	TER			
335 BUSINESS ROUTE 63		<b>Telephone</b> (417) 264-7256	Alzheimer's Unit	No
THAYER	MO 65791-1415	Level of Care: SNF	Bed Capacity 1	20
Mailing Address 335 BUSINESS ROU	TE 63	County OREGON	DMH Licensed	No
THAYER	MO 65791-1415	Region 2 Medicare/Medicaid	Facility Number 013	64
SHANGRI-LA REHAB & LIVING C	FNTFD			
930 NORTH EAST DUNCAN RD	ENIER	<b>Telephone</b> (816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2173	Level of Care: SNF		20
Mailing Address 930 NORTH EAST D		County JACKSON		No
BLUE SPRINGS	MO 64014-2173	Region 3 Medicare/Medicaid	Facility Number 006	
DECE STREAM	WIO 04014 2173	Region 5 Medical e/Medicald	racincy runiber 000	, ,
SHELBINA VILLA LIFECARE				
218 EAST SHELBINA AVE		<b>Telephone</b> (573) 588-4115	Alzheimer's Unit	No
SHELBINA	MO 63468-4328	Level of Care: ALF**	Bed Capacity	68
Mailing Address 218 EAST SHELBIN	A AVE	County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-4328	Region 5	Facility Number 185	84
SHEPHERD OF THE HILLS LIVING	G CENTER			
996 STATE HIGHWAY 248	CLATER	<b>Telephone</b> (417) 334-6431	Alzheimer's Unit	No
BRANSON	MO 65616-8154	Level of Care: SNF		.00
Mailing Address 996 STATE HWY 24		County TANEY		No
BRANSON	MO 65616-8154	Region 1 Medicare/Medicaid	Facility Number 068	
		Micular Chicalcalu	000	- 0

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SHEPHERD'S VIEW ASSISTED LI	IVING			
100 SHEPHERDS LN		<b>Telephone</b> (417) 778-7959	Alzheimer's Unit	No
ALTON	MO 65606-0429	Level of Care: ALF**	<b>Bed Capacity</b>	39
Mailing Address PO BOX 429		County OREGON	DMH Licensed	No
ALTON	MO 65606-0429	Region 2	<b>Facility Number</b>	23135
SHIRKEY NURSING & REHABIL	ITATION CENTER			
804 WOLLARD BLVD	HAHON CENTER	<b>Telephone</b> (816) 776-5403	Alzheimer's Unit	Yes
RICHMOND	MO 64085-2227	Level of Care: SNF	Bed Capacity	197
Mailing Address 804 WOLLARD BL		County RAY	DMH Licensed	No
RICHMOND	MO 64085-2227	Region 4 Medicare/Medicaid	Facility Number	07289
RICHWOND	WIO 04003-2227	Region + Medicare/Medicaid	racinty Number	07269
SIKESTON CONVALESCENT CE	NTER			
103 KENNEDY DR		<b>Telephone</b> (573) 471-6900	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5126	Level of Care: SNF	Bed Capacity	120
Mailing Address 103 KENNEDY DR		County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5126	Region 2 Medicare/Medicaid	Facility Number	07331
SILEX COMMUNITY CARE				
111 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5218	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care: SNF	Bed Capacity	60
Mailing Address 111 DUNCAN MAI		County LINCOLN	DMH Licensed	No
SILEX	MO 63377-2229	Region 5 Medicare/Medicaid	Facility Number	06838
SILEX RESIDENTIAL HOME, LL	C			
145 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5213	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care: RCF*	<b>Bed Capacity</b>	60
Mailing Address 145 DUNCAN MAI	NSION RD	County LINCOLN	DMH Licensed	Yes
SILEX	MO 63377-2229	Region 5	<b>Facility Number</b>	20982
SILVER CREEK - ASSISTED LIVI	INC BY AMEDICADE			
3325 TEXAS AVE	ING DI AMERICARE	<b>Telephone</b> (417) 626-8100	Alzheimer's Unit	Yes
JOPLIN	MO 64804-4343	Level of Care: ALF**	Bed Capacity	68
Mailing Address 3325 TEXAS AVE	110 04004-4545	County NEWTON	DMH Licensed	No
JOPLIN	MO 64804-4343	Region 1	Facility Number	20541
JOILIN	1410 04004 4343	Kegion 1	racinty runner	20341
SILVER SPUR				
3300 TEXAS AVE		<b>Telephone</b> (314) 773-3408	Alzheimer's Unit	No
SAINT LOUIS	MO 63118-3111	Level of Care: ALF	Bed Capacity	37
Mailing Address 3300 TEXAS AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63118-3111	Region 7	Facility Number	00185
SILVERADO LEE'S SUMMIT				
3101 SW 3RD STREET		<b>Telephone</b> (816) 321-1648	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-4060	<b>Level of Care:</b> ALF**	<b>Bed Capacity</b>	54
Mailing Address 3101 SW 3RD STR	EET	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-4060	Region 3	Facility Number	31077

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SILVERSTONE PLACE 2735 EAGLESON DR		<b>Telephone</b> (573) 426-6200	Alzheimer's Unit	No
	0 65401-8384	Level of Care: SNF	Bed Capacity	110
Mailing Address 2735 EAGLESON DR		County PHELPS	DMH Licensed	No
0	0 65401-8384	Region 6 Medicare/Medicaid	Facility Number	29351
			•	
SKYLINE ASSISTED LIVING LLC				
100 HARD ROCK RD		<b>Telephone</b> (573) 323-2108	Alzheimer's Unit	No
VAN BUREN MC	0 63965-7259	Level of Care: ALF**	<b>Bed Capacity</b>	26
Mailing Address PO BOX 780		County CARTER	DMH Licensed	Yes
VAN BUREN MO	0 63965-0780	Region 2	Facility Number	29947
SMILEY MANOR LLC				
5415 THEKLA AVE		<b>Telephone</b> (314) 932-1360	Alzheimer's Unit	No
	0 63120-2513	Level of Care: RCF	Bed Capacity	20
Mailing Address 5415 THEKLA AVE	, 03120 2313	County SAINT LOUIS CITY	DMH Licensed	Yes
e e e e e e e e e e e e e e e e e e e	0 63120-2513	Region 7	Facility Number	04078
		region .		01070
SMILEY MANOR WEST, LLC				
1119 GOODFELLOW BLVD		<b>Telephone</b> (314) 833-3238	Alzheimer's Unit	No
	0 63112-2513	Level of Care: RCF	Bed Capacity	27
Mailing Address 1119 GOODFELLOW BLV		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO	0 63112-2513	Region 7	Facility Number	31147
SONSHINE MANOR				
300 SOUTH COTTONWOOD AVE		<b>Telephone</b> (417) 732-2929	Alzheimer's Unit	No
REPUBLIC MC	65738-2093	Level of Care: SNF	<b>Bed Capacity</b>	69
Mailing Address 300 SOUTH COTTONWO	OD AVE	County GREENE	DMH Licensed	
REPUBLIC MC		ž	Divili Liccisca	No
	0 65738-2093	Region 1 Medicare/Medicaid	Facility Number	No 16723
SOUTH COUNTY NURSING HOME INC	0 65738-2093	•		
SOUTH COUNTY NURSING HOME, INC	0 65738-2093	Region 1 Medicare/Medicaid	Facility Number	16723
1101 WEST OUTER 21 RD	0 65738-2093	•	Facility Number  Alzheimer's Unit	
1101 WEST OUTER 21 RD	O 65738-2093 O 63010-4644	Region 1 Medicare/Medicaid  Telephone (636) 296-5455	Facility Number	16723 No
1101 WEST OUTER 21 RD ARNOLD MC Mailing Address 1101 WEST OUTER 21 RI	O 65738-2093 O 63010-4644	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF	Facility Number  Alzheimer's Unit  Bed Capacity	No 153
1101 WEST OUTER 21 RD ARNOLD MC Mailing Address 1101 WEST OUTER 21 RI ARNOLD MC	O 65738-2093 O 63010-4644	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed	No 153 No
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI  ARNOLD MC  SOUTH HAMPTON PLACE	O 65738-2093 O 63010-4644	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed  Facility Number	No 153 No 03650
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS	0 65738-2093 0 63010-4644 0 63010-4644	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 153 No 03650
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 153 No 03650
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI  ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC  Mailing Address 4700 BRANDON WOODS	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF County BOONE	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 153 No 03650 No 100 No
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI  ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC  Mailing Address 4700 BRANDON WOODS	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 153 No 03650
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI  ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC  Mailing Address 4700 BRANDON WOODS	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169 0 65203-7169	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 153 No 03650 No 100 No
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC  Mailing Address 4700 BRANDON WOODS  COLUMBIA MC  SOUTH HAVEN RESIDENTIAL CARE CO 10462 AIRPORT RD	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169 0 65203-7169 ENTER, LLC	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 153 No 03650 No 100 No 19799
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI  ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC  Mailing Address 4700 BRANDON WOODS  COLUMBIA MC  SOUTH HAVEN RESIDENTIAL CARE COLUMBIA MINERAL POINT MC	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169 0 65203-7169	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 153 No 03650 No 100 No 19799
ARNOLD MC  Mailing Address 1101 WEST OUTER 21 RI  ARNOLD MC  SOUTH HAMPTON PLACE  4700 BRANDON WOODS  COLUMBIA MC  Mailing Address 4700 BRANDON WOODS  COLUMBIA MC  SOUTH HAVEN RESIDENTIAL CARE COLUMBIA  MINERAL POINT MC  Mailing Address 10462 AIRPORT RD	0 65738-2093 0 63010-4644 0 63010-4644 0 65203-7169 0 65203-7169 ENTER, LLC	Region 1 Medicare/Medicaid  Telephone (636) 296-5455 Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 153 No 03650 No 100 No 19799

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SOUTH POINTE - ASSISTED LIVING	G BY AMERICARE		
5125 OLD HWY 100		<b>Telephone</b> (636) 239-0670	Alzheimer's Unit Yes
WASHINGTON	MO 63090-3855	Level of Care: ALF**	<b>Bed Capacity</b> 72
Mailing Address 5125 OLD HWY 100		County FRANKLIN	<b>DMH Licensed</b> No
WASHINGTON	MO 63090-3855	Region 6	Facility Number 13735
SOUTH VIEW HEALTH CARE, LLC	•		
951 CREAMERY ROAD	•	<b>Telephone</b> (417) 255-9322	Alzheimer's Unit No
WEST PLAINS	MO 65775-6052	Level of Care: RCF*	Bed Capacity 32
Mailing Address PO BOX 88	110 00770 0002	County HOWELL	DMH Licensed Yes
WEST PLAINS	MO 65775-0088	Region 2	Facility Number 23567
WESTTERMO	110 03773 0000	Kegion 2	racincy runiber 25507
SOUTHAVEN			
612 SOUTH BYPASS EAST		<b>Telephone</b> (573) 888-9213	Alzheimer's Unit No
KENNETT	MO 63857-3240	Level of Care: RCF*	Bed Capacity 36
Mailing Address 612 SOUTH BYPASS		County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-3240	Region 2	Facility Number 24336
SOUTHBROOK NURSING CENTER			
1101 HAZEL LANE		<b>Telephone</b> (573) 756-6658	Alzheimer's Unit No
FARMINGTON	MO 63640-1920	Level of Care: SNF	Bed Capacity 104
Mailing Address 1101 HAZEL LANE		County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-1920	Region 2 Medicare/Medicaid	Facility Number 02577
SOUTHGATE LIVING CENTER			
500 TRUMAN BLVD		<b>Telephone</b> (573) 333-5150	Alzheimer's Unit No
CARUTHERSVILLE	MO 63830-1261	Level of Care: SNF	Bed Capacity 94
Mailing Address 500 TRUMAN BLVD		County PEMISCOT	DMH Licensed No
CARUTHERSVILLE	MO 63830-1261	Region 2 Medicare/Medicaid	Facility Number 01081
		region - Medicaro Medicard	01001
SOUTHSIDE TOWNE HOUSE			
510 SOUTH WASHINGTON		<b>Telephone</b> (573) 581-3203	Alzheimer's Unit No
MEXICO	MO 65265-2786	Level of Care: RCF*	Bed Capacity 12
Mailing Address PO BOX 6		County AUDRAIN	DMH Licensed Yes
MEXICO	MO 65265-0006	Region 5	Facility Number 16987
SOUTHVIEW ASSISTED LIVING			
9916 REAVIS ROAD		<b>Telephone</b> (314) 544-4440	Alzheimer's Unit Yes
AFFTON	MO 63123-5314	Level of Care: ALF**	Bed Capacity 116
Mailing Address 9916 REAVIS RD		County SAINT LOUIS COUNTY	DMH Licensed No
AFFTON	MO 63123-5314	Region 7	Facility Number 28446
CDECIAL EODOE EARMIN MARNICON	DIEC		
SPECIAL FORCE FAMILY MINISTI 428 SOUTH HARRISON ST	KIES	Tolophone (417) 725 7017	Alzheimer's Unit No
NIXA	MO 65714-7809	Telephone (417) 725-7917 Level of Care: RCF	Alzheimer's Unit No Bed Capacity 12
Mailing Address PO BOX 882	WIO 03/14-7007	County CHRISTIAN	DMH Licensed Yes
NIXA	MO 65714-0882	•	Facility Number 18764
MAA	IVIO U3/14-U00Z	Region 1	racinty number 18/64

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SPENCER PLACE - ASSISTED LIVI	NG BY AMERICARE			
265 SPENCER RD		<b>Telephone</b> (636) 441-6662	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2430	Level of Care: ALF**	Bed Capacity	74
Mailing Address 265 SPENCER RD		County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2430	Region 5	Facility Number	13294
SPRING MANOR				
3610 PALM ST		<b>Telephone</b> (314) 533-3111	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-2505	Level of Care: ALF**	Bed Capacity	94
Mailing Address 3610 PALM ST		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63107-2505	Region 7	Facility Number	28552
SPRING RIDGE - ASSISTED LIVING	G BY AMERICARE			
2828 SOUTH MEADOWBROOK		<b>Telephone</b> (417) 889-7100	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-5925	<b>Level of Care:</b> ALF**	Bed Capacity	44
Mailing Address 2828 SOUTH MEAD	OWBROOK	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5925	Region 1	Facility Number	19713
SPRING RIVER CHRISTIAN VILLA	AGE, INC			
201 S NORTHPARK LN		<b>Telephone</b> (417) 623-4313	Alzheimer's Unit	No
JOPLIN	MO 64801-8426	Level of Care: ALF**	Bed Capacity	93
Mailing Address 201 S NORTHPARK		County JASPER	DMH Licensed	No
JOPLIN	MO 64801-8426	Region 1	Facility Number	14251
SPRING VALLEY ASSISTED LIVIN	IG			
2915 SOUTH FREMONT AVE		<b>Telephone</b> (417) 883-4022	Alzheimer's Unit	No
SPRINGFIELD	MO 65804-3608	Level of Care: ALF	Bed Capacity	40
Mailing Address 2915 SOUTH FREMO		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-3608	Region 1	Facility Number	00144
CDDING WALLEY HEALTH & DEH	A DIT TO A TOTAL CIENTED			
SPRING VALLEY HEALTH & REH 2915 SOUTH FREMONT AVE	ABILITATION CENTER	<b>Telephone</b> (417) 883-4022	Alzheimer's Unit	Vac
SPRINGFIELD	MO 65804-3608	Telephone (417) 883-4022 Level of Care: SNF		Yes 194
Mailing Address 2915 SOUTH FREMO		County GREENE	Bed Capacity DMH Licensed	No
SPRINGFIELD	MO 65804-3608		Facility Number	00144
SFRINGFIELD	WO 03804-3008	Region 1 Medicare/Medicaid	Facinty Number	00144
SPRINGFIELD REHABILITATION	& HEALTH CARE CENTER			
2800 S FORT AVE	CHEALIN CARE CENTER	<b>Telephone</b> (417) 882-0035	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-3480	Level of Care: SNF	Bed Capacity	146
Mailing Address PO BOX 3438 GS	WIO 03007-3400	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65808-3438	·	Facility Number	07460
DI KIINJI ILLID	1110 00000-0400	Region 1 Medicare/Medicaid	Facincy Number	07400
SPRINGFIELD SKILLED CARE CE	NTER			
2401 W GRAND ST		<b>Telephone</b> (417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4967	Level of Care: SNF	Bed Capacity	120
Mailing Address 2401 W GRAND ST		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-4967	Region 1 Medicare/Medicaid	Facility Number	09756
			•	

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CDDINGEREL D VIII I A			
SPRINGFIELD VILLA		TE 1 1 (417) 920 9500	A1 1
1100 EAST MONTCLAIR	MO (5005 505)	<b>Telephone</b> (417) 820-8500	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-5076	Level of Care: SNF	Bed Capacity 146
Mailing Address 1100 EAST MONTC		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-5076	Region 1 Medicare/Medicaid	Facility Number 05280
SPRINGHOUSE VILLAGE EAST, L	IC		
3877 EAST FARM ROAD 132	LC	<b>Telephone</b> (417) 877-1717	Alzheimer's Unit Yes
SPRINGFIELD	MO 65802-	Level of Care: ALF**	
Mailing Address 3877 EAST FARM R		County GREENE	
SPRINGFIELD	MO 65802-	Region 1	Facility Number 32469
SSTAR LLC			
125 ANNA AVE, #18		<b>Telephone</b> (636) 462-6979	Alzheimer's Unit No
TROY	MO 63379-2402	Level of Care: RCF	<b>Bed Capacity</b> 20
Mailing Address 125 ANNA AVE, #18	3	County LINCOLN	DMH Licensed Yes
TROY	MO 63379-2402	Region 5	Facility Number 16992
	110 03377 2102	Region 5	Tuemey Number 10772
ST AGNES HOME			
10341 MANCHESTER RD		<b>Telephone</b> (314) 965-7616	Alzheimer's Unit No
KIRKWOOD	MO 63122-1520	Level of Care: ICF	<b>Bed Capacity</b> 150
Mailing Address 10341 MANCHESTE	ER RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
KIRKWOOD	MO 63122-1520	Region 7	Facility Number 07481
CIT A NIDDENNIG A CONCIDED A MUNIC	OF PRINCETON		
ST ANDREW'S ASSISTED LIVING	OF BRIDGETON	<b></b>	
11325 ST CHARLES ROCK RD		<b>Telephone</b> (314) 209-1177	Alzheimer's Unit No
BRIDGETON	MO 63044-2722	Level of Care: ALF**	<b>Bed Capacity</b> 35
Mailing Address 11325 ST CHARLES	ROCK RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
BRIDGETON	MO 63044-2722	Region 7	Facility Number 22810
ST ANDREW'S AT FRANCIS PLAC	E		
400 SUMMERVILLE BLVD		<b>Telephone</b> (636) 938-5151	Alzheimer's Unit No
EUREKA	MO 63025-2316	Level of Care: SNF	<b>Bed Capacity</b> 106
Mailing Address 400 SUMMERVILLE		County SAINT LOUIS COUNTY	DMH Licensed No
EUREKA	MO 63025-2316	Region 7 Medicare/Medicaid	Facility Number 06430
LOREM	110 03023 2310	Region / Wedicare/Medicard	ruemey rumber 00450
ST ANDREW'S AT NEW FLORENCE	Œ		
515 PICNIC ST		<b>Telephone</b> (573) 415-9333	Alzheimer's Unit No
NEW FLORENCE	MO 63363-2223	Level of Care: SNF	<b>Bed Capacity</b> 87
Mailing Address 515 PICNIC ST		<b>County</b> MONTGOMERY	<b>DMH Licensed</b> No
NEW FLORENCE	MO 63363-2223	Region 6 Medicare/Medicaid	Facility Number 05723
ST ANDREW'S AT NEW FLORENC	EE.		
515 PICNIC ST		<b>Telephone</b> (573) 415-9333	Alzheimer's Unit No
NEW FLORENCE	MO 63363-2223	Level of Care: RCF*	Bed Capacity 33
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed No
NEW FLORENCE	MO 63363-2223	Region 6	Facility Number 05723
	<del></del>	8	

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^{*} 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)).

CT AND ALE CNO. OPED ATTONIA C			
ST ANN ALF CNSL OPERATION LLC	The second of th		
10441 INTERNATIONAL PLAZA DR	<b>Telephone</b> (314) 423-1254	Alzheimer's Unit	No
SAINT ANN MO 63074-1805	Level of Care: ALF	Bed Capacity	40
Mailing Address 10441 INTERNATIONAL PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT ANN MO 63074-1805	Region 7	Facility Number	21994
ST ANTHONY'S			
1010 EAST 68TH STREET	<b>Telephone</b> (816) 846-0870	Alzheimer's Unit	Yes
KANSAS CITY MO 64131-1311	Level of Care: ALF**	Bed Capacity	81
Mailing Address 1010 EAST 68TH STREET	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64131-1311	Region 3	Facility Number	32075
ST CLAID MUDSING CENTED			
ST CLAIR NURSING CENTER 1035 PLAZA COURT NORTH	<b>Telephone</b> (636) 629-2100	Alzheimer's Unit	No
	• '		79
SAINT CLAIR MO 63077-1129	Level of Care: SNF	Bed Capacity	
Mailing Address 1035 PLAZA CT NORTH	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-1129	Region 6 Medicare/Medicaid	Facility Number	13744
ST ELIZABETH CARE CENTER			
649 SOUTH WALNUT ST	<b>Telephone</b> (573) 493-2215	Alzheimer's Unit	No
SAINT ELIZABETH MO 65075-2440	Level of Care: SNF	Bed Capacity	63
Mailing Address 649 SOUTH WALNUT ST	County MILLER	DMH Licensed	No
SAINT ELIZABETH MO 65075-2440	Region 6 Medicare/Medicaid	Facility Number	07523
Similar Medical States and States	region o medicale/medicald	Taciney (value)	07323
ST ELIZABETH HALL			
ST ELIZABETH HALL 325 NORTH NEWSTEAD AVE	<b>Telephone</b> (314) 652-9525	Alzheimer's Unit	No
	<b>Telephone</b> (314) 652-9525 <b>Level of Care:</b> ALF**	Alzheimer's Unit Bed Capacity	No 50
325 NORTH NEWSTEAD AVE	• '		
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707	Level of Care: ALF**	<b>Bed Capacity</b>	50
325 NORTH NEWSTEAD AVE SAINT LOUIS Mo 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707	Level of Care: ALF** County SAINT LOUIS CITY	Bed Capacity DMH Licensed	50 Yes
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE	Level of Care: ALF**  County SAINT LOUIS CITY  Region 7	Bed Capacity DMH Licensed Facility Number	50 Yes 07516
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	50 Yes 07516
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 Yes 07516 No 50
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 Yes 07516 No 50 No
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 Yes 07516 No 50
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 Yes 07516 No 50 No
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 Yes 07516 No 50 No
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 Yes 07516 No 50 No 18903
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 Yes 07516 No 50 No 18903
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 Yes 07516 No 50 No 18903
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  Mailing Address 1180 OLD JACKSON RD FARMINGTON MO 63640-3428	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700 Level of Care: SNF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 Yes 07516 No 50 No 18903
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  Mailing Address 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  ST FRANCOIS MANOR	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 Yes 07516 No 50 No 18903 No 118 No 21512
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  Mailing Address 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (573) 760-1700	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 Yes 07516 No 50 No 18903 No 118 No 21512
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  Mailing Address 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (573) 760-1700 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 Yes 07516 No 50 No 18903 No 118 No 21512
325 NORTH NEWSTEAD AVE SAINT LOUIS MO 63108-2707  Mailing Address 325 N NEWSTEAD AVE SAINT LOUIS MO 63108-2707  ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE 1806 SAINT FRANCIS ST KENNETT MO 63857-1568  Mailing Address PO BOX 629 KENNETT MO 63857-0629  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  Mailing Address 1180 OLD JACKSON RD FARMINGTON MO 63640-3428  ST FRANCOIS MANOR 1180 OLD JACKSON RD FARMINGTON MO 63640-3428	Level of Care: ALF** County SAINT LOUIS CITY Region 7  Telephone (573) 888-1188 Level of Care: ALF** County DUNKLIN Region 2  Telephone (573) 760-1700 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (573) 760-1700	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 Yes 07516 No 50 No 18903 No 118 No 21512

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ST FRANCOIS MANOR				
1180 OLD JACKSON RD	1.0	<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care: RCF	Bed Capacity	11
Mailing Address 1180 OLD JACKSON		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2	Facility Number	21512
ST GENEVIEVE NURSING				
1010 STE GENEVIEVE DR		<b>Telephone</b> (573) 883-5725	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-1447	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 426		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number (	03254
OT LANGE LIVING OFFICE				
ST JAMES LIVING CENTER		F. I. I. (572) 265 9021	A1 1 ' ! TT '	37
415 SIDNEY ST SAINT JAMES	MO (5550 1070	<b>Telephone</b> (573) 265-8921	Alzheimer's Unit	Yes
	MO 65559-1070	Level of Care: SNF	Bed Capacity	90 N-
Mailing Address PO BOX 69	MO (5550 00/0	County PHELPS	DMH Licensed	No
SAINT JAMES	MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number (	05238
ST JOE MANOR				
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care: ALF**	Bed Capacity	36
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number	22664
ST IOF MANOR				
ST JOE MANOR		Telephone (573) 358-2800	Alzhaimar's Unit	No
10 LAKE DR	MO 63628-1820	Telephone (573) 358-2800	Alzheimer's Unit	No
10 LAKE DR BONNE TERRE	MO 63628-1820	Level of Care: ALF	Bed Capacity	10
10 LAKE DR BONNE TERRE <b>Mailing Address</b> 10 LAKE DR		Level of Care: ALF County SAINT FRANCOIS	Bed Capacity DMH Licensed	10 No
10 LAKE DR BONNE TERRE	MO 63628-1820 MO 63628-1820	Level of Care: ALF	Bed Capacity DMH Licensed	10
10 LAKE DR BONNE TERRE <b>Mailing Address</b> 10 LAKE DR		Level of Care: ALF County SAINT FRANCOIS	Bed Capacity DMH Licensed	10 No
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE ST JOE MANOR		Level of Care: ALF County SAINT FRANCOIS Region 2	Bed Capacity DMH Licensed Facility Number	10 No 22664
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR	MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800	Bed Capacity DMH Licensed Facility Number	10 No 22664 Yes
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE		Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	10 No 22664 Yes 145
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR	MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 22664 Yes 145 No
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE	MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 22664 Yes 145
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR	MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 22664 Yes 145 No
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR	MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 22664 Yes 145 No
10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE	MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 22664 Yes 145 No
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE ST JOHNS PLACE	MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 22664 Yes 145 No 22664
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE ST JOHNS PLACE 3333 BROWN ROAD	MO 63628-1820 MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 222664 Yes 145 No 22664
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS	MO 63628-1820 MO 63628-1820 MO 63628-1820	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 222664 Yes 145 No 22664
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS Mailing Address 3333 BROWN RD	MO 63628-1820  MO 63628-1820  MO 63628-1820  MO 63114-4327	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 222664 Yes 145 No 22664 No 94 No
10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS  Mailing Address 3333 BROWN RD SAINT LOUIS	MO 63628-1820  MO 63628-1820  MO 63628-1820  MO 63114-4327	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 222664 Yes 145 No 22664 No 94 No
10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE Mailing Address 10 LAKE DR BONNE TERRE  ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS Mailing Address 3333 BROWN RD SAINT LOUIS  ST JOSEPH CHATEAU	MO 63628-1820  MO 63628-1820  MO 63628-1820  MO 63114-4327	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 222664 Yes 145 No 222664 No 94 No 18454
10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS  Mailing Address 3333 BROWN RD SAINT LOUIS  ST JOSEPH CHATEAU 811 NORTH 9TH ST	MO 63628-1820  MO 63628-1820  MO 63628-1820  MO 63114-4327  MO 63114-4327	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (816) 233-5164	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 222664 Yes 145 No 22664 No 94 No 18454
10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS  Mailing Address 3333 BROWN RD SAINT LOUIS  ST JOSEPH CHATEAU 811 NORTH 9TH ST SAINT JOSEPH	MO 63628-1820  MO 63628-1820  MO 63628-1820  MO 63114-4327	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (816) 233-5164 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 222664 Yes 145 No 22664 No 94 No 18454
10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOE MANOR 10 LAKE DR BONNE TERRE  Mailing Address 10 LAKE DR BONNE TERRE  ST JOHNS PLACE 3333 BROWN ROAD SAINT LOUIS  Mailing Address 3333 BROWN RD SAINT LOUIS  ST JOSEPH CHATEAU 811 NORTH 9TH ST	MO 63628-1820  MO 63628-1820  MO 63628-1820  MO 63114-4327  MO 63114-4327	Level of Care: ALF County SAINT FRANCOIS Region 2  Telephone (573) 358-2800 Level of Care: SNF County SAINT FRANCOIS Region 2 Medicare/Medicaid  Telephone (314) 426-2211 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (816) 233-5164	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 222664 Yes 145 No 22664 No 94 No 18454

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ST JOSEPH MANOR HEALTH & REHABILITATION			
1317 NORTH 36TH ST	<b>Telephone</b> (816) 676-1630	Alzheimer's Unit	No
SAINT JOSEPH MO 64506-2359	Level of Care: SNF	Bed Capacity	110
Mailing Address 1317 NORTH 36TH ST	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO 64506-2359	Region 4 Medicare/Medicaid	Facility Number	00526
ST LOUIS ALTENHEIM			
5408 SOUTH BROADWAY	<b>Telephone</b> (314) 353-7225	Alzheimer's Unit	No
SAINT LOUIS MO 63111-2023	Level of Care: SNF	Bed Capacity	48
Mailing Address 5408 SOUTH BROADWAY	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63111-2023	• _		
SAINT LOUIS MIO 03111-2023	Region 7 Medicaid	Facility Number	07585
ST LOUIS ALTENHEIM			
5408 SOUTH BROADWAY	<b>Telephone</b> (314) 353-7225	Alzheimer's Unit	Yes
SAINT LOUIS MO 63111-2023	Level of Care: ALF**	Bed Capacity	23
Mailing Address 5408 SOUTH BROADWAY	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63111-2023	Region 7	Facility Number	07585
ST LOUIS HILLS ASSISTED LIVING AND MEMORY CARE			
6543 CHIPPEWA ST	<b>Telephone</b> (314) 647-6600	Alzheimer's Unit	Yes
SAINT LOUIS MO 63109-4100	Level of Care: ALF**	<b>Bed Capacity</b>	181
Mailing Address 6543 CHIPPEWA ST	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63109-4100	Region 7	Facility Number	07594
	5	•	
ST LUKE'S CARE CENTER, INC			
1220 EAST FAIRVIEW AVE	<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	No
CARTHAGE MO 64836-3122	Level of Care: ALF**	Bed Capacity	41
		DMH Licensed	No
Mailing Address 1220 EAST FAIRVIEW AVE	•		
CARTHAGE MO 64836-3122	Region 1	Facility Number	07606
ST LUKE'S NURSING CENTER, INC	m		
1220 EAST FAIRVIEW AVE	<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	Yes
CARTHAGE MO 64836-3122	Level of Care: SNF	Bed Capacity	95
Mailing Address 1220 EAST FAIRVIEW AVE	County JASPER	DMH Licensed	No
CARTHAGE MO 64836-3122	Region 1 Medicare/Medicaid	Facility Number	07606
ST PETERS POST ACUTE			
5400 EXECUTIVE CENTRE PKWY	<b>Telephone</b> (636) 922-7600	Alzheimer's Unit	Yes
SAINT PETERS MO 63376-2594	Level of Care: SNF	Bed Capacity	130
Mailing Address 5400 EXECUTIVE CENTRE PKWY	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63376-2594	Region 5 Medicare/Medicaid	Facility Number	26014
ST PETERS POST ACUTE			
5400 EXECUTIVE CENTRE PKWY	<b>Telephone</b> (636) 922-7600	Alzheimer's Unit	No
SAINT PETERS MO 63376-2594	Level of Care: ALF**	Bed Capacity	62
Mailing Address 5400 EXECUTIVE CENTRE PKWY	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63376-2594	Region 5	Facility Number	26014
	8	•	

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ST PETERS REHAB AND HEALTHO	CARE CENTER			
230 SPENCER RD		<b>Telephone</b> (636) 441-2750	Alzheimer's Unit N	o
SAINT PETERS	MO 63376-2425	Level of Care: SNF	<b>Bed Capacity</b> 9	96
Mailing Address 230 SPENCER RD		County SAINT CHARLES	DMH Licensed N	lo
SAINT PETERS	MO 63376-2425	Region 5 Medicare/Medicaid	Facility Number 0761	.3
ST SOPHIA HEALTH & REHABILIT	CATION CENTED			
936 CHARBONIER RD	ATION CENTER	<b>Telephone</b> (314) 831-4800	Alzheimer's Unit N	ما
FLORISSANT	MO 63031-5220	Level of Care: SNF	Bed Capacity 24	
Mailing Address 936 CHARBONIER R		County SAINT LOUIS COUNTY	DMH Licensed N	
FLORISSANT	MO 63031-5220	•		
PLORISSANT	WO 03031-3220	Region 7 Medicare/Medicaid	Facility Number 0763	1
STEELVILLE SENIOR LIVING 311 NORTH SPRING ST		<b>Telephone</b> (573) 260-8850	Alzheimer's Unit N	[0
STEELVILLE	MO 65565 5090			72
	MO 65565-5089			
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed N	
STEELVILLE	MO 65565-5089	Region 6 Medicare/Medicaid	Facility Number 0286	Ю
CTEELVILLE CENTOD LIVING				
STEELVILLE SENIOR LIVING		T. 1 1 (572) 260 9950	All to the N	T _
311 NORTH SPRING ST	MO (55(5 5000	<b>Telephone</b> (573) 260-8850	Alzheimer's Unit N	
STEELVILLE	MO 65565-5089	Level of Care: ALF		21
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed N	
STEELVILLE	MO 65565-5089	Region 6	Facility Number 0286	,0
CTONEDDIDGE ADAMS STREET				
STONEBRIDGE ADAMS STREET		Tolonhone (572) 625 1220	Alahaiman'a Unit	T.o.
1024 ADAMS ST	MO (5101 2409	Telephone (573) 635-1320 Level of Care: SNF	Alzheimer's Unit N	
JEFFERSON CITY  Mailing Address 1024 ADAMS ST	MO 65101-3408		Bed Capacity 12  DMH Licensed N	
Mailing Address 1024 ADAMS ST	MO (5101 2400			
JEFFERSON CITY	MO 65101-3408	Region 6 Medicare/Medicaid	Facility Number 0133	.9
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit N	ما
CHILLICOTHE	MO 64601-3525	Level of Care: RCF*		10
Mailing Address 2601 FAIR ST	110 04001 3323	County LIVINGSTON		lo Io
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number 0383	
CHEECOTTE	NIO 04001 3323	region 4	racinty runner 0303	5
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit N	ol
CHILLICOTHE	MO 64601-3525	Level of Care: SNF		75
Mailing Address 2601 FAIR ST	1.10 01001 5525	County LIVINGSTON	DMH Licensed N	
CHILLICOTHE	MO 64601-3525			
CHILLICOTTIE	1120 UTUU1-3323	Region 4 Medicare/Medicaid	Facility Number 0383	J
STONEBRIDGE DESOTO				
1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit N	Ю
DE SOTO	MO 63020-2586	Level of Care: SNF		56
Mailing Address 1550 VILLAS DR		County JEFFERSON		lo
DE SOTO	MO 63020-2586	Region 2 Medicare/Medicaid	Facility Number 1350	
223010	110 03020 2300	region 2 Medicale/Medicald	1330	.1

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STONEBRIDGE DESOTO			
1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
	63020-2586	Level of Care: RCF*	Bed Capacity 80
Mailing Address 1550 VILLAS DR	03020-2300	County JEFFERSON	DMH Licensed No
6	63020-2586	Region 2	Facility Number 13501
DE SOTO MC	03020-2380	Kegion 2	racinty Number 15501
STONEBRIDGE FLORISSANT			
6768 NORTH HIGHWAY 67		<b>Telephone</b> (314) 741-9101	Alzheimer's Unit No
FLORISSANT MC	0 63034-2742	Level of Care: SNF	Bed Capacity 120
Mailing Address 6768 NORTH HWY 67		County SAINT LOUIS COUNTY	DMH Licensed No
	63034-2742	Region 7 Medicare/Medicaid	Facility Number 14200
CTONEDDAY OF WEDMANN			
STONEBRIDGE HERMANN		T. 1 1 (572) 496 2155	All to the transfer of
1800 WEIN ST	C5041 1C01	<b>Telephone</b> (573) 486-3155	Alzheimer's Unit No
	0 65041-1601	Level of Care: ALF	Bed Capacity 18
Mailing Address PO BOX 468		County GASCONADE	DMH Licensed No
HERMANN MC	0 65041-0468	Region 6	Facility Number 02690
STONEBRIDGE HERMANN			
1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit No
HERMANN MO	0 65041-1601	Level of Care: SNF	Bed Capacity 118
Mailing Address PO BOX 468		County GASCONADE	DMH Licensed No
o .	0 65041-0468	Region 6 Medicare/Medicaid	Facility Number 02690
		ividucui (/iricultuitu	- 11-1-1-1, 1 - 11-11-11
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH MC	0 65065-8408	Level of Care: SNF	<b>Bed Capacity</b> 66
Mailing Address 872 COLLEGE BLVD		County MILLER	<b>DMH Licensed</b> No
OSAGE BEACH MC	0 65065-8408	Region 6 Medicare/Medicaid	Facility Number 20926
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit No
	0 65065-8408	Level of Care: ALF**	Bed Capacity 40
Mailing Address 872 COLLEGE BLVD		County MILLER	DMH Licensed No
	0 65065-8408	Region 6	Facility Number 20926
		region 5	20,20
STONEBRIDGE MARBLE HILL			
702 HIGHWAY 34 WEST		<b>Telephone</b> (573) 238-2614	Alzheimer's Unit No
MARBLE HILL MC	0 63764-4301	Level of Care: SNF	<b>Bed Capacity</b> 98
Mailing Address 702 HWY 34 WEST		County BOLLINGER	<b>DMH Licensed</b> No
MARBLE HILL MC	0 63764-4301	Region 2 Medicare/Medicaid	Facility Number 10864
STONEBRIDGE MARYLAND HEIGHTS			
2963 DODDRIDGE AVE		<b>Telephone</b> (314) 291-4557	Alzheimer's Unit No
	63043-1736	Level of Care: SNF	Bed Capacity 223
Mailing Address 2963 DODDRIDGE AVE		County SAINT LOUIS COUNTY	DMH Licensed No
	63043-1736	Region 7 Medicare/Medicaid	Facility Number 00855
		iticalcal (/ iticalcalu	00000

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STONEBRIDGE OAK TREE	<b>7</b> 0.1.1	(570) 000 0000	TT 1/2
3108 WEST TRUMAN BLVD	Telephone	(573) 893-3063 Alzheimer'	
JEFFERSON CITY MO 65109		ALF Bed Capac LE DMH Lice	
Mailing Address 3108 WEST TRUMAN BLVD	County CO		
JEFFERSON CITY MO 65109	0-4918 <b>Region</b> 6	Facility Nu	imber 10300
STONEBRIDGE OAK TREE			
3108 WEST TRUMAN BLVD	Telephone	(573) 893-3063 <b>Alzheimer'</b>	s Unit No
JEFFERSON CITY MO 65109	•	SNF Bed Capac	itv 42
Mailing Address 3108 WEST TRUMAN BLVD	County CC	_	
JEFFERSON CITY MO 65109		Medicare/Medicaid Facility Nu	
CTONERRYDGE OWENGYW I E			
STONEBRIDGE OWENSVILLE	Talankana	(572) 427 (977 <b>Al-h-i</b>	- TI14 V
1016 W HIGHWAY 28	Telephone	(573) 437-6877 Alzheimer'	
OWENSVILLE MO 65066		SNF Bed Capac	
Mailing Address PO BOX 593		SCONADE DMH Licer	
OWENSVILLE MO 65066	6-0593 <b>Region</b> 6	Medicare/Medicaid Facility Nu	imber 19051
STONEBRIDGE VILLA MARIE			
1030 EDMONDS ST	Telephone	(573) 635-3381 <b>Alzheimer'</b>	s Unit Yes
JEFFERSON CITY MO 65109	2-5213 Level of Care:	SNF Bed Capac	ity 120
Mailing Address 1030 EDMONDS ST	County CC	LE <b>DMH Lice</b>	nsed No
JEFFERSON CITY MO 65109	<b>Region</b> 6	Medicare/Medicaid Facility Nu	mber 08282
STONEBRIDGE WESTPHALIA			
1899 HIGHWAY 63	Telephone	(573) 455-2280 <b>Alzheimer'</b>	s Unit No
WESTPHALIA MO 65085	•	RCF* Bed Capac	
Mailing Address 1899 HWY 63		AGE DMH Lice	
WESTPHALIA MO 65085	·	Facility Nu	
STONEBRIDGE WESTPHALIA			
1899 HIGHWAY 63	Telephone	(573) 455-2280 <b>Alzheimer'</b>	s Unit No
WESTPHALIA MO 65085		SNF Bed Capac	*
Mailing Address 1899 HWY 63	County OS	AGE <b>DMH Lice</b>	nsed No
WESTPHALIA MO 65085	i-2215 <b>Region</b> 6	Medicare/Medicaid Facility Nu	imber 18653
STONECREST HEALTHCARE			
2 HIGHWAY Y	Telephone	(573) 244-3171 <b>Alzheimer'</b>	s Unit No
VIBURNUM MO 65566	-	SNF Bed Capac	
Mailing Address PO BOX 707	County IRO	<del>-</del>	•
VIBURNUM MO 65566		Medicare/Medicaid Facility Nu	<b>16689</b>
CTONEY DIDGE VILLAGE			
STONEY RIDGE VILLAGE 25023 BOTHWELL PARK RD	Telephone	(660) 827-3993 <b>Alzheimer</b> '	s Unit No
	-	RCF Bed Capac	
	-voo-	nci beu Capac	1t.y 01
SEDALIA MO 65301  Mailing Address 25023 ROTHWELL PARK RD		TTIS DMH I :	•
Mailing Address 25023 BOTHWELL PARK RD SEDALIA MO 65301	County PE	TTIS DMH Lices Facility Nu	nsed No

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STOVER'S RESIDENTIAL CARE F.	ACILITY			
520 EAST 5TH ST		<b>Telephone</b> (660) 265-2079	Alzheimer's Unit	No
MILAN	MO 63556-1222	Level of Care: RCF	Bed Capacity	20
Mailing Address 520 EAST 5TH ST		County SULLIVAN	DMH Licensed	Yes
MILAN	MO 63556-1222	Region 5	Facility Number	07709
STRAFFORD CARE CENTER				
505 WEST EVERGREEN		<b>Telephone</b> (417) 736-9332	Alzheimer's Unit	Yes
STRAFFORD	MO 65757-8625	Level of Care: SNF	Bed Capacity	78
Mailing Address 505 WEST EVERGR		County GREENE	DMH Licensed	No
STRAFFORD	MO 65757-8625	Region 1 Medicare/Medicaid	Facility Number	21285
STUART HOUSE, LLC THE 117 S HICKMAN		<b>Telephone</b> (573) 682-3204	Alzheimer's Unit	No
CENTRALIA	MO 65240-1316	Level of Care: ICF		27
	MO 63240-1316		Bed Capacity DMH Licensed	No
Mailing Address 117 S HICKMAN CENTRALIA	MO 65240 1216	•		
CENTRALIA	MO 65240-1316	Region 6	Facility Number	10146
STUBBLEFIELD MANOR CNSL OF	PERATION LLC			
5349 HIGHWAY P		<b>Telephone</b> (573) 885-3661	Alzheimer's Unit	No
CUBA	MO 65453-6281	Level of Care: RCF*	Bed Capacity	34
Mailing Address PO BOX 647		County CRAWFORD	DMH Licensed	Yes
CUBA	MO 65453-0647	Region 6	Facility Number	17894
				1,05.
STURGEON RESIDENTIAL CARE				
315 E STONE ST		<b>Telephone</b> (573) 687-3012	Alzheimer's Unit	No
STURGEON	MO 65284-8907	Level of Care: RCF	Bed Capacity	20
Mailing Address PO BOX 328		County BOONE	DMH Licensed	No
STURGEON	MO 65284-0328	Region 6	Facility Number	07733
SUGAR CREEK - ASSISTED LIVIN	C DV AMEDICADE			
161 PROFESSIONAL PARKWAY	G BY AMERICARE	<b>Telephone</b> (636) 528-3136	Alzheimer's Unit	Yes
TROY	MO 63379-2829	Level of Care: ALF**	Bed Capacity	60
Mailing Address 161 PROFESSIONAL		County LINCOLN	DMH Licensed	No
TROY	MO 63379-2829	Region 5	Facility Number	26349
IROI	WIO 03317-2829	Kegion 5	Facility Number	20349
SUMMIT VILLA LIFECARE				
229 KAREN DR		<b>Telephone</b> (573) 896-8567	Alzheimer's Unit	Yes
HOLTS SUMMIT	MO 65043-2522	Level of Care: ALF**	Bed Capacity	50
Mailing Address 229 KAREN DR		County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number	21318
SUMMIT THE				
SUMMIT, THE 3660 SUMMIT		<b>Telephone</b> (816) 931-1196	Alzheimer's Unit	No
KANSAS CITY	MO 64111-4632	Level of Care: SNF	Bed Capacity	64
Mailing Address 3660 SUMMIT	WIO 07111-4032	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-4632	•	Facility Number	18330
MAINOAD CIT I	WIO 04111-4032	Region 3 Medicare/Medicaid	racinty Number	10000

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SUMMITVIEW TERRACE ASSISTE	D LIVING BY AMERICARE		
12101 EAST BANNISTER RD		<b>Telephone</b> (816) 763-6667	Alzheimer's Unit No
KANSAS CITY	MO 64138-4913	Level of Care: ALF**	Bed Capacity 52
Mailing Address 12101 EAST BANNIS	STER RD	County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64138-4913	Region 3	Facility Number 16311
SUNNY HILLS RESIDENTIAL CAR	E FACILITY		
17562 IMPERIAL RD		<b>Telephone</b> (417) 358-6122	Alzheimer's Unit No
CARTHAGE	MO 64836-8753	Level of Care: RCF	Bed Capacity 18
Mailing Address 17562 IMPERIAL RD		County JASPER	<b>DMH Licensed</b> No
CARTHAGE	MO 64836-8753	Region 1	Facility Number 13351
CHININ ME ADOME I IVING CENTRE	OD.		
SUNNY MEADOWS LIVING CENTE 419 NORTH PROSPECT AVE	LK	<b>Telephone</b> (660) 826-5353	Alzheimer's Unit No
SEDALIA	MO 65301-2729	Level of Care: RCF	Bed Capacity 12
Mailing Address 419 N PROSPECT AV		County PETTIS	DMH Licensed Yes
SEDALIA	MO 65301-2729	•	
SEDALIA	MO 03301-2729	Region 6	Facility Number 06527
SUNNYHILL INDEPENDENCE CEN	TER		
3343 ARMBRUSTER ROAD		<b>Telephone</b> (636) 586-2188	Alzheimer's Unit No
DE SOTO	MO 63020-4506	Level of Care: ALF**	Bed Capacity 32
Mailing Address 3343 ARMBRUSTER	RD	County JEFFERSON	DMH Licensed Yes
DE SOTO	MO 63020-4506	Region 2	Facility Number 29674
SUNNYVIEW NURSING HOME & A	PARTMENTS		
1311 EAST 28TH ST		<b>Telephone</b> (660) 359-5647	Alzheimer's Unit No
TRENTON	MO 64683-1103	Level of Care: SNF	Bed Capacity 154
Mailing Address 1311 EAST 28TH ST		County GRUNDY	DMH Licensed No
TRENTON	MO 64683-1103	Region 4 Medicare/Medicaid	Facility Number 18509
CHANISTICS NUMBERS AND COME C. A	DA D'ENTENITS		
SUNNYVIEW NURSING HOME & A 1311 EAST 28TH ST	PARTMENTS	<b>Telephone</b> (660) 359-5647	Alzheimer's Unit No
TRENTON	MO 64683-1103	Telephone (660) 359-5647 Level of Care: RCF*	
	WO 04083-1103		
Mailing Address 1311 EAST 28TH ST	MO (4692 1102	County GRUNDY	DMH Licensed No
TRENTON	MO 64683-1103	Region 4	Facility Number 18509
SUNRISE NURSING & MEMORY CA	ARE		
600 EAST SUNRISE DR		<b>Telephone</b> (816) 322-1991	Alzheimer's Unit Yes
RAYMORE	MO 64083-9037	Level of Care: SNF	Bed Capacity 152
Mailing Address 600 EAST SUNRISE	DR	County CASS	DMH Licensed No
RAYMORE	MO 64083-9037	Region 3 Medicare/Medicaid	Facility Number 16170
			101/0
SUNRISE OF CHESTERFIELD			
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit No
CHESTERFIELD	MO 63017-5000	Level of Care: ALF**	<b>Bed Capacity</b> 3
Mailing Address 1880 CLARKSON RD	)	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number 23767

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SUNRISE OF CHESTERFIELD			
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit Yes
	O 63017-5000	Level of Care: ICF	<b>Bed Capacity</b> 95
Mailing Address 1880 CLARKSON RD		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CHESTERFIELD MC	0 63017-5000	Region 7	Facility Number 23767
SUNRISE OF DES PERES			
13460 MANCHESTER RD		<b>Telephone</b> (314) 965-3800	Alzheimer's Unit Yes
	O 63131-1734	Level of Care: ICF	Bed Capacity 102
Mailing Address 13460 MANCHESTER RE		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
DES PERES MO	0 63131-1734	Region 7	Facility Number 24242
SUNRISE OF WEBSTER GROVES			
45 EAST LOCKWOOD		<b>Telephone</b> (314) 918-7300	Alzheimer's Unit Yes
	O 63119-3050	Level of Care: ALF**	Bed Capacity 90
Mailing Address 45 EAST LOCKWOOD	9 03117-3030	County SAINT LOUIS COUNTY	DMH Licensed No
•	O 63119-3050	Region 7	Facility Number 28242
SAINI LOUIS MIC	9 03119-3030	Region /	Facility Number 28242
SUNSET HEALTH CARE CENTER			
400 WEST PARK AVE		<b>Telephone</b> (636) 583-2252	Alzheimer's Unit No
UNION MO	O 63084-1140	Level of Care: SNF	Bed Capacity 120
Mailing Address 400 WEST PARK AVE		County FRANKLIN	DMH Licensed No
UNION MO	0 63084-1140	Region 6 Medicare/Medicaid	Facility Number 07831
SUNSET HOME			
1201 SOUTH POLK		<b>Telephone</b> (816) 449-2158	Alzheimer's Unit No
MAYSVILLE MO	O 64469-4028	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1201 S POLK		County DEKALB	<b>DMH Licensed</b> No
MAYSVILLE MO	O 64469-4028	Region 4 Medicare/Medicaid	Facility Number 07798
SUNSHINE VILLA			
2520 JAMES ST		<b>Telephone</b> (573) 264-2424	Alzheimer's Unit No
	0 63780-1219	Level of Care: ALF	Bed Capacity 26
Mailing Address 2520 JAMES ST	03700 1219	County SCOTT	DMH Licensed Yes
o a constant of the constant o	O 63780-1219	Region 2	Facility Number 07039
SCOTT CITT MIC	03760-1217	Region 2	Facinty Number 07039
SUNTERRA SPRINGS DARDENNE PRA	IRIE		
7275 STATE HIGHWAY N		<b>Telephone</b> (636) 865-0200	Alzheimer's Unit No
DARDENNE PRAIRIE MO	O 63368-7128	Level of Care: SNF	<b>Bed Capacity</b> 38
Mailing Address 7275 STATE HIGHWAY	N	County SAINT CHARLES	DMH Licensed No
DARDENNE PRAIRIE MO	O 63368-7128	Region 5 Medicare	Facility Number 32331
SUNTERRA SPRINGS INDEPENDENCE 19200 E 37TH TERRACE S		<b>Telephone</b> (816) 335-3008	Alzheimer's Unit No
	O 64057-8324	Level of Care: SNF	Bed Capacity 38
Mailing Address 19200 E 37TH TERRACE		County JACKSON	DMH Licensed No
	O 64057-8324	·	Facility Number 30894
INDEFENDENCE MIC	J U+UJ/-0324	Region 3 Medicare	Facility Number 30894

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SUNTERRA SPRINGS SPRINGFIELD	)		
4935 S NATIONAL AVE		<b>Telephone</b> (417) 720-8050	Alzheimer's Unit No
SPRINGFIELD	MO 65810-2989	Level of Care: SNF	Bed Capacity 38
Mailing Address 4935 S NATIONAL AV	/E	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65810-2989	Region 1 Medicare	Facility Number 31273
		3	
SUPERIOR MANOR OF DOWNTOWN	N. LLC		
1501 CLINTON STREET		<b>Telephone</b> (314) 921-2625	Alzheimer's Unit No
	MO 63106-4100	Level of Care: RCF	Bed Capacity 40
Mailing Address 1501 CLINTON STREE		County SAINT LOUIS CITY	DMH Licensed No
_	MO 63106-4100	Region 7	Facility Number 30136
SAIN LOUIS	WO 03100-4100	Region	racinty Number 50130
SUPERIOR MANOR OF FESTUS, LLC	r		
12827 HIGHWAY TT		<b>Telephone</b> (314) 624-5575	Alzheimer's Unit No
	MO 63028-4351	Level of Care: SNF	Bed Capacity 55
	MO 03028-4331		
Mailing Address 12827 HWY TT	MO (2000 4251	County JEFFERSON	
FESTUS	MO 63028-4351	Region 2 Medicare/Medicaid	Facility Number 06820
SURREY PLACE ST LUKE'S HOSPIT	AL SKILLED MIDSING		
14701 OLIVE BLVD	AL SKILLED NORSING	<b>Telephone</b> (314) 542-3300	Alzheimer's Unit No
	MO 63017-2221	. ,	
	MO 63017-2221		
Mailing Address 14701 OLIVE BLVD	NO 62017 2221	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-2221	Region 7 Medicare/Medicaid	Facility Number 15467
SWEET SPRINGS VILLA			
518 E MARSHALL		<b>Telephone</b> (660) 335-6391	Alzheimer's Unit No
	MO 65351-9756	Level of Care: SNF	Bed Capacity 120
Mailing Address 518 E MARSHALL		County SALINE	DMH Licensed No
-	MO 65351-9756	Region 5 Medicare/Medicaid	Facility Number 05378
SWEET STRINGS	WIO 03331-7730	Region 3 Medical e/Medicald	racinty Number 03378
SWIFT CREEK RESIDENTIAL CARE	E CENTER		
1673 HIGHWAY 53		<b>Telephone</b> (573) 776-6501	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4132	Level of Care: RCF*	<b>Bed Capacity</b> 12
Mailing Address 1673 HIGHWAY 53		County BUTLER	DMH Licensed Yes
•	MO 63901-4132	Region 2	Facility Number 20386
	110 00501 1102	Region 2	20300
SWITZER RESIDENTIAL CARE			
3260 MYSTIC LANE		<b>Telephone</b> (573) 785-9399	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-3067	Level of Care: RCF*	<b>Bed Capacity</b> 20
Mailing Address 3260 MYSTIC LANE		County BUTLER	DMH Licensed Yes
9	MO 63901-3067	Region 2	Facility Number 20739
		<b>0</b> ·	
SYLVAN HOUSE			
30 SHERMAN RD		<b>Telephone</b> (314) 892-2212	Alzheimer's Unit No
SAINT LOUIS	MO 63125-4125	Level of Care: RCF	Bed Capacity 40
Mailing Address 30 SHERMAN RD		County SAINT LOUIS COUNTY	DMH Licensed Yes
SAINT LOUIS	MO 63125-4125	Region 7	Facility Number 15078

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SYLVIA G THOMPSON RESIDENC	CE CENTER, INC			
3333 WEST TENTH ST		<b>Telephone</b> (660) 826-2118	Alzheimer's Unit	Yes
SEDALIA	MO 65301-2113	Level of Care: SNF	Bed Capacity	120
Mailing Address 3333 WEST TENTH		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2113	Region 6 Medicaid	Facility Number	17278
TA DIZIO DENIA DII ITATIONI 6 ME	ALEN CADE			
TARKIO REHABILITATION & HE	ALTH CARE	T-11 (660) 726 4116	A 1-1	No
300 CEDAR ST TARKIO	MO 64491-1174	Telephone (660) 736-4116 Level of Care: SNF	Alzheimer's Unit	No 95
	MO 04491-1174		Bed Capacity DMH Licensed	93 No
Mailing Address 300 CEDAR ST TARKIO	MO 64491-1174			
TARRIO	MO 04491-1174	Region 4 Medicare/Medicaid	Facility Number	00494
TEAL LAKE - ASSISTED LIVING I	BY AMERICARE			
1722 HUNTINGFIELD DR		<b>Telephone</b> (573) 582-7800	Alzheimer's Unit	No
MEXICO	MO 65265-3808	Level of Care: ALF**	Bed Capacity	42
Mailing Address 1722 HUNTINGFIEI	LD DR	County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	23534
		5	•	
TESSLAND RESIDENTIAL CARE	FACILITY LLC			
24583 HIGHWAY 5		<b>Telephone</b> (660) 265-4391	Alzheimer's Unit	No
MILAN	MO 63556-2809	Level of Care: RCF	Bed Capacity	9
Mailing Address 24583 HWY 5		County SULLIVAN	DMH Licensed	Yes
MILAN	MO 63556-2809	Region 5	Facility Number	19990
THOMAS DESIDENTIAL CADE EA	ACH ITV 2			
THOMAS RESIDENTIAL CARE FA	CILITY 3	Tolonhous (816) 272 5070	Alzheimer's Unit	No
1415 OLIVE ST SAINT JOSEPH	MO 64503-2443	Telephone (816) 273-5070 Level of Care: RCF	Bed Capacity	No 20
Mailing Address 1415 OLIVE ST	WO 04303-2443	County BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64503-2443	•	Facility Number	
SAINT JOSEPH	MO 04303-2443	Region 4	Facility Number	06076
TIFFANY HEIGHTS				
1531 NEBRASKA ST		<b>Telephone</b> (660) 442-3146	Alzheimer's Unit	No
MOUND CITY	MO 64470-1610	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 308		County HOLT	DMH Licensed	No
MOUND CITY	MO 64470-0308	Region 4 Medicare/Medicaid	Facility Number	07998
TIFFANY SPRINGS REHABILITAT	TION & HEALTH CARE CENTER			
9191 N AMBASSADOR DR		<b>Telephone</b> (816) 741-5570	Alzheimer's Unit	No
KANSAS CITY	MO 64154-7247	Level of Care: SNF	Bed Capacity	120
Mailing Address 9191 N AMBASSAL	OOR DR	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-7247	Region 4 Medicare/Medicaid	Facility Number	30748
TIFFANY SPRINGS SENIOR CARE	E COMMUNITY			
9101 N AMBASSADOR DRIVE		<b>Telephone</b> 816-621-3810	Alzheimer's Unit	Yes
KANSAS CITY	MO 64154-7295	Level of Care: ALF**	Bed Capacity	89
Mailing Address 9101 N AMBASSAL		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-7295	Region 4	Facility Number	30748
		<b>9</b> ·	·	

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TIGER PLACE			
2910 BLUFF CREEK DR	<b>Telephone</b> (573) 256-4620	Alzheimer's Unit	No
COLUMBIA MO 65201-3522	Level of Care: ICF	Bed Capacity	112
Mailing Address 2910 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3522	Region 6	Facility Number	24341
TIMBERLAKE CARE CENTER			
12110 HOLMES RD	<b>Telephone</b> (816) 941-3006	Alzheimer's Unit	No
KANSAS CITY MO 64145-1707	Level of Care: SNF	Bed Capacity	122
Mailing Address 12110 HOLMES RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64145-1707	Region 3 Medicare/Medicaid	Facility Number	10962
TIMBERS, THE			
239 KAREN DRIVE	<b>Telephone</b> (573) 415-0390	Alzheimer's Unit	No
HOLTS SUMMIT MO 65043-2522	Level of Care: ALF**	Bed Capacity	50
Mailing Address 239 KAREN DRIVE	County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT MO 65043-2522	Region 6	Facility Number	30384
TIPTON OAK MANOR			
601 WEST MORGAN ST	<b>Telephone</b> (660) 433-5574	Alzheimer's Unit	Yes
TIPTON MO 65081-8214	Level of Care: SNF	Bed Capacity	66
Mailing Address 601 WEST MORGAN ST	County MONITEAU	DMH Licensed	No
TIPTON MO 65081-8214	Region 6 Medicare/Medicaid	Facility Number	08036
	Tregion Productive Productive		00020
TOWN & COUNTRY SENIOR LIVING, THE			
1020 WOODS MILL ROAD	<b>Telephone</b> (636) 527-4444	Alzheimer's Unit	Yes
TOWN AND COUNTRY MO 63017-0603	<b>Level of Care:</b> ALF**	Bed Capacity	95
Mailing Address 1020 WOODS MILL ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO 63017-0603	Region 7	Facility Number	30612
TOWNE HOUSE, THE			
221 EAST WHITLEY	<b>Telephone</b> (573) 581-2547	Alzheimer's Unit	No
MEXICO MO 65265-2815	Level of Care: RCF*	Bed Capacity	29
Mailing Address PO BOX 6	County AUDRAIN	DMH Licensed	Yes
MEXICO MO 65265-0006	Region 5	<b>Facility Number</b>	08077
TOWNSHIP CENTOD I IVING THE			
TOWNSHIP SENIOR LIVING, THE 4150 WEST REPUBLIC ROAD	<b>Telephone</b> (417) 881-7800	Alabaimari- II:4	Yes
		Alzheimer's Unit	
BATTLEFIELD MO 65619-7111  Molling Address 4150 WEST DEDLIDLIC DOAD	Level of Care: ALF** County GREENE	Bed Capacity DMH Licensed	66 No
Mailing Address 4150 WEST REPUBLIC ROAD			
BATTLEFIELD MO 65619-7111	Region 1	Facility Number	31903
TROY MANOR			
200 THOMPSON DR	<b>Telephone</b> (636) 528-8446	Alzheimer's Unit	No
TROY MO 63379-2308	Level of Care: ALF	Bed Capacity	20
Mailing Address 200 THOMPSON DR	County LINCOLN	DMH Licensed	No
TROY MO 63379-2308	Region 5	Facility Number	05397

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TROY MANOR				
200 THOMPSON DR		<b>Telephone</b> (636) 528-8446	Alzheimer's Unit	Yes
TROY	MO 63379-2308	Level of Care: SNF	Bed Capacity	130
Mailing Address 200 THOMPSON DR		County LINCOLN	DMH Licensed	No
TROY	MO 63379-2308	Region 5 Medicare/Medicaid	Facility Number 053	397
TROY RH CNSL OPERATION LLC				
350 CAP AU GRIS		<b>Telephone</b> (636) 462-4915	Alzheimer's Unit	No
TROY	MO 63379-1761	Level of Care: RCF*	Bed Capacity	23
Mailing Address PO BOX 271		County LINCOLN		No
TROY	MO 63379-0271	Region 5		129
		and the second s		
TOUMAN WEAT THEAT OF S DEWAY				
TRUMAN HEALTHCARE & REHAI 206 WEST FIRST ST	DILITATION CENTER	Tolonbono (417) 692 5719	Alzheimer's Unit	Yes
LAMAR	MO 64759-1291	<b>Telephone</b> (417) 682-5718		
	MO 64739-1291	Level of Care: SNF County BARTON		123 N-
Mailing Address 206 WEST FIRST ST LAMAR	MO 64759-1291			No
LAMAK	MO 64739-1291	Region 1 Medicare/Medicaid	Facility Number 013	346
TRUMAN LAKE MANOR, INC				
600 EAST 7TH ST		<b>Telephone</b> (417) 644-2248		No
LOWRY CITY	MO 64763-9671	Level of Care: SNF	· · · · · · · · · · · · · · · · · · ·	120
Mailing Address PO BOX 415		County SAINT CLAIR		No
LOWRY CITY	MO 64763-0415	Region 1 Medicare/Medicaid	Facility Number 08	140
TRUSTWELL LIVING OF RAYTOV	VN			
9110 EAST 63RD ST		<b>Telephone</b> (816) 353-3400	Alzheimer's Unit	No
RAYTOWN	MO 64133-4893	Level of Care: ALF**	Bed Capacity	76
Mailing Address 9110 EAST 63RD ST		County JACKSON	DMH Licensed	No
RAYTOWN	MO 64133-4893	Region 3	Facility Number 242	227
TURNERS ROCK				
3911 EAST HIGHWAY D		<b>Telephone</b> (417) 459-4070	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65809-	Level of Care: ALF**	Bed Capacity	70
Mailing Address 3911 EAST HIGHWA	AY D	County GREENE	DMH Licensed	No
SPRINGFEILD	MO 65809-	Region 1	Facility Number 324	441
TWIN OAKS AT HERITAGE POINT	TE .			
228 SAVANNAH TERRACE		<b>Telephone</b> (636) 542-5200	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-3741	Level of Care: ALF**	Bed Capacity	70
Mailing Address 228 SAVANNAH TE	RRACE	County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-3741	Region 5	Facility Number 268	877
TWIN OAKS ESTATE, INC				
707 EMGE RD		<b>Telephone</b> (636) 542-5200	Alzheimer's Unit	No
O'FALLON	MO 63366-2118	Level of Care: RCF*	Bed Capacity	149
Mailing Address 707 EMGE RD		County SAINT CHARLES		No
O'FALLON	MO 63366-2118	Region 5	Facility Number 082	209

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TWIN PINES ADULT CARE CENTI	FR.			
1900 S JAMISON	SK .	<b>Telephone</b> (660) 665-2887	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-5302	Level of Care: SNF	Bed Capacity	120
	WIO 03301-3302		DMH Licensed	No
Mailing Address 1900 S JAMISON	MO 63501-5302	·		
KIRKSVILLE	MO 63501-5302	Region 5 Medicare/Medicaid	Facility Number	08218
U-CITY FOREST MANOR				
1301 PARTRIDGE AVE		<b>Telephone</b> (314) 862-5556	Alzheimer's Unit	No
SAINT LOUIS	MO 63130-1944	Level of Care: SNF	Bed Capacity	120
Mailing Address 1301 PARTRIDGE A		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63130-1944			
SAINI LOUIS	WIO 03130-1944	Region 7 Medicare/Medicaid	Facility Number	15454
UNION CARE CENTER				
1080 MARIE LANE		<b>Telephone</b> (636) 206-8585	Alzheimer's Unit	No
UNION	MO 63084-1056	Level of Care: SNF	Bed Capacity	60
Mailing Address 1080 MARIE LANE		County FRANKLIN	DMH Licensed	No
UNION	MO 63084-1056	Region 6 Medicare/Medicaid	Facility Number	31476
CHON	1410 03004 1030	Region o Medical e/Medicalu	Tacinty (value)	31470
UNION MANOR, LLC				
2711 NORTH UNION BLVD		<b>Telephone</b> (314) 383-7310	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1003	Level of Care: RCF*	Bed Capacity	50
Mailing Address 2711 NORTH UNIO	N BLVD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-1003	Region 7	Facility Number	11002
URBANA GROUP HOME				
310 WALNUT ST		<b>Telephone</b> (800) 993-5141	Alzheimer's Unit	No
310 WALNUT ST URBANA	MO 65767-9208	Level of Care: RCF	<b>Bed Capacity</b>	No 20
310 WALNUT ST	MO 65767-9208			
310 WALNUT ST URBANA	MO 65767-9208 MO 65767-9208	Level of Care: RCF	<b>Bed Capacity</b>	20
310 WALNUT ST URBANA <b>Mailing Address</b> 310 WALNUT ST URBANA	MO 65767-9208	Level of Care: RCF County DALLAS	Bed Capacity DMH Licensed	20 Yes
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA VALLEY MANOR AND REHABILIT	MO 65767-9208	Level of Care: RCF County DALLAS Region 1	Bed Capacity DMH Licensed Facility Number	20 Yes 08242
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR	MO 65767-9208  FATION CENTER	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	20 Yes 08242 No
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS	MO 65767-9208  FATION CENTER  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	20 Yes 08242 No 120
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR	MO 65767-9208  FATION CENTER  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08242 No 120 No
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS	MO 65767-9208  FATION CENTER  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	20 Yes 08242 No 120
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR	MO 65767-9208  FATION CENTER  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08242 No 120 No
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS	MO 65767-9208  FATION CENTER  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08242 No 120 No
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH	MO 65767-9208  FATION CENTER  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08242 No 120 No 02425
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08242 No 120 No 02425
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILI 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR FULTON	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	20 Yes 08242 No 120 No 02425
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR FULTON Mailing Address 2631 FAIRWAY DR FULTON	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168  MO 65251-3936  MO 65251-3936	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995 Level of Care: RCF County CALLAWAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 Yes 08242 No 120 No 02425
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR FULTON Mailing Address 2631 FAIRWAY DR FULTON VALLEY PARK RETIREMENT CE	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168  MO 65251-3936  MO 65251-3936	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995 Level of Care: RCF County CALLAWAY Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08242 No 120 No 02425
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR FULTON Mailing Address 2631 FAIRWAY DR FULTON VALLEY PARK RETIREMENT CE 355 KAREN DR	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168  MO 65251-3936  MO 65251-3936  NTER	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995 Level of Care: RCF County CALLAWAY Region 6  Telephone (573) 896-0208	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08242 No 120 No 02425 No 19 No 29982
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR FULTON Mailing Address 2631 FAIRWAY DR FULTON VALLEY PARK RETIREMENT CE 355 KAREN DR HOLTS SUMMIT	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168  MO 65251-3936  MO 65251-3936	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995 Level of Care: RCF County CALLAWAY Region 6  Telephone (573) 896-0208 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08242 No 120 No 02425 No 29982
310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA  VALLEY MANOR AND REHABILIT 1410 HOSPITAL DR EXCELSIOR SPRINGS Mailing Address 1410 HOSPITAL DR EXCELSIOR SPRINGS  VALLEY PARK NORTH 2631 FAIRWAY DR FULTON Mailing Address 2631 FAIRWAY DR FULTON VALLEY PARK RETIREMENT CE 355 KAREN DR	MO 65767-9208  FATION CENTER  MO 64024-1168  MO 64024-1168  MO 65251-3936  MO 65251-3936  NTER	Level of Care: RCF County DALLAS Region 1  Telephone (816) 637-1010 Level of Care: SNF County CLAY Region 4 Medicare/Medicaid  Telephone (573) 592-4995 Level of Care: RCF County CALLAWAY Region 6  Telephone (573) 896-0208	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 Yes 08242 No 120 No 02425 No 19 No 29982

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VALLEY PARK WEST			
678 WINDMILL RIDGE	<b>Telephone</b> (573) 796-2520	Alzheimer's Unit	No
CALIFORNIA MO 65018-1964	Level of Care: RCF	Bed Capacity	34
Mailing Address 678 WINDMILL RIDGE	County MONITEAU	DMH Licensed	No
CALIFORNIA MO 65018-1964	Region 6	Facility Number	30595
VALLEY RESIDENTIAL CARE			
101 SOUTH KNOB ST	<b>Telephone</b> (573) 546-3080	Alzheimer's Unit	No
IRONTON MO 63650-1501	Level of Care: RCF	Bed Capacity	12
Mailing Address 203 SOUTH WASHINGTON ST	County IRON	DMH Licensed	Yes
FARMINGTON MO 63640-1836	Region 2	Facility Number	01901
		·	
VALLEY VIEW HEALTH & REHABILITATION	T. 1. 1. (650) 252 5007		
1600 EAST ROLLINS ST	Telephone (660) 263-6887	Alzheimer's Unit	No
MOBERLY MO 65270-2478	Level of Care: SNF	Bed Capacity	96 N
Mailing Address 1600 E ROLLINS ST	County RANDOLPH	DMH Licensed	No
MOBERLY MO 65270-2478	Region 5 Medicare/Medicaid	Facility Number	13167
VERONICA HOUSE			
12284 DEPAUL DR	<b>Telephone</b> (314) 209-8814	Alzheimer's Unit	No
BRIDGETON MO 63044-2508	Level of Care: ALF**	<b>Bed Capacity</b>	100
Mailing Address 12284 DEPAUL DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BRIDGETON MO 63044-2508	Region 7	Facility Number	22460
VICTORIAN DI ACE OF CURA DESIDENTIAL CARE RY AMERIC	ADE		
VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERIC.		Alzheimer's Unit	No
901 HIGHWAY DD	<b>Telephone</b> (573) 885-0551	Alzheimer's Unit	No 48
901 HIGHWAY DD CUBA MO 65453-8089	<b>Telephone</b> (573) 885-0551 <b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
901 HIGHWAY DD CUBA MO 65453-8089 Mailing Address 901 HWY DD	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD	Bed Capacity  DMH Licensed	48 No
901 HIGHWAY DD CUBA MO 65453-8089	<b>Telephone</b> (573) 885-0551 <b>Level of Care:</b> RCF	<b>Bed Capacity</b>	48
901 HIGHWAY DD CUBA MO 65453-8089 Mailing Address 901 HWY DD CUBA MO 65453-8089	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6	Bed Capacity  DMH Licensed	48 No
901 HIGHWAY DD CUBA MO 65453-8089 Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AM	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE	Bed Capacity DMH Licensed Facility Number	48 No 25463
901 HIGHWAY DD CUBA MO 65453-8089 Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	48 No 25463 No
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	48 No 25463 No 48
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	48 No 25463 No 48 No
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	48 No 25463 No 48
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	48 No 25463 No 48 No
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	48 No 25463 No 48 No
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	48 No 25463 No 48 No
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY ADDRESS AND	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 25463 No 48 No 24982
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY ADDRESS 2100 NORTH 7TH ST	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 25463 No 48 No 24982
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMD 301 NORTH 7TH ST OWENSVILLE MO 65066-1075	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	48 No 25463 No 48 No 24982
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AME 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AME 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  Mailing Address 301 NORTH 7TH ST	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF County GASCONADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	48 No 25463 No 48 No 24982 No 48
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMD 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  Mailing Address 301 NORTH 7TH ST OWENSVILLE MO 65066-1075	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF County GASCONADE Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	48 No 25463 No 48 No 24982 No 48
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMD 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  Mailing Address 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICA	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF County GASCONADE Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 25463 No 48 No 24982 No 48 No 24133
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMD 6501 NORTH 7TH ST OWENSVILLE MO 65066-1075  Mailing Address 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICA 160 CHARLES DR	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF County GASCONADE Region 6  CARE Telephone (636) 322-0003	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 25463 No 48 No 24982 No 24133
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AME 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY A 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  Mailing Address 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICA 160 CHARLES DR SAINT CLAIR MO 63077-1936	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF County GASCONADE Region 6  CARE Telephone (636) 322-0003 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 25463 No 48 No 24982 No 24133
901 HIGHWAY DD CUBA MO 65453-8089  Mailing Address 901 HWY DD CUBA MO 65453-8089  VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMD 2120 VILLAGE LANE HERMANN MO 65041-1600  Mailing Address 2120 VILLAGE LANE HERMANN MO 65041-1600  VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMD 6501 NORTH 7TH ST OWENSVILLE MO 65066-1075  Mailing Address 301 NORTH 7TH ST OWENSVILLE MO 65066-1075  VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AMERICA 160 CHARLES DR	Telephone (573) 885-0551 Level of Care: RCF County CRAWFORD Region 6  ERICARE Telephone (573) 486-5060 Level of Care: RCF County GASCONADE Region 6  AMERICARE Telephone (573) 437-5396 Level of Care: RCF County GASCONADE Region 6  CARE Telephone (636) 322-0003	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	48 No 25463 No 48 No 24982 No 24133

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VICTORIAN PLACE OF SULLIVAN	, ASSISTED LIVING BY AMERICAR	PF.			
1250 EAST SPRINGFIELD RD	, ASSISTED LIVING DI AMERICAN	Telephone	(573) 468-5217	Alzheimer's Unit	No
SULLIVAN	MO 63080-1358	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 1250 EAST SPRINGF			ANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1358	Region 6		Facility Number	26324
VICTORIAN PLACE OF UNION, AS	SISTED LIVING BY AMERICARE				
1320 W MAIN		Telephone	(636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 1320 W MAIN		County FR.	ANKLIN	DMH Licensed	No
UNION	MO 63084-1084	Region 6		Facility Number	24408
VICTORIAN PLACE OF WASHING	TON, RESIDENTIAL CARE BY AMEI	RICARE			
2800 RABBIT TRAIL DR		Telephone	(636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care:	ALF**	<b>Bed Capacity</b>	48
Mailing Address 2800 RABBIT TRAIL	DR	County FR.	ANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region 6		<b>Facility Number</b>	27659
VIENNA POINTE RESIDENTIAL CA	ARE				
112 PARKWAY DR		Telephone	(573) 422-3230	Alzheimer's Unit	No
VIENNA	MO 65582-8003	Level of Care:	RCF	Bed Capacity	48
Mailing Address 112 PARKWAY DR		County MA	ARIES	DMH Licensed	No
VIENNA	MO 65582-8003	Region 6		Facility Number	23333
VILLA AT BLUE RIDGE, THE 701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO COLUMBIA	MO 65201-3734 DAD MO 65201-3734	·	(573) 474-6111 SNF OONE Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 97 No 01706
VILLAGE ASSISTED LIVING					
1701 NW O'BRIEN RD		Telephone	(816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-1559	Level of Care:	ALF**	<b>Bed Capacity</b>	50
Mailing Address 1701 NW O'BRIEN R	D	County JAC	CKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-1559	Region 3		Facility Number	29258
VILLAGE ASSISTED LIVING					
1704 NORTHWEST O'BRIEN RD		Telephone	(816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-1559	Level of Care:	ALF**	Bed Capacity	172
Mailing Address 1704 NORTHWEST (	O'BRIEN RD	County JAC	CKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-1559	Region 3		Facility Number	16108
VILLAGE AT CARROLL PARK, TH	Œ				
5301 HARRY TRUMAN DR	100 64000 4500	Telephone	(816) 761-6838	Alzheimer's Unit	No
GRANDVIEW	MO 64030-1708	Level of Care:	ICF	Bed Capacity	93
Mailing Address 5301 HARRY TRUM		•	CKSON	DMH Licensed	Yes
GRANDVIEW	MO 64030-1708	Region 3		Facility Number	03157

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VILLAGE CARE CENTER, INC	
810 EAST EDWARDS ST	Telephone (660) 562-3515 Alzheimer's Unit No
MARYVILLE MO 64468-2917	Level of Care: SNF Bed Capacity 46
Mailing Address 810 EAST EDWARDS ST	County NODAWAY DMH Licensed No
MARYVILLE MO 64468-2917	Region 4 Medicare/Medicaid Facility Number 20361
VILLAGE CARE CENTER, INC	
810 EAST EDWARDS ST	<b>Telephone</b> (660) 562-3515 <b>Alzheimer's Unit</b> No
MARYVILLE MO 64468-2917	Level of Care: RCF* Bed Capacity 18
Mailing Address 810 EAST EDWARDS ST	County NODAWAY DMH Licensed No
MARYVILLE MO 64468-2917	Region 4 Facility Number 20361
MINITALE MIC OTTO 2717	Region 4 Facility Number 20001
WHILAGE CENTEED CADE OF WENTERWHILE	
VILLAGE CENTER CARE OF WENTZVILLE 909 E PITMAN AVE	<b>Telephone</b> (636) 327-1907 <b>Alzheimer's Unit</b> No
WENTZVILLE MO 63385-1818	Level of Care: ALF** Bed Capacity 22
Mailing Address 909 E PITMAN AVE	County SAINT CHARLES DMH Licensed No
WENTZVILLE MO 63385-1818	
WENTZVILLE MIO 03363-1616	Region 5 Facility Number 28026
VILLAGE WEST, THE	
318 EAST LITTLE BRICK ROAD	<b>Telephone</b> (816) 632-7611 <b>Alzheimer's Unit</b> No
CAMERON MO 64429-1231	Level of Care: RCF* Bed Capacity 27
Mailing Address 318 EAST LITTLE BRICK RD	County CLINTON DMH Licensed No
CAMERON MO 64429-1231	Region 4 Facility Number 18104
CAMILACIT 110 04429 1231	Region 4 Facility Number 10104
VILLAGE, THE	
320 EAST LITTLE BRICK RD	<b>Telephone</b> (816) 632-7611 <b>Alzheimer's Unit</b> No
CAMERON MO 64429-1231	Level of Care: RCF* Bed Capacity 49
Mailing Address 320 EAST LITTLE BRICK RD	County CLINTON DMH Licensed No
CAMERON MO 64429-1231	Region 4 Facility Number 08945
MO 01129 1231	Region 1 Tuesday Number 00743
VILLAGES OF ST PETERS MEMORY CARE	
5300 EXECUTIVE CENTER PARKWAY	Telephone (636) 477-6955 Alzheimer's Unit Yes
SAINT PETERS MO 63376-3182	Level of Care: ALF** Bed Capacity 60
Mailing Address 5300 EXECUTIVE CENTER PARKWAY	
SAINT PETERS MO 63376-3182	Region 5 Facility Number 29889
VILLAS OF JACKSON LLC THE	
670 BROADRIDGE DRIVE	Telephone (573) 986-8210 Alzheimer's Unit Yes
JACKSON MO 63755-3044	Level of Care: ALF** Bed Capacity 84
Mailing Address 670 BROADRIDGE DRIVE	County CAPE GIRARDEAU DMH Licensed No
JACKSON MO 63755-3044	Region 2 Facility Number 30623
VINTAGE GARDENS ASSISTED LIVING	
3302 NORTH WOODBINE ROAD	<b>Telephone</b> (816) 279-3330 <b>Alzheimer's Unit</b> Yes
SAINT JOSEPH MO 64505-9323	Level of Care: ALF Bed Capacity 51
Mailing Address 3302 NORTH WOODBINE RD	County BUCHANAN DMH Licensed No

**Facility Number** 

22959

MO 64505-9323

SAINT JOSPEH

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VINTAGE GARDENS ASSISTED LI	VING		
3302 NORTH WOODBINE ROAD		<b>Telephone</b> (816) 279-3330	Alzheimer's Unit No
SAINT JOSEPH	MO 64505-9323	Level of Care: ALF**	Bed Capacity 44
Mailing Address 3302 N WOODBINE	ROAD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64505-9323	Region 4	Facility Number 22959
VSL SPRINGFIELD ASSISTED LIV	INC LLC		
1401 WEST ELFINDALE STREET	ING, LLC	<b>Telephone</b> (417) 831-3828	Alzheimer's Unit No
SPRINGFIELD	MO 65807-1295	Level of Care: ALF	Bed Capacity 50
Mailing Address 1401 WEST ELFIND		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-1295		Facility Number 32492
SI KINGI IELD	WIO 03007-1293	Region 1	Facility Number 32492
WAGNER RESIDENTIAL CARE, IN	NC		
320 N CHAMBER DR		<b>Telephone</b> (573) 783-4511	Alzheimer's Unit No
FREDERICKTOWN	MO 63645-7947	Level of Care: RCF	Bed Capacity 40
Mailing Address 320 N CHAMBER D	R	County MADISON	<b>DMH Licensed</b> Yes
FREDERICKTOWN	MO 63645-7947	Region 2	Facility Number 28451
WALNUT STREET ASSISTED LIVI	NG		
404 WALNUT ST		<b>Telephone</b> (573) 996-4283	Alzheimer's Unit No
DONIPHAN	MO 63935-1420	Level of Care: ALF	<b>Bed Capacity</b> 35
Mailing Address 404 WALNUT ST		County RIPLEY	DMH Licensed Yes
DONIPHAN	MO 63935-1420	Region 2	Facility Number 08354
WARRENSBURG MANOR CARE C	FNTER		
400 CARE CENTER DR	ENIER	<b>Telephone</b> (660) 747-2216	Alzheimer's Unit No
WARRENSBURG	MO 64093-3100	Level of Care: SNF	Bed Capacity 88
Mailing Address 400 CARE CENTER		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3100	Region 3 Medicare/Medicaid	Facility Number 08383
WIRKENSBERG	MO 040/3 3100	Region 5 Wieurcai e/Wieurcaiu	Tuellity Number 08383
WARRENTON MANOR			
65 STATE HIGHWAY AA		<b>Telephone</b> (636) 456-8700	Alzheimer's Unit Yes
WRIGHT CITY	MO 63383-3301	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address 65 STATE HIGHWA		County WARREN	DMH Licensed No
WRIGHT CITY	MO 63390-3301	Region 6 Medicare/Medicaid	Facility Number 02505
WARSAW HEALTH AND REHABII	LITATION CENTER		
1609 SUNCHASE DR		<b>Telephone</b> (660) 438-2970	Alzheimer's Unit Yes
WARSAW	MO 65355-3059	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 1609 SUNCHASE DI	R	County BENTON	DMH Licensed No
WARSAW	MO 65355-3059	Region 6 Medicare/Medicaid	Facility Number 15243
WATERFORD LADIES HOME			
500 NW VESPER ST		<b>Telephone</b> (816) 228-6337	Alzheimer's Unit No
BLUE SPRINGS	MO 64014-2744	Level of Care: RCF	Bed Capacity 27
Mailing Address 500 NW VESPER ST		County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64014-2744	Region 3	Facility Number 13774
			1 10 111

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WATTS STREET MANOR			
301 WATTS ST		<b>Telephone</b> (573) 431-4874	Alzheimer's Unit No
PARK HILLS	MO 63601-1839	Level of Care: RCF*	<b>Bed Capacity</b> 16
Mailing Address PO BOX 481		County SAINT FRANCOIS	<b>DMH Licensed</b> Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number 06579
WEDD CHEVITE AT THE AND DELIAD	II ITATION CENTED		
WEBB CITY HEALTH AND REHAB 2077 STADIUM DR	ILITATION CENTER	Tolonhous (417) 672 1022	Alzheimer's Unit Yes
WEBB CITY	MO 64870-9743	Telephone (417) 673-1933 Level of Care: SNF	
	MO 04870-9743		Bed Capacity 120  DMH Licensed No
Mailing Address 2077 STADIUM DR	MO (4970 0742		
WEBB CITY	MO 64870-9743	Region 1 Medicare/Medicaid	Facility Number 12286
WEBCO MANOR			
1687 W WASHINGTON ST		<b>Telephone</b> (417) 859-5144	Alzheimer's Unit No
MARSHFIELD	MO 65706-2325	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 1687 W WASHINGTO		County WEBSTER	DMH Licensed No
MARSHFIELD	MO 65706-2325	Region 1 Medicare/Medicaid	Facility Number 08405
		region - modern of reducing	1.00103
WEBWOOD ASSISTED LIVING, LL	c		
1640 WALDO HATLER DRIVE		<b>Telephone</b> (417) 451-2997	Alzheimer's Unit NO
NEOSHO	MO 64850-8059	Level of Care: ALF	Bed Capacity 31
Mailing Address 1640 WALDO HATLE	ER DRIVE	County NEWTON	DMH Licensed No
NEOSHO	MO 64850-8059	Region 1	Facility Number 31265
WEDGEWOOD GARDENS			
17996 BUSINESS 13		<b>Telephone</b> (417) 272-6666	Alzheimer's Unit Yes
REEDS SPRING	MO 65737-9663	Level of Care: ALF**	Bed Capacity 46
Mailing Address 17996 BUSINESS 13		County STONE	DMH Licensed No
REEDS SPRING	MO 65737-9663	Region 1	Facility Number 20615
WELLER PLACE RETIREMENT CE	ENTER		
510 WELLER STREET		<b>Telephone</b> (660) 395-2273	Alzheimer's Unit No
MACON	MO 63552-1996	Level of Care: RCF	Bed Capacity 18
Mailing Address 510 WELLER STREE		County MACON	DMH Licensed No
MACON	MO 63552-1996	Region 5	Facility Number 30888
Micory	NO 03332 1770	Region 5	Tuenty Number 50000
WELLINGTON SENIOR LIVING,TH	IE		
1051 KENT STREET		<b>Telephone</b> (816) 222-0379	Alzheimer's Unit YES
LIBERTY	MO 64068-2257	Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 1051 KENT STREET		County CLAY	DMH Licensed No
LIBERTY	MO 64068-2257	Region 4	Facility Number 33016
WEST PINE GROUP HOME			
4232 WEST PINE BLVD		<b>Telephone</b> (314) 531-9450	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2840	Level of Care: RCF	Bed Capacity 9
Mailing Address 4232 WEST PINE BL		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-2840		Facility Number 05948
SAINT LOUIS	1910 03100-2040	Region 7	Facility Number 05948

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WEST VUE NURSING AND REHAB	BILITATION CENTER			
210 DAVIS DR		<b>Telephone</b> (417) 256-2152	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2241	Level of Care: SNF	<b>Bed Capacity</b>	130
Mailing Address 210 DAVIS DR		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2241	Region 2 Medicare/Medicaid	Facility Number	21733
WESTEROOF CARE CENTED IN	7			
WESTBROOK CARE CENTER, INC 401 S PLATTE CLAY WAY		T-1 (816) 628 2222	41-1	No
KEARNEY	MO 64060-7714	Telephone (816) 628-2222 Level of Care: RCF*	Alzheimer's Unit	No 27
Mailing Address 401 S PLATTE CLA			Bed Capacity DMH Licensed	No
KEARNEY	MO 64060-7714			
KEARINE I	WIO 04000-7/14	Region 4	Facility Number	19757
WESTBROOK TERRACE - ASSIST	ED LIVING BY AMERICARE			
3335 NORTH TEN MILE DR		<b>Telephone</b> (573) 635-2600	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0528	Level of Care: ALF**	Bed Capacity	36
Mailing Address 3335 NORTH TEN M		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0528	Region 6	Facility Number	20440
WESTBURY SENIOR LIVING THE				
550 STONE VALLEY PARKWAY		<b>Telephone</b> (573) 818-7030	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-5567	Level of Care: ALF**	Bed Capacity	66
Mailing Address 550 STONE VALLE		County BOONE	DMH Licensed	No
COLUMBIA	MO 65203-5567	Region 6	Facility Number	32666
WESTCHESTER HOUSE, THE				
550 WHITE RD		<b>Telephone</b> (314) 469-1200	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-2316	Level of Care: SNF	Bed Capacity	159
Mailing Address 550 WHITE RD	1.0 .001.7 001.5	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2316	Region 7 Medicare/Medicaid	Facility Number	08474
TYPE COLUMN				
WESTGATE 3130 JOHN DUFFY DR		T-1	Alzheimer's Unit	V
JOPLIN	MO 64804-1569	Telephone (417) 553-3688 Level of Care: SNF		Yes 120
			Bed Capacity DMH Licensed	
Mailing Address 3130 JOHN DUFFY		•		No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number	31754
WESTBODT FOT A TEC A COLUMN	I IVING DV AMEDICADE			
WESTPORT ESTATES - ASSISTED	LIVING BY AMERICARE	Tolonhone (660) 997 5500	Alabaine!- TI- '	V
904 APACHE DR	MO 65240 2000	Telephone (660) 886-5500	Alzheimer's Unit	Yes
MARSHALL	MO 65340-2900	Level of Care: ALF**	Bed Capacity	62
Mailing Address 904 APACHE DR	MO (5240 2222	County SALINE	DMH Licensed	No
MARSHALL	MO 65340-2900	Region 5	Facility Number	16202
AMECONALISM AND EST TOXIST TO A COX	COPED I IVING			
WESTVIEW AT ELLISVILLE ASSI	STED LIVING	Tolonhono (626) 527 5554	Alabaimanta II	V
27 REINKE RD	MO (2021 4724	<b>Telephone</b> (636) 527-5554	Alzheimer's Unit	Yes
ELLISVILLE	MO 63021-4734	Level of Care: ALF**	Bed Capacity	99 N-
Mailing Address 27 REINKE RD	MO (2021 1724	County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE	MO 63021-4734	Region 7	Facility Number	28184

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WESTVIEW NURSING HOME			
301 WEST DUNLOP ST	<b>Telephone</b> (573) 267-3920	Alzheimer's Unit	No
CENTER MO 63436-2267	Level of Care: SNF	Bed Capacity	60
Mailing Address 301 WEST DUNLOP ST	County RALLS	DMH Licensed	No
CENTER MO 63436-2267	Region 5 Medicare/Medicaid	Facility Number	15634
WESTWOOD HILLS HEALTH & REHABILITATION CENTER	B		
3100 WARRIOR LANE	<b>Telephone</b> (573) 785-0851	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-8686	Level of Care: SNF	Bed Capacity	132
Mailing Address 3100 WARRIOR LANE	County BUTLER	DMH Licensed	No
POPLAR BLUFF MO 63901-8686	Region 2 Medicare/Medicaid	Facility Number	08512
WINTERD DI A CE A CONTED I IVING AND MEMORY CURDEN	ODT DV CENTOD CTAD		
WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPO		Alahaiman'a Unit	Vac
6460 NORTH COSBY AVE KANSAS CITY MO 64151-2377	Telephone (816) 743-4259  Level of Care: ALF**	Alzheimer's Unit	Yes 98
		Bed Capacity	
Mailing Address 6460 NORTH COSBY AVE	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64151-2377	Region 4	Facility Number	28861
WHISPERING OAKS RCF II, LLC			
203 NORTH B ST	<b>Telephone</b> (573) 686-4490	Alzheimer's Unit	No
POPLAR BLUFF MO 63901-5413	Level of Care: RCF*	Bed Capacity	45
Mailing Address 203 NORTH B ST	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF MO 63901-5413	Region 2	<b>Facility Number</b>	16751
WHISPERING PINES SENIOR LIVING			
4904 EAST WELLRIDGE LN	<b>Telephone</b> (417) 781-0099	Alzheimer's Unit	No
JOPLIN MO 64801-8793	Level of Care: RCF*	Bed Capacity	20
Mailing Address 4904 EAST WELLRIDGE LN	County JASPER	DMH Licensed	No
JOPLIN MO 64801-8793	Region 1	Facility Number	09477
	region -		07177
WHITE OAK ASSISTED LIVING			
1515 WEST WHITE OAK	<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	No
INDEPENDENCE MO 64050-2557	Level of Care: ALF**	Bed Capacity	78
Mailing Address 1515 WEST WHITE OAK	<b>County</b> JACKSON	DMH Licensed	No
INDEPENDENCE MO 64050-2557	Region 3	Facility Number	06604
WILD-KAT ESTATES, LLC			
300 WEST FAIRVIEW STREET	<b>Telephone</b> (660) 728-2301	Alzheimer's Unit	No
	Level of Care: ALF**	Bed Capacity	24
KING CITY MO 64463-9606	Level of Care: ALI		
	County GENTRY	DMH Licensed	No
KING CITY MO 64463-9606		DMH Licensed Facility Number	No 04305
KING CITY MO 64463-9606  Mailing Address 300 WEST FAIRVIEW STREET  KING CITY MO 64463-9606	County GENTRY		
KING CITY MO 64463-9606  Mailing Address 300 WEST FAIRVIEW STREET  KING CITY MO 64463-9606  WILDWOOD SENIOR LIVING THE	County GENTRY Region 4	Facility Number	04305
KING CITY MO 64463-9606  Mailing Address 300 WEST FAIRVIEW STREET  KING CITY MO 64463-9606  WILDWOOD SENIOR LIVING THE  3002 SOUTH JOHN DUFFY DRIVE	County GENTRY Region 4  Telephone (417) 623-2233	Facility Number  Alzheimer's Unit	04305 Yes
KING CITY MO 64463-9606  Mailing Address 300 WEST FAIRVIEW STREET  KING CITY MO 64463-9606  WILDWOOD SENIOR LIVING THE  3002 SOUTH JOHN DUFFY DRIVE  JOPLIN MO 64804-1656	County GENTRY Region 4  Telephone (417) 623-2233 Level of Care: ALF**	Facility Number  Alzheimer's Unit  Bed Capacity	04305 Yes 74
KING CITY MO 64463-9606  Mailing Address 300 WEST FAIRVIEW STREET  KING CITY MO 64463-9606  WILDWOOD SENIOR LIVING THE  3002 SOUTH JOHN DUFFY DRIVE	County GENTRY Region 4  Telephone (417) 623-2233	Facility Number  Alzheimer's Unit	04305 Yes

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WILLARD CARE CENTER			
400 WEST WALNUT LN		<b>Telephone</b> (417) 742-3593	Alzheimer's Unit Yes
	4O 65781-9432	Level of Care: SNF	<b>Bed Capacity</b> 66
Mailing Address 400 W WALNUT LN		County GREENE	<b>DMH Licensed</b> No
WILLARD M	MO 65781-9432	Region 1 Medicare/Medicaid	Facility Number 16393
WILLOW BROOKE - ASSISTED LIVIN	JG BY AMERICARE		
#1 NORTH POTOMAC CT	, o 21 12112012012	<b>Telephone</b> (636) 583-2799	Alzheimer's Unit No
	4O 63084-1113	Level of Care: ALF**	Bed Capacity 50
Mailing Address 1 NORTH POTOMAC C		County FRANKLIN	DMH Licensed No
	4O 63084-1113	Region 6	Facility Number 13596
erier,	10 3330 1 1113	Region	Tuesdey Number 19970
WILLOW CARE NURSING HOME			
2646 STATE ROUTE 76		<b>Telephone</b> (417) 469-3152	<b>Alzheimer's Unit</b> Yes
WILLOW SPRINGS M	4O 65793-8254	Level of Care: SNF	<b>Bed Capacity</b> 105
Mailing Address PO BOX 309		County HOWELL	<b>DMH Licensed</b> No
WILLOW SPRINGS M	4O 65793-0309	Region 2 Medicare/Medicaid	Facility Number 08614
WILLOW WEST APARTMENTS			
2644 STATE ROUTE 76		<b>Telephone</b> (417) 469-3152	Alzheimer's Unit No
	AO 65793-8254	Level of Care: ALF	Bed Capacity 36
Mailing Address PO BOX 309		County HOWELL	DMH Licensed No
	4O 65793-0309	Region 2	Facility Number 08614
		Region -	Tuoning Transport
WILSHIRE AT LAKEWOOD REHAB O	CENTER		
600 NE MEADOWVIEW DR		<b>Telephone</b> (816) 554-9866	Alzheimer's Unit No
	AO 64064-1983	Level of Care: SNF	Bed Capacity 170
Mailing Address 600 NE MEADOWVIEW		County JACKSON	DMH Licensed No
LEE'S SUMMIT N	MO 64064-1983	Region 3 Medicare/Medicaid	Facility Number 22471
WILSON'S CREEK NURSING & REHA	В		
3403 WEST MT VERNON		<b>Telephone</b> (417) 864-5600	Alzheimer's Unit Yes
SPRINGFIELD M	4O 65802-5241	Level of Care: SNF	<b>Bed Capacity</b> 172
Mailing Address 3403 WEST MT VERNO	ON	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD M	4O 65802-5241	Region 1 Medicare/Medicaid	Facility Number 05579
WINCHESTER NURSING CENTER, IN	IC		
400 WINCHESTER DRIVE		<b>Telephone</b> (573) 293-6702	Alzheimer's Unit No
BERNIE N	4O 63822-7500	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 760		County STODDARD	DMH Licensed No
o .	4O 63822-0760	Region 2 Medicare/Medicaid	Facility Number 31391
WINGSTEED DI A CE A GOLGERO Y WA	INC. LLC		
WINCHESTER PLACE ASSISTED LIV	ING, LLC	Tolonhono (572) 202 (705	Alaboimoula IIuit
404 WINCHESTER ROAD BERNIE N	4O 62822 7500	Telephone (573) 293-6705 Level of Care: ALF**	Alzheimer's Unit NO  Pod Conneity 28
Mailing Address 404 WINCHESTER ROA	MO 63822-7500	County STODDARD	Bed Capacity 38  DMH Licensed No
•		•	
DERNIE IV	4O 63822-7500	Region 2	Facility Number 31391

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WINDEMERE HEALTHCARE CEN	TER LLC			
3100 NORTH WEST VIVION RD		<b>Telephone</b> (816) 741-0753	Alzheimer's Unit	NO
RIVERSIDE	MO 64150-9436	Level of Care: RCF	Bed Capacity	65
Mailing Address 3100 NORTH WEST	T VIVION RD	County PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-9436	Region 4	Facility Number	08668
WINDSOR ESTATES OF ST CHAR	LES			
2150 WEST RANDOLPH ST		<b>Telephone</b> (636) 946-4966	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-0894	Level of Care: SNF	Bed Capacity	66
Mailing Address 2150 WEST RANDO	DLPH ST	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-0894	Region 5 Medicare/Medicaid	Facility Number	06316
			•	
WINDSOD HEAT THICADE & DEVI	A D. CIENTIFED			
WINDSOR HEALTHCARE & REHA	AB CENTER	T-1 (660) 647 2102	A 1-1	NI-
809 WEST BENTON	MO 65360-1239	Telephone (660) 647-3102 Level of Care: SNF	Alzheimer's Unit	No 60
WINDSOR Molling Address DO DOV 5	MO 03300-1239		Bed Capacity DMH Licensed	No
Mailing Address PO BOX 5 WINDSOR	MO 65360-0005	·	Facility Number	
WINDSOR	MO 65360-0005	Region 1 Medicare/Medicaid	Facility Number	21715
WINFIELD RESIDENTIAL CARE				
220 WEST WALNUT ST		<b>Telephone</b> (636) 668-8110	Alzheimer's Unit	No
WINFIELD	MO 63389-1122	Level of Care: RCF	Bed Capacity	20
Mailing Address 220 WEST WALNUT		County LINCOLN	DMH Licensed	Yes
WINFIELD	MO 63389-1122	Region 5	Facility Number	08729
WOOD OAKS, INC				
1804 SOUTH STERLING AVE		<b>Telephone</b> (816) 254-5400	Alzheimer's Unit	No
INDEPENDENCE	MO 64052-3845	Level of Care: RCF*	Bed Capacity	30
Mailing Address PO BOX 520049		County JACKSON	DMH Licensed	Yes
INDEPENDENCE	MO 64052-0049	Region 3	Facility Number	02389
WOODLAND MANOR	D	T. I. I. (417) 022 1220	A11.	N
1347 EAST VALLEY WATERMILL RI		<b>Telephone</b> (417) 833-1220	Alzheimer's Unit	No
SPRINGFIELD	MO 65803-3739	Level of Care: SNF	Bed Capacity	94
Mailing Address 1347 EAST VALLEY		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65803-3739	Region 1 Medicare/Medicaid	Facility Number	05794
MOODE IND MANOR SWINGS OF	D.VIII.D.			
WOODLAND MANOR NURSING C	ENTER			
100 WOODLAND COURT		<b>Telephone</b> (636) 296-1400	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care: SNF	Bed Capacity	178
Mailing Address 100 WOODLAND C		County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-2030	Region 2 Medicare/Medicaid	Facility Number	12549
WODEN CONTROL CONTROL	VIII CUDVIII D			
WORTH COUNTY CONVALESCEN	NT CENTER	m 1 1	411.	**
503 E 4TH ST	NO 64456 0262	<b>Telephone</b> (660) 564-3304	Alzheimer's Unit	No
GRANT CITY	MO 64456-8363	Level of Care: SNF	Bed Capacity	50
Mailing Address 503 E 4TH ST	NO 64456 0262	County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	Facility Number	08779

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^{*} 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)).