## Missouri Long Term Care Facilities Directory

Al	DD	IA	λI

BAPTIST HOMES OF ADRIAN 402 WEST 1ST STREET ADRIAN Mailing Address 402 WEST 1ST STR ADRIAN	MO 64720-9277 EET MO 64720-9277	Telephone (816) 297-8901 Level of Care SNF County BATES Region 3 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 38 DMH Licensed No Facility Number 00032
		ADVANCE	
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE	MO 63730-7251 MO 63730-0790	Telephone (573) 722-5200 Level of Care ALF County STODDARD Region 2	Alzheimer's Unit No Bed Capacity 44 DMH Licensed No Facility Number 28426
ASPIRE SENIOR LIVING ADVANCE 315 SOUTH TILLEY ST ADVANCE Mailing Address 315 S TILLEY ST ADVANCE	MO 63730-7230 MO 63730-7230	Telephone (573) 649-3551 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 70 DMH Licensed No Facility Number 11722
		AFFTON	
SOUTHVIEW ASSISTED LIVING 9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON	MO 63123-5314 MO 63123-5314	Telephone (314) 544-4440 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Yes Bed Capacity 116 DMH Licensed No Facility Number 28446
		ALTON	
SHEPHERD'S VIEW ASSISTED LIV 100 SHEPHERDS LN ALTON Mailing Address PO BOX 429 ALTON	MO 65606-0429 MO 65606-0429	Telephone (417) 778-7959 Level of Care ALF** County OREGON Region 2	Alzheimer's Unit No Bed Capacity 39 DMH Licensed No Facility Number 23135
		ANDERSON	
MCDONALD COUNTY LIVING CE 1000 PATTERSON ST ANDERSON Mailing Address 1000 PATTERSON S ANDERSON	MO 64831-7327	Telephone (417) 845-3351 Level of Care SNF County MCDONALD Region 1 Medicare/Medicaid	Alzheimer's Unit Bed Capacity 96 DMH Licensed No Facility Number 05183
		APPLETON CITY	
APPLETON CITY MANOR 600 NORTH OHIO ST APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY	MO 64724-1609 MO 64724-0098	Telephone (660) 476-2128 Level of Care SNF County SAINT CLAIR Region 1 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 01637

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 1 of 137

<sup>\*\*</sup> 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)).

COUNTRYSIDE ESTATES 500 NORTH OHIO		<b>Telephone</b> (660) 476-2128	Alzheimer's Unit	No
APPLETON CITY	MO 64724-1625	Level of Care RCF*	Bed Capacity	2
Mailing Address PO BOX 98	WIO 04/24-1023	County SAINT CLAIR	DMH Licensed	No.
APPLETON CITY	MO 64724-0098	Region 1	Facility Number	1500:
ATTENOVETT	1410 04724-0076	Region 1	racinty Number	1300.
		ARNOLD		
CEDARHURST OF ARNOLD				
2069 MISSOURI STATE ROAD		<b>Telephone</b> (636) 333-3004	Alzheimer's Unit	Ye
ARNOLD	MO 63010-4809	Level of Care ALF**	<b>Bed Capacity</b>	94
$\textbf{Mailing Address} \ 2069 \ \text{MISSOURI}$	STATE ROAD	<b>County</b> JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4809	Region 2	Facility Number	3242
MEADOWVIEW MEMORY CAR	RE			
555 WOODLAND VILLAS LANE		<b>Telephone</b> (636) 296-1400	Alzheimer's Unit	Ye
ARNOLD	MO 63010-2011	Level of Care ALF**	Bed Capacity	24
Mailing Address 1749 GILSINN La	ANE	County JEFFERSON	DMH Licensed	N
FENTON	MO 63026-2039	Region 2	Facility Number	12549
DINE VALLEY AT THE WOOD	( A NIDC			
PINE VALLEY AT THE WOODI 620 WOODLAND MEADOWS	LANDS	<b>Telephone</b> (636) 202-1050	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care ALF**	Bed Capacity	4:
Mailing Address 620 WOODLANI		County JEFFERSON	DMH Licensed	No.
ARNOLD	MO 63010-2030	Region 2	Facility Number	31974
ARNOLD	MO 03010-2030	Region 2	racinty Number	31974
SOUTH COUNTY HEALTH CAR	RE CENTER			
1101 WEST OUTER 21 RD		<b>Telephone</b> (636) 296-5455	Alzheimer's Unit	No
ARNOLD	MO 63010-4644	Level of Care SNF	Bed Capacity	153
Mailing Address 1101 WEST OUT		County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4644	Region 2 Medicare/Medicaid	Facility Number	03650
WOODLAND MANOR NURSING	G CENTER			
100 WOODLAND COURT		<b>Telephone</b> (636) 296-1400	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care SNF	<b>Bed Capacity</b>	178
Mailing Address 1749 GILSINN La	ANE	<b>County</b> JEFFERSON	DMH Licensed	No
FENTON	MO 63026-2039	Region 2 Medicare/Medicaid	Facility Number	12549
		ASH GROVE		
ASH GROVE HEALTHCARE FA	ACILITY			
401 NORTH MEDICAL DR		<b>Telephone</b> (417) 751-2575	Alzheimer's Unit	Ye
ASH GROVE	MO 65604-1004	Level of Care SNF	<b>Bed Capacity</b>	82
Mailing Address PO BOX 247		<b>County</b> GREENE	DMH Licensed	No
ASH GROVE	MO 65604-0247	Region 1 Medicare/Medicaid	Facility Number	00200
		ASHLAND		
ASHLAND VILLA - ASSISTED I				
301 SOUTH HENRY CLAY BLVD		<b>Telephone</b> (573) 657-1920	Alzheimer's Unit	No
ASHLAND	MO 65010-9439	Level of Care ALF**	Bed Capacity	72
Mailing Address 301 SOUTH HEN		County BOONE	DMH Licensed	No
A CHI AND	MO 65010 0430	Dogian 6	Facility Number	2020

**Facility Number** 

20303

MO 65010-9439

**ASHLAND** 

Tuesday, May 6, 2025 Page 2 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

BLUEGRASS TERRACE 102 REDTAIL DR		<b>Telephone</b> (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
	AURC	)RA	
AURORA NURSING			
1700 SOUTH HUDSON AVE		<b>Telephone</b> (417) 678-2165	Alzheimer's Unit Yes
AURORA	MO 65605-2717	Level of Care SNF	<b>Bed Capacity</b> 125
Mailing Address 1700 S HUDSON AVI	Е	County LAWRENCE	<b>DMH Licensed</b> No
AURORA	MO 65605-2717	Region 1 Medicare/Medicaid	Facility Number 00234
BRISTOL MANOR OF AURORA			
740 SOUTH HUDSON		<b>Telephone</b> (417) 678-7535	Alzheimer's Unit No
AURORA	MO 65605-2512	Level of Care RCF	Bed Capacity 12
Mailing Address 740 SOUTH HUDSON	1	County LAWRENCE	DMH Licensed No
AURORA	MO 65605-2512	Region 1	Facility Number 20352
HUDSON HOUSE			
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
Mailing Address 1700-B S HUDSON A	VE	County LAWRENCE	DMH Licensed No
AURORA	MO 65605-2717	Region 1	Facility Number 10444
	AVA	4	
AVA PLACE			
1101 LYLE STREET		<b>Telephone</b> (417) 683-6999	Alzheimer's Unit No
AVA	MO 65608-1269	Level of Care RCF*	Bed Capacity 40
Mailing Address PO BOX 1269		County DOUGLAS	DMH Licensed Yes
AVA	MO 65608-1269	Region 1	Facility Number 20718
HEART OF THE OZARKS HEALTH	CARE CENTER		
2004 CRESTVIEW ST	CIRE CENTER	<b>Telephone</b> (417) 683-4129	Alzheimer's Unit No
AVA	MO 65608-8903	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX 727		County DOUGLAS	DMH Licensed No
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number 01290
	BALL	WIN	
BROOKDALE WEST COUNTY			
785 HENRY AVE		<b>Telephone</b> (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
LUTHERAN SENIOR SERVICES AT	MERAMEC BLUFFS		
50 MERAMEC TRAIL DR		<b>Telephone</b> (636) 861-0600	Alzheimer's Unit Yes
BALLWIN	MO 63021-3303	Level of Care ALF**	Bed Capacity 110
Mailing Address 50 MERAMEC TRAIL		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
BALLWIN	MO 63021-3303	Region 7	Facility Number 23643

Tuesday, May 6, 2025 Page 3 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

LUTHERAN SENIOR SERVICES AT	MERAMEC BLUFFS			
50 MERAMEC TRAIL DR		<b>Telephone</b> (636) 861-0600	Alzheimer's Unit	NO
BALLWIN	MO 63021-3303	Level of Care SNF	Bed Capacity	68
Mailing Address 50 MERAMEC TRAI	L DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	Facility Number	23643
DALLWIN	WO 03021-3303	Region / Medicare/Medicaid	racinty Number	23043
MANCHESTER REHAB AND HEAL	THCARE CENTER			
312 SOLLEY DR		<b>Telephone</b> (636) 391-0666	Alzheimer's Unit	NO
BALLWIN	MO 63021-5248	Level of Care SNF	Bed Capacity	137
Mailing Address 312 SOLLEY DR	110 03021 3240	County SAINT LOUIS COUNTY	DMH Licensed	No
	MO 63021-5248	·		
BALLWIN	WO 03021-3248	Region 7 Medicare/Medicaid	Facility Number	04970
	BATTLEI	FIELD		
TOWNSHIP SENIOR LIVING, THE				
4150 WEST REPUBLIC ROAD		<b>Telephone</b> (417) 881-7800	Alzheimer's Unit	Yes
	MO (5(10.7111	· · · · · · · · · · · · · · · · · · ·		
BATTLEFIELD	MO 65619-7111	Level of Care ALF**	Bed Capacity	66
Mailing Address 4150 WEST REPUBL		County GREENE	DMH Licensed	No
BATTLEFIELD	MO 65619-7111	Region 1	Facility Number	31903
	BELLEV	/IFW		
	BEEEE	ILW		
BELLEVIEW VALLEY NURSING H	OME			
23144 HIGHWAY 32		<b>Telephone</b> (573) 697-5311	Alzheimer's Unit	No
BELLEVIEW	MO 63623-6346	Level of Care SNF	Bed Capacity	122
Mailing Address 23144 HIGHWAY 32		County IRON	DMH Licensed	No
BELLEVIEW	MO 63623-6346	Region 2 Medicare/Medicaid	Facility Number	00382
	BELTO	ON		
	BELI	OIV		
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		<b>Telephone</b> (816) 331-0781	Alzheimer's Unit	No
BELTON	MO 64012-3703	Level of Care SNF	Bed Capacity	126
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed	No
BELTON	MO 64012-3703	Region 3 Medicare/Medicaid	Facility Number	00342
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		<b>Telephone</b> (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	<b>Facility Number</b>	00342
CARNEGIE VILLAGE REHABILITA	ATION & HEALTH CARE CENTER, L	LC		
105 BERNARD DRIVE		<b>Telephone</b> (816) 348-8815	Alzheimer's Unit	No
BELTON	MO 64012-6181	Level of Care SNF	<b>Bed Capacity</b>	78
Mailing Address 105 BERNARD DRIV	/E	County CASS	DMH Licensed	No
BELTON	MO 64012-6181	Region 3 Medicare/Medicaid	Facility Number	30531
		<u> </u>	-	
CARNEGIE VILLAGE SENIOR LIV	ING COMMUNITY			
103 BERNARD DR		<b>Telephone</b> (816) 322-0844	Alzheimer's Unit	No
BELTON	MO 64012-6182	Level of Care ALF**	Bed Capacity	85
Mailing Address 103 BERNARD DR		County CASS	DMH Licensed	No
Maining Address 105 DEMNARD DR		County CASS	DIVITI DICCISCU	110

**Facility Number** 

25482

MO 64012-6182

BELTON

Tuesday, May 6, 2025 Page 4 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	BERNIE		
WINCHESTER NURSING CENTER, INC			
400 WINCHESTER DRIVE	<b>Telephone</b> (573) 293-6702	Alzheimer's Unit	No
BERNIE MO 63822-7500	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 760	County STODDARD	DMH Licensed	No
BERNIE MO 63822-0760	·	Facility Number	31391
BERNIE WO 03622-0/00	Region 2 Medicare/Medicaid	Facility Number	31391
WINCHESTER PLACE ASSISTED LIVING, LLC			
404 WINCHESTER ROAD	<b>Telephone</b> (573) 293-6705	Alzheimer's Unit	NO
BERNIE MO 63822-7500	Level of Care ALF**	Bed Capacity	38
Mailing Address 404 WINCHESTER ROAD	County STODDARD	DMH Licensed	No
BERNIE MO 63822-7500	Region 2	Facility Number	31391
ВІ	ERTRAND		
BERTRAND NURSING AND REHAB CENTER			
603 WEST HIGHWAY 62	<b>Telephone</b> (573) 683-4290	Alzheimer's Unit	No
BERTRAND MO 63823-9738	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 603 WEST HIGHWAY 62	County MISSISSIPPI	DMH Licensed	No
BERTRAND MO 63823-9738	Region 2 Medicare/Medicaid	<b>Facility Number</b>	00440
В	BETHANY		
BRISTOL MANOR OF BETHANY			
811 SOUTH 24TH ST	<b>Telephone</b> (660) 425-7133	Alzheimer's Unit	No
BETHANY MO 64424-2631	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 811 SOUTH 24TH ST	County HARRISON	DMH Licensed	No
BETHANY MO 64424-2631	Region 4	Facility Number	19068
CRESTVIEW HOME			
1313 SOUTH 25TH ST	<b>Telephone</b> (660) 425-3128	Alzheimer's Unit	No
BETHANY MO 64424-2634	Level of Care SNF	Bed Capacity	92
Mailing Address PO BOX 430	County HARRISON	DMH Licensed	No.
BETHANY MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number	
BETTIAN1 WIO 04424-0430	Region 4 Medicare/Medicaid	racinty Number	01936
BII	RCH TREE		
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 STREET	County SHANNON	DMH Licensed	No
BIRCH TREE MO 65438-8887	Region 2 Medicare/Medicaid	Facility Number	00560
В	ISMARCK		
COLONIAL RESIDENTIAL CARE FACILITY II			
1162 CEDAR ST	<b>Telephone</b> (573) 734-2846	Alzheimer's Unit	No
BISMARCK MO 63624-8920	Level of Care RCF*	<b>Bed Capacity</b>	48
515.11 Access 1.10 0.02 1.0720			
Mailing Address PO BOX 134	County SAINT FRANCOIS	DMH Licensed	Yes

Tuesday, May 6, 2025 Page 5 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	DIACV IACV			
	BLACK JACK			
DELMAR GARDENS NORTH	m	(214) 255 1516		37
4401 PARKER ROAD BLACK JACK MO 63033-	Telephone	(314) 355-1516 re SNF	Alzheimer's Unit	Yes 240
Mailing Address 4401 PARKER ROAD		AINT LOUIS COUNTY	Bed Capacity DMH Licensed	No
BLACK JACK MO 63033-	•	Medicare/Medicaid	Facility Number	14093
BENERS/NER INC 05055	AZOO REGION /	vieuicai e/ivieuicaiu	raciney (valide)	14073
GARDEN VILLAS NORTH				
4505 PARKER ROAD	Telephone	(314) 355-6100	Alzheimer's Unit	No
BLACK JACK MO 63033			Bed Capacity	90
Mailing Address 4505 PARKER RD	•	AINT LOUIS COUNTY	DMH Licensed	No
BLACK JACK MO 63033	-4268 <b>Region</b> 7		Facility Number	28930
	BLOOMFIELD			
PRAIRIE VIEW SKILLED NURSING				
606 WEST MISSOURI ST	Telephone	(573) 568-2137	Alzheimer's Unit	No
BLOOMFIELD MO 63825	-9706 Level of Ca	re SNF	Bed Capacity	60
Mailing Address 606 WEST MISSOURI ST	County S	TODDARD	DMH Licensed	No
BLOOMFIELD MO 63825	-9706 <b>Region</b> 2	Medicare/Medicaid	<b>Facility Number</b>	00629
	BLUE SPRINGS			
	blol si Mivos			
BENTON HOUSE OF BLUE SPRINGS		(04.6) 224 2525		
1701 NW JEFFERSON ST	Telephone	(816) 224-2727	Alzheimer's Unit	Yes
BLUE SPRINGS MO 64015			Bed Capacity	95 No.
Mailing Address 1701 NW JEFFERSON ST BLUE SPRINGS MO 64015	•	ACKSON	DMH Licensed Facility Number	No 29729
BECESI KINGS MIC 04013	Region 5		racinty Number	29129
BLUE SPRINGS WELLNESS & REHABILITATIO	ON			
930 NORTH EAST DUNCAN RD	Telephone	(816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS MO 64014	-2173 Level of Ca	re SNF	<b>Bed Capacity</b>	120
Mailing Address 930 NORTH EAST DUNCAN RD	County J.	ACKSON	DMH Licensed	No
BLUE SPRINGS MO 64014	-2173 <b>Region</b> 3	Medicare/Medicaid	Facility Number	00677
CEDARHURST OF BLUE SPRINGS				
20551 E TRINITY PLACE	Telephone	(816) 988-4545	Alzheimer's Unit	Yes
BLUE SPRINGS MO 64015-	•	* *	Bed Capacity	89
Mailing Address 20551 E TRINITY PLACE		ACKSON	DMH Licensed	No
BLUE SPRINGS MO 64015	-9501 <b>Region</b> 3		<b>Facility Number</b>	31581
COLLIER CARE HOME, INC	<b>7</b>	(016) 227 0217	41.1	3.7
3001 NW VESPER ST	Telephone	(816) 225-9317	Alzheimer's Unit	No
BLUE SPRINGS MO 64015			Bed Capacity	15 Vas
Mailing Address 3001 NW VESPER ST	·	ACKSON	DMH Licensed	Yes
BLUE SPRINGS MO 64015	-3104 <b>Region</b> 3		Facility Number	01591
IGNITE MEDICAL RESORT BLUE SPRINGS				
20511 E TRINITY PLACE	Telephone	(816) 622-2900	Alzheimer's Unit	NO
BLUE SPRINGS MO 64015	-	` '	Bed Capacity	90
Mailing Address 20511 E TRINITY PLACE	County J.	ACKSON	DMH Licensed	No

Medicare/Medicaid

**Facility Number** 

32246

MO 64015-9501

BLUE SPRINGS

Tuesday, May 6, 2025 Page 6 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

IGNITE MEDICAL RESORT ST MA	RYS LLC			
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64014-2504	Level of Care SNF	Bed Capacity	130
Mailing Address 111 MOCK AVE		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	Region 3 Medicare/Medicaid	Facility Number	13219
LUXE LIFE SENIOR LIVING				
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2504	Level of Care ALF**	<b>Bed Capacity</b>	57
Mailing Address 111 MOCK AVE		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	Region 3	Facility Number	13219
PARKWAY SENIOR LIVING, THE				
550 NE NAPOLEON DR		<b>Telephone</b> (816) 228-8866	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64014-5403	Level of Care ALF**	Bed Capacity	72
Mailing Address 550 NE NAPOLEON I		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-5403	Region 3	Facility Number	29917
			·	
WATERFORD I ADJECTIONE				
WATERFORD LADIES HOME 500 NW VESPER ST		T-1	A 1-1	NI.
	MO (4014 2744	Telephone (816) 228-6337 Level of Care RCF	Alzheimer's Unit	No
BLUE SPRINGS Mailing Address 500 NW VESDED ST	MO 64014-2744		Bed Capacity  DMH Licensed	27 No.
Mailing Address 500 NW VESPER ST BLUE SPRINGS	MO 64014-2744	County JACKSON		No 13774
BLUE SPRINGS	WO 04014-2744	Region 3	Facility Number	13//4
	noi n	74 D		
	BOLIV	/AR		
BLUE CASTLE BOLIVAR LLC	BOLIV	/AR		
BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST	BOLIV	<b>Telephone</b> (417) 777-2583	Alzheimer's Unit	No
	MO 65613-1488		Alzheimer's Unit Bed Capacity	No 30
1830 E LAVERNE ST	MO 65613-1488	<b>Telephone</b> (417) 777-2583		
1830 E LAVERNE ST BOLIVAR	MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF*	<b>Bed Capacity</b>	30
1830 E LAVERNE ST BOLIVAR <b>Mailing Address</b> 1830 E LAVERNE ST	MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF* County POLK	Bed Capacity DMH Licensed	30 Yes
1830 E LAVERNE ST BOLIVAR <b>Mailing Address</b> 1830 E LAVERNE ST BOLIVAR	MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF* County POLK	Bed Capacity DMH Licensed	30 Yes
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR BOLIVAR MANOR HOUSE	MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1	Bed Capacity DMH Licensed Facility Number	30 Yes 24698
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR BOLIVAR MANOR HOUSE 404 EAST BROADWAY	MO 65613-1488 MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	30 Yes 24698 No
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR	MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 Yes 24698 No 20
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR Mailing Address PO BOX 175	MO 65613-1488 MO 65613-1488 MO 65613-2019	Telephone (417) 777-2583  Level of Care RCF*  County POLK  Region 1  Telephone (417) 327-5790  Level of Care RCF*  County POLK	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 24698 No 20 Yes
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR	MO 65613-1488 MO 65613-1488	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 Yes 24698 No 20
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR Mailing Address PO BOX 175 BOLIVAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175	Telephone (417) 777-2583  Level of Care RCF*  County POLK  Region 1  Telephone (417) 327-5790  Level of Care RCF*  County POLK	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 24698 No 20 Yes
1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 Yes 24698 No 20 Yes 04529
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30 Yes 24698 No 20 Yes 04529
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 Yes 24698 No 20 Yes 04529
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR  Mailing Address 1120 N BUTTERFIEL	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000  LD RD	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 24698 No 20 Yes 04529 No 24 No
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30 Yes 24698 No 20 Yes 04529
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR  Mailing Address 1120 N BUTTERFIELD BOLIVAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000  D RD  MO 65613-1000	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30 Yes 24698 No 20 Yes 04529 No 24 No
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR  Mailing Address 1120 N BUTTERFIELD BOLIVAR  Mailing Address 1120 N BUTTERFIELD BOLIVAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000  D RD  MO 65613-1000	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK 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	30 Yes 24698 No 20 Yes 04529 No 24 No 14436
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR  Mailing Address 1120 N BUTTERFIEL BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000  LD RD  MO 65613-1000  EE CENTER	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK 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	30 Yes 24698 No 20 Yes 04529 No 24 No 14436
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR  Mailing Address 1120 N BUTTERFIELD BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD BOLIVAR	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000  DRD  MO 65613-1000  EE CENTER  MO 65613-1000	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK 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	30 Yes 24698 No 20 Yes 04529 No 24 No 14436
1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE ST BOLIVAR  BOLIVAR MANOR HOUSE 404 EAST BROADWAY BOLIVAR  Mailing Address PO BOX 175 BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD BOLIVAR  Mailing Address 1120 N BUTTERFIEL BOLIVAR  BUTTERFIELD RESIDENTIAL CAR 1120 NORTH BUTTERFIELD RD	MO 65613-1488  MO 65613-1488  MO 65613-2019  MO 65613-0175  EE CENTER  MO 65613-1000  DRD  MO 65613-1000  EE CENTER  MO 65613-1000	Telephone (417) 777-2583 Level of Care RCF* County POLK Region 1  Telephone (417) 327-5790 Level of Care RCF* County POLK Region 1  Telephone (417) 326-5200 Level of Care RCF County POLK 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	30 Yes 24698 No 20 Yes 04529 No 24 No 14436

Tuesday, May 6, 2025 Page 7 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CITIZENS MEMORIAL HEALTH O	CARE FACILITY			
1218 W LOCUST ST		<b>Telephone</b> (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
BOLIVAR	MO 03013-0370	Region 1 Medicare/Medicard	racinty Number	00710
PARKVIEW HEALTH CARE FACI	LITY			
119 WEST FOREST		<b>Telephone</b> (417) 326-3000	Alzheimer's Unit	Yes
BOLIVAR	MO 65613-1316	Level of Care SNF	<b>Bed Capacity</b>	78
Mailing Address 119 WEST FOREST		County POLK	DMH Licensed	No
BOLIVAR	MO 65613-1316	Region 1 Medicare/Medicaid	Facility Number	17638
	BONNE	TFRRF		
CT TOE MANOD	BONNE	ILKKL		
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	110 03020 1020	County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	·		22664
DONNE TERRE	WIO 03028-1820	Region 2	Facility Number	22004
ST JOE MANOR				
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit	Yes
BONNE TERRE	MO 63628-1820	Level of Care SNF	<b>Bed Capacity</b>	145
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2 Medicare/Medicaid	<b>Facility Number</b>	22664
CT TOT MANOR				
ST JOE MANOR		m (572) 250 2000		3.7
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care ALF	Bed Capacity	10
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number	22664
	BOON	VILLE		
ASHLEY MANOR HEALTH & REH	ABILITATION			
1630 RADIO HILL ROAD		<b>Telephone</b> (660) 882-6584	Alzheimer's Unit	No
BOONVILLE	MO 65233-1957	Level of Care SNF	Bed Capacity	52
Mailing Address 1630 RADIO HILL R		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1957	Region 6 Medicare/Medicaid	Facility Number	00216
		Treateur of Treateur		00210
BRISTOL MANOR OF BOONVILLE	Ε			
1290 ASHLEY RD		<b>Telephone</b> (660) 882-3393	Alzheimer's Unit	No
BOONVILLE	MO 65233-2108	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 1290 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2108	Region 6	Facility Number	17310
HARTMANN VILLAGE - ASSISTEI	LIVING BY AMERICARE			
615 RANKIN MILL LN	ZZ, ZIO DI IMIZMOIMI	<b>Telephone</b> (660) 882-9933	Alzheimer's Unit	No
BOONVILLE	MO 65233-2873	Level of Care ALF**	Bed Capacity	42
Mailing Address 615 RANKIN MILL I		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2873	Region 6	Facility Number	26026
20011 ILLE	1.10 00200 2010	region o	racincy runner	20020

Tuesday, May 6, 2025 Page 8 of 137

<sup>\*</sup> 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)).

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	Bed Capacity	19
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicaid	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 SNF	Bed Capacity	60
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicare/Medicaid	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 RCF*	Bed Capacity	17
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	Facility Number	01602
RIVERDELL CARE CENTER				
1121 11TH ST		<b>Telephone</b> (660) 882-7600	Alzheimer's Unit	No
BOONVILLE	MO 65233-1419	Level of Care SNF	Bed Capacity	60
Mailing Address 1121 11TH ST		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1419	Region 6 Medicare/Medicaid	Facility Number	14428
	BOURI	RON		
	Book			
BARNABAS REDWOOD MANOR				
1194 LANDON RD		<b>Telephone</b> (573) 468-8150	Alzheimer's Unit	No
BOURBON	MO 65441-8218	Level of Care RCF	Bed Capacity	47
Mailing Address 1194 LANDON RD		County CRAWFORD	DMH Licensed	Yes
BOURBON	MO 65441-8218	Region 6	Facility Number	08609
	BOWLING	GREEN		
BOWLING GREEN RESIDENTIAL	CADE			
119 WEST CENTENNIAL AVE	CARE	<b>Telephone</b> (573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1605	Level of Care RCF*	Bed Capacity	35
Mailing Address 119 WEST CENTENT		County PIKE	DMH Licensed	Yes
BOWLING GREEN	MO 63334-1605	Region 5	Facility Number	07712
DOWNER OF CHEEN	110 0000 1000	Region 5	Tuelley Tullioer	07712
COUNTRY VIEW NURSING				
2106 WEST MAIN ST		<b>Telephone</b> (573) 324-2216	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1049	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 330		County PIKE	DMH Licensed	No
BOWLING GREEN	MO 63334-0330	Region 5 Medicare/Medicaid	<b>Facility Number</b>	14926
PARKSIDE MANOR, LLC				
300 S SAINT CHARLES ST		<b>Telephone</b> (573) 324-9918	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-2221	Level of Care ALF**	Bed Capacity	48
Mailing Address 300 S SAINT CHARI		County PIKE	DMH Licensed	No
BOWLING GREEN	MO 63334-2221	Region 5	Facility Number	05511

Tuesday, May 6, 2025 Page 9 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	BRANSON		
BUNGALOWS AT BRANSON MEADOWS, THE			
5351 GRETNA ROAD	<b>Telephone</b> (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
OAKS RETIREMENT COMMUNITY, 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
SHEPHERD OF THE HILLS LIVING CENTER			
996 STATE HIGHWAY 248	<b>Telephone</b> (417) 334-6431	Alzheimer's Unit	No
BRANSON MO 65616-8154	Level of Care SNF	<b>Bed Capacity</b>	100
Mailing Address 996 STATE HWY 248	County TANEY	DMH Licensed	No
BRANSON MO 65616-8154	Region 1 Medicare/Medicaid	Facility Number	06810
	BRAYMER		
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	<b>Bed Capacity</b>	83
Mailing Address 12498 SE HWY 116	County CALDWELL	DMH Licensed	No
BRAYMER MO 64624-9107	Region 4 Medicare/Medicaid	Facility Number	02957
	BRIDGETON		
ELIZABETH HOUSE	BRIDGETON		
ELIZABETH HOUSE 12284 DE PAUL DR	BRIDGETON  Telephone (314) 209-8814	Alzheimer's Unit	No
		Alzheimer's Unit Bed Capacity	No 36
12284 DE PAUL DR	<b>Telephone</b> (314) 209-8814		
12284 DE PAUL DR BRIDGETON MO 63044-2508	Telephone (314) 209-8814 Level of Care SNF	Bed Capacity	36
12284 DE PAUL DR BRIDGETON MO 63044-2508 Mailing Address 12284 DE PAUL DR	Telephone (314) 209-8814  Level of Care SNF  County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	36 No
12284 DE PAUL DR BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508	Telephone (314) 209-8814  Level of Care SNF  County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	36 No
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR  BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number	36 No 22316
12284 DE PAUL DR BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON  12145 BRIDGETON SQUARE DR	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	36 No 22316 No
12284 DE PAUL DR BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON  12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 22316 No 91
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON  12145 BRIDGETON SQUARE DR  BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON  12145 BRIDGETON SQUARE DR  BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR  BRIDGETON MO 63044-2616	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 22316 No 91 No
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON  12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 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	36 No 22316 No 91 No 12141
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON  12145 BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING  11988 MARK TWAIN LN	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 22316 No 91 No 12141
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 22316 No 91 No 12141
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  Mailing Address 11988 MARK TWAIN LN	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240 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	36 No 22316 No 91 No 12141 No 120 No
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240 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	36 No 22316 No 91 No 12141 No 120 No
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240 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	36 No 22316 No 91 No 12141 No 120 No 08188
BRIDGETON MO 63044-2508  Mailing Address 12284 DE PAUL DR BRIDGETON MO 63044-2508  LIFE CARE CENTER OF BRIDGETON 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  Mailing Address 12145 BRIDGETON SQUARE DR BRIDGETON MO 63044-2616  MARK TWAIN NURSING 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  Mailing Address 11988 MARK TWAIN LN BRIDGETON MO 63044-2825  ST ANDREW'S ASSISTED LIVING OF BRIDGETON 11325 ST CHARLES ROCK RD	Telephone (314) 209-8814 Level of Care SNF County SAINT LOUIS COUNTY Region 7  Telephone (314) 298-7444 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 291-8240 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	36 No 22316 No 91 No 12141 No 120 No 08188

Tuesday, May 6, 2025 Page 10 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

VERONICA HOUSE			
12284 DEPAUL DR	<b>Telephone</b> (314) 209-8814	Alzheimer's Unit	No
BRIDGETON MO 63044-2508	Level of Care ALF**	Bed Capacity	100
Mailing Address 12284 DEPAUL DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BRIDGETON MO 63044-2508	Region 7	<b>Facility Number</b>	22460
	BROOKFIELD		
BRISTOL MANOR OF BROOKFIELD			
338 THOMPSON	<b>Telephone</b> (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
BROOKFIELD HEALTH CARE CENTER			
215 EAST PRATT	<b>Telephone</b> (660) 675-0600	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
INC 04020 0127	Region 5 Medicare/Medicard	Taciney Number	03220
LIFE CARE CENTER OF BROOKFIELD			
315 HUNT ST	<b>Telephone</b> (660) 258-3367	Alzheimer's Unit	Yes
BROOKFIELD MO 64628-2412	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 315 HUNT ST	County LINN	DMH Licensed	No
BROOKFIELD MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number	00822
	BRUNSWICK		
BRUNSWICK HEALTH CARE CENTER			
721 W HARRISON ST	<b>Telephone</b> (660) 548-3182	Alzheimer's Unit	No
BRUNSWICK MO 65236-1096	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 721 W HARRISON ST	<b>County</b> CHARITON	DMH Licensed	No
BRUNSWICK MO 65236-1096	Region 5 Medicare/Medicaid	Facility Number	03123
	BUFFALO		
BRISTOL MANOR OF BUFFALO			
1002 SOUTH BIRCH	<b>Telephone</b> (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
BUFFALO PRAIRIE CENTER FOR REHAB AND HEALT			
631 WEST MAIN ST	<b>Telephone</b> (417) 345-5422	Alzheimer's Unit	NO
BUFFALO MO 65622-7496	Level of Care SNF	Bed Capacity	60
Mailing Address 631 WEST MAIN ST	County DALLAS	DMH Licensed	No
BUFFALO MO 65622-7496	Region 1 Medicare/Medicaid	Facility Number	16700
COLONIAL SPRINGS HEALTHCARE CENTER			
750 W COOPER ST	<b>Telephone</b> (417) 345-2228	Alzheimer's Unit	Yes
BUFFALO MO 65622-8662	Level of Care SNF	<b>Bed Capacity</b>	134
Mailing Address PO BOX 978	County DALLAS	DMH Licensed	No

Medicare/Medicaid

**Facility Number** 

01302

MO 65622-0978

**BUFFALO** 

Tuesday, May 6, 2025 Page 11 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

MAPLEST	PINE LODGE RESIDENTIAL CARE				
Mailing Address 96 N MAPLE ST   County   DALLAS   Region   Facility Number   25563		MO (5(22) 75(0	_		
BUNKER RESIDENTIAL HOME		WO 03022-7308			
## BUNKER RESIDENTIAL HOME  500 CULLER AVE	_	MO 65622-7568	· ·		
BUNKER RESIDENTIAL HOME			region -		20000
Mailing Address A1 SOUTH HIGH ST   Mo 64730-1827   Level of Care   Ref   South High St   Mo 64730-1827   Region   3   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Mo 1823   Medicare/Medicaid   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Medicare/Medicaid   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Medicare/Medicaid   Medicare/Medicaid   Facility Number   Mo 1823   Medicare/Medicaid   Medica			BUNKER		
BUNKER	BUNKER RESIDENTIAL HOME				
Mailing Address PO BOX 276   County REYNOLDS   DMIL Licensed   Yes RUNFER   MO 63629-0276   Region 2   Facility Number   16882	500 CULLER AVE		<b>Telephone</b> (573) 689-1392	Alzheimer's Unit	No
BUNKER	BUNKER	MO 63629-	Level of Care RCF	<b>Bed Capacity</b>	15
BUTLER	Mailing Address PO BOX 276		County REYNOLDS	DMH Licensed	Yes
### BRISTOL MANOR OF BUTLER ### 411 SOUTH DELAWARE ### MO 64730-2311 ### MO 64730-2311 ### MO 64730-2311 ### BUTLER	BUNKER	MO 63629-0276	Region 2	Facility Number	16882
### BRISTOL MANOR OF BUTLER ### 411 SOUTH DELAWARE ### MO 64730-2311 ### MO 64730-2311 ### MO 64730-2311 ### BUTLER			RUTI FR		
Alt   SOUTH DELAWARE			BUILER		
BUTLER			<b>Telephone</b> (660) 679-3661	Alzheimer's Unit	No
Mailing Address 411 SOUTH DELAWARE   County BATES   DMH Licensed   No BUTLER   MO 64730-2311   Region   3   Facility Number   18817		MO 64730-2311	_		
BUTLER REHAB AND HEALTHCARE CENTER  416 SOUTH HIGHI ST					
### BUTLER REHAB AND HEALTHCARE CENTER  ### 416 SOUTH HIGH ST			•		
Alzheimer's Unit NO				•	
BUTLER	BUTLER REHAB AND HEALTHCA	RE CENTER			
Mailing Address 416 SOUTH HIGH ST         County         BATES         DMH Licensed         No           BUTLER         MO 64730-1827         Region 3 Medicare/Medicaid         Facility Number         08627           MEDICALODGES BUTLER           103 EAST NURSERY         Telephone         (660) 679-3179         Alzheimer's Unit         Yes           BUTLER         MO 64730-2331         Level of Care         SNF         Bed Capacity         105           Mailing Address 103 EAST NURSERY         County         BATES         DMH Licensed         No           BUTLER         MO 64730-2331         Region 3 Medicare/Medicaid         Facility Number         05319           CABOOL           KABUL NURSING HOMES, INC           1000 MAIN ST         Telephone         (417) 962-3713         Alzheimer's Unit         No           CABOOL         MO 65689-9125         Level of Care         SNF         Bed Capacity         99           Mailing Address 1000 MAIN ST         County         TELEPhone         (417) 962-3713         Alzheimer's Unit         No           CABOOL         MO 65689-9125         Region 2         Medicare/Medicaid         Facility Number         04085           LANDMARK VILLA ALF           110	416 SOUTH HIGH ST		<b>Telephone</b> (660) 679-6158	Alzheimer's Unit	NO
### BUTLER   MO   64730-1827   Region   3   Medicare/Medicaid   Facility Number   08627	BUTLER	MO 64730-1827	Level of Care SNF	<b>Bed Capacity</b>	98
MEDICALODGES BUTLER   103 EAST NURSERY   Telephone   (660) 679-3179   Alzheimer's Unit   Yes	Mailing Address 416 SOUTH HIGH ST	Γ	County BATES	DMH Licensed	No
Telephone   G600 679-3179   Alzheimer's Unit   Yes	BUTLER	MO 64730-1827	<b>Region</b> 3 Medicare/Medicaid	Facility Number	08627
Telephone   G600 679-3179   Alzheimer's Unit   Yes	MEDICAL ODGEG DUGG ED				
BUTLER			Tolonhous (660) 670 2170	Alahaiman'a Tinit	Vac
Mailing Address 103 EAST NURSERY   County   BATES   DMH Licensed   No BUTLER   MO 64730-2331   Region   3   Medicare/Medicaid   Facility Number   05319		MO 64720 2221	_		
BUTLER					
CABOOL	_				
KABUL NURSING HOMES, INC   1000 MAIN ST   Telephone	DUILER	WIO 04730-2331	Region 5 Medicare/Medicaid	Facility Number	03319
Telephone			CABOOL		
CABOOL	KABUL NURSING HOMES, INC				
Mailing Address 1000 MAIN ST         County TEXAS         DMH Licensed         No           CABOOL         MO 65689-9125         Region 2 Medicare/Medicaid         Facility Number         04085           LANDMARK VILLA ALF         1101 OZARK AVE         Telephone (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           CALEDONIA         CALEDONIA         Telephone (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	1000 MAIN ST		<b>Telephone</b> (417) 962-3713	Alzheimer's Unit	No
CABOOL         MO 65689-9125         Region 2 Medicare/Medicaid         Facility Number         04085           LANDMARK VILLA ALF         Telephone (417) 962-3700 Alzheimer's Unit No CABOOL MO 65689-7362 Level of Care ALF Bed Capacity 44           Mailing Address 1101 OZARK AVE CABOOL MO 65689-7362 Region 2 Facility Number         County TEXAS DMH Licensed Yes Facility Number         O4085           CALEDONIA           GOGGIN BOARDING HOME LLC           620 COUNTY ROAD 40 CALEDONIA         Telephone (573) 697-5894 Alzheimer's Unit No CALEDONIA         No CALEDONIA         Level of Care RCF Bed Capacity         Bed Capacity         12 Mailing Address 620 COUNTY RD 40         DMH Licensed         Yes	CABOOL	MO 65689-9125	Level of Care SNF	<b>Bed Capacity</b>	99
LANDMARK VILLA ALF           1101 OZARK AVE         Telephone         (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           CALEDONIA           CALEDONIA           Telephone         (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	Mailing Address 1000 MAIN ST		County TEXAS	DMH Licensed	No
Telephone	CABOOL	MO 65689-9125	<b>Region</b> 2 <b>Medicare/Medicaid</b>	Facility Number	04085
Telephone					
CABOOL         MO         65689-7362         Level of Care ALF         ALF         Bed Capacity         44           Mailing Address 1101 OZARK AVE         County         TEXAS         DMH Licensed         Yes           CALEDONIA           CALEDONIA           GOGGIN BOARDING HOME LLC           620 COUNTY ROAD 40         Telephone         (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			<b>Telephone</b> (417) 962-3700	Alzheimer's Unit	No
Mailing Address 1101 OZARK AVE CABOOL MO 65689-7362 Region 2 Region 2 Facility Number 04085  CALEDONIA  GOGGIN BOARDING HOME LLC 620 COUNTY ROAD 40 CALEDONIA MO 63631-9133 Level of Care RCF Bed Capacity 12 Mailing Address 620 COUNTY RD 40 County IRON DMH Licensed Yes County TEXAS DMH Licensed Yes CALEDONIA Yes		MO 65689-7362	- · · · · · · · · · · · · · · · · · · ·		
CABOOL         MO         65689-7362         Region 2         Facility Number         04085           CALEDONIA           GOGGIN BOARDING HOME LLC           620 COUNTY ROAD 40         Telephone (573) 697-5894         Alzheimer's Unit No         No           CALEDONIA         MO 63631-9133         Level of Care RCF         Bed Capacity         12           Mailing Address 620 COUNTY RD 40         County IRON         DMH Licensed         Yes		1110 00000 7002			
GOGGIN BOARDING HOME LLC  620 COUNTY ROAD 40  CALEDONIA  MO 63631-9133  Level of Care RCF  Bed Capacity  12  Mailing Address 620 COUNTY RD 40  County IRON  DMH Licensed  Yes	_	MO 65689-7362	•		
GOGGIN BOARDING HOME LLC           620 COUNTY ROAD 40         Telephore         (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					0.002
620 COUNTY ROAD 40         Telephone         (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		
CALEDONIA MO 63631-9133 <b>Level of Care</b> RCF <b>Bed Capacity</b> 12 <b>Mailing Address</b> 620 COUNTY RD 40 <b>County</b> IRON <b>DMH Licensed</b> Yes	GOGGIN BOARDING HOME LLC				
Mailing Address 620 COUNTY RD 40 County IRON DMH Licensed Yes	620 COUNTY ROAD 40		<b>Telephone</b> (573) 697-5894	Alzheimer's Unit	No
•	CALEDONIA	MO 63631-9133	Level of Care RCF	<b>Bed Capacity</b>	12
CALEDONIA MO 63631-9133 Region 2 Facility Number 02937	Mailing Address 620 COUNTY RD 40		<b>County</b> IRON	DMH Licensed	Yes
	CALEDONIA	MO 63631-9133	Region 2	Facility Number	02937

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 12 of 137

<sup>\*\*</sup> 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)).

	CALIFO	RNIA	
BRISTOL MANOR OF CALIFORNIA	CHAILO		
605 PARKVIEW DR		<b>Telephone</b> (573) 796-4342	Alzheimer's Unit No
	O 65018-2001	Level of Care RCF	Bed Capacity 12
Mailing Address 605 PARKVIEW DR	03010 2001	County MONITEAU	DMH Licensed No
S .	O 65018-2001	Region 6	Facility Number 17401
CHER ORIGIN	03010 2001	Region 0	racinty runner 17401
CALIFORNIA CARE CENTER			
1106 SOUTH OAK, ROUTE 3		<b>Telephone</b> (573) 796-3127	Alzheimer's Unit No
CALIFORNIA M	O 65018-1462	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1106 SOUTH OAK, ROU	TE 3	County MONITEAU	<b>DMH Licensed</b> No
CALIFORNIA M	O 65018-1462	Region 6 Medicare/Medicaid	Facility Number 10437
VALLEY PARK WEST			
678 WINDMILL RIDGE		<b>Telephone</b> (573) 796-2520	Alzheimer's Unit No
CALIFORNIA M	O 65018-1964	Level of Care RCF	Bed Capacity 34
Mailing Address 678 WINDMILL RIDGE		County MONITEAU	DMH Licensed No
_	O 65018-1964	Region 6	Facility Number 30595
	CAMDE	NTON	
BRISTOL MANOR OF CAMDENTON	CHINDLE	11011	
75 FOURTH ST		<b>Telephone</b> (573) 346-6800	Alzheimer's Unit No
	O 65020-6891	Level of Care RCF	Bed Capacity 12
Mailing Address 75 FOURTH ST	03020 0071	County CAMDEN	DMH Licensed No
_	O 65020-6891	Region 6	Facility Number 17914
CAMDENTON WINDSOR ESTATES		m 1 1 (572) 246 5654	
2042 N BUSINESS ROUTE 5	(0. 65020.2611	Telephone (573) 346-5654	Alzheimer's Unit No Bed Capacity 82
	O 65020-2611	Level of Care SNF	
Mailing Address 2042 N BUSINESS ROUT		County CAMDEN	DMH Licensed No
CAMDENTON M	O 65020-2611	Region 6 Medicare/Medicaid	Facility Number 08688
LAKE PARKE SENIOR LIVING			
145 4TH ST		<b>Telephone</b> (573) 745-0874	Alzheimer's Unit NO
CAMDENTON M	O 65020-7138	Level of Care ALF**	<b>Bed Capacity</b> 22
Mailing Address 145 4TH ST		County CAMDEN	DMH Licensed No
CAMDENTON M	O 65020-7138	Region 6	Facility Number 30084
LAKE PARKE SENIOR LIVING			
145 4TH ST		<b>Telephone</b> (573) 745-0874	Alzheimer's Unit No
	O 65020-7138	Level of Care ALF	Bed Capacity 74
Mailing Address 145 4TH ST		County CAMDEN	DMH Licensed No
	O 65020-7138	Region 6	Facility Number 30084
	САМЕН	RON	
BRISTOL MANOR OF CAMERON			
920 NORTH HARRIS		<b>Telephone</b> (816) 632-6133	Alzheimer's Unit No
	O 64429-1145	Level of Care RCF	Bed Capacity 12
Mailing Address 920 NORTH HARRIS		County CLINTON	DMH Licensed No
<u> </u>		•	

**Facility Number** 

18295

MO 64429-1145

CAMERON

Tuesday, May 6, 2025 Page 13 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CAMERON NURSING CENTER				
801 EUCLID AVE		<b>Telephone</b> (816) 632-7254	Alzheimer's Unit	No
CAMERON	MO 64429-2003	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 438	1410 0442)-2003	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-0438	Region 4 Medicare/Medicaid	Facility Number	00983
CAMERON	WIO 04429-0436	Region + Medicare/Medicard	racinty Number	00963
QUAIL RUN HEALTH CARE CENT	`ER			
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
		Troutent of tradection		*****
VILLAGE WEST, THE				
318 EAST LITTLE BRICK ROAD		<b>Telephone</b> (816) 632-7611	Alzheimer's Unit	No
CAMERON	MO 64429-1231	Level of Care RCF*	Bed Capacity	27
Mailing Address 318 EAST LITTLE B	RICK RD	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4	Facility Number	18104
VILLAGE, THE				
320 EAST LITTLE BRICK RD		<b>Telephone</b> (816) 632-7611	Alzheimer's Unit	No
CAMERON	MO 64429-1231	Level of Care RCF*	Bed Capacity	49
Mailing Address 320 EAST LITTLE B	RICK RD	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4	Facility Number	08945
	CAMPI	BELL		
CAMPBELL HEALTHCARE & SEN	NOR LIVING			
CAMPBELL HEALTHCARE & SEN 17108 US HIGHWAY 62	NIOR LIVING	<b>Telephone</b> (573) 246-2155	Alzheimer's Unit	Yes
	MO 63933-6383	Telephone (573) 246-2155 Level of Care SNF		Yes 90
17108 US HIGHWAY 62 CAMPBELL		Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed	
17108 US HIGHWAY 62		* '	Bed Capacity	90
17108 US HIGHWAY 62 CAMPBELL <b>Mailing Address</b> 17108 US HWY 62	MO 63933-6383	Level of Care SNF County DUNKLIN	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL <b>Mailing Address</b> 17108 US HWY 62	MO 63933-6383	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL <b>Mailing Address</b> 17108 US HWY 62	MO 63933-6383  MO 63933-6383  CANT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL <b>Mailing Address</b> 17108 US HWY 62 CAMPBELL	MO 63933-6383  MO 63933-6383  CANT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	90 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL LEWIS COUNTY NURSING HOME	MO 63933-6383  MO 63933-6383  CANT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 02820
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N	MO 63933-6383  MO 63933-6383  CANT  DISTRICT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454	Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON	MO 63933-6383  MO 63933-6383  CANT  DISTRICT	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 02820 Yes 120
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIRA	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIRA	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVE	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIRA	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790
17108 US HIGHWAY 62 CAMPBELL Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR CAPE GIRARDEAU	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199 Level of Care ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 02820 Yes 120 No 04790
17108 US HIGHWAY 62 CAMPBELL  Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON  Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR CAPE GIRARDEAU  Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732  EK DR	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 02820 Yes 120 No 04790 Yes 53 No
17108 US HIGHWAY 62 CAMPBELL  Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON  Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVI 2910 BEAVER CREEK DR CAPE GIRARDEAU  Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU  BARNABAS ACRES	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732  EK DR	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892
17108 US HIGHWAY 62 CAMPBELL  Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON  Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVI 2910 BEAVER CREEK DR CAPE GIRARDEAU  Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU  BARNABAS ACRES 210 FRANKS LN	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732  EK DR  MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2  Telephone (573) 270-8887	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892
17108 US HIGHWAY 62 CAMPBELL  Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON  Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVE 2910 BEAVER CREEK DR CAPE GIRARDEAU  Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU  BARNABAS ACRES 210 FRANKS LN CAPE GIRARDEAU	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732  EK DR	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2  Telephone (573) 270-8887 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	90 No 02820 Yes 120 No 04790 Yes 53 No 19892
17108 US HIGHWAY 62 CAMPBELL  Mailing Address 17108 US HWY 62 CAMPBELL  LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 N CANTON  Mailing Address PO BOX 266 CANTON  AUBURN CREEK - ASSISTED LIVI 2910 BEAVER CREEK DR CAPE GIRARDEAU  Mailing Address 2910 BEAVER CRE CAPE GIRARDEAU  BARNABAS ACRES 210 FRANKS LN	MO 63933-6383  MO 63933-6383  CANT  DISTRICT  MO 63435-3463  MO 63435-0266  CAPE GIR.  NG BY AMERICARE  MO 63701-1732  EK DR  MO 63701-1732	Level of Care SNF County DUNKLIN Region 2 Medicare/Medicaid  TON  Telephone (573) 288-4454 Level of Care SNF County LEWIS Region 5 Medicare/Medicaid  ARDEAU  Telephone (573) 651-0199 Level of Care ALF County CAPE GIRARDEAU Region 2  Telephone (573) 270-8887	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 02820 Yes 120 No 04790 Yes 53 No 19892

Tuesday, May 6, 2025 Page 14 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CARETONINA (CONCERNA MINIC					
CAPETOWN ASSISTED LIVING		m.11	(572) 224 4955	AT TOTAL TOTAL	37
2857 CAPE LACROIX RD	10 (250) 0500	Telephone	(573) 334-4855	Alzheimer's Unit	Yes
	MO 63701-8588	Level of Care	ALF**	Bed Capacity	48
Mailing Address 2857 CAPE LACROIX F		•	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63701-8588	Region 2		Facility Number	23989
CHATEAU GIRARDEAU					
3120 INDEPENDENCE ST		Telephone	(573) 335-1281	Alzheimer's Unit	No
CAPE GIRARDEAU M	MO 63703-5043	Level of Care	SNF	Bed Capacity	75
Mailing Address 3120 INDEPENDENCE	ST	County CAP	E GIRARDEAU	DMH Licensed	No
_	MO 63703-5043	•	Medicare/Medicaid	Facility Number	01386
CHATEAU CIDA BDEAU					
CHATEAU GIRARDEAU		T-1	(572) 225 1201	A 1-1	V
3120 INDEPENDENCE ST	10 (2702 5042	Telephone	(573) 335-1281	Alzheimer's Unit	Yes
	MO 63703-5043	Level of Care	ALF**	Bed Capacity	62
Mailing Address 3120 INDEPENDENCE		•	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU N	MO 63703-5043	Region 2		Facility Number	01386
FOUNTAINBLEAU LODGE					
2001 NORTH KINGSHIGHWAY		Telephone	(573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU M	MO 63701-2193	Level of Care	SNF	<b>Bed Capacity</b>	33
Mailing Address 2001 NORTH KINGSHI	GHWAY	County CAP	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU M	MO 63701-2193	Region 2	Medicare/Medicaid	Facility Number	12751
FOUNTAINBLEAU LODGE					
2001 NORTH KINGSHIGHWAY		Telephone	(573) 335-1999	Alzheimer's Unit	No
	MO 63701-2193	Level of Care	ALF	Bed Capacity	56
Mailing Address 2001 NORTH KINGSHI			E GIRARDEAU	DMH Licensed	No
· ·	MO 63701-2193	Region 2		Facility Number	12751
FREDERICK STREET MANOR			(550) 004 0550		
429 NORTH FREDERICK STREET		Telephone	(573) 334-2662	Alzheimer's Unit	No
	MO 63701-4834	Level of Care	RCF*	Bed Capacity	32
Mailing Address 429 NORTH FREDERIC		•	E GIRARDEAU	DMH Licensed	Yes
CAPE GIRARDEAU N	MO 63701-4834	Region 2		Facility Number	02662
HEARTLAND CARE AND REHABILIT	TATION CENTER				
2525 BOUTIN DR		Telephone	(573) 334-5225	Alzheimer's Unit	Yes
CAPE GIRARDEAU M	MO 63701-8551	Level of Care	SNF	<b>Bed Capacity</b>	102
Mailing Address 2525 BOUTIN DR		County CAP	E GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU M	MO 63701-8551	Region 2	Medicare/Medicaid	Facility Number	01023
LIFE CARE CENTER OF CAPE GIRA	RDEAU				
365 SOUTH BROADVIEW ST		Telephone	(573) 335-2086	Alzheimer's Unit	No
	MO 63703-5725	Level of Care	SNF	Bed Capacity	120
Mailing Address 365 SOUTH BROADVII			E GIRARDEAU	DMH Licensed	No
_	MO 63703-5725	·	Medicare/Medicaid	Facility Number	01032
I UTHEDAN HOME ASSISTED I WINA	C				
LUTHERAN HOME ASSISTED LIVING	G.	Tolonbono	(572) 225 0150	Alzheimer's Unit	No
2825 BLOOMFIELD RD	MO 63703-6335	Telephone Level of Care	(573) 335-0158 ALF**		No
CAPE GIRARDEAU Mailing Address 2825 BLOOMFIELD RE			E GIRARDEAU	Bed Capacity DMH Licensed	115 No
_	MO 63703-6335	•	L GINANDEAU	Facility Number	13536
CALE GINANDEAU	120 03/03-0333	Region 2		racinty Number	15550

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 15 of 137

<sup>\*\*</sup> 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)).

I IMPLIED AN HOME THE			
LUTHERAN HOME, THE	T-1 (572) 225 0150	A 1-1	<b>V</b>
2825 BLOOMFIELD RD	<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	Yes
CAPE GIRARDEAU MO 63703-6335	Level of Care SNF	Bed Capacity	274
Mailing Address 2825 BLOOMFIELD RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU MO 63703-6335	Region 2 Medicare/Medicaid	Facility Number	13536
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*	Bed Capacity	48
Mailing Address 430 NORTH FREDERICK STREET	County CAPE GIRARDEAU	DMH Licensed	Yes
CAPE GIRARDEAU MO 63701-4835	Region 2	Facility Number	03628
		•	
NEWBRIDGE RETIREMENT COMMUNITY			
1205 S. MOUNT AUBURN RD	<b>Telephone</b> (573) 803-1863	Alzheimer's Unit	Yes
CAPE GIRARDEAU MO 63703-6581	Level of Care ALF**	<b>Bed Capacity</b>	94
Mailing Address 1205 S. MOUNT AUBURN RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU MO 63703-6581	Region 2	<b>Facility Number</b>	33246
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 SPRIGG	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU MO 63701-4815	Region 2 Medicare/Medicaid	<b>Facility Number</b>	17420
	CARL JUNCTION		
CARL JUNCTION RESIDENTIAL CARE			
CARL JUNCTION RESIDENTIAL CARE 201 FIR RD	<b>Telephone</b> (417) 782-5659	Alzheimer's Unit	No
	<b>Telephone</b> (417) 782-5659 <b>Level of Care</b> RCF*	Alzheimer's Unit Bed Capacity	No 37
201 FIR RD	-		
201 FIR RD CARL JUNCTION MO 64834-9222	Level of Care RCF*	Bed Capacity	37
201 FIR RD CARL JUNCTION MO 64834-9222 Mailing Address 201 FIR RD	Level of Care RCF* County JASPER Region 1	Bed Capacity DMH Licensed	37 No
201 FIR RD CARL JUNCTION MO 64834-9222 Mailing Address 201 FIR RD	Level of Care RCF* County JASPER	Bed Capacity DMH Licensed	37 No
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON	Level of Care RCF* County JASPER Region 1  CARROLLTON	Bed Capacity DMH Licensed Facility Number	37 No
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222	Level of Care RCF* County JASPER Region 1	Bed Capacity DMH Licensed	37 No
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON	Level of Care RCF* County JASPER Region 1  CARROLLTON	Bed Capacity DMH Licensed Facility Number	37 No 20550
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	37 No 20550
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	37 No 20550 No 12
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	37 No 20550 No 12 No
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20550 No 12 No 18316
201 FIR RD  CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD  CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON  1016 EAST 10TH ST  CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST  CARROLLTON MO 64633-9348  CARROLL HOUSE  307 GRAND	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20550 No 12 No 18316
201 FIR RD  CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD  CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON  1016 EAST 10TH ST  CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST  CARROLLTON MO 64633-9348  CARROLL HOUSE  307 GRAND  CARROLLTON MO 64633-2265	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 20550 No 12 No 18316
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF County CARROLL	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 20550 No 12 No 18316 No 63 No
201 FIR RD  CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD  CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON  1016 EAST 10TH ST  CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST  CARROLLTON MO 64633-9348  CARROLL HOUSE  307 GRAND  CARROLLTON MO 64633-2265	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 20550 No 12 No 18316
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND CARROLLTON MO 64633-2265	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF County CARROLL	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 20550 No 12 No 18316 No 63 No
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON  1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND CARROLLTON MO 64633-2265  LIFE CARE CENTER OF CARROLLTON	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF County CARROLL Region 4 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	No 20550 No 12 No 18316 No 22027
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND CARROLLTON MO 64633-2265  LIFE CARE CENTER OF CARROLLTON 300 LIFE CARE LN	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF County CARROLL Region 4 Medicare/Medicaid  Telephone (660) 542-0155	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20550  No 12 No 18316  No 63 No 22027
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND CARROLLTON MO 64633-2265  LIFE CARE CENTER OF CARROLLTON 300 LIFE CARE LN CARROLLTON MO 64633-1861	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF County CARROLL Region 4 Medicare/Medicaid  Telephone (660) 542-0155 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	No 20550  No 12 No 18316  No 63 No 22027  Yes 120
201 FIR RD CARL JUNCTION MO 64834-9222  Mailing Address 201 FIR RD CARL JUNCTION MO 64834-9222  BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST CARROLLTON MO 64633-9348  Mailing Address 1016 EAST 10TH ST CARROLLTON MO 64633-9348  CARROLL HOUSE 307 GRAND CARROLLTON MO 64633-2265  Mailing Address 307 GRAND CARROLLTON MO 64633-2265  LIFE CARE CENTER OF CARROLLTON 300 LIFE CARE LN	Level of Care RCF* County JASPER Region 1  CARROLLTON  Telephone (660) 542-2349 Level of Care RCF County CARROLL Region 4  Telephone (660) 542-1599 Level of Care SNF County CARROLL Region 4 Medicare/Medicaid  Telephone (660) 542-0155	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20550  No 12 No 18316  No 63 No 22027

Tuesday, May 6, 2025 Page 16 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	CARTHA	AGE		
BRISTOL MANOR OF CARTHAGE				
2131 SOUTH RIVER AVE		<b>Telephone</b> (417) 358-9788	Alzheimer's Unit	No
CARTHAGE MO 6	54836-3350	Level of Care RCF	Bed Capacity	12
Mailing Address 2131 S RIVER AVE		County JASPER	DMH Licensed	Yes
CARTHAGE MO 6	64836-3350	Region 1	<b>Facility Number</b>	20858
CARTHAGE HEALTH AND REHABILITAT	TION CENTER			
1901 BUENA VISTA AVE	100 < 0170	<b>Telephone</b> (417) 358-1937	Alzheimer's Unit	Yes
	54836-3178	Level of Care SNF	Bed Capacity	120
Mailing Address 1901 BUENA VISTA AVE	100 < 0170	County JASPER	DMH Licensed	No
CARTHAGE MO 6	54836-3178	Region 1 Medicare/Medicaid	Facility Number	12472
MAPLE TREE TERRACE - ASSISTED LIVI	NG BY AMERICARE			
2510 CLINTON ST		<b>Telephone</b> (417) 358-7201	Alzheimer's Unit	No
CARTHAGE MO 64	54836-3427	Level of Care ALF**	Bed Capacity	50
Mailing Address 2510 CLINTON ST		County JASPER	DMH Licensed	No
CARTHAGE MO 64	54836-3427	Region 1	Facility Number	17660
OAK POINTE OF CARTHAGE				
300 W AIRPORT DR	. 100 - 0711	<b>Telephone</b> (417) 358-3355	Alzheimer's Unit	Yes
	54836-3511	Level of Care ALF**	Bed Capacity	55
Mailing Address 300 W AIRPORT DR		County JASPER	DMH Licensed	No
CARTHAGE MO 6	4836-3511	Region 1	Facility Number	30168
ST LUKE'S CARE CENTER, INC				
1220 EAST FAIRVIEW AVE		<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	No
CARTHAGE MO 6	54836-3122	Level of Care ALF**	Bed Capacity	41
Mailing Address 1220 EAST FAIRVIEW AVE		County JASPER	DMH Licensed	No
CARTHAGE MO 6-	54836-3122	Region 1	Facility Number	07606
CT I HIZER MIDOING AND DEHADIT VOA ON	ION			
ST LUKE'S NURSING AND REHABILITATI 1220 EAST FAIRVIEW AVE	1011	<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	Yes
	54836-3122	Level of Care SNF	Bed Capacity	95
Mailing Address 1220 EAST FAIRVIEW AVE	94030-3122	County JASPER	DMH Licensed	No
· ·	54836-3122	Region 1 Medicare/Medicaid	Facility Number	07606
CARTIAGE MO G	P+030-3122	Region 1 Medicare/Medicaid	Pacificy Number	07000
SUNNY HILLS RESIDENTIAL CARE FACIL	LITY			
17562 IMPERIAL RD		<b>Telephone</b> (417) 358-6122	Alzheimer's Unit	No
	54836-8753	Level of Care RCF	<b>Bed Capacity</b>	18
Mailing Address 17562 IMPERIAL RD		County JASPER	DMH Licensed	No
CARTHAGE MO 6	54836-8753	Region 1	Facility Number	13351
	CARUTHER	SVILLE		
	- Critto THER			

**Telephone** 

Region 2

Level of Care

County PEMISCOT

(573) 333-5150

Medicare/Medicaid

SNF

Alzheimer's Unit

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

No

94

No

01081

SOUTHGATE LIVING CENTER

 $\textbf{Mailing Address} \ 500 \ TRUMAN \ BLVD$ 

MO 63830-1261

MO 63830-1261

500 TRUMAN BLVD

CARUTHERSVILLE

CARUTHERSVILLE

Tuesday, May 6, 2025 Page 17 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	CASSVILLE
CASSVILLE HEALTH CENTER FOR REHAB AN	D HEALTHCARE
1300 COUNTY FARM RD	Telephone (417) 847-3386 Alzheimer's Unit No
CASSVILLE MO 65625-1	
Mailing Address 1300 COUNTY FARM RD	County BARRY DMH Licensed No
CASSVILLE MO 65625-1	·
CASSVILLE INO 03023-1	720 Region 1 Medicare/Medicaid Facility Number 01097
CEDAR RIDGE CARE CENTER, LLC	
71 SYCAMORE	<b>Telephone</b> (417) 847-5546 <b>Alzheimer's Unit</b> No
CASSVILLE MO 65625-1	755 Level of Care RCF* Bed Capacity 30
Mailing Address PO BOX 633	County BARRY DMH Licensed Yes
CASSVILLE MO 65625-0	<b>Region</b> 1 <b>Facility Number</b> 15295
ROARING RIVER HEALTH AND REHABILITAT	ION
812 OLD EXETER RD	Telephone (417) 847-2184 Alzheimer's Unit Yes
CASSVILLE MO 65625-1	-
Mailing Address 812 OLD EXETER RD	County BARRY DMH Licensed No
CASSVILLE MO 65625-1	·
CASSVILLE INO 03023-1	704 Region 1 Medicare/Medicaid Facility Number 10044
	CEDAR HILL
ARBOR VIEW NURSING AND REHABILITATION	N
6400 THE CEDARS COURT	Telephone (636) 274-1777 Alzheimer's Unit NO
CEDAR HILL MO 63016-2	•
Mailing Address 6400 THE CEDARS CT	County JEFFERSON DMH Licensed No
CEDAR HILL MO 63016-2	
	region - Frederic Frederick 1 was 120 //
	CENTER
WESTVIEW NURSING HOME	
301 WEST DUNLOP ST	<b>Telephone</b> (573) 267-3920 <b>Alzheimer's Unit</b> No
CENTER MO 63436-2	Level of Care SNF Bed Capacity 60
Mailing Address 301 WEST DUNLOP ST	County RALLS DMH Licensed No
CENTER MO 63436-2	Region 5 Medicare/Medicaid Facility Number 15634
	CENTRALIA
BRISTOL MANOR OF CENTRALIA	
610 NORTH JEFFERSON ST	Telephone (573) 682-5913 Alzheimer's Unit No
CENTRALIA MO 65240-1	
	1 0
Mailing Address 610 NORTH JEFFERSON ST	•
CENTRALIA MO 65240-1	178 Region 6 Facility Number 18286
HERITAGE HALL NURSING CENTER	
750 EAST HIGHWAY 22	<b>Telephone</b> (573) 682-5551 <b>Alzheimer's Unit</b> No
CENTRALIA MO 65240-1	146 Level of Care SNF Bed Capacity 60
Mailing Address 750 EAST HIGHWAY 22	County BOONE DMH Licensed No
CENTRALIA MO 65240-	146 <b>Region</b> 6 <b>Medicare/Medicaid Facility Number</b> 03069
STUART HOUSE, LLC THE	
117 S HICKMAN	Telephone (573) 682-3204 Alzheimer's Unit No
CENTRALIA MO 65240-1	•
Mailing Address 117 S HICKMAN	County BOONE DMH Licensed No
manning radicos 11/ 5 IIICKWIM	County BOOKE BIRTH Election 100

**Facility Number** 

10146

MO 65240-1316

CENTRALIA

Tuesday, May 6, 2025 Page 18 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

C	H	4	F	F.	F	F

	CHAFI	FEE		
CHAFFEE NURSING CENTER				
12273 STATE HIGHWAY 77		<b>Telephone</b> (573) 887-3615	Alzheimer's Unit	No
	IO 63740-8219	Level of Care SNF	Bed Capacity	71
Mailing Address 12273 STATE HIGHWAY		County SCOTT	DMH Licensed	No
•	IO 63740-8219	· .	Facility Number	13652
CHAITEE	03/40-8219	Region 2 Medicare/Medicaid	racinty Number	13032
	CHESTER	RFIELD		
BROOKING PARK				
307 SOUTH WOODS MILL RD		<b>Telephone</b> (314) 576-5545	Alzheimer's Unit	No
CHESTERFIELD M	IO 63017-3418	Level of Care SNF	Bed Capacity	97
Mailing Address 307 SOUTH WOODS MI	LL RD	County SAINT LOUIS COUNTY	DMH Licensed	No
_	IO 63017-3418	Region 7 Medicare/Medicaid	Facility Number	14661
BROOKING PARK				
307 SOUTH WOODS MILL RD		<b>Telephone</b> (314) 576-5545	Alzheimer's Unit	Yes
	O 63017-3418	Level of Care ALF**	Bed Capacity	93
Mailing Address 307 SOUTH WOODS MI		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD M	O 63017-3418	Region 7	Facility Number	14661
CHESTERFIELD VILLAS				
14901 N OUTER 40 RD		<b>Telephone</b> (636) 532-9296	Alzheimer's Unit	No
	IO 63017-6034	Level of Care ALF	Bed Capacity	54
Mailing Address 14901 N OUTER 40 RD		County SAINT LOUIS COUNTY	DMH Licensed	No
_	IO 63017-6034	Region 7	Facility Number	29067
DEL MAD CARDENC OF CHECKERETE	ı n			
<b>DELMAR GARDENS OF CHESTERFIE</b> 14855 NORTH OUTER 40 RD	LD	T-1 (626) 522 0150	A 1-1	Vas
	10. (2017.2026	<b>Telephone</b> (636) 532-0150	Alzheimer's Unit	Yes
	O 63017-2026	Level of Care SNF	Bed Capacity	237 N-
Mailing Address 14855 NORTH OUTER 4		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD M	O 63017-2026	Region 7 Medicare/Medicaid	Facility Number	02111
DELMAR GARDENS ON THE GREEN				
15197 CLAYTON RD		<b>Telephone</b> (636) 394-7515	Alzheimer's Unit	No
CHESTERFIELD M	IO 63017-7048	Level of Care SNF	<b>Bed Capacity</b>	180
Mailing Address 15197 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD M	IO 63017-7048	Region 7 Medicare/Medicaid	Facility Number	01515
FRIENDSHIP VILLAGE ASSISTED LIV	YING & MEMORY CARE			
15250 VILLAGE VIEW DRIVE		<b>Telephone</b> (636) 733-0199	Alzheimer's Unit	Yes
	IO 63017-1982	Level of Care ALF**	Bed Capacity	66
Mailing Address 15250 VILLAGE VIEW I		County SAINT LOUIS COUNTY	DMH Licensed	Yes
_	IO 63017-1982	Region 7	Facility Number	02715
				02/13
FRIENDSHIP VILLAGE CHESTERFIE	LD			
15250 VILLAGE VIEW DRIVE		<b>Telephone</b> (636) 733-0199	Alzheimer's Unit	No

Level of Care

Region 7

SNF

Medicare/Medicaid

County SAINT LOUIS COUNTY

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

90

No

02715

MO 63017-1982

MO 63017-1982

CHESTERFIELD

CHESTERFIELD

Mailing Address 15250 VILLAGE VIEW DRIVE

Tuesday, May 6, 2025 Page 19 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

GARDEN VIEW CARE CENTER OF	CHECTEDEIEI D			
1025 CHESTERFIELD POINTE PRKW		<b>Telephone</b> (636) 537-3333	Alzheimer's Unit	Yes
CHESTERFIELD  CHESTERFIELD	MO 63017-1957	Level of Care SNF		130
			Bed Capacity	
Mailing Address 1025 CHESTERFIEL		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1957	Region 7 Medicare/Medicaid	Facility Number	16409
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**	Bed Capacity	95
Mailing Address 16300 JUSTUS POST	ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-4608	Region 7	Facility Number	30848
LUB MEDE OF CHECKEDELE D. TH	<b></b>			
LUMIERE OF CHESTERFIELD, TH		T. I. 1 (626) 265 5020		MEG
16255 CHESTERFIELD PARKWAY W		<b>Telephone</b> (636) 265-5020	Alzheimer's Unit	YES
CHESTERFIELD	MO 63017-4824	Level of Care ALF**	Bed Capacity	51
Mailing Address 16255 CHESTERFIE		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-4824	Region 7	Facility Number	33614
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 ALF**	<b>Bed Capacity</b>	86
Mailing Address 13190 SOUTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7	Facility Number	03957
		Region		03,5,
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3330	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5917	Level of Care SNF	<b>Bed Capacity</b>	127
Mailing Address 13190 SOUTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number	03957
SUNRISE OF CHESTERFIELD				
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5000	Level of Care ALF**	Bed Capacity	3
Mailing Address 1880 CLARKSON RI		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number	23767
CHESTERI ELED	WG 03017 3000	Kegion /	racincy runnoer	23707
SUNRISE OF CHESTERFIELD				
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-5000	Level of Care ICF	Bed Capacity	95
Mailing Address 1880 CLARKSON RI	D	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number	23767
SURREY PLACE ST LUKE'S HOSPI	ITAL SKILLED NURSING			
14701 OLIVE BLVD		<b>Telephone</b> (314) 542-3300	Alzheimer's Unit	NO
CHESTERFIELD	MO 63017-2221	Level of Care SNF	Bed Capacity	130
Mailing Address 14701 OLIVE BLVD		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2221	Region 7 Medicare/Medicaid	Facility Number	15467
WEGEOREGRED HOUGE TWO				
WESTCHESTER HOUSE, THE		Tolonhono (214) 450 1200	Alghoimenta IInit	Ma
550 WHITE RD	MO 62017 2216	Telephone (314) 469-1200	Alzheimer's Unit	No
CHESTERFIELD  Mailing Address 550 WHITE DD	MO 63017-2316	Level of Care SNF	Bed Capacity	159
Mailing Address 550 WHITE RD	MO 62017 2216	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-2316	Region 7 Medicare/Medicaid	Facility Number	08474

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 20 of 137

<sup>\*\*</sup> 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)).

## CHILLICOTHE

ASHBURY HEIGHTS OF CHILLIO	сотне			
603 ST LOUIS ST		<b>Telephone</b> (660) 707-1270	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-2438	Level of Care RCF	Bed Capacity	12
Mailing Address 603 ST LOUIS ST	MO (4(01 2420	County LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-2438	Region 4	Facility Number	23909
CHILLICOTHE MANOR I LLC				
1301 MONROE ST		<b>Telephone</b> (660) 646-5180	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1345	Level of Care RCF*	Bed Capacity	64
Mailing Address 1301 MONROE ST	150	County LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-1345	Region 4	Facility Number	04632
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		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number	16939
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	<b>Bed Capacity</b>	94
Mailing Address 939 E BIRCH DR		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-2189	Region 4 Medicare/Medicaid	Facility Number	20099
MORNINGSIDE CENTER				
1700 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care SNF	Bed Capacity	60
Mailing Address 1700 MORNINGSII	DE DR	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4 Medicare/Medicaid	Facility Number	05557
MORNINGSIDE CENTER ASSIST	ED LIVING APARTMENTS			
1702 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care ALF	Bed Capacity	31
Mailing Address 1702 MORNINGSII	DE DR	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4	Facility Number	05557
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care SNF	<b>Bed Capacity</b>	75
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4 Medicare/Medicaid	Facility Number	03833
STONEBRIDGE CHILLICOTHE				
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care ALF**	<b>Bed Capacity</b>	40
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number	03833

Tuesday, May 6, 2025 Page 21 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

		CLARENCE		
		CEIMEIVEE		
CLARENCE CARE CENTER				
111 EAST ST	MO (2427 1002	<b>Telephone</b> (660) 699-2118	Alzheimer's Unit	No
CLARENCE	MO 63437-1902	Level of Care SNF	Bed Capacity	60 N
Mailing Address 111 EAST ST	MO (2427 1002	County SHELBY	DMH Licensed	No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number	01475
		CLAYTON		
CLARENDALE CLAYTON				
7651 CLAYTON ROAD		<b>Telephone</b> (314) 390-9399	Alzheimer's Unit	Yes
CLAYTON	MO 63117-1419	Level of Care ALF**	Bed Capacity	98
Mailing Address 7651 CLAYTON RO		County SAINT LOUIS COUNTY	DMH Licensed	No
CLAYTON	MO 63117-1419	Region 7	Facility Number	32528
		Ţ		
		CLINTON		
ADAIR VILLAGE				
1801 N GAINES DR		<b>Telephone</b> (660) 885-8196	Alzheimer's Unit	Yes
CLINTON	MO 64735-1127	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 1801 N GAINES DR	1	County HENRY	DMH Licensed	No
CLINTON	MO 64735-1127	Region 1 Medicare/Medicaid	<b>Facility Number</b>	08521
ARBORS AT GLENDALE GARDEN	NS - MEMORY CARE BY AN	MERICARE, THE		
1300 SOUTH MAIN		<b>Telephone</b> (660) 885-2272	Alzheimer's Unit	Yes
CLINTON	MO 64735-2728	Level of Care ALF**	<b>Bed Capacity</b>	42
Mailing Address 1300 S MAIN		County HENRY	DMH Licensed	No
CLINTON	MO 64735-2728	Region 1	Facility Number	17054
DESCRIPTION AND ADDRESS OF STREET				
BRISTOL MANOR OF CLINTON		T. I		
1402 EAST FRANKLIN	MO 64725 1760	<b>Telephone</b> (660) 885-8391	Alzheimer's Unit	No
CLINTON 1402 FAST FRANK	MO 64735-1768	Level of Care RCF	Bed Capacity	12 N
Mailing Address 1402 EAST FRANK		County HENRY	DMH Licensed	No
CLINTON	MO 64735-1768	Region 1	Facility Number	16656
CLINTON HEALTHCARE AND RE	EHABILITATION CENTER			
1009 EAST OHIO		<b>Telephone</b> (660) 885-5571	Alzheimer's Unit	No
CLINTON	MO 64735-2455	Level of Care SNF	Bed Capacity	120
Mailing Address 1009 EAST OHIO		County HENRY	DMH Licensed	No
CLINTON	MO 64735-2455	Region 1 Medicare/Medicaid	Facility Number	01318
JEFFERSON GARDENS - ASSISTE	D LIVING BY AMERICARE			
509 WEST ROGERS ST	MO (4505 0540	<b>Telephone</b> (660) 885-9770	Alzheimer's Unit	No
CLINTON 500 WEST POSED	MO 64735-2548	Level of Care ALF**	Bed Capacity	42 N
Mailing Address 509 WEST ROGERS		County HENRY	DMH Licensed	No
CLINTON	MO 64735-2548	Region 1	Facility Number	20603
JOY ADULT CARE CENTER				
614 SOUTH MAIN		<b>Telephone</b> (660) 885-8328	Alzheimer's Unit	No
CLINTON	MO 64735-2620	Level of Care RCF*	Bed Capacity	42
Mailing Address PO BOX 8		County HENRY	DMH Licensed	Yes
CLINTON	MO 64735-0008	Region 1	Facility Number	07268

Tuesday, May 6, 2025 Page 22 of 137

<sup>\*</sup> 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)).

CC	OLE CAMP		
ANEW SENIOR LIVING COLE CAMP			
517 NORTH OAK	<b>Telephone</b> (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
COLE CAWI	Region 0	Pacinty Number	20313
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
		·	
CC	OLUMBIA		
BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERICARE			
3104 BLUFF CREEK DR	<b>Telephone</b> (573) 815-9111	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3524	Level of Care ALF**	<b>Bed Capacity</b>	48
Mailing Address 3104 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3524	Region 6	<b>Facility Number</b>	20625
BLUFFS, THE			
3105 BLUFF CREEK DR	<b>Telephone</b> (573) 442-6060	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3529	Level of Care SNF	<b>Bed Capacity</b>	132
Mailing Address 3105 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3529	Region 6 Medicare/Medicaid	Facility Number	00754
CEDARHURST OF COLUMBIA			
2333 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1091	Alzheimer's Unit	Yes
COLUMBIA MO 65203-1537	Level of Care ALF**	Bed Capacity	127
Mailing Address 2333 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-1537	Region 6	Facility Number	29874
COLONY POINTE-ASSISTED LIVING BY AMERICARE			
1510 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA MO 65203-5457	Level of Care ALF**	Bed Capacity	59
Mailing Address 1510 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-5457	Region 6	Facility Number	28191
COLONIDAY MO 05205 5457	Region 0	Pacinty Number	20191
COLUMBIA MANOR HEALTH & REHABILITATION			
2012 E NIFONG BLVD	<b>Telephone</b> (573) 449-1246	Alzheimer's Unit	No
COLUMBIA MO 65201-3874	Level of Care SNF	Bed Capacity	52
Mailing Address 2012 E NIFONG BLVD	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3874	Region 6 Medicare/Medicaid	Facility Number	01715
		-	
COLUMBIA POST ACUTE			
3535 BERRYWOOD DRIVE	<b>Telephone</b> (573) 397-7144	Alzheimer's Unit	No
COLUMBIA MO 65201-6584	Level of Care SNF	<b>Bed Capacity</b>	70
Mailing Address 3535 BERRYWOOD DRIVE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-6584	Region 6 Medicare/Medicaid	<b>Facility Number</b>	30959

Tuesday, May 6, 2025 Page 23 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

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 ST	County BOONE	DMH Licensed	Yes
COLUMBIA MO 65201-4516	Region 6	Facility Number	17197
	8	·	
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**	<b>Bed Capacity</b>	10
Mailing Address 5000 EAST RICHLAND RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-9606	Region 6	Facility Number	28997
LENOIR HEALTH CARE CENTER	T. I. I. (270) 07 6 7000		
3850 CARTWRIGHT LANE	<b>Telephone</b> (573) 876-5800	Alzheimer's Unit	No
COLUMBIA MO 65201-7779	Level of Care SNF	Bed Capacity	100
Mailing Address 3850 CARTWRIGHT LANE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-7779	Region 6 Medicare/Medicaid	Facility Number	04750
A DOWN ALL WOR			
LENOIR MANOR	F. I. I. (572) 077 5000		***
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 LANE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-	Region 6	Facility Number	04750
MILL CREEK VILLAGE-ASSISTED 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	59
Mailing Address 1990 W SOUTHAMPTON DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-6238	Region 6	Facility Number	30107
	region •		50107
NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIG	ERPLACE, THE		
3003 FALLING LEAF COURT	<b>Telephone</b> (573) 256-4620	Alzheimer's Unit	No
COLUMBIA MO 65201-3549	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 3003 FALLING LEAF COURT	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3549	Region 6 Medicare/Medicaid	<b>Facility Number</b>	24341
PARKSIDE MANOR	<b></b> (770) 110 1110		
1201 HUNT AVE	<b>Telephone</b> (573) 449-1448	Alzheimer's Unit	Yes
COLUMBIA MO 65202-1367	Level of Care SNF	Bed Capacity	120
Mailing Address 1201 HUNT AVE	County BOONE	DMH Licensed	No
COLUMBIA MO 65202-1367	Region 6 Medicare/Medicaid	Facility Number	11262
SOUTH HAMPTON PLACE			
4700 BRANDON WOODS	<b>Telephone</b> (573) 874-3674	Alzheimer's Unit	No
COLUMBIA MO 65203-7169	Level of Care SNF	Bed Capacity	100
Mailing Address 4700 BRANDON WOODS	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-7169	•	Facility Number	19799
COLUMBIA INO 03203-7109	Region 6 Medicare/Medicaid	racinty Number	19/99
TIGER PLACE			
2910 BLUFF CREEK DR	<b>Telephone</b> (573) 256-4620	Alzheimer's Unit	No
COLUMBIA MO 65201-3522	Level of Care ICF	<b>Bed Capacity</b>	112
Mailing Address 2910 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3522	Region 6	Facility Number	24341

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 24 of 137

<sup>\*\*</sup> 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)).

VILLA AT BLUE RIDGE, THE 701 BLUE RIDGE ROAD COLUMBIA	MO 65201-3734	Telephone (573) 474-6111 Level of Care SNF		No 97
Mailing Address 701 BLUE RIDGE R	ROAD	County BOONE	DMH Licensed N	Vо
COLUMBIA	MO 65201-3734	Region 6 Medicare/Medicaid	Facility Number 0170	)6
WESTBURY SENIOR LIVING THE	E			
550 STONE VALLEY PARKWAY	-	<b>Telephone</b> (573) 818-7030	Alzheimer's Unit Ye	es
COLUMBIA	MO 65203-5567	Level of Care ALF**		72
Mailing Address 550 STONE VALLE		County BOONE		vo Vo
COLUMBIA	MO 65203-5567	•		
COLUMBIA	WO 63203-3367	Region 6	Facility Number 3266	)0
	CONCO	ORDIA		
	CONCE	JKDIA		
ESSEX OF CONCORDIA, THE				
402 REDBUD		<b>Telephone</b> (660) 463-0200	Alzheimer's Unit N	lо
CONCORDIA	MO 64020-8358	Level of Care RCF	Bed Capacity 1	12
Mailing Address 402 REDBUD		County LAFAYETTE	DMH Licensed N	Vо
CONCORDIA	MO 64020-8358	Region 3	Facility Number 2446	51
Correction	1120 01020 0330	Region 5	Tuelley Number 2440	,1
LUTHERAN GOOD SHEPHERD H	OME			
	OME	T-1 (660) 462 2267	A 1 - 1 - 2 1 - 1 T - 2 4 NT	
202 S WEST ST	1.00 (1000 0.010	<b>Telephone</b> (660) 463-2267	Alzheimer's Unit No	
CONCORDIA	MO 64020-9643	Level of Care ALF**		53
Mailing Address PO BOX 849		County LAFAYETTE	DMH Licensed N	Vо
CONCORDIA	MO 64020-0849	Region 3	Facility Number 0470	)5
LUTHERAN NURSING HOME				
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit Ye	es
CONCORDIA	MO 64020-9643	Level of Care SNF	Bed Capacity 11	13
	1410 04020 7043			
Mailing Address PO BOX 849	MO (1020 0040	•		No o
CONCORDIA	MO 64020-0849	Region 3 Medicare/Medicaid	Facility Number 0470	)5
	COTTLE	TVII I F		
	COTTE	EVILLE		
GLENFIELD MEMORY CARE				
118 OHMES ROAD		<b>Telephone</b> (636) 447-4440	Alzheimer's Unit Ye	es
COTTLEVILLE	MO 63376-7649	Level of Care ALF**	Bed Capacity 2	24
Mailing Address 118 OHMES RD		County SAINT CHARLES	DMH Licensed N	Vo
COTTLEVILLE	MO 63376-7649	Region 5	Facility Number 3037	
COTTEETEE	110 03370 7015	Kegion 5	racincy runner 5057	_
	CRA	NE		
CRANE RESIDENTIAL CARE HON	ME			
102 EAST LILLIAN AVE.		<b>Telephone</b> (417) 723-5900	Alzheimer's Unit N	lо
CRANE	MO 65633-9103	Level of Care RCF	Bed Capacity 3	36
Mailing Address 102 EAST LILLIAN	AVE.	County STONE	DMH Licensed Ye	es
CRANE	MO 65633-9103	Region 1	Facility Number 0189	98
		0 -		-
	CREVE (	COEUR		
BROOKDALE CREVE COEUR				_
		Tolonhono (214) 422 5200	Algheiments This	Jo
ONE NEW BALLAS PLACE	NO 60146 0700	<b>Telephone</b> (314) 432-5200		No
CREVE COEUR	MO 63146-8700	Level of Care ALF**	1 0	46
Mailing Address ONE NEW BALLAS	S PLACE	County SAINT LOUIS COUNTY		Vо
CREVE COEUR	MO 63146-8700	Region 7	Facility Number 2617	78

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 25 of 137

<sup>\*\*</sup> 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)).

CREVE COEUR ASSISTED LIVING	AND MEMORY CARE			
693 DECKER LN		<b>Telephone</b> (314) 997-4532	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7127	Level of Care ALF**	Bed Capacity	110
Mailing Address 693 DECKER LANE		County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-7127	Region 7	Facility Number	29440
DELMAR GARDENS OF CREVE CO	DEUR			
850 COUNTRY MANOR LN		<b>Telephone</b> (314) 434-5900	Alzheimer's Unit	No
CREVE COEUR	MO 63141-6651	Level of Care SNF	<b>Bed Capacity</b>	148
Mailing Address 850 COUNTRY MAN	NOR LN	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-6651	Region 7 Medicare/Medicaid	Facility Number	01830
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**	Bed Capacity	9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-	Region 7	Facility Number	22648
CDANDE AT CREVE COEUR THE				
GRANDE AT CREVE COEUR THE 450 NORTH LINDBERGH BLVD		<b>Telephone</b> (314) 720-8408	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	Region 7	Facility Number	30479
	CUI	BA		
ARBORS AT VICTORIAN PLACE O	CUE OF CUBA, MEMORY CARE ASSISTEI			
ARBORS AT VICTORIAN PLACE O			Alzheimer's Unit	Yes
		D LIVING BY AMERICARE, THE	Alzheimer's Unit Bed Capacity	Yes 32
903 HWY DD	OF CUBA, MEMORY CARE ASSISTEI	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD	Bed Capacity DMH Licensed	
903 HWY DD CUBA	OF CUBA, MEMORY CARE ASSISTEI	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF**	<b>Bed Capacity</b>	32
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD	DF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD	Bed Capacity DMH Licensed	32 No
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD CUBA	DF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD	Bed Capacity DMH Licensed	32 No
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA	DF CUBA, MEMORY CARE ASSISTED MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6	Bed Capacity DMH Licensed Facility Number	32 No 27071
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P	DF CUBA, MEMORY CARE ASSISTED  MO 65453-8089  MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 885-3661	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	32 No 27071
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA	DF CUBA, MEMORY CARE ASSISTED  MO 65453-8089  MO 65453-8089	D LIVING BY AMERICARE, THE Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 34
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA Mailing Address PO BOX 647	MO 65453-8089  MO 65453-8089  MO 65453-8089	Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 34 Yes
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA  Mailing Address PO BOX 647 CUBA	MO 65453-8089  MO 65453-8089  MO 65453-8089	Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 34 Yes
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA CUBA CUBA MANOR, INC	MO 65453-8089  MO 65453-8089  MO 65453-8089	Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 34 Yes 17894
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  CUBA CUBA CUBA CUBA MANOR, INC 210 ELDON DR	MO 65453-8089  MO 65453-8089  MO 65453-8089  MO 65453-6281  MO 65453-0647	Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 34 Yes 17894
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA  Mailing Address PO BOX 647 CUBA  CUBA  CUBA MANOR, INC 210 ELDON DR CUBA	MO 65453-8089  MO 65453-8089  MO 65453-8089  MO 65453-6281  MO 65453-0647	Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 34 Yes 17894
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  CUBA CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR	MO 65453-8089  MO 65453-8089  MO 65453-6281  MO 65453-0647  MO 65453-1642	Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 34 Yes 17894 No 90
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA  Mailing Address PO BOX 647 CUBA  CUBA  CUBA MANOR, INC 210 ELDON DR CUBA  Mailing Address 210 ELDON DR CUBA	MO 65453-8089  MO 65453-8089  MO 65453-6281  MO 65453-0647  MO 65453-1642	Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 34 Yes 17894 No 90
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR CUBA EQUILIBRIUM RANCH	MO 65453-8089  MO 65453-8089  MO 65453-6281  MO 65453-0647  MO 65453-1642	Cliving By Americare, The Telephone (573) 885-0551 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD Region 6 Medicare/Medicaid  Telephone (573) 885-6443 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	32 No 27071 No 34 Yes 17894 No 90 No 21149
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  CARE NETWORK OF CUBA 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  CUBA CUBA MANOR, INC 210 ELDON DR CUBA Mailing Address 210 ELDON DR CUBA EQUILIBRIUM RANCH 81 PILKENTON LN	MO 65453-8089  MO 65453-8089  MO 65453-6281  MO 65453-0647  MO 65453-1642  MO 65453-1642	Telephone (573) 885-3661 Level of Care ALF** County CRAWFORD Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 885-4500 Level of Care SNF County CRAWFORD Region 6 Medicare/Medicaid  Telephone (573) 885-6443	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 34 Yes 17894 No 90 No 21149

Tuesday, May 6, 2025 Page 26 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	SIDENTIAL CARE BY AMERICARE	T-lL (572) 005 0551	A 1-1	N-
901 HIGHWAY DD CUBA	MO 65453-8089	Telephone (573) 885-0551 Level of Care RCF	Alzheimer's Unit	No 48
	MO 03433-8089		Bed Capacity DMH Licensed	No
Mailing Address 901 HWY DD CUBA	MO 65453-8089	•	Facility Number	25463
CUBA	WO 03433-0009	Region 6	racinty Number	23403
	DARDENNE	E PRAIRIE		
BARATHAVEN ALZHEIMER'S SPI	CIAL CADE CENTED			
1030 BARATHAVEN DR	ECIAL CARE CENTER	<b>Telephone</b> (636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care ALF**	Bed Capacity	66
Mailing Address 1030 BARATHAVE		County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-8606	Region 5	Facility Number	26902
DARDENNE I RAIRIE	MO 03306-8000	Region 5	Facinty Number	20902
CAREGIVERS INN				
1297 FEISE RD		<b>Telephone</b> (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
SUNTERRA SPRINGS DARDENNE	PRAIRIE			
7275 STATE HIGHWAY N		<b>Telephone</b> (636) 865-0200	Alzheimer's Unit	No
DARDENNE PRAIRIE	MO 63368-7128	Level of Care SNF	Bed Capacity	38
Mailing Address 7275 STATE HIGHW	VAY N	County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-7128	Region 5 Medicare	Facility Number	32331
	DE G			
	DE SO	)10		
BAISCH NURSING CENTER	DE SC	<i>)10</i>		
BAISCH NURSING CENTER 3260 BAISCH DR	DE SC	<b>Telephone</b> (636) 586-2291	Alzheimer's Unit	No
3260 BAISCH DR DE SOTO	MO 63020-5046		Alzheimer's Unit Bed Capacity	No 61
3260 BAISCH DR		<b>Telephone</b> (636) 586-2291		
3260 BAISCH DR DE SOTO		Telephone (636) 586-2291 Level of Care SNF	Bed Capacity	61
3260 BAISCH DR DE SOTO <b>Mailing Address</b> 3260 BAISCH DR	MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON	Bed Capacity DMH Licensed	61 No
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO	MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON	Bed Capacity DMH Licensed	61 No
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER	MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	61 No 00910
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR	MO 63020-5046 MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	61 No 00910 No
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO	MO 63020-5046 MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	61 No 00910 No 18
3260 BAISCH DR DE SOTO  Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO  Mailing Address 3260 BAISCH DR DE SOTO	MO 63020-5046 MO 63020-5046 MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	61 No 00910 No 18 No
3260 BAISCH DR DE SOTO  Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO  Mailing Address 3260 BAISCH DR DE SOTO  HILLCREST CARE CENTER, INC	MO 63020-5046 MO 63020-5046 MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	61 No 00910 No 18 No 00910
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO HILLCREST CARE CENTER, INC 1108 CLARKE ST	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	61 No 00910 No 18 No 00910
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO	MO 63020-5046 MO 63020-5046 MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	61 No 00910 No 18 No 00910
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO HILLCREST CARE CENTER, INC 1108 CLARKE ST	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	61 No 00910 No 18 No 00910
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO Mailing Address 1108 CLARKE ST	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-2706	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022 Level of Care SNF County JEFFERSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	61 No 00910 No 18 No 00910 No 120 No
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO Mailing Address 1108 CLARKE ST DE SOTO My PLACE TOO, INC	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-2706	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022 Level of Care SNF County JEFFERSON 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	61 No 00910 No 18 No 00910 No 120 No 20084
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO Mailing Address 1108 CLARKE ST DE SOTO  MY PLACE TOO, INC 1107 CLARKE ST	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-2706  MO 63020-2706	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-7871	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	61 No 00910 No 18 No 00910 No 20084
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO Mailing Address 1108 CLARKE ST DE SOTO  MY PLACE TOO, INC 1107 CLARKE ST DE SOTO	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-2706	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-7871 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	61 No 00910 No 18 No 00910 No 20084
3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  HILLCREST CARE CENTER, INC 1108 CLARKE ST DE SOTO Mailing Address 1108 CLARKE ST DE SOTO  MY PLACE TOO, INC 1107 CLARKE ST	MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-2706  MO 63020-2706	Telephone (636) 586-2291 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-2291 Level of Care RCF* County JEFFERSON Region 2  Telephone (636) 586-3022 Level of Care SNF County JEFFERSON Region 2 Medicare/Medicaid  Telephone (636) 586-7871	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	61 No 00910 No 18 No 00910 No 20084

Tuesday, May 6, 2025 Page 27 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

STONEBRIDGE DESOTO			
1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
	63020-2586	Level of Care SNF	Bed Capacity 56
Mailing Address 1550 VILLAS DR		County JEFFERSON	DMH Licensed No
DE SOTO MO 6	63020-2586	Region 2 Medicare/Medicaid	Facility Number 13501
STONEBRIDGE DESOTO			
1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
	63020-2586	Level of Care ALF**	Bed Capacity 80
Mailing Address 1550 VILLAS DR	03020 2300	County JEFFERSON	DMH Licensed No
8	63020-2586	Region 2	Facility Number 13501
223010	00020 2000	Region 2	10001
SUNNYHILL INDEPENDENCE CENTER			
3343 ARMBRUSTER ROAD		<b>Telephone</b> (636) 586-2188	Alzheimer's Unit No
DE SOTO MO 6	63020-4506	Level of Care ALF**	<b>Bed Capacity</b> 32
Mailing Address 3343 ARMBRUSTER RD		<b>County</b> JEFFERSON	<b>DMH Licensed</b> Yes
DE SOTO MO 6	63020-4506	Region 2	Facility Number 29674
	DEC DE	DEC	
	DES PEI	KES	
QUARTERS AT DES PERES, THE			
13230 MANCHESTER RD		<b>Telephone</b> (314) 821-2886	Alzheimer's Unit No
	63131-1706	Level of Care SNF	Bed Capacity 147
Mailing Address 13230 MANCHESTER RD		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
DES PERES MO 6	63131-1706	Region 7 Medicare/Medicaid	Facility Number 26726
SUNRISE OF DES PERES			
13460 MANCHESTER RD		<b>Telephone</b> (314) 965-3800	Alzheimer's Unit Yes
	63131-1734	Level of Care ICF	Bed Capacity 102
Mailing Address 13460 MANCHESTER RD	03131 1731	County SAINT LOUIS COUNTY	DMH Licensed No
9	63131-1734	Region 7	Facility Number 24242
	DESLO	GE	
NHC HEALTHCARE, DESLOGE			
801 BRIM ST		<b>Telephone</b> (573) 431-0223	Alzheimer's Unit Yes
DESLOGE MO 6	63601-3441	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX AA		County SAINT FRANCOIS	DMH Licensed No
DESLOGE MO 6	63601-0568	Region 2 Medicare/Medicaid	Facility Number 02143
	DEXTE	$\overline{c}R$	
CENTED AL CARDENIC INC	DEATE	<u></u>	
CENTRAL GARDENS INC		Tolonhomo (572) (24 0011	Alahaimania IIvi4
302 NORTH ELM ST DEXTER MO		Telephone (573) 624-0011 Level of Care RCF*	Alzheimer's Unit No Bed Capacity 83
	63841-1773		
Mailing Address 302 NORTH ELM ST	<b>42041 1772</b>	County STODDARD	
DEXTER MO 6	63841-1773	Region 2	Facility Number 18858
CROWLEY RIDGE CARE CENTER			
1204 NORTH OUTER RD		<b>Telephone</b> (573) 624-5557	Alzheimer's Unit Yes
		Level of Care SNF	Bed Capacity 90
Mailing Address PO BOX 668		County STODDARD	DMH Licensed No
_	63841 0668	Design 2 Medicane/Medicaid	Facility Number 12667

Medicare/Medicaid

**Facility Number** 

12667

MO 63841-0668

DEXTER

Tuesday, May 6, 2025 Page 28 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CYPRESS POINT - SKILLED NURS	ING BY AMERICARE			
801 BAILIFF DR		<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		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-9500	Region 2 Medicare/Medicaid	Facility Number	08315
		5		
MEMORY LANE OF DEXTER				
415 S CATALPA STREET		<b>Telephone</b> (573) 624-7491	Alzheimer's Unit	Yes
DEXTER	MO 63841-2017	Level of Care SNF	Bed Capacity	73
Mailing Address 415 S CATALPA STR	REET	County STODDARD	DMH Licensed	No
DEXTER	MO 63841-2017	Region 2 Medicare/Medicaid	Facility Number	02156
RIDGEVIEW ASSISTED LIVING CH	ENTER			
13134 STATE HIGHWAY 25		<b>Telephone</b> (573) 624-4433	Alzheimer's Unit	No
DEXTER	MO 63841-9740	Level of Care ALF**	Bed Capacity	26
Mailing Address 13134 STATE HIGHV		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-9740	Region 2	Facility Number	10128
	DIX	ON		
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	WIO 03439-0049	County PULASKI	DMH Licensed	No
DIXON	MO 65459-6049		Facility Number	
DIAON	WO 03439-0049	Region 6 Medicare/Medicaid	racinty Number	15510
	DOE .	RUN		
CRAWFORD RANCH BOARDING H	IOME, LLC			
2200 VARVERA RD	20.112, 220	<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	110 03037 3121	County SAINT FRANCOIS	DMH Licensed	Yes
DOE RUN	MO 63637-3121	Region 2	Facility Number	13193
BOL KON	1410 03037 3121	Region 2	Pacinty Number	13193
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	MO 03037 3133	County SAINT FRANCOIS	DMH Licensed	Yes
DOE RUN	MO 63637-3155	Region 2	Facility Number	08379
DOE KUN	WO 03037-3133	Region 2	racinty Number	08379
	DONIA	PHAN		
COLONIAL HOME, THE				
102 SUMMIT ST		<b>Telephone</b> (573) 996-4283	Alzheimer's Unit	No
DONIPHAN	MO 63935-1328	Level of Care ALF**	Bed Capacity	31
Mailing Address 102 SUMMIT ST	1110 03/33-1320	County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1328	·		
DOMERAN	IVIO 03733-1320	Region 2	Facility Number	01610
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 GRAN	D AVE	County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number	17125
		-	-	

Tuesday, May 6, 2025 Page 29 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

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	Bed Capacity	35
Mailing Address 404 WALNUT ST	MO 63935-1420	County RIPLEY	DMH Licensed	Yes
DONIPHAN	MO 63933-1420	Region 2	Facility Number	08354
	EAST I	PRAIRIE		
ASPIRE SENIOR LIVING EAST PRA				
186 MILLAR RD		<b>Telephone</b> (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
	FI	NA/A		
	EL	DINA		
BLESSING CENTER, THE				
302 NORTH MAIN	MO 62527 1252	<b>Telephone</b> (660) 397-2293	Alzheimer's Unit	No
EDINA  Mailing Address 302 NORTH MAIN	MO 63537-1353	Level of Care RCF	Bed Capacity DMH Licensed	51 Yes
EDINA	MO 63537-1353	County KNOX		
EDINA	MO 03337-1333	Region 5	Facility Number	03728
KNOX COUNTY NURSING HOME I	DISTRICT			
55774 STATE HIGHWAY 6		<b>Telephone</b> (660) 397-2282	Alzheimer's Unit	No
EDINA	MO 63537-4253	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 55774 STATE HIGHV	WAY 6	County KNOX	DMH Licensed	No
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number	04173
	FI DORAI	DO SPRINGS		
COMMUNITY CODINGS HEAT THE		OO SI KIIVOS		
COMMUNITY SPRINGS HEALTHC 400 EAST HOSPITAL RD	ARE FACILITY	<b>Telephone</b> (417) 876-2531	Alzheimer's Unit	Yes
EL DORADO SPRINGS	MO 64744-2024	Level of Care SNF	Bed Capacity	120
Mailing Address 400 EAST HOSPITAI		County CEDAR	DMH Licensed	No
EL DORADO SPRINGS	MO 64744-2024	Region 1 Medicare/Medicaid	Facility Number	01740
		8	·	
EL DORADO SPRINGS RESIDENTI	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	Bed Capacity	60
Mailing Address 805 NORTH JACKSO		County CEDAR	DMH Licensed	Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number	12621
	EL	DON		
BRISTOL MANOR OF ELDON				
1201 EAST NORTH ST		<b>Telephone</b> (573) 392-1200	Alzheimer's Unit	No
ELDON	MO 65026-2651	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 1201 EAST NORTH S	ST	County MILLER	DMH Licensed	No
ELDON	MO 65026-2651	Region 6	Facility Number	17701
ELDON NUDCING & DEUAD				
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		County MILLER	DMH Licensed	No
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number	06139

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 30 of 137

<sup>\*\*</sup> 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)).

LEE HOUSE SENIOR LIVING LLC	m.,		
105 NORTH MILL ST	<b>Telephone</b> (573) 392-5558	Alzheimer's Unit	No
ELDON MO 65026-1728	Level of Care RCF	Bed Capacity	53
Mailing Address 105 NORTH MILL ST	County MILLER	DMH Licensed	No
ELDON MO 65026-1728	Region 6	Facility Number	13089
ROCK ISLAND VILLAGE			
619 EAST 8TH STREET	<b>Telephone</b> (573) 557-9545	Alzheimer's Unit	Yes
ELDON MO 65026-4740	Level of Care ALF**	<b>Bed Capacity</b>	70
Mailing Address 619 EAST 8TH STREET	County MILLER	DMH Licensed	No
ELDON MO 65026-4740	Region 6	Facility Number	30865
	ELLINGTON		
	322 010		
BRENT B TINNIN MANOR 220 EUEL POLK DR	<b>Telephone</b> (573) 663-2545	Alzheimer's Unit	No
ELLINGTON MO 63638-7967	Level of Care SNF	Bed Capacity	60
Mailing Address 220 EUEL POLK DR	County REYNOLDS	DMH Licensed	No
	•		
ELLINGTON MO 63638-7967	Region 2 Medicare/Medicaid	Facility Number	08027
	ELLISVILLE		
AUTUMN VIEW GARDENS			
16219 AUTUMN VIEW TERRACE DR	<b>Telephone</b> (636) 458-5225	Alzheimer's Unit	Yes
ELLISVILLE MO 63011-4743	Level of Care ALF**	<b>Bed Capacity</b>	150
Mailing Address 16219 AUTUMN VIEW TERRACE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE MO 63011-4743	Region 7	Facility Number	20751
ELLIGATILLE DELLA DILLEGATIONI AND NUDGING			
ELLISVILLE REHABILITATION AND NURSING	Th. 1. (626) 227 2421		37
322 OLD STATE ROAD	<b>Telephone</b> (636) 227-3431	Alzheimer's Unit	Yes
ELLISVILLE MO 63021-5917	Level of Care SNF	Bed Capacity	210
Mailing Address 322 OLD STATE ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE MO 63021-5917	Region 7 Medicare/Medicaid	Facility Number	15226
FOUNTAINS OF WEST COUNTY AL, LLC THE			
15822 CLAYTON RD	<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
Me 65011 2210	Region /	Tacinty Number	27433
WESTVIEW AT ELLISVILLE ASSISTED LIVING			
27 REINKE RD	<b>Telephone</b> (636) 527-5554	Alzheimer's Unit	Yes
ELLISVILLE MO 63021-4734	Level of Care ALF**	<b>Bed Capacity</b>	99
Mailing Address 27 REINKE RD	County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE MO 63021-4734	Region 7	Facility Number	28184
	ELSBERRY		
BRISTOL MANOR OF ELSBERRY			
1402 RIVERVIEW DR	<b>Telephone</b> (573) 898-5955	Alzheimer's Unit	No
ELSBERRY MO 63343-1612	Level of Care RCF	Bed Capacity	12
Mailing Address 1402 RIVERVIEW DR	County LINCOLN	DMH Licensed	No
EI SPEDDY MO 633//3 1612	Pagion 5	Facility Number	20015

**Facility Number** 

20015

MO 63343-1612

ELSBERRY

Tuesday, May 6, 2025 Page 31 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

ELSBERRY MISSOURI HEALTH	CARE CENTER	T. I		
1827 HIGHWAY B	110 (2010 010 6	<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		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-3126	Region 5 Medicare/Medicaid	Facility Number	02336
ELSBERRY MISSOURI HEALTH	CARE CENTER INC			
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
		EMINENCE		
		Billiv Biv CB		
HILLTOP HAVEN RESIDENTIAL	CARE FACILITY			
18941 CR 305A		<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		County SHANNON	DMH Licensed	No
EMINENCE	MO 65466-9702	Region 2	Facility Number	03615
		EUREKA		
MARYMOUNT MANOR				
313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	Alzheimer's Unit	No
EUREKA	MO 63025-1935	Level of Care RCF*	Bed Capacity	100
Mailing Address PO BOX 600	WIO 03023-1733	County SAINT LOUIS COUNTY	DMH Licensed	Yes
EUREKA	MO 63025-0600	Region 7	Facility Number	05117
LOKENY	1410 03023 0000	Region /	racinty Number	03117
MARYMOUNT MANOR				
313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	Alzheimer's Unit	Yes
EUREKA	MO 63025-1935	Level of Care SNF	Bed Capacity	174
Mailing Address PO BOX 600	110 00020 1700	County SAINT LOUIS COUNTY	DMH Licensed	No
EUREKA	MO 63025-0600	Region 7 Medicare/Medicaid	Facility Number	05117
LOKEMA	1410 03023 0000	Region / Medical e/Medicalu	racinty Number	03117
ST ANDREW'S AT FRANCIS PLACE	CE			
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 SUMMERVILL	E BLVD	County SAINT LOUIS COUNTY	DMH Licensed	No
EUREKA	MO 63025-2316	Region 7 Medicare/Medicaid	Facility Number	06430
	EΣ	KCELSIOR SPRINGS		
ASPIRE SENIOR LIVING EXCELS	SIOR SPRINGS	T. 1 (010) 500 0115		
1003 MEADOWLARK LN		<b>Telephone</b> (816) 630-3145	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-3304	Level of Care SNF	Bed Capacity	108
Mailing Address 1003 MEADOWLA		County CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-3304	Region 4 Medicare/Medicaid	Facility Number	19197
VALLEY MANOR AND REHABIL	ITATION CENTER			
1410 HOSPITAL DR		<b>Telephone</b> (816) 637-1010	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-1168	Level of Care SNF	Bed Capacity	120
Mailing Address 1410 HOSPITAL DI		County CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-1168	Region 4 Medicare/Medicaid	Facility Number	02425
		incureur of the distriction of t	, - 1 10000000	52 123

Tuesday, May 6, 2025 Page 32 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

77.4	<b>D</b> 1	# T 3	$\sim$	01
FA	RN	IIN	GT	O

	Γ	AKMINGION		
ANNA DODSON HOME				
4616 HIGHWAY D		<b>Telephone</b> (573) 756-5530	Alzheimer's Unit	No
FARMINGTON	MO 63640-7241	Level of Care RCF*	Bed Capacity	20
Mailing Address 4616 HWY D	WO 03040-7241	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	•	Facility Number	
FARMINGTON	MO 63640-7241	Region 2	Facility Number	02160
ANNA DODSON HOME				
4616 HIGHWAY D		<b>Telephone</b> (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
ASHBROOK - ASSISTED LIVING	BY AMERICARE			
500 ASHBROOK DR		<b>Telephone</b> (573) 756-5544	Alzheimer's Unit	No
FARMINGTON	MO 63640-9235	Level of Care ALF**	Bed Capacity	72
Mailing Address 500 ASHBROOK D	R	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-9235	Region 2	Facility Number	18138
BAILEY HOUSE				
102 BAILEY ST		Telephone (572) 218 0125	Alzheimer's Unit	No
FARMINGTON	MO 63640-1819	Telephone (573) 218-9125 Level of Care RCF		12
	WO 03040-1819		Bed Capacity	
Mailing Address 102 BAILEY ST	MO (2640 1910	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-1819	Region 2	Facility Number	00256
BAYLESS BOARDING HOME				
3719 SAND CREEK ROAD		<b>Telephone</b> (573) 747-0889	Alzheimer's Unit	No
FARMINGTON	MO 63640-7349	Level of Care RCF	Bed Capacity	12
Mailing Address 3719 SAND CREEK	( RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7349	Region 2	Facility Number	17300
			•	
BROOKSIDE MANOR RESIDENTI	IAL CARE, LLC			
2434 HIGHWAY H		<b>Telephone</b> (573) 756-6434	Alzheimer's Unit	No
FARMINGTON	MO 63640-7033	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	20
Mailing Address 2434 HIGHWAY H		<b>County</b> SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7033	Region 2	Facility Number	20034
CAMELOT NURSING AND REHAL	RII ITATION CENTED			
705 GRAND CANYON DRIVE	BILITATION CENTER	<b>Telephone</b> (573) 756-8911	Alzheimer's Unit	NO
	MO 62640 2161	* '		
FARMINGTON Mailing Address 705 GRAND CANY	MO 63640-2161	Level of Care SNF  County SAINT FRANCOIS	Bed Capacity DMH Licensed	97 No
		•		No
FARMINGTON	MO 63640-2161	Region 2 Medicare/Medicaid	Facility Number	00978
CARRIAGE RESIDENTIAL CARE	CENTER LLC			
508 NORTH WASHINGTON ST		<b>Telephone</b> (573) 756-8140	Alzheimer's Unit	No
FARMINGTON	MO 63640-1756	Level of Care RCF*	<b>Bed Capacity</b>	20
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	07824
		· ·	•	

Tuesday, May 6, 2025 Page 33 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CEDARHURST OF FARMINGTON				
200 MAPLE VALLEY DRIVE		<b>Telephone</b> (573) 713-9150	Alzheimer's Unit	Yes
	MO 63640-7331	Level of Care ALF**	Bed Capacity	84
Mailing Address 200 MAPLE VALLEY I		County SAINT FRANCOIS	DMH Licensed	No
	MO 63640-7331	·	Facility Number	
PARMINGTON	WIO 03040-7331	Region 2	Facility Number	32159
COLUMBIA STREET RESIDENTIAL	CARE CENTER LLC			
208 WEST COLUMBIA ST		<b>Telephone</b> (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
•	MO 63640-0675	Region 2	Facility Number	01729
COMMUNITY MANOR		T-l (572) 757 0000	A 1-1	NI-
783 WEBER ROAD	MO (2640 2210	<b>Telephone</b> (573) 756-8998	Alzheimer's Unit	No
	MO 63640-3318	Level of Care SNF	Bed Capacity	99
Mailing Address 783 WEBER RD	MO (2640 2210	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-3318	Region 2 Medicare/Medicaid	Facility Number	13887
FARMINGTON ASSISTED LIVING CI	ENTER LLC			
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
	MO 63640-9168	Region 2	Facility Number	15140
		region -	- a	101.0
FARMINGTON PRESBYTERIAN MAN	NOR			
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
EADMINICTON DDECDATEDIAN MAN	NOR			
FARMINGTON PRESBYTERIAN MAN	NOR	T. 1 1 (572) 757 (770)	A11	N
500 CAYCE ST	MO (2640 2010	<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	No
	MO 63640-2910	Level of Care RCF	Bed Capacity	60 N
Mailing Address 500 CAYCE ST	MO (2640 2010	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON 1	MO 63640-2910	Region 2	Facility Number	06181
FARMINGTON PRESBYTERIAN MAN	NOR			
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	Yes
FARMINGTON	MO 63640-2910	Level of Care SNF	Bed Capacity	90
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2910	Region 2 Medicare/Medicaid	Facility Number	06181
GREEN ACRES RESIDENTIAL CARE	FACILITY, LLC			
3688 SAND CREEK ROAD		<b>Telephone</b> (573) 756-2917	Alzheimer's Unit	No
	MO 63640-7350	Level of Care RCF	Bed Capacity	12
Mailing Address 3688 SAND CREEK RE		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7350	Region 2	Facility Number	17289
HARRIS RESIDENTIAL CARE CENTI	ER LLC			
401 SOUTH HENRY		<b>Telephone</b> (573) 756-5376	Alzheimer's Unit	No
	MO 63640-1823	Level of Care RCF*	Bed Capacity	37
Mailing Address PO BOX 671	03040-1023	County SAINT FRANCOIS	DMH Licensed	Yes
	MO 63640-0675	•	Facility Number	02256
I ANNIHOTON	03040-0073	Region 2	racinty Number	02230

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 34 of 137

<sup>\*\*</sup> 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)).

MADLE DIDGE DEGIDENWIAL GA	DE CENTED LI C			
MAPLE RIDGE RESIDENTIAL CA	RE CENTER LLC	Telephone (572) 760 0155	Alahaiman'a Unit	No
1034 DORIS DR	MO 62640 1054	Telephone (573) 760-0155 Level of Care RCF*	Alzheimer's Unit	No 20
FARMINGTON Mailing Address PO BOX 272	MO 63640-1954	County SAINT FRANCOIS	Bed Capacity DMH Licensed	Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number	19808
PARMINOTON	WO 03040-0272	Region 2	Facility Number	19808
MAPLEBROOK-ASSISTED LIVING	G BY AMERICARE			
520 MAPLE VALLEY DR		<b>Telephone</b> (573) 756-2777	Alzheimer's Unit	Yes
FARMINGTON	MO 63640-1981	Level of Care ALF**	<b>Bed Capacity</b>	61
Mailing Address 520 MAPLE VALLE	Y DR	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-1981	Region 2	Facility Number	28635
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	333 33 75 25	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0510	Region 2	Facility Number	14868
SOUTHBROOK NURSING CENTER	R	T. 1 (572) 757 (759)	A1 1 1	N
1101 HAZEL LANE	MO (2640 1020	<b>Telephone</b> (573) 756-6658	Alzheimer's Unit	No 104
FARMINGTON	MO 63640-1920	Level of Care SNF	Bed Capacity	104
Mailing Address 1101 HAZEL LANE	MO (2640 1020	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-1920	Region 2 Medicare/Medicaid	Facility Number	02577
ST FRANCOIS MANOR				
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care RCF*	Bed Capacity	29
Mailing Address 1180 OLD JACKSON		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2	Facility Number	21512
ST FRANCOIS MANOR				
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care SNF	Bed Capacity	118
Mailing Address 1180 OLD JACKSON	N RD	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-3428	Region 2 Medicare/Medicaid	Facility Number	21512
ST FRANCOIS MANOR				
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care RCF	<b>Bed Capacity</b>	11
Mailing Address 1180 OLD JACKSON	N RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2	Facility Number	21512
	FAX	YETTE		
ASHBURY HEIGHTS OF FAYETTE	E			
200 GROCE ST		<b>Telephone</b> (660) 248-3603	Alzheimer's Unit	No
FAYETTE	MO 65248-9813	<b>Level of Care</b> RCF	<b>Bed Capacity</b>	12
Mailing Address 200 GROCE ST		County HOWARD	DMH Licensed	No
FAYETTE	MO 65248-9813	Region 5	Facility Number	23894

Tuesday, May 6, 2025 Page 35 of 137

<sup>\*</sup> 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)).

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		County HOWARD	DMH Licensed	Yes
FAYETTE	MO 65248-9658	Region 5	Facility Number	28815
	FEN	TON		
DELMAR GARDENS OF MERAME	C VALLEY			
1 ARBOR TERRACE		<b>Telephone</b> (636) 343-0016	Alzheimer's Unit	Yes
FENTON	MO 63026-3900	Level of Care SNF	<b>Bed Capacity</b>	190
Mailing Address 1 ARBOR TERRACI	E	County SAINT LOUIS COUNTY	DMH Licensed	No
FENTON	MO 63026-3900	Region 7 Medicare/Medicaid	Facility Number	13468
FIESER NURSING CENTER				
404 MAIN ST		<b>Telephone</b> (636) 343-4344	Alzheimer's Unit	No
FENTON	MO 63026-4107	Level of Care SNF	Bed Capacity	60
Mailing Address 404 MAIN ST	WIO 03020-4107	County SAINT LOUIS COUNTY	DMH Licensed	No
FENTON	MO 63026-4107	Region 7 Medicaid	Facility Number	02569
TENTON	MO 03020-4107	Region / Medicaid	Facility Number	02309
MAPLE GROVE WELLNESS & RE	HABILITATION			
560 CORISANDE HILLS RD		<b>Telephone</b> (636) 343-2282	Alzheimer's Unit	No
FENTON	MO 63026-5613	Level of Care SNF	<b>Bed Capacity</b>	144
Mailing Address 560 CORISANDE HI	ILLS RD	County JEFFERSON	DMH Licensed	No
FENTON	MO 63026-5613	Region 2 Medicare/Medicaid	Facility Number	01800
	FERG	USON		
ARBOR HILLS NURSING AND REI	HABILITATION CENTER			
800 CHAMBERS RD		<b>Telephone</b> (314) 524-1111	Alzheimer's Unit	No
FERGUSON	MO 63135-2133	Level of Care SNF	<b>Bed Capacity</b>	150
Mailing Address 800 CHAMBERS RI	)	County SAINT LOUIS COUNTY	DMH Licensed	No
FERGUSON	MO 63135-2133	Region 7 Medicare/Medicaid	Facility Number	01435
O L W WANGE I CHAN I ED MUDGING	A DELLA DALATA MANA CENTRED			
OAK KNOLL SKILLED NURSING	& REHABILITATION CENTER	TD 1 - 1 - (214) 521 7410	A1 1	NI-
37 N CLARK AVE	MO (2125 2222	<b>Telephone</b> (314) 521-7419	Alzheimer's Unit	No
FERGUSON	MO 63135-2323	Level of Care SNF  County SAINT LOUIS COUNTY	Bed Capacity	72 No.
Mailing Address 37 N CLARK AVE FERGUSON	MO 63135-2323	County SAINT LOUIS COUNTY  Region 7 Medicare/Medicaid	DMH Licensed Facility Number	No 05864
		-		
	FEST	TUS		
COLLINS HOUSE, THE				
102 COLLINS RD		<b>Telephone</b> (314) 749-0986	Alzheimer's Unit	NO
FESTUS	MO 63028-	Level of Care ALF**	<b>Bed Capacity</b>	8
Mailing Address 102 COLLINS RD		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-	Region 2	Facility Number	33443
COLONIAL HOUSE OF FESTUS II				
129 GRAY ST		<b>Telephone</b> (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 1050	Dogion 2	Facility Number	07222

**Facility Number** 

07322

MO 63028-1950

**FESTUS** 

Tuesday, May 6, 2025 Page 36 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CRYSTAL OAKS					
1500 CALVARY CHURCH RD		Telephone	(636) 933-1818	Alzheimer's Unit	Yes
	MO 63028-4125	Level of Care	` '	Bed Capacity	131
Mailing Address 1500 CALVARY CHUR			FFERSON	DMH Licensed	No
•	MO 63028-4125	Region 2	Medicare/Medicaid	Facility Number	99932
123103	WIO 03026-4123	Region 2	Medicare/Medicaid	Pacifity Number	99932
CRYSTAL OAKS					
1500 CALVARY CHURCH RD		Telephone	(636) 933-1818	Alzheimer's Unit	Yes
FESTUS I	MO 63028-4125	Level of Care	ALF**	Bed Capacity	60
Mailing Address 1500 CALVARY CHUR	RCH RD	County JEF	FERSON	DMH Licensed	No
•	MO 63028-4125	Region 2		Facility Number	99932
FESTUS MANOR					
627 WESTWOOD DR S		Telephone	(636) 931-9066	Alzheimer's Unit	No
FESTUS I	MO 63028-2062	Level of Care	SNF	Bed Capacity	150
Mailing Address 627 WESTWOOD DR S		County JEF	FERSON	DMH Licensed	No
FESTUS	MO 63028-2062	Region 2		Facility Number	02546
EQUINTAINDE EATINGENIC CENTRE	D				
FOUNTAINBLEAU NURSING CENTE	К	T 1 1	(626) 027 2500	A1 1	N
1349 HIGHWAY 61	MO (2000 4107	Telephone	(636) 937-3500	Alzheimer's Unit	No
	MO 63028-4107	Level of Care		Bed Capacity	106
Mailing Address PO BOX 700	MO 50000 0000	•	FERSON	DMH Licensed	No
FESTUS I	MO 63028-0700	Region 2	Medicare/Medicaid	Facility Number	17080
MAGNOLIA HOUSE					
204 GRAND AVE		Telephone	(636) 933-0662	Alzheimer's Unit	No
	MO 63028-1842	Level of Care	` '	Bed Capacity	12
Mailing Address 204 GRAND AVE			FERSON	DMH Licensed	Yes
	MO 63028-1842	Region 2		Facility Number	13697
MY PLACE RESIDENTIAL CARE, L.C	C				
23 NORTH SIXTH ST		Telephone	(636) 933-1793	Alzheimer's Unit	No
	MO 63028-1301	Level of Care		Bed Capacity	44
Mailing Address 23 NORTH SIXTH ST		•	FFERSON	DMH Licensed	Yes
FESTUS I	MO 63028-1301	Region 2		Facility Number	10631
SUPERIOR MANOR OF FESTUS, LLC					
12827 HIGHWAY TT		Telephone	(636) 352-1000	Alzheimer's Unit	No
	MO 63028-4351	Level of Care	` '	Bed Capacity	55
Mailing Address 12827 HWY TT	35020 1551		FERSON	DMH Licensed	No
	MO 63028-4351	Region 2	Medicare/Medicaid	Facility Number	06820
Libror	05020 1551	Region 2	Wiculcai C/Wiculcaiu	Tuelley Tulliger	00020
	FLORIS	SANT			
BENTWOOD NURSING & REHAB					
1501 CHARBONIER RD		Telephone	(314) 921-2700	Alzheimer's Unit	No
FLORISSANT	MO 63031-5308	Level of Care	SNF	<b>Bed Capacity</b>	116
Mailing Address 1501 CHARBONIER RI	D	County SA	INT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-5308	Region 7	Medicare/Medicaid	<b>Facility Number</b>	14817

Tuesday, May 6, 2025 Page 37 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CONVERSE HOME			
17025 OLD JAMESTOWN RD	<b>Telephone</b> (314) 355-8041	Alzheimer's Unit	No
FLORISSANT MO 63034-1414	Level of Care RCF	Bed Capacity	12
Mailing Address 17025 OLD JAMESTOWN RD	County SAINT LOUIS COUNTY	DMH Licensed	Yes
FLORISSANT MO 63034-1414	Region 7	Facility Number	01777
PLONESSANT MO 03034-1414	Region /	racinty Number	01///
CDECTWOOD HEATTH CADE CENTED LLC			
CRESTWOOD HEALTH CARE CENTER, LLC	T-lh (214) 741 2525	A 1-1:!- T 1:4	NI.
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	Facility Number	14296
ELODICCANTE VALLEY HEAT THE C DEHABIT TEATION CENTEED			
FLORISSANT VALLEY HEALTH & REHABILITATION CENTER 1200 GRAHAM RD	Talanhana (214) 929 6555	Alzheimer's Unit	No
	Telephone (314) 838-6555 Level of Care SNF		No 98
FLORISSANT MO 63031-8015		Bed Capacity	
Mailing Address 1200 GRAHAM RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number	00154
CADDEN DI AZA QE EL QDICCANIT			
GARDEN PLAZA OF FLORISSANT	Tolonhous (214) 470 1410	Alahaima-!- II:4	<b>V</b>
1101 GARDEN PLAZA DR	<b>Telephone</b> (314) 470-1410	Alzheimer's Unit	Yes
FLORISSANT MO 63033-2269	Level of Care ALF**	Bed Capacity	102
Mailing Address 1101 GARDEN PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63033-2269	Region 7	Facility Number	27826
I AKEVIEW DOST ACTITE			
LAKEVIEW POST ACUTE	T-l (214) 921 2752	A 1-1:!- T 1:4	NI.
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 PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63033-2230	Region 7 Medicare/Medicaid	Facility Number	27146
PILLARS OF NORTH COUNTY HEALTH & REHABILITATION CENTER	R THE		
13700 OLD HALLS FERRY RD	<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 FERRY RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63033-4109	•	Facility Number	07440
TEORISSANT MO 03035-4109	Region 7 Medicare/Medicaid	racinty Number	07440
RANCHO REHAB AND HEALTHCARE CENTER			
615 RANCHO LN	<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	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-1717	•	Facility Number	
PLORISSANT MO 05051-1/1/	Region 7 Medicare/Medicaid	Facility Number	02585
ST SOPHIA HEALTH & REHABILITATION CENTER			
936 CHARBONIER RD	<b>Telephone</b> (314) 831-4800	Alzheimer's Unit	No
FLORISSANT MO 63031-5220	Level of Care SNF	Bed Capacity	240
Mailing Address 936 CHARBONIER RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-5220	•	Facility Number	07631
11-LORISSAN1 MIO 03031-3220	Region 7 Medicare/Medicaid	racinty Number	0/031
STONEBRIDGE FLORISSANT			
6768 NORTH HIGHWAY 67	<b>Telephone</b> (314) 741-9101	Alzheimer's Unit	No
FLORISSANT MO 63034-2742	Level of Care SNF	Bed Capacity	120
Mailing Address 6768 NORTH HWY 67	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63034-2742	Region 7 Medicare/Medicaid	Facility Number	14200
- 550012712			1.200

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 38 of 137

<sup>\*\*</sup> 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)).

WILLOWCREEK WELLNESS & REHABILITATION 250 NEW FLORISSANT RD SOUTH FLORISSANT MO 63031-6716 Mailing Address 250 NEW FLORISSANT RD SOUTH FLORISSANT MO 63031-6716	Telephone (314) 838-2211 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 158 No 05782
110 03031 0/10	Region / Medical C/Medicald	Tacinty (value)	03762
F(	ORSYTH		
FORSYTH CARE CENTER			
477 COY BLVD	<b>Telephone</b> (417) 546-6337	Alzheimer's Unit	No
FORSYTH MO 65653-5132	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 640 FORSYTH MO 65653-0640	County TANEY  Region 1 Medicare/Medicaid	DMH Licensed Facility Number	No 18870
FOR511H 141O 03033-0040	Region 1 Medicare/Medicaid	Facility Number	16670
LAKESIDE MOUNTAIN MANOR			
238 HARMONY HEIGHTS	<b>Telephone</b> (417) 546-5595	Alzheimer's Unit	No
FORSYTH MO 65653-5533	Level of Care RCF	<b>Bed Capacity</b>	40
Mailing Address 238 HARMONY HEIGHTS	County TANEY	DMH Licensed	Yes
FORSYTH MO 65653-5533	Region 1	Facility Number	06232
EPEN	ERICKTOWN		
	EMCKIOWIV		
CLARU DEVILLE NURSING CENTER	m 1 1 (572) 792 2002	A1 1	V
105 SPRUCE ST FREDERICKTOWN MO 63645-1002	Telephone (573) 783-3993 Level of Care SNF	Alzheimer's Unit	Yes 90
Mailing Address 105 SPRUCE ST	County MADISON	Bed Capacity DMH Licensed	No
FREDERICKTOWN MO 63645-1002	Region 2 Medicare/Medicaid	Facility Number	17527
	C		
OZARK MANOR			
1013 HIGHWAY Z	<b>Telephone</b> (573) 783-8338	Alzheimer's Unit	No
FREDERICKTOWN MO 63645-8035	Level of Care ALF**	<b>Bed Capacity</b>	55
Mailing Address 1013 HIGHWAY Z	County MADISON	DMH Licensed	No
FREDERICKTOWN MO 63645-8035	Region 2	Facility Number	22947
WAGNER RESIDENTIAL CARE, INC			
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 DR	County MADISON	DMH Licensed	Yes
FREDERICKTOWN MO 63645-7947	Region 2	Facility Number	28451
F	ULTON		
ASHBURY HEIGHTS OF FULTON			
704 WEST CHESTNUT	<b>Telephone</b> (573) 642-2015	Alzheimer's Unit	No
FULTON MO 65251-1254	Level of Care RCF	Bed Capacity	12
Mailing Address 704 WEST CHESTNUT FULTON MO 65251-1254	County CALLAWAY	DMH Licensed Facility Number	No
FOLION WIO 03231-1234	Region 6	racinty Number	23923
BRISTOL MANOR OF FULTON			
750 SIGN PAINTER ROAD	<b>Telephone</b> (573) 642-7557	Alzheimer's Unit	No
FULTON MO 65251-2514	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 750 SIGN PAINTER RD	County CALLAWAY	DMH Licensed	No
FULTON MO 65251-2514	Region 6	Facility Number	18575

Tuesday, May 6, 2025 Page 39 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CHURCHILL TERRACE - ASSISTE	DI IVINC DV AMEDICADE			
120 HOSPITAL DR	DLIVING DI AMERICARE	<b>Telephone</b> (573) 642-5222	Alzheimer's Unit	No
FULTON	MO 65251-2511	Level of Care ALF**	Bed Capacity	57
Mailing Address 120 HOSPITAL DR	002012011	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2511	Region 6	Facility Number	20783
TOLION	120 00201 2011	Region V	Tuenty Tumber	20703
FULTON MANOR CARE CENTER				
520 MANOR DR		<b>Telephone</b> (573) 642-6834	Alzheimer's Unit	No
FULTON	MO 65251-2429	Level of Care SNF	<b>Bed Capacity</b>	52
Mailing Address 520 MANOR DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number	02725
ELIT TON NUDGING & DELIAD				
FULTON NURSING & REHAB		T-lh (572) (42,0202	A 1-1	V
1510 BLUFF ST	MO (5251 2245	<b>Telephone</b> (573) 642-0202	Alzheimer's Unit	Yes
FULTON	MO 65251-2345	Level of Care SNF	Bed Capacity	100
Mailing Address 1510 BLUFF ST	MO (5251 2245	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2345	Region 6 Medicare/Medicaid	Facility Number	03492
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	<b>Bed Capacity</b>	41
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6	Facility Number	18735
KINGDOM CARE SENIOR LIVING	LLC	m. 1. 1. (200) 210 2212		
811 CENTER ST	110	<b>Telephone</b> (573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care SNF	Bed Capacity	36
Mailing Address 811 CENTER ST	110 (727, 1000	County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6 Medicare/Medicaid	Facility Number	18735
VALLEY PARK NORTH				
2631 FAIRWAY DR		<b>Telephone</b> (573) 592-4995	Alzheimer's Unit	No
FULTON	MO 65251-3936	Level of Care RCF	<b>Bed Capacity</b>	19
Mailing Address 2631 FAIRWAY DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-3936	Region 6	Facility Number	29982
	GAINES	VII.I.F		
	- Onnves	,		
GAINESVILLE NURSING				
77 MEDICAL DR		<b>Telephone</b> (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care SNF	Bed Capacity	99
Mailing Address PO BOX 628		County OZARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1 Medicare/Medicaid	Facility Number	12868
	GALL	ATIN		
DAVIESS COLINEY MIDSING AND				
DAVIESS COUNTY NURSING AND 1 1337 WEST GRAND	REMADILITATION	<b>Telephone</b> (660) 663-2197	Alzheimer's Unit	Yes
GALLATIN	MO 64640-8320	•		97
	MO 64640-8320		Bed Capacity	
Mailing Address 1337 WEST GRAND	MO 64640 8320	County DAVIESS	DMH Licensed	No
GALLATIN	MO 64640-8320	Region 4 Medicare/Medicaid	Facility Number	02032

Tuesday, May 6, 2025 Page 40 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	GERA	LD	
	0 63037-2515	<b>Telephone</b> (573) 764-5141 <b>Level of Care</b> ALF**	Alzheimer's Unit No Bed Capacity 6
Mailing Address 533 E CANNAN RD GERALD MC	0 63037-2515	County FRANKLIN  Region 6	DMH Licensed N Facility Number 1392
	GIDE	ON	
GIDEON CARE CENTER			
300 LUNBECK		<b>Telephone</b> (573) 448-3505	Alzheimer's Unit Ye
	0 63848-9211	Level of Care SNF	Bed Capacity 7
Mailing Address PO BOX 197 GIDEON MC	O 63848-0197	County NEW MADRID  Region 2 Medicare/Medicaid	DMH Licensed N Facility Number 1553
GIDEON	03040-0197	Region 2 Medicare/Medicaid	Facility Number 1333
	GLADST	TONE	
CARE NETWORK OF GLADSTONE			
3000 NE 64TH ST		<b>Telephone</b> (816) 454-5130	Alzheimer's Unit N
	64119-1569	Level of Care ALF**	<b>Bed Capacity</b> 6
Mailing Address 3000 NE 64TH ST		County CLAY	DMH Licensed N
GLADSTONE MC	0 64119-1569	Region 4	Facility Number 1251
GRAND ROYALE, THE			
2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit No
GLADSTONE MC	64119-1831	Level of Care ALF**	Bed Capacity 2
Mailing Address 2900 NE KENDALLWOOI	D PKWY	County CLAY	DMH Licensed N
GLADSTONE MC	O 64119-1831	Region 4	Facility Number 0308
LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit N
GLADSTONE MC	64119-7400	Level of Care SNF	Bed Capacity 4
Mailing Address 2901 NE 72ND STREET		County CLAY	DMH Licensed N
GLADSTONE MC	O 64119-7400	Region 4 Medicare/Medicaid	Facility Number 3015
LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit N
GLADSTONE MC	64119-7400	Level of Care ALF**	Bed Capacity 4
Mailing Address 2901 NE 72ND STREET		County CLAY	DMH Licensed N
GLADSTONE MC	O 64119-7400	Region 4	Facility Number 3015
	GLASG	GOW	
GLASGOW GARDENS			
100 AUDSLEY DR		<b>Telephone</b> (660) 338-2297	Alzheimer's Unit N
	0 65254-9537	Level of Care SNF	Bed Capacity 5
Mailing Address 100 AUDSLEY DR	) 65254 0527	County HOWARD	DMH Licensed N
GLASGOW MC	0 65254-9537	Region 5 Medicare/Medicaid	Facility Number 0165

Tuesday, May 6, 2025 Page 41 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

		GOWER		
GOWER CONVALESCENT CEN	TED INC			
323 SOUTH HIGHWAY 169	TER, INC	<b>Telephone</b> (816) 424-6483	Alzheimer's Unit	No
GOWER	MO 64454-9116	Level of Care SNF	Bed Capacity	82
Mailing Address PO BOX 170	WO 04434-7110	County CLINTON	DMH Licensed	No
GOWER	MO 64454-0170	•	Facility Number	03107
OOWER	MO 04434-0170	Region 4 Medicare/Medicaid	racinty Number	03107
	G	RAIN VALLEY		
BEEHIVE HOMES OF GRAIN V	ALLEY			
101 CROSS CREEK DR		<b>Telephone</b> (816) 224-2700	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-9561	Level of Care ALF**	Bed Capacity	32
Mailing Address 101 CROSS CRE	EK DR	County JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-9561	Region 3	Facility Number	24279
ESSEX OF GRAIN VALLEY, TH	TE.			
401 SOUTHWEST ROCK CREEK		<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 SOUTHWES		County JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-8460	Region 3	Facility Number	24475
Old III ( VIEDE I	1.10 01027 0100	Region 5	racinty runiber	24473
		GRANBY		
GRANBY HOUSE				
301 SOUTH MAIN		<b>Telephone</b> (417) 472-6271	Alzheimer's Unit	No
GRANBY	MO 64844-8336	Level of Care SNF	Bed Capacity	60
Mailing Address 301 SOUTH MAI		County NEWTON	DMH Licensed	No
GRANBY	MO 64844-8336	Region 1 Medicare/Medicaid	Facility Number	16481
		GRANDVIEW		
LIEE CARE CENTER OF CRAN		014.1.2 (12)		
LIFE CARE CENTER OF GRAN 6301 EAST 125TH ST	DVIEW	<b>Telephone</b> (816) 765-7714	Alzheimer's Unit	Yes
GRANDVIEW	MO 64030-1884	Level of Care SNF	Bed Capacity	172
Mailing Address 6301 EAST 125T		County JACKSON	DMH Licensed	No
GRANDVIEW	MO 64030-1884	Region 3 Medicare/Medicaid	Facility Number	11929
ORANDVIEW	WO 04030-1004	Region 5 Medicare/Medicard	racinty Number	11929
VILLAGE AT CARROLL PARK	, THE			
5301 HARRY TRUMAN DR		<b>Telephone</b> (816) 761-6838	Alzheimer's Unit	No
GRANDVIEW	MO 64030-1708	<b>Level of Care</b> ICF	<b>Bed Capacity</b>	93
Mailing Address 5301 HARRY TR	RUMAN DR	County JACKSON	DMH Licensed	No
GRANDVIEW	MO 64030-1708	Region 3	Facility Number	03157
		GRANT CITY		
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
· · ·				30371

Tuesday, May 6, 2025 Page 42 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

WORTH COUNTY CONVALESCEN	T CENTER			
503 E 4TH ST		<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		County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	Facility Number	08779
	GREEN	VILLE		
GREENVILLE HEALTH CARE CEN	TED			
117 SYCAMORE ST	(IER	<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	110 03911 0000	County WAYNE	DMH Licensed	No
GREENVILLE	MO 63944-0108	Region 2 Medicare/Medicaid	Facility Number	15550
GREENVILLE	WO 03344-0106	Region 2 Medicare/Medicald	racinty Number	13330
	HAMIL	TON		
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
			•	
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	Facility Number	03315
	HANNI	<i>IBAL</i>		
BELOVED HEALTH AND REHABII		<i>IBAL</i>		
BELOVED HEALTH AND REHABII 328 MUNGER LANE		Telephone (573) 577-2100	Alzheimer's Unit	No
			Alzheimer's Unit Bed Capacity	No 111
328 MUNGER LANE	LITATION CENTER  MO 63401-2361	<b>Telephone</b> (573) 577-2100		
328 MUNGER LANE HANNIBAL	LITATION CENTER  MO 63401-2361	Telephone (573) 577-2100 Level of Care SNF	Bed Capacity	111
328 MUNGER LANE HANNIBAL <b>Mailing Address</b> 328 MUNGER LANE HANNIBAL	LITATION CENTER  MO 63401-2361	Telephone (573) 577-2100 Level of Care SNF County MARION	Bed Capacity DMH Licensed	111 No
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME	LITATION CENTER  MO 63401-2361	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	111 No 03340
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST	MO 63401-2361 MO 63401-2361	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	111 No 03340 Yes
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL	LITATION CENTER  MO 63401-2361	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	111 No 03340 Yes 105
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST	MO 63401-2361 MO 63401-2361 MO 63401-2600	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	111 No 03340 Yes 105 No
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL	MO 63401-2361 MO 63401-2361	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	111 No 03340 Yes 105
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST	MO 63401-2361 MO 63401-2361 MO 63401-2600	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	111 No 03340 Yes 105 No
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST HANNIBAL	MO 63401-2361 MO 63401-2361 MO 63401-2600	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	111 No 03340 Yes 105 No
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST HANNIBAL COUNTRY AIRE ESTATES, LLC	MO 63401-2361 MO 63401-2361 MO 63401-2600	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	111 No 03340 Yes 105 No 00469
328 MUNGER LANE HANNIBAL Mailing Address 328 MUNGER LANE HANNIBAL BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST HANNIBAL COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN	MO 63401-2361 MO 63401-2361 MO 63401-2600 MO 63401-2600 MO 63401-7356	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	111 No 03340 Yes 105 No 00469
328 MUNGER LANE HANNIBAL  Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL  Mailing Address 2500 PLEASANT ST HANNIBAL  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN HANNIBAL	MO 63401-2361 MO 63401-2361 MO 63401-2600 MO 63401-2600 MO 63401-7356	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	111 No 03340 Yes 105 No 00469
328 MUNGER LANE HANNIBAL  Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL  Mailing Address 2500 PLEASANT ST HANNIBAL  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN HANNIBAL  Mailing Address 49303 RENSSELAER HANNIBAL	MO 63401-2361 MO 63401-2361 MO 63401-2600 MO 63401-2600 MO 63401-7356 ELN MO 63401-7356	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400 Level of Care RCF* County RALLS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	111 No 03340 Yes 105 No 00469 No 16 Yes
328 MUNGER LANE HANNIBAL  Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL  Mailing Address 2500 PLEASANT ST HANNIBAL  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN HANNIBAL  Mailing Address 49303 RENSSELAER HANNIBAL  Mailing Address 49303 RENSSELAER HANNIBAL	MO 63401-2361 MO 63401-2361 MO 63401-2600 MO 63401-2600 MO 63401-7356 ELN MO 63401-7356	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400 Level of Care RCF* County RALLS Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	111 No 03340 Yes 105 No 00469 No 16 Yes 14270
328 MUNGER LANE HANNIBAL  Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL  Mailing Address 2500 PLEASANT ST HANNIBAL  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN HANNIBAL  Mailing Address 49303 RENSSELAER HANNIBAL  HAROLD AND LOUISE HEALTHCA 135 COMMUNICATION DR	MO 63401-2361 MO 63401-2361 MO 63401-2600 MO 63401-2600 MO 63401-7356 ELN MO 63401-7356 ARE CENTER	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400 Level of Care RCF* County RALLS Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	111 No 03340 Yes 105 No 00469 No 16 Yes 14270
328 MUNGER LANE HANNIBAL  Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL  Mailing Address 2500 PLEASANT ST HANNIBAL  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN HANNIBAL  Mailing Address 49303 RENSSELAER HANNIBAL  HAROLD AND LOUISE HEALTHCA 135 COMMUNICATION DR HANNIBAL	MO 63401-2361  MO 63401-2361  MO 63401-2600  MO 63401-2600  MO 63401-7356  LN  MO 63401-7356  ARE CENTER  MO 63401-3670	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400 Level of Care RCF* County RALLS Region 5  Telephone (573) 221-1189 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	111 No 03340 Yes 105 No 00469 No 16 Yes 14270
328 MUNGER LANE HANNIBAL  Mailing Address 328 MUNGER LANE HANNIBAL  BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL  Mailing Address 2500 PLEASANT ST HANNIBAL  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LN HANNIBAL  Mailing Address 49303 RENSSELAER HANNIBAL  HAROLD AND LOUISE HEALTHCA 135 COMMUNICATION DR	MO 63401-2361  MO 63401-2361  MO 63401-2600  MO 63401-2600  MO 63401-7356  LN  MO 63401-7356  ARE CENTER  MO 63401-3670	Telephone (573) 577-2100 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-6500 Level of Care SNF County MARION Region 5 Medicare/Medicaid  Telephone (573) 221-5400 Level of Care RCF* County RALLS Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	111 No 03340 Yes 105 No 00469 No 16 Yes 14270

Tuesday, May 6, 2025 Page 43 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

LEVERING REGIONAL HEALTH C.	ARE CENTER	T		
1734 MARKET ST	MO (2401 4025	<b>Telephone</b> (573) 221-2930	Alzheimer's Unit	No
HANNIBAL	MO 63401-4025	Level of Care RCF*	Bed Capacity	35 V
Mailing Address 1734 MARKET ST HANNIBAL	MO 62401 4025	County MARION	DMH Licensed Facility Number	Yes
HANNIBAL	MO 63401-4025	Region 5	Facility Number	15954
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	Bed Capacity	64
Mailing Address 3170 HIGHWAY 61 N	IORTH	County MARION	DMH Licensed	No
HANNIBAL	MO 63401-6571	Region 5 Medicare/Medicaid	Facility Number	04673
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 03401 2939	County MARION	DMH Licensed	No
HANNIBAL	MO 63401-2959	Region 5	Facility Number	25358
	HARRISO	NVILLE		
CROWN REHAB AND HEALTHCAR	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
GOLDEN YEARS CENTER FOR REI	HAB AND HEALTHCARE			
2001 JEFFERSON PARKWAY		<b>Telephone</b> (816) 380-4731	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-3714	Level of Care SNF	Bed Capacity	128
Mailing Address 2001 JEFFERSON PA	RKWAY	County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-3714	Region 3 Medicare/Medicaid	Facility Number	12458
MEADOW VIEW HEALTH & REHA	BILITATION			
2203 EAST MECHANIC ST	<del></del>	<b>Telephone</b> (816) 380-2622	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-2060	Level of Care SNF	Bed Capacity	120
Mailing Address 2203 EAST MECHAN	NIC ST	County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-2060	Region 3 Medicare/Medicaid	Facility Number	00968
	HARTV	VII I F		
нартун ге саре семпер	IIII(I V			
HARTVILLE CARE CENTER 649 WEST ROLLA ST		Tolophono (417) 741 6102	Alzheimer's Unit	No
HARTVILLE	MO 65667-8221	Telephone (417) 741-6192 Level of Care SNF	Bed Capacity	60
Mailing Address 649 WEST ROLLA ST		County WRIGHT	DMH Licensed	No
HARTVILLE	MO 65667-8221	Region 1 Medicare/Medicaid	Facility Number	17946
TH INCLUDE	110 03007 0221	region 1 Medical e/Medicald	racinty runiber	17740
	HERCUL	ANEUM		
AUTUMN RIDGE RESIDENCES				
300 AUTUMN RIDGE DR		<b>Telephone</b> (636) 931-8400	Alzheimer's Unit	No
HERCULANEUM	MO 63048-1506	Level of Care RCF*	Bed Capacity	81
Mailing Address 300 AUTUMN RIDGE	E DR	County JEFFERSON	DMH Licensed	Yes

Region 2

**Facility Number** 

15845

MO 63048-1506

HERCULANEUM

Tuesday, May 6, 2025 Page 44 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

SCENIC NURSING AND REHABILI	TATION CENTER, LLC			
1333 SCENIC DR	MO (2040 1550	<b>Telephone</b> (636) 931-2995	Alzheimer's Unit	Yes
HERCULANEUM	MO 63048-1550	Level of Care SNF County JEFFERSON	Bed Capacity DMH Licensed	189 No
Mailing Address 1333 SCENIC DR HERCULANEUM	MO 63048-1550	County JEFFERSON  Region 2 Medicare/Medicaid	Facility Number	09605
HERCOLANEOW	WIO 03046-1330	Region 2 Medicare/Medicaid	racinty Number	09003
	HERM	IANN		
STONEBRIDGE HERMANN				
1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care SNF	<b>Bed Capacity</b>	118
Mailing Address PO BOX 468		County GASCONADE	DMH Licensed	No
HERMANN	MO 65041-0468	Region 6 Medicare/Medicaid	Facility Number	02690
STONEBRIDGE HERMANN				
1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care ALF	<b>Bed Capacity</b>	18
Mailing Address PO BOX 468		County GASCONADE	DMH Licensed	No
HERMANN	MO 65041-0468	Region 6	Facility Number	02690
VICTORIAN PLACE OF HERMANN	N, RESIDENTIAL CARE BY AMERIC	ARE		
2120 VILLAGE LANE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>Telephone</b> (573) 486-5060	Alzheimer's Unit	No
HERMANN	MO 65041-1600	Level of Care RCF	Bed Capacity	48
Mailing Address 2120 VILLAGE LAN	E	County GASCONADE	DMH Licensed	No
HERMANN	MO 65041-1600	Region 6	Facility Number	24982
	HERMI	TAGE		
HERMITAGE NURSING & REHAB				
18599 FIRST STREET		<b>Telephone</b> (417) 745-2111	Alzheimer's Unit	Yes
HERMITAGE	MO 65668-9129	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 325		County HICKORY	DMH Licensed	No
HERMITAGE	MO 65668-0325	Region 1 Medicare/Medicaid	Facility Number	10240
	HIGGIN	SVILLE		
MEYER CARE CENTER				
1201 WEST 19TH ST		<b>Telephone</b> (660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care ALF**	<b>Bed Capacity</b>	39
Mailing Address 1201 WEST 19TH ST		County LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3	Facility Number	05326
MEYER CARE CENTER				
1201 WEST 19TH ST		<b>Telephone</b> (660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care SNF	<b>Bed Capacity</b>	56
Mailing Address 1201 WEST 19TH ST		County LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3 Medicare/Medicaid	Facility Number	05326
	HOLI	DEN		
BRISTOL MANOR OF HOLDEN				
501 WEST SECOND	NO 64040 1207	<b>Telephone</b> (816) 732-6789	Alzheimer's Unit	No
HOLDEN	MO 64040-1205	Level of Care RCF	Bed Capacity	12 N-
Mailing Address 501 WEST SECOND	MO 64040 1205	County JOHNSON	DMH Licensed	No
HOLDEN	MO 64040-1205	Region 3	Facility Number	17951

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 45 of 137

<sup>\*\*</sup> 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)).

HOLDEN MANOR HEALTH & REH	ABILITATION			
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 LEXING		County JOHNSON	DMH Licensed	No
HOLDEN	MO 64040-1610	Region 3 Medicare/Medicaid	Facility Number 0	8334
	HOLLI	STER		
POINT LOOKOUT NURSING & REF	HAR			
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 HIC		County TANEY	DMH Licensed	No
HOLLISTER	MO 65672-6239	Region 1 Medicare/Medicaid		2716
	HOLTS S	UMMIT		
TIMBERS ASSISTED LIVING, THE				
239 KAREN DRIVE		<b>Telephone</b> (573) 415-0390	Alzheimer's Unit	Yes
HOLTS SUMMIT	MO 65043-2522	Level of Care ALF**	Bed Capacity	100
Mailing Address 239 KAREN DRIVE		County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number 3	0384
VALLEY PARK RETIREMENT CEN	NTER			
355 KAREN DR		<b>Telephone</b> (573) 896-0208	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2519	Level of Care RCF	Bed Capacity	22
Mailing Address 355 KAREN DR	1.00	County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2519	Region 6	Facility Number 2	7986
	HOUS	TON		
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 1	0626
	HUMANS	SVII I F		
		) VILIL		
BIG SPRING CARE CENTER FOR R 202 EAST MILL ST	REHAB AND HEALTHCARE	Tolophono (417) 754 9711	Alghaiman's IIn:4	NT -
	MO (5(74.9507	<b>Telephone</b> (417) 754-8711	Alzheimer's Unit	No
HUMANSVILLE  Mailing Address 202 EAST MILL ST	MO 65674-8507	Level of Care SNF	Bed Capacity DMH Licensed	60 No
HUMANSVILLE	MO 65674-8507	County POLK  Region 1 Medicare/Medicaid		.8672
TOWANSVILLE	WO 03074-0307	kegion i Medicare/Medicaid	racinty Number	.0072
LAKESHORES RESIDENTIAL CAR	E FACILITY			
102 SOUTH BOLIVAR RD		<b>Telephone</b> (417) 754-2272	Alzheimer's Unit	No
HUMANSVILLE	MO 65674-8553	Level of Care RCF*	Bed Capacity	30
Mailing Address PO BOX 221		County POLK	DMH Licensed	Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number 1	5309
NORTHWOOD HILLS CARE CENT	ER	T-11	Allahadan I XI M	37
800 NORTH ARTHUR ST		<b>Telephone</b> (417) 754-2208	Alzheimer's Unit	Yes
HUMANSVILLE	MO 65674 9655	Level of Cone CME	Dad Canacit-	
Mailing Address DO DOV 197	MO 65674-8655	Level of Care SNF	Bed Capacity DMH Licensed	120 No
Mailing Address PO BOX 187 HUMANSVILLE	MO 65674-8655 MO 65674-0187	Level of Care SNF County POLK Region 1 Medicare/Medicaid	DMH Licensed	No 0607

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 46 of 137

<sup>\*\*</sup> 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)).

	HUNTS	VILLE		
BROOK CHERITH ASSISTED LIVIN	NG			
104 EAST ELM ST		<b>Telephone</b> (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
TOTAL STEEL	110 03237 1111	Region 5	racinty (value)	10710
	INDEPEN	DENCE		
BAPTIST HOMES OF INDEPENDEN	ICE			
17451 MEDICAL CENTER PARKWAY		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit	NO
INDEPENDENCE	MO 64057-1805	Level of Care RCF	<b>Bed Capacity</b>	20
Mailing Address 17451 MEDICAL CEN	NTER PARKWAY	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3	Facility Number	03782
BAPTIST HOMES OF INDEPENDEN		m		
17451 MEDICAL CENTER PARKWAY		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care SNF	Bed Capacity	118
Mailing Address 17451 MEDICAL CEN		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3 Medicare/Medicaid	Facility Number	03782
BLUE HILLS REST HOME, INC				
2207 NORTH BLUE MILLS RD		<b>Telephone</b> (816) 796-3376	Alzheimer's Unit	No
INDEPENDENCE	MO 64058-2022	Level of Care ALF**	Bed Capacity	63
Mailing Address 2207 N BLUE MILLS	SRD	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64058-2022	Region 3	Facility Number	11146
CARNEL WALGINER LATEGO & REL	AA DALAMA MAANA			
CARMEL HILLS WELLNESS & REF	HABILITATION	(016) 461 0600		**
810 EAST WALNUT ST	110 (1050 1025	<b>Telephone</b> (816) 461-9600	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64050-4025	Level of Care SNF	Bed Capacity	194
Mailing Address 810 EAST WALNUT		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-4025	Region 3 Medicare/Medicaid	Facility Number	23422
INDEPENDENCE MANOR CARE CE	ENTER			
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 KINGS	HIGHWAY	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64055-1853	Region 3 Medicare/Medicaid	Facility Number	03807
IACKSON CDEEK MEMODY CADE				
JACKSON CREEK MEMORY CARE 19400 EAST 40TH ST COURT SOUTH		<b>Telephone</b> (816) 478-5689	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64057-1548	Level of Care ICF		70
Mailing Address 19400 EAST 40TH ST		County JACKSON	Bed Capacity DMH Licensed	No
INDEPENDENCE	MO 64057-1548			
INDELENDENCE	1V1O U+UJ /-1J40	Region 3	Facility Number	25894
JACKSON CREEK POST ACUTE				
3980 SOUTH JACKSON DR		<b>Telephone</b> (816) 795-1433	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-2205	Level of Care ALF**	<b>Bed Capacity</b>	62
Mailing Address 3980 S JACKSON DR		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-2205	Region 3	Facility Number	25709

Tuesday, May 6, 2025 Page 47 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

JACKSON CREEK POST ACUTE			
3980 SOUTH JACKSON DR	<b>Telephone</b> (816) 795-1433	Alzheimer's Unit	No
INDEPENDENCE MO 64057-2205	Level of Care SNF	Bed Capacity	120
Mailing Address 3980 S JACKSON DR	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64057-2205	Region 3 Medicare/Medicaid	Facility Number	25709
INDEFENDENCE NIO 04037-2203	Region 5 Medicare/Medicard	racinty Number	23709
MAYWOOD MANOR			
1041 WEST TRUMAN RD	<b>Telephone</b> (816) 254-6789	Alzheimer's Unit	No
INDEPENDENCE MO 64050-3447	Level of Care RCF*	Bed Capacity	24
Mailing Address 1041 WEST TRUMAN RD	County JACKSON	DMH Licensed	Yes
INDEPENDENCE MO 64050-3447	Region 3	Facility Number	03948
INDEFENDENCE MO 04030-3447	Region 3	racinty Number	03946
MAYWOOD TERRACE LIVING CENTER			
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 RD	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64052-2258	Region 3 Medicare/Medicaid	Facility Number	08673
INDEFENDENCE NIO 04032-2236	Region 3 Medicare/Medicaid	racinty Number	08073
MONTEREY PARK REHABILITATION & HEALTH CARE CENTER			
4600 LITTLE BLUE PARKWAY	<b>Telephone</b> (816) 795-7888	Alzheimer's Unit	No
INDEPENDENCE MO 64057-8302	Level of Care SNF	Bed Capacity	122
Mailing Address 4600 LITTLE BLUE PARKWAY	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64057-8302	Region 3 Medicare/Medicaid	Facility Number	15987
INDEFENDENCE NIO 04037-0302	Region 5 Medicare/Medicard	racinty Number	13967
REHABILITATION CENTER OF INDEPENDENCE, 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
		•	
ROSEWOOD REHAB AND HEALTHCARE CENTER			
1415 WEST WHITE OAK	<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	Yes
INDEPENDENCE MO 64050-2590	Level of Care SNF	Bed Capacity	300
Mailing Address 1415 WEST WHITE OAK	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64050-2590	Region 3 Medicare/Medicaid	Facility Number	06604
		·	
SUNTERRA SPRINGS INDEPENDENCE			
19200 E 37TH TERRACE S	<b>Telephone</b> (816) 335-3008	Alzheimer's Unit	No
INDEPENDENCE MO 64057-8324	Level of Care SNF	Bed Capacity	38
Mailing Address 19200 E 37TH TERRACE S	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64057-8324	Region 3 Medicare	Facility Number	30894
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	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64050-2557	Region 3	Facility Number	06604
WOOD OAKS INC			
WOOD OAKS, INC	Tolophone (915) 254 5400	Alzheimer's II-i4	No
1804 SOUTH STERLING AVE  NIDEDENDENCE MO 64052 2845	Telephone (816) 254-5400 Level of Care RCF*	Alzheimer's Unit	No 30
INDEPENDENCE MO 64052-3845  Moiling Address DO POV 520040		Bed Capacity	
Mailing Address PO BOX 520049	County JACKSON	DMH Licensed	Yes
INDEPENDENCE MO 64052-0049	Region 3	Facility Number	02389

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 48 of 137

<sup>\*\*</sup> 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)).

	IRONT	ON	
BAPTIST HOMES OF ARCADIA VALLEY	7		
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit No
IRONTON MO	63650-4338	Level of Care ICF	<b>Bed Capacity</b> 49
Mailing Address PO BOX 87		County IRON	DMH Licensed No
IRONTON MO	63650-0087	Region 2 Medicaid	Facility Number 00274
BAPTIST HOMES OF ARCADIA VALLEY	7		
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit No
IRONTON MO	63650-4338	Level of Care ALF	<b>Bed Capacity</b> 56
Mailing Address PO BOX 87		County IRON	DMH Licensed No
· ·	63650-0087	Region 2	Facility Number 00274
GRANITE HOUSE RCF LLC			
321 SOUTH MAIN ST		<b>Telephone</b> (573) 546-7283	Alzheimer's Unit No
	63650-1406	Level of Care RCF	Bed Capacity 60
Mailing Address PO BOX 6		County IRON	DMH Licensed Yes
g .	63650-0066	Region 2	Facility Number 04628
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	<b>Bed Capacity</b> 12
Mailing Address 203 SOUTH WASHINGTON	N ST	County IRON	DMH Licensed Yes
FARMINGTON MO	63640-1836	Region 2	Facility Number 01901
	JACKS	ON	
JACKSON MANOR			
710 BROADRIDGE DR		<b>Telephone</b> (573) 243-3101	Alzheimer's Unit No
JACKSON MO	63755-3042	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 710 BROADRIDGE DR		County CAPE GIRARDEAU	DMH Licensed No
	63755-3042	Region 2 Medicare/Medicaid	Facility Number 03438
MONTICELLO HOUSE			
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit Yes
JACKSON MO	63755-2588	Level of Care SNF	Bed Capacity 105
Mailing Address PO BOX 740		County CAPE GIRARDEAU	DMH Licensed No
JACKSON MO	63755-0740	Region 2 Medicare/Medicaid	Facility Number 14454
MONTICELLO HOUSE			
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit No
JACKSON MO	63755-2588	Level of Care RCF*	<b>Bed Capacity</b> 32
Mailing Address PO BOX 740		County CAPE GIRARDEAU	DMH Licensed No
JACKSON MO	63755-0740	Region 2	Facility Number 14454
VILLAS OF JACKSON LLC THE			
670 BROADRIDGE DRIVE		<b>Telephone</b> (573) 986-8210	Alzheimer's Unit Yes
JACKSON MO	63755-3044	Level of Care ALF**	<b>Bed Capacity</b> 84
Mailing Address 670 BROADRIDGE DRIVE		County CAPE GIRARDEAU	DMH Licensed No

Region 2

**Facility Number** 

30623

MO 63755-3044

JACKSON

Tuesday, May 6, 2025 Page 49 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

## JEFFERSON CITY

	<b>0 D</b> .	I Dissolv CIII		
	RRACE 1-MEMORY CARE ASSIS	STED LIVING BY AMERICARE, THE		
3409 NORTH 10 MILE DR		<b>Telephone</b> (573) 556-5648	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-0530	Level of Care ALF**	Bed Capacity	26
Mailing Address 3409 NORTH 10		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0530	Region 6	Facility Number	27914
ARBORS AT WESTBROOK TE	RRACE II-MEMORY CARE ASSI	ISTED LIVING BY AMERICARE, THE		
3335 NORTH TEN MILE DR		<b>Telephone</b> (573) 635-2600	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0528	Level of Care ALF**	<b>Bed Capacity</b>	36
Mailing Address 3335 NORTH TE	EN MILE DR	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0528	Region 6	Facility Number	20440
ASHBURY HEIGHTS OF JEFFF	ERSON CITY			
834 WEATHERED ROCK COURT		<b>Telephone</b> (573) 634-7402	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care RCF	Bed Capacity	12
Mailing Address 834 WEATHERE	ED ROCK COURT	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-1824	Region 6	Facility Number	23936
BRISTOL MANOR OF JEFFER	SON CITY			
510 KENSINGTON PARK	110 (510) (515	<b>Telephone</b> (573) 761-5772	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-6247	Level of Care RCF	Bed Capacity	12
Mailing Address 510 KENSINGTO		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-6247	Region 6	Facility Number	20116
HEISINGER BLUFFS HEALTH	CARE 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 MA	IN ST	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-1356	Region 6 Medicare/Medicaid	Facility Number	07572
HEISINGER BLUFFS REHAB A	AND HEALTHCARE CENTER			
1002 WEST MAIN ST		<b>Telephone</b> (573) 636-6288	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-6901	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 1002 WEST MA	IN ST	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-6901	Region 6 Medicare/Medicaid	Facility Number	03479
HEISINGER BLUFFS SENIOR I	LIVING			
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 MA	IN ST	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-6901	Region 6	Facility Number	03479
JEFFERSON CITY MANOR CA	RE CENTER			
1720 VIETH DR		<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		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-2522	Region 6 Medicare/Medicaid	Facility Number	03870
		•	*	

Tuesday, May 6, 2025 Page 50 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC	c		
1221 SOUTHGATE LN	<b>Telephone</b> (573) 635-3131	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-2465	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address PO BOX 104118	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65110-4118	Region 6 Medicare/Medicaid	Facility Number	01865
		v	
MAPLEWOOD, INC			
1827 CRADER DR	<b>Telephone</b> (573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-2005	Level of Care ALF**	<b>Bed Capacity</b>	24
Mailing Address 1827 CRADER DR	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-2005	Region 6	Facility Number	16964
MAPLEWOOD, INC	T. I. I. (572) (25,0002	A1 1	N
1827 CRADER DR	<b>Telephone</b> (573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-2005	Level of Care ALF	Bed Capacity	13
Mailing Address 1827 CRADER DR	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-2005	Region 6	Facility Number	16964
MELODY HOUSE			
3031 SOUTH TEN MILE DR	<b>Telephone</b> (573) 893-7228	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-6816	Level of Care RCF*	Bed Capacity	15
Mailing Address 2013 WILLIAM STREET	County COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-4771	Region 6	Facility Number	14376
JEH ERSON CH 1 140 03107-4711	Region	racinty Number	14370
PRIMROSE RETIREMENT COMMUNITY 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**	<b>Bed Capacity</b>	49
Mailing Address 1214 FREEDOM BLVD	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-0082	Region 6	Facility Number	29697
RIVER CITY LIVING COMMUNITY 3038 WEST TRUMAN BLVD	Tolophono (572) 902 2404	Alzheimen's Unit	Yes
	Telephone (573) 893-3404	Alzheimer's Unit	
	Level of Care SNF	Bed Capacity	87 N-
Mailing Address 3038 WEST TRUMAN BLVD	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-0525	Region 6 Medicare/Medicaid	Facility Number	04826
STONEBRIDGE ADAMS STREET			
1024 ADAMS ST	<b>Telephone</b> (573) 635-1320	Alzheimer's Unit	No
JEFFERSON CITY MO 65101-3408	Level of Care SNF	Bed Capacity	120
Mailing Address 1024 ADAMS ST	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65101-3408	Region 6 Medicare/Medicaid	Facility Number	01339
STONEBRIDGE OAK TREE			
3108 WEST TRUMAN BLVD	<b>Telephone</b> (573) 893-3063	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-4918	Level of Care SNF	<b>Bed Capacity</b>	42
Mailing Address 3108 WEST TRUMAN BLVD	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-4918	Region 6 Medicare/Medicaid	Facility Number	10300
CTONEDDIDCE OAK TREE			
STONEBRIDGE OAK TREE 3108 WEST TRUMAN BLVD	<b>Telephone</b> (573) 893-3063	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-4918	Level of Care ALF	Bed Capacity	80
Mailing Address 3108 WEST TRUMAN BLVD	County COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-4918	Region 6	Facility Number	10300
	· <b>0</b> ·	•	

<sup>\*</sup> 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

Tuesday, May 6, 2025 Page 51 of 137

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)).

STONEBRIDGE VILLA MARIE				
1030 EDMONDS ST		<b>Telephone</b> (573) 635-3381	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-5213	Level of Care SNF	Bed Capacity	120
Mailing Address 1030 EDMONDS ST		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-5213	Region 6 Medicare/Medicaid	Facility Number	08282
	JONES	SBURG		
ASPIRE SENIOR LIVING JONESBU				
308 CEDAR AVE	NO	<b>Telephone</b> (636) 488-5400	Alzheimer's Unit	Yes
JONESBURG	MO 63351-1126	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 218	1110 00001 1120	County MONTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	Region 6 Medicare/Medicaid	Facility Number	13265
		<b>g</b>	·	
	JOI	PLIN		
AUTUMN PLACE RESIDENTIAL CA	ARE OF JOPLIN			
2030 E ZORA ST		<b>Telephone</b> (417) 626-8900	Alzheimer's Unit	No
JOPLIN	MO 64801-1170	Level of Care RCF*	Bed Capacity	38
Mailing Address 2030 E ZORA ST		County JASPER	DMH Licensed	No
JOPLIN	MO 64801-1170	Region 1	Facility Number	20779
CHAPTERS LIVING OF JOPLIN				
201 S NORTHPARK LN		<b>Telephone</b> (630) 766-5800	Alzheimer's Unit	Yes
JOPLIN	MO 64801-8426	Level of Care ALF**	Bed Capacity	93
Mailing Address 201 S NORTHPARK	LN	County JASPER	DMH Licensed	No
JOPLIN	MO 64801-8426	Region 1	Facility Number	14251
COMMUNITIES OF WILDWOOD R	A NICYL			
3222 SOUTH JOHN DUFFY DR	ANCH	<b>Telephone</b> (417) 621-0175	Alzheimer's Unit	No
JOPLIN	MO 64804-1569	Level of Care SNF	Bed Capacity	120
Mailing Address 3222 SOUTH JOHN I		County JASPER	DMH Licensed	No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number	29077
		interior (interior)		2,0
JOPLIN GARDENS				
2810 SOUTH JACKSON AVE		<b>Telephone</b> (417) 572-0041	Alzheimer's Unit	No
JOPLIN	MO 64804-2524	Level of Care SNF	Bed Capacity	92
Mailing Address 2810 SOUTH JACKS	ON AVE	County JASPER	DMH Licensed	No
JOPLIN	MO 64804-2524	Region 1 Medicare/Medicaid	Facility Number	01373
JOPLIN HEALTH AND REHABILIT	ATION CENTER			
2218 WEST 32ND ST		<b>Telephone</b> (417) 623-5264	Alzheimer's Unit	Yes
JOPLIN	MO 64804-3514	Level of Care SNF	Bed Capacity	120
Mailing Address 2218 WEST 32ND ST		County NEWTON	DMH Licensed	No
JOPLIN	MO 64804-3514	Region 1 Medicare/Medicaid	Facility Number	12583
MIICHEALTHCARE JORIN				
NHC HEALTHCARE, JOPLIN 2700 EAST 34TH ST		<b>Telephone</b> (417) 781-1737	Alzheimer's Unit	YES
JOPLIN	MO 64804-4310	Level of Care SNF	Bed Capacity	124
Mailing Address 2700 EAST 34TH ST		County NEWTON	DMH Licensed	No
IODI DI	MO 64902 2977			

Region 1

Medicare/Medicaid

**Facility Number** 

04044

MO 64803-2877

JOPLIN

Tuesday, May 6, 2025 Page 52 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

OZARK OAKS RESIDENTIAL CA	RE FACILITY II			
3405 S SCHIFFERDECKER	RETACIEIT II	<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	110 04004 1300	County NEWTON	DMH Licensed	Yes
JOPLIN	MO 64803-2526	Region 1	Facility Number	13636
JOI LIN	1410 04003-2320	Region	racinty Number	13030
SILVER CREEK - ASSISTED LIVE	NG BY AMERICARE			
3325 TEXAS AVE		<b>Telephone</b> (417) 626-8100	Alzheimer's Unit	Yes
JOPLIN	MO 64804-4343	Level of Care ALF**	<b>Bed Capacity</b>	68
Mailing Address 3325 TEXAS AVE		County NEWTON	DMH Licensed	No
JOPLIN	MO 64804-4343	Region 1	Facility Number	20541
WESTGATE				
		Telephone (417) 552 2699	Alabaiman'a Unit	Vac
3130 JOHN DUFFY DR	MO (4004 1560	<b>Telephone</b> (417) 553-3688	Alzheimer's Unit	Yes
JOPLIN	MO 64804-1569	Level of Care SNF	Bed Capacity	120
Mailing Address 3130 JOHN DUFFY		County JASPER	DMH Licensed	No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number	31754
WHISPERING PINES SENIOR LIV	TNG			
4904 EAST WELLRIDGE LN		<b>Telephone</b> (417) 781-0099	Alzheimer's Unit	No
JOPLIN	MO 64801-8793	Level of Care RCF*	<b>Bed Capacity</b>	20
Mailing Address 4904 EAST WELLR	IDGE LN	County JASPER	DMH Licensed	No
JOPLIN	MO 64801-8793	Region 1	Facility Number	09477
WILDWOOD SENIOR LIVING TH	r.			
3002 SOUTH JOHN DUFFY DRIVE	Ŀ	Telephone (417) 622 2222	Alzheimer's Unit	Yes
	MO 64804-1656	Telephone (417) 623-2233 Level of Care ALF**		74
JOPLIN			Bed Capacity	
Mailing Address 3002 SOUTH JOHN		County JASPER	DMH Licensed	No
JOPLIN	MO 64804-1656	Region 1	Facility Number	31370
	KAF	HOKA		
CLARK COUNTY NURSING HOM	E			
1260 N JOHNSON ST		<b>Telephone</b> (660) 727-3303	Alzheimer's Unit	No
KAHOKA	MO 63445-1100	Level of Care SNF	Bed Capacity	103
Mailing Address 1260 N JOHNSON S		County CLARK	DMH Licensed	No
KAHOKA	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number	01480
	KANSA	AS CITY		
ADDINGTON PLACE OF SHOAL	CREEK			
9601 NORTH TULLIS DR		<b>Telephone</b> (816) 407-9667	Alzheimer's Unit	Yes
KANSAS CITY	MO 64157-7890	Level of Care ALF**	Bed Capacity	88
Mailing Address 9601 NORTH TULL	JS DR	County CLAY	DMH Licensed	No
KANSAS CITY	MO 64157-7890	Region 4	Facility Number	28129
AMERICAN HOUSE BURLINGTO	N CREEK			
6311 NORTH COSBY AVENUE		<b>Telephone</b> (816) 527-8504	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-2344	Level of Care ALF**	Bed Capacity	110
Mailing Address 6311 NORTH COSE	BY AVENUE	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-2344	Region 4	Facility Number	30198

Tuesday, May 6, 2025 Page 53 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

ARMOUR OAKS SENIOR LIVING COMMUNITY			
8100 WORNALL RD	<b>Telephone</b> (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY MO 64114-5806	Level of Care SNF	Bed Capacity	38
Mailing Address 8100 WORNALL RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64114-5806	Region 3 Medicare/Medicaid	Facility Number	00199
KANSAS CITT NIO 04114-3000	Region 5 Medicare/Medicaid	racinty Number	00199
ARMOUR OAKS SENIOR LIVING COMMUNITY			
8100 WORNALL RD	<b>Telephone</b> (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY MO 64114-5806	Level of Care ALF	<b>Bed Capacity</b>	47
Mailing Address 8100 WORNALL RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64114-5806	Region 3	Facility Number	00199
ASHTON ON THE PLAZA, THE	m		
2 EMANUEL CLEAVER II BLVD	<b>Telephone</b> (816) 505-3030	Alzheimer's Unit	Yes
KANSAS CITY MO 64112-1712	Level of Care ALF**	Bed Capacity	96
Mailing Address 2 EMANUEL CLEAVER II BLVD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64112-1712	Region 3	Facility Number	31791
AUTUMN WOODS, INC			
5500 NW HOUSTON LAKE DR	<b>Telephone</b> (816) 587-2263	Alzheimer's Unit	No
KANSAS CITY MO 64151-3472	Level of Care RCF*	<b>Bed Capacity</b>	28
Mailing Address PO BOX 12008	County PLATTE	DMH Licensed	Yes
KANSAS CITY MO 64152-0008	Region 4	Facility Number	10857
BEACON HILL RESIDENTIAL CARE			
2905 CAMPBELL	<b>Telephone</b> (816) 531-6168	Alzheimer's Unit	No
KANSAS CITY MO 64109-1417	Level of Care RCF*	<b>Bed Capacity</b>	37
Mailing Address 2905 CAMPBELL	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64109-1417	Region 3	Facility Number	00329
BENTON HOUSE OF STALEY HILLS			
11071 N WOODLAND AVE	<b>Telephone</b> (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
	Region		2077.
BENTON HOUSE OF TIFFANY SPRINGS			
5901 NW 88TH ST	<b>Telephone</b> (816) 505-4555	Alzheimer's Unit	Yes
KANSAS CITY MO 64154-1607	Level of Care ALF**	Bed Capacity	80
Mailing Address 5901 NW 88TH ST	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-1607	Region 4	Facility Number	29519
BISHOP SPENCER PLACE, INC, THE			
4301 MADISON AVE	<b>Telephone</b> (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
	-		
BISHOP SPENCER PLACE, INC, THE	T-11 (017) 021 4255	All latinated to the	3.7
4301 MADISON AVE	<b>Telephone</b> (816) 931-4277	Alzheimer's Unit	No 40
KANSAS CITY MO 64111-3491	Level of Care ALF**	Bed Capacity	40 N-
Mailing Address 4301 MADISON AVE	County JACKSON	DMH Licensed	No 20625
KANSAS CITY MO 64111-3491	Region 3	Facility Number	20635

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 54 of 137

<sup>\*\*</sup> 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)).

BRIDGEWOOD HEALTH CARE CENTER		
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	•	6555
113 04131 3707	Region 5 Medicare Medicard Fueling Pulmoer 50	3333
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	<b>Region</b> 3 Facility Number 29	9304
CARRIE DUMAS LONG TERM CARE FACILITY		
CARRIE DUMAS LONG TERM CARE FACILITY	Talankana (816) 024 5017 Alakainania Unit	NT-
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 BLVD	County JACKSON DMH Licensed	Yes
KANSAS CITY MO 64128-1140	<b>Region</b> 3 Facility Number 18	8550
CLARA MANOR NURSING HOME		
3621 WARWICK BLVD	<b>Telephone</b> (816) 756-1593 <b>Alzheimer's Unit</b>	No
KANSAS CITY MO 64111-1403	Level of Care SNF Bed Capacity	90
Mailing Address 3621 WARWICK BLVD	County JACKSON DMH Licensed	No
KANSAS CITY MO 64111-1403	Region 3 Medicaid Facility Number 14	4102
GARDENS AT BARRY ROAD, THE		
8300 NW BARRY ROAD	Telephone (816) 584-3200 Alzheimer's Unit	No
KANSAS CITY MO 64153-1634	Level of Care ALF Bed Capacity	100
Mailing Address 8300 NW BARRY RD	County PLATTE DMH Licensed	No
KANSAS CITY MO 64153-1634	Region 4 Facility Number 23	3774
GARDENS AT BARRY ROAD, THE		
8300 NW BARRY RD	Telephone (816) 584-3200 Alzheimer's Unit	Yes
KANSAS CITY MO 64153-1634	Level of Care ALF** Bed Capacity	40
Mailing Address 8300 NW BARRY RD	County PLATTE DMH Licensed	No
KANSAS CITY MO 64153-1634	•	3774
Manual Control of the	Region 4 Facinty Number 25	)
GREGORY RIDGE HEALTH CARE CENTER		
7001 CLEVELAND AVE	<b>Telephone</b> (816) 333-0700 <b>Alzheimer's Unit</b>	No
KANSAS CITY MO 64132-1622	Level of Care SNF Bed Capacity	116
Mailing Address 7001 CLEVELAND AVE	County JACKSON DMH Licensed	No
KANSAS CITY MO 64132-1622	<b>Region</b> 3 Medicare/Medicaid Facility Number 04	4109
HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE		
3859 EAST 59TH TERRACE	Telephone (816) 599-5230 Alzheimer's Unit	No
KANSAS CITY MO 64130-4410	Level of Care RCF Bed Capacity	7
Mailing Address 3859 EAST 59TH TERRACE	County JACKSON DMH Licensed	No
KANSAS CITY MO 64130-4410	•	6225
HIGHLAND REHABILITATION & HEALTH CARE CENT		NO
904 EAST 68TH ST  WANGAS CITY MO. 64121 1205	Telephone (816) 333-5485 Alzheimer's Unit	NO
KANSAS CITY MO 64131-1305  Molling Address 004 EAST 68TH ST	Level of Care SNF Bed Capacity  County IACKSON DMH Licensed	162 No.
Mailing Address 904 EAST 68TH ST KANSAS CITY MO 64131-1305	County JACKSON DMH Licensed	No
KANSAS CII I WO 04151-1305	Region 3 Medicare/Medicaid Facility Number 06	6782

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 55 of 137

<sup>\*\*</sup> 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)).

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	19114
111.6.12 6111	Region 5 Medicar difficultural	Tuesday Tuesday	1,111
HOPE CARE CENTER			
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
HOUSE OF CARE CENTER	(016) 021 6052		
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
IGNITE MEDICAL RESORT CARONDELET LLC			
621 CARONDELET DR	<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 DR	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64114-4670	Region 3 Medicare/Medicaid	Facility Number	12185
	S	•	
IGNITE MEDICAL RESORT KANSAS 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 ROAD	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-1000	Region 4 Medicare/Medicaid	Facility Number	31464
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 RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64138-4414	Region 3 Medicaid	Facility Number	12724
KANSAS CII 1 MO 04136-4414	Region 5 Medicaid	Pacinty Number	12/24
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 REED RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64138-4414	Region 3 Medicaid	Facility Number	12724
JOLET HOME			
3920 FOREST	<b>Telephone</b> (816) 531-5308	Alzheimer's Unit	No
KANSAS CITY MO 64110-1220	Level of Care RCF	Bed Capacity	17
Mailing Address 3920 FOREST	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64110-1220	·	Facility Number	03982
RAINGAS CITT MO 04110-1220	Region 3	Facinty Number	03982
KINGSWOOD			
10000 WORNALL RD	<b>Telephone</b> (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY MO 64114-4359	Level of Care ALF**	Bed Capacity	67
Mailing Address 10000 WORNALL RD	County JACKSON	DMH Licensed	Yes
KANSAS CITY MO 64114-4359	Region 3	Facility Number	04152

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 56 of 137

<sup>\*\*</sup> 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)).

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
		DMH Licensed	No
Mailing Address 10000 WORNALL RD KANSAS CITY MO 64114-4359	•		
KANSAS CITY MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number	04152
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 TRAIL RD		DMH Licensed	No
KANSAS CITY MO 64151-1946	County PLATTE		24748
KANSAS CITT INIO 04131-1940	Region 4	Facility Number	24748
LODGE RESIDENTIAL CARE FACILITY, 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
KANSAS CITT 1910 04150-4416	Region 3	racinty Number	10211
MADISON SENIOR LIVING THE			
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
Mailing Address 14001 MADISON AVENUE	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64145-1613	Region 3	Facility Number	32321
	11081011		
MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING			
1201 NW TULLISON RD	<b>Telephone</b> (816) 888-7930	Alzheimer's Unit	Yes
KANSAS CITY MO 64116-2639	Level of Care ALF**	<b>Bed Capacity</b>	164
Mailing Address 1201 NW TULLISON RD	County CLAY	DMH Licensed	No
KANSAS CITY MO 64116-2639	Region 4	Facility Number	29084
MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY	T. I. I. (01.5) 000 7020		3.7
1301 TULLISON ROAD	<b>Telephone</b> (816) 888-7930	Alzheimer's Unit	No
KANSAS CITY MO 64116-2640	Level of Care SNF	Bed Capacity	56
Mailing Address 1201 NW TULLISON ROAD	County CLAY	DMH Licensed	No
KANSAS CITY MO 64116-2639	Region 4 Medicare	Facility Number	29084
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
MANSAS CITT 1910 04113-2223	Region 3	racinty Number	2/1/3
MYERS NURSING & CONVALESCENT CENTER			
2315 WALROND AVE	<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 AVE	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64127-4210	Region 3 Medicaid	Facility Number	05626
NEW MARK REHAB AND HEALTHCARE CENTER	Tolonbons (017) 704 4422	A link of the TT 14	37
11221 NORTH NASHUA DR	<b>Telephone</b> (816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY MO 64155-1159	Level of Care SNF	Bed Capacity	199
Mailing Address 11221 N NASHUA DR	County CLAY	DMH Licensed	No
KANSAS CITY MO 64155-1159	Region 4 Medicare/Medicaid	Facility Number	12688

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 57 of 137

<sup>\*\*</sup> 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)).

NODTHI AND DEHADII ITATION &	HEATTH CADE CENTED			
NORTHLAND REHABILITATION & 4301 NE PARVIN ROAD	HEALTH CARE CENTER	<b>Telephone</b> (816) 702-8000	Alzheimer's Unit No	2
	MO 64117-3001	Level of Care SNF	Bed Capacity 118	
Mailing Address 4301 NE PARVIN ROA		County CLAY	DMH Licensed No	
•	MO 64117-3001			
KANSAS CII I	MO 04117-3001	Region 4 Medicare/Medicaid	Facility Number 31230	J
OAKS, THE				
5550 NOLAND ROAD		<b>Telephone</b> (816) 356-0200	Alzheimer's Unit No	Э
KANSAS CITY	MO 64133-3685	Level of Care RCF	Bed Capacity 62	2
Mailing Address 5550 NOLAND RD		County JACKSON	DMH Licensed Yes	s
KANSAS CITY	MO 64133-3685	Region 3	Facility Number 13440	)
OVEODD CRAND AT CHOAL CREEK	7			
OXFORD GRAND AT SHOAL CREEK	<b>X</b>	T. I. I. (01.6) 701 0202	A1 1	
8280 N TULLIS AVENUE	MO (4150 7602	<b>Telephone</b> (816) 781-8282	Alzheimer's Unit Yes	
	MO 64158-7683	Level of Care ALF**	Bed Capacity 98	
Mailing Address 8280 N TULLIS AVEN		County CLAY	DMH Licensed No	
KANSAS CITY	MO 64158-7683	Region 4	Facility Number 30758	3
PARKVIEW HEALTHCARE				
128 NORTH HARDESTY		<b>Telephone</b> (816) 241-2020	Alzheimer's Unit No	)
KANSAS CITY	MO 64123-1404	Level of Care SNF	Bed Capacity 120	)
Mailing Address 128 NORTH HARDES	TY	County JACKSON	DMH Licensed No	O
KANSAS CITY	MO 64123-1404	Region 3 Medicare/Medicaid	Facility Number 02928	3
	<b>.</b>			
PARKWAY HEALTH CARE CENTER	C	T. I		
2323 SWOPE PARKWAY	MO (4120 2620	<b>Telephone</b> (816) 924-1122	Alzheimer's Unit No	
	MO 64130-2638	Level of Care SNF	Bed Capacity 97	
Mailing Address 2323 SWOPE PARKW		County JACKSON	DMH Licensed No	
KANSAS CITY	MO 64130-2638	Region 3 Medicare/Medicaid	Facility Number 07092	2
PRIMROSE RETIREMENT COMMU	NITY OF KANSAS CITY			
8559 NORTH LINE CREEK PARKWAY		<b>Telephone</b> (816) 468-8282	Alzheimer's Unit No	)
KANSAS CITY	MO 64154-2100	Level of Care ALF**	Bed Capacity 44	4
Mailing Address 8559 NORTH LINE CR	REEK PARKWAY	County PLATTE	DMH Licensed No	О
KANSAS CITY	MO 64154-2100	Region 4	Facility Number 29020	)
REHAB OF KANSAS CITY SOUTH				
8033 HOLMES ROAD		<b>Telephone</b> (816) 363-6222	Alzheimer's Unit No	2
	MO 64131-2115	Level of Care SNF	Bed Capacity 100	
Mailing Address 8033 HOLMES ROAD		County JACKSON	DMH Licensed No	
•	MO 64131-2115	•		
KANSAS CII I	WIO 04131-2113	Region 3 Medicare/Medicaid	Facility Number 03680	,
ROCKHILL MANOR ASSISTED LIVI	ING			
4235 LOCUST ST		<b>Telephone</b> (816) 931-2225	Alzheimer's Unit No	)
KANSAS CITY	MO 64110-1016	Level of Care ALF	<b>Bed Capacity</b> 154	4
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed Yes	S
KANSAS CITY	MO 64171-0930	Region 3	Facility Number 06794	1
ROCKHILL MANOR ASSISTED LIVI	ING			
4235 LOCUST ST		<b>Telephone</b> (816) 931-2225	Alzheimer's Unit No	)
	MO 64110-1016	Level of Care ALF**	Bed Capacity 36	
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed Yes	
	MO 64171-0930	Region 3	Facility Number 06794	
		<b>8</b>	30774	

<sup>\*</sup> 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

Tuesday, May 6, 2025 Page 58 of 137

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)).

SEASONS REHAB AND HEALTHCARE CENTER			
15600 WOODS CHAPEL RD	<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 CHAPEL RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64139-1261	Region 3 Medicare/Medicaid	Facility Number	23712
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
SUMMIT, THE	m		
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	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64111-4632	Region 3 Medicare/Medicaid	Facility Number	18330
SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICARE	E		
12101 EAST BANNISTER RD	<b>Telephone</b> (816) 763-6667	Alzheimer's Unit	No
KANSAS CITY MO 64138-4913	Level of Care ALF**	<b>Bed Capacity</b>	52
Mailing Address 12101 EAST BANNISTER RD	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64138-4913	Region 3	Facility Number	16311
TIFFANY SPRINGS REHABILITATION & HEALTH CARE CEN	NTER		
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 AMBASSADOR DR	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-7247	Region 4 Medicare/Medicaid	Facility Number	30748
TIFFANY SPRINGS SENIOR CARE COMMUNITY	T. I. I		**
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 N
Mailing Address 9101 N AMBASSADOR DRIVE	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-7295	Region 4	Facility Number	30748
WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPOI	RT BY SENIOR STAR		
6460 NORTH COSBY AVE	<b>Telephone</b> (816) 743-4259	Alzheimer's Unit	Yes
KANSAS CITY MO 64151-2377	Level of Care ALF**	<b>Bed Capacity</b>	98
Mailing Address 6460 NORTH COSBY AVE	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64151-2377	Region 4	Facility Number	28861
	KEARNEY		
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 MEADOWBROOK DR	County CLAY	DMH Licensed	No
KEARNEY MO 64060-8788	Region 4	Facility Number	29803

Tuesday, May 6, 2025 Page 59 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

401 S PLATTE CLAY WAY		<b>Telephone</b> (816) 628-2222	Alzheimer's Unit	No
KEARNEY	MO 64060-7714	Level of Care RCF*	Bed Capacity	27
Mailing Address 401 S PLATTE CL		County CLAY	DMH Licensed	No
KEARNEY	MO 64060-7714	Region 4	Facility Number	19757
		KENNETT		
HAVEN, THE				
614 SOUTH BY-PASS		<b>Telephone</b> (573) 888-1201	Alzheimer's Unit	No
KENNETT	MO 63857-3240	Level of Care RCF*	Bed Capacity	64
Mailing Address 612 SOUTH BY-PA	ASS	County DUNKLIN	DMH Licensed	Yes
KENNETT	MO 63857-3240	Region 2	Facility Number	27620
HERITAGE NURSING CENTER -	SKILLED NURSING BY AME	RICARE		
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
NHC HEALTHCARE, KENNETT				
1120 FALCON		<b>Telephone</b> (573) 888-1150	A1-1	Yes
KENNETT	MO 63857-3825		Alzheimer's Unit	170
	MO 03837-3823		Bed Capacity	
Mailing Address PO BOX 696	MO 62957 0606	County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0696	Region 2 Medicare/Medicaid	Facility Number	04268
SOUTHAVEN				
612 SOUTH BYPASS EAST		<b>Telephone</b> (573) 888-9213	Alzheimer's Unit	No
KENNETT	MO 63857-3240	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	36
Mailing Address 612 SOUTH BYPA	SS EAST	County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-3240	Region 2	Facility Number	24336
ST FRANCIS PARK - ASSISTED I	IVING BY AMERICARE			
1806 SAINT FRANCIS ST		<b>Telephone</b> (573) 888-1188	Alzheimer's Unit	No
KENNETT	MO 63857-1568	Level of Care ALF**	Bed Capacity	50
Mailing Address PO BOX 629		County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0629	Region 2	Facility Number	18903
		KING CITY		
COUNTRYSIDE VILLAGE ASSIS	FED LIVING FACILITY LLC			
300 WEST FAIRVIEW STREET		<b>Telephone</b> (660) 535-2011	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care ALF**	<b>Bed Capacity</b>	24
Mailing Address 300 WEST FAIRVI	EW STREET	<b>County</b> GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region 4	Facility Number	04305
		KIRKSVILLE		
ARBORS AT HIGHLAND CREST-				
620 GILASPY ROAD		<b>Telephone</b> (660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4678	Region 5	<b>Facility Number</b>	23608

WESTBROOK CARE CENTER

Tuesday, May 6, 2025 Page 60 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

HIGHLAND CREST - ASSISTED I	LIVING BY AMERICARE			
2204 S HALLIBURTON ST		<b>Telephone</b> (660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBUR		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region 5	Facility Number	16785
KIRKSVILLE MANOR CARE CE	NTER			
1705 EAST LAHARPE		<b>Telephone</b> (660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHA	RPE	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number	04161
PREFERRED FAMILY HEALTHO	CADE INC			
900 EAST LAHARPE	CARE, INC	<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	WO 03301-4320	County ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region 5	Facility Number	21851
KIKKS VILLE	110 03301 0707	Region 5	Taciney Number	21031
TWIN PINES ADULT CARE CENT	TER			
1900 S JAMISON		<b>Telephone</b> (660) 665-2887	Alzheimer's Unit	NO
KIRKSVILLE	MO 63501-5302	Level of Care SNF	Bed Capacity	120
Mailing Address 1900 S JAMISON		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-5302	Region 5 Medicare/Medicaid	Facility Number	08218
		VIDVIVAAD		
		KIRKWOOD		
ARERDEEN HEIGHTS		KIKKWOOD		
ABERDEEN HEIGHTS			Alzheimer's Unit	No
505 COUCH AVE		<b>Telephone</b> (314) 909-6000	Alzheimer's Unit	No 38
505 COUCH AVE KIRKWOOD	MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF	Bed Capacity	38
505 COUCH AVE KIRKWOOD <b>Mailing Address</b> 505 COUCH AVE	MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	38 No
505 COUCH AVE KIRKWOOD		Telephone (314) 909-6000 Level of Care SNF	Bed Capacity	38
505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD ABERDEEN HEIGHTS	MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	38 No 27570
505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD ABERDEEN HEIGHTS 505 COUCH AVE	MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	38 No 27570 Yes
505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD	MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	38 No 27570 Yes 16
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE	MO 63122-5536 MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	38 No 27570 Yes 16 No
505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD	MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	38 No 27570 Yes 16
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE	MO 63122-5536 MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	38 No 27570 Yes 16 No
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD	MO 63122-5536 MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	38 No 27570 Yes 16 No
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS	MO 63122-5536 MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	38 No 27570 Yes 16 No 27570
505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	38 No 27570 Yes 16 No 27570
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	38 No 27570 Yes 16 No 27570
505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000 Level of Care ALF** 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	38 No 27570 Yes 16 No 27570 No 36 No
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000 Level of Care ALF** 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	38 No 27570 Yes 16 No 27570 No 36 No
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000 Level of Care ALF** County SAINT LOUIS COUNTY 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	38 No 27570 Yes 16 No 27570 No 36 No 27570
505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  MANOR GROVE, INCORPORATE 711 SOUTH KIRKWOOD RD	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000 Level of Care ALF** County SAINT LOUIS COUNTY 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	38 No 27570 Yes 16 No 27570 No 27570
S05 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  Mailing Address 505 COUCH AVE KIRKWOOD  MANOR GROVE, INCORPORATI 711 SOUTH KIRKWOOD RD KIRKWOOD	MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536  MO 63122-5536	Telephone (314) 909-6000 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7  Telephone (314) 909-6000 Level of Care ALF** County SAINT LOUIS COUNTY 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	38 No 27570 Yes 16 No 27570 No 36 No 27570

Tuesday, May 6, 2025 Page 61 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

MARY CULVER HOME, THE			
221 WEST WASHINGTON AVE	<b>Telephone</b> (314) 966-6034	Alzheimer's Unit	No
KIRKWOOD MO 63122-3916	Level of Care ICF	Bed Capacity	28
Mailing Address 221 W WASHINGTON AVE	County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD MO 63122-3916	Region 7	Facility Number	00592
ST AGNES HOME			
10341 MANCHESTER RD	<b>Telephone</b> (314) 965-7616	Alzheimer's Unit	No
KIRKWOOD MO 63122-1520	Level of Care ICF	Bed Capacity	150
Mailing Address 10341 MANCHESTER RD	County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD MO 63122-1520	Region 7	Facility Number	07481
I	A BELLE		
LA BELLE MANOR CARE CENTER	m. 1 (660) 212 2224		***
1002 CENTRAL	<b>Telephone</b> (660) 213-3234	Alzheimer's Unit	Yes
LA BELLE MO 63447-2092	Level of Care SNF	Bed Capacity	94 N
Mailing Address 1002 CENTRAL LA BELLE MO 63447-2092	County LEWIS  Region 5 Medicare/Medicaid	DMH Licensed Facility Number	No 04212
LA BELLE 1410 (03447-2092	Region 5 Medicare/Medicaid	Facility Number	04212
L	A PLATA		
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	Bed Capacity	52
Mailing Address 100 OLD STAGECOACH RD	County MACON	DMH Licensed	No
LA PLATA MO 63549-1362	Region 5 Medicare/Medicaid	Facility Number	04395
	nzeutem e/nzeutem		0.575
LAKE	SAINT LOUIS		
LAKE COTTAGES OF LAKE ST LOUIS	SAINT LOUIS		
	SAINT LOUIS  Telephone (636) 614-3510	Alzheimer's Unit	No
COTTAGES OF LAKE ST LOUIS 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS MO 63367-4123		Bed Capacity	No 60
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE	<b>Telephone</b> (636) 614-3510	Bed Capacity DMH Licensed	
COTTAGES OF LAKE ST LOUIS 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS MO 63367-4123	Telephone (636) 614-3510 Level of Care SNF	Bed Capacity	60
COTTAGES OF LAKE ST LOUIS 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS MO 63367-4123 Mailing Address 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS MO 63367-4123	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare	Bed Capacity DMH Licensed	60 No
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES	Bed Capacity DMH Licensed	60 No
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR	Bed Capacity DMH Licensed Facility Number	60 No 30318
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR 603 EAST 17TH ST	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	60 No 30318
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 30318 No 12
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 30318 No 12 No
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 30318 No 12
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 30318 No 12 No
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 30318 No 12 No 18951
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	60 No 30318 No 12 No 18951
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 30318 No 12 No 18951
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30318 No 12 No 18951 No 56
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313  Mailing Address 3 SOUTHWEST FIRST LANE	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF* County BARTON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30318 No 12 No 18951 No 56 No
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313  Mailing Address 3 SOUTHWEST FIRST LANE	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF* County BARTON Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30318 No 12 No 18951 No 56 No
COTTAGES OF LAKE ST LOUIS 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR 603 EAST 17TH ST LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC 3 SOUTHWEST FIRST LANE LAMAR MO 64759-8313  Mailing Address 3 SOUTHWEST FIRST LANE LAMAR MO 64759-8313	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF* County BARTON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30318 No 12 No 18951 No 56 No
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313  Mailing Address 3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313  TRUMAN HEALTHCARE & REHABILITATION CENTER	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF* County BARTON 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	No 30318 No 12 No 18951 No 56 No 20869
COTTAGES OF LAKE ST LOUIS  2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  Mailing Address 2885 TECHNOLOGY DRIVE  LAKE SAINT LOUIS MO 63367-4123  BRISTOL MANOR OF LAMAR  603 EAST 17TH ST  LAMAR MO 64759-2303  Mailing Address 603 EAST 17TH ST  LAMAR MO 64759-2303  MAPLE SENIOR LIVING LLC  3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313  Mailing Address 3 SOUTHWEST FIRST LANE  LAMAR MO 64759-8313  TRUMAN HEALTHCARE & REHABILITATION CENTER  206 WEST FIRST ST	Telephone (636) 614-3510 Level of Care SNF County SAINT CHARLES Region 5 Medicare  LAMAR  Telephone (417) 682-6762 Level of Care RCF County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF* County BARTON Region 1  Telephone (417) 682-6184 Level of Care RCF* County BARTON 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 30318 No 12 No 18951 No 56 No 20869

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 62 of 137

<sup>\*\*</sup> 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)).

		LAURIE		
ACHDIDA HEIGHEG OFF THEFE		2.0.00		
ASHBURY HEIGHTS OF LAURIE 299 HIGHWAY RA		<b>Telephone</b> (573) 374-0076	Alzheimer's Unit	No
LAURIE	MO 65038-6024	Level of Care RCF	Bed Capacity	12
Mailing Address 299 HIGHWAY RA	WO 03036-0024	County MORGAN	DMH Licensed	No
LAURIE	MO 65038-6024	Region 6	Facility Number	23915
LAURIE	MO 03038-0024	Kegion 0	Facinty Number	23913
LAURIE CARE CENTER				
610 HWY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	Yes
LAURIE	MO 65038-1068	Level of Care SNF	Bed Capacity	108
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6 Medicare/Medicaid	Facility Number	04449
LAURIE KNOLLS				
610 HIGHWAY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	No
LAURIE	MO 65038-1068	Level of Care RCF*	Bed Capacity	66
Mailing Address PO BOX 1068	110 03030 1000	County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6	Facility Number	04449
	111 00000 1000	region o	Tuesday Transpor	01117
		LAWSON		
LAWSON MANOR & REHAB				
210 WEST 8TH TERRACE		<b>Telephone</b> (816) 580-3269	Alzheimer's Unit	Yes
LAWSON	MO 64062-9357	Level of Care SNF	Bed Capacity	60
Mailing Address 210 WEST 8TH TER	RRACE	County RAY	DMH Licensed	No
LAWSON	MO 64062-9357	Region 4 Medicare/Medicaid	Facility Number	07395
		LEBANON		
CED A DIMIDOT OF A ED ANON A CO	ICED I WING A MEMORY			
CEDARHURST OF LEBANON ASS	ISTED LIVING & MEMORY	CARE	Alek den ente Tieta	V
842 LYNN STREET		<b>CARE Telephone</b> (417) 815-0122	Alzheimer's Unit	Yes
842 LYNN STREET LEBANON	MO 65536-3832	CARE Telephone (417) 815-0122 Level of Care ALF**	Bed Capacity	90
842 LYNN STREET LEBANON <b>Mailing Address</b> 842 LYNN STREET	MO 65536-3832	CARE Telephone (417) 815-0122 Level of Care ALF** County LACLEDE	Bed Capacity DMH Licensed	90 No
842 LYNN STREET LEBANON	MO 65536-3832	CARE Telephone (417) 815-0122 Level of Care ALF**	Bed Capacity	90
842 LYNN STREET LEBANON <b>Mailing Address</b> 842 LYNN STREET	MO 65536-3832	CARE Telephone (417) 815-0122 Level of Care ALF** County LACLEDE	Bed Capacity DMH Licensed	90 No
842 LYNN STREET LEBANON <b>Mailing Address</b> 842 LYNN STREET LEBANON	MO 65536-3832	CARE Telephone (417) 815-0122 Level of Care ALF** County LACLEDE	Bed Capacity DMH Licensed	90 No
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON COUNTRYSIDE HOME, LLC	MO 65536-3832	CARE Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1	Bed Capacity DMH Licensed Facility Number	90 No 31890
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON COUNTRYSIDE HOME, LLC 24499 PARK DR	MO 65536-3832 MO 65536-3832	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 31890 No
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON	MO 65536-3832 MO 65536-3832	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 31890 No 20
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON	MO 65536-3832 MO 65536-3832 MO 65536-5843	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 31890 No 20 Yes
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON ESSEX OF LEBANON, THE	MO 65536-3832 MO 65536-3832 MO 65536-5843	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 31890 No 20 Yes 15052
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 31890 No 20 Yes 15052
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON	MO 65536-3832 MO 65536-3832 MO 65536-5843	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 31890 No 20 Yes 15052
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON Mailing Address 1316 DEADRA DR	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 31890 No 20 Yes 15052 No 12 No
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 31890 No 20 Yes 15052
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON Mailing Address 1316 DEADRA DR	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843  MO 65536-4609  MO 65536-4609	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 31890 No 20 Yes 15052 No 12 No
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON Mailing Address 1316 DEADRA DR LEBANON	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843  MO 65536-4609  MO 65536-4609	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 31890 No 20 Yes 15052 No 12 No
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON Mailing Address 1316 DEADRA DR LEBANON  GENESIS HEALTHCARE CENTER 25466 NORTH HIGHWAY 5 LEBANON	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843  MO 65536-4609  MO 65536-4609	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF 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	90 No 31890 No 20 Yes 15052 No 12 No 24257
842 LYNN STREET LEBANON Mailing Address 842 LYNN STREET LEBANON  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON Mailing Address 24499 PARK DR LEBANON  ESSEX OF LEBANON, THE 1316 DEADRA DR LEBANON Mailing Address 1316 DEADRA DR LEBANON  GENESIS HEALTHCARE CENTER 25466 NORTH HIGHWAY 5	MO 65536-3832  MO 65536-3832  MO 65536-5843  MO 65536-5843  MO 65536-4609  MO 65536-4609	Telephone (417) 815-0122 Level of Care ALF** County LACLEDE Region 1  Telephone (417) 532-7418 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF County LACLEDE Region 1  Telephone (417) 532-4863 Level of Care RCF 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	90 No 31890 No 20 Yes 15052 No 12 No 24257

Region 1

**Facility Number** 

08791

MO 63401-0836

HANNIBAL

Tuesday, May 6, 2025 Page 63 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

LEBANON NORTH NURSING & RE	EHAB			
596 MORTON RD		<b>Telephone</b> (417) 532-9173	Alzheimer's Unit	Yes
LEBANON	MO 65536-3648	Level of Care SNF	Bed Capacity	180
Mailing Address 596 MORTON RD		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-3648	Region 1 Medicare/Medicaid	Facility Number	04369
LEBANON SOUTH NURSING & RE	CHAR			
514 WEST FREMONT ROAD		<b>Telephone</b> (417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care SNF	Bed Capacity	116
Mailing Address 514 WEST FREMON		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1 Medicare/Medicaid	Facility Number	15650
LEDANON	1410 05550-4244	Region 1 Medicare/Medicaid	Pacifity Number	13030
LEBANON SOUTH NURSING & RE	CHAB			
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	VT ROAD	County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1	Facility Number	15650
MODELIDIDOE DI LOS LOGICIPES	A I IVING DV AMEDICA DE			
NORTHRIDGE PLACE - ASSISTED	LIVING BY AMERICARE	T-l-nh (417) 522 0702	Allahatana 1 TT 14	37
1500 LYNN ST	MO 65526 4400	<b>Telephone</b> (417) 532-9793	Alzheimer's Unit	Yes
LEBANON	MO 65536-4409	Level of Care ALF**	Bed Capacity	50
Mailing Address 1500 LYNN ST		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4409	Region 1	Facility Number	20525
	LEE'S SU	UMMIT		
DDINGETON GENIOD I WING THE				
PRINCETON SENIOR LIVING THE	L.	T 1 1 (916) 975 4050	A1 1	<b>V</b>
1701 S E OLDHAM PARKWAY	MO (4001	Telephone (816) 875-4950	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-	Level of Care ALF**	Bed Capacity	74
Mailing Address 1701 S E OLDHAM		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-	Region 3	Facility Number	32762
	LEE'S SU	UMMIT		
ADDINGTON PLACE OF LEE'S SU	MMIT			
2160 SE BLUE PARKWAY		<b>Telephone</b> (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 PARI		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64063-1007	Region 3	Facility Number	28136
EEE S S C. M. M.	110 01000 1007	Region 5	Tuelley Tulliser	20130
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**	<b>Bed Capacity</b>	55
Mailing Address 3320 NE WILSHIRE	DR	County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64064-2077	Region 3	Facility Number	30996
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
	0.001 2002	region - Micultal C/Micultal U	i acting indiffici	07713

Tuesday, May 6, 2025 Page 64 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

JOHN KNOX VILLAGE CARE CENTER			
600 NW PRYOR ROAD	<b>Telephone</b> (816) 347-2400	Alzheimer's Unit	Yes
LEE'S SUMMIT MO 64081-1104	Level of Care SNF	Bed Capacity	408
Mailing Address 600 NW PRYOR RD	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64081-1104	<b>Region</b> 3 Medicare/Medicaid	Facility Number	14529
LEE'S SUMMIT PLACE	T. 1. 1. (0.1.0) 70.7 (20.0)		
1501 SW 3RD ST	<b>Telephone</b> (816) 525-6300	Alzheimer's Unit	No
LEE'S SUMMIT MO 64081-2424	Level of Care SNF	Bed Capacity	60 N
Mailing Address 1501 SW 3RD ST	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64081-2424	Region 3 Medicare/Medicaid	Facility Number	12484
DAIN/EDEE VILLACE			
RAINTREE VILLAGE 1501 S W ARBORWALK BLVD	<b>Telephone</b> (816) 789-0900	Alzheimer's Unit	No
LEE'S SUMMIT MO 64082-4101	Level of Care ALF**	Bed Capacity	42
Mailing Address 1501 S W ARBORWALK BLVD	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64082-4101	Region 3	Facility Number	
LEES SUMMIT MO 04062-4101	Region 3	racinty Number	33757
RAINTREE VILLAGE			
1501 S W ARBORWALK BLVD	<b>Telephone</b> (816) 789-0900	Alzheimer's Unit	No
LEE'S SUMMIT MO 64082-4101	Level of Care SNF	Bed Capacity	40
Mailing Address 1501 S W ARBORWALK BLVD	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64082-4101	Region 3	Facility Number	33757
2223 3644141	Region 5	Tuesty Tusses	33737
SILVERADO LEE'S SUMMIT			
3101 SW 3RD STREET	<b>Telephone</b> (816) 321-1648	Alzheimer's Unit	Yes
LEE'S SUMMIT MO 64081-4060	Level of Care ALF**	<b>Bed Capacity</b>	54
Mailing Address 3101 SW 3RD STREET	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64081-4060	Region 3	Facility Number	31077
VILLAGE ASSISTED LIVING			
1701 NW O'BRIEN RD	<b>Telephone</b> (816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT MO 64081-1559	Level of Care ALF**	Bed Capacity	50
Mailing Address 1701 NW O'BRIEN RD	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64081-1559	Region 3	Facility Number	29258
WHILAGE ACCIONED INVINC			
VILLAGE ASSISTED LIVING 1704 NORTHWEST O'BRIEN RD	Tolonb (010) 047 0700	Alaboin T	37
	<b>Telephone</b> (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 JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64081-1559	Region 3	Facility Number	16108
WILSHIRE AT LAKEWOOD REHAB CENTER			
600 NE MEADOWVIEW DR	<b>Telephone</b> (816) 554-9866	Alzheimer's Unit	No
LEE'S SUMMIT MO 64064-1983	Level of Care SNF	Bed Capacity	170
Mailing Address 600 NE MEADOWVIEW DR	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64064-1983	Region 3 Medicare/Medicaid	Facility Number	22471
3.00.1700	megion - medicare/medicard		

Tuesday, May 6, 2025 Page 65 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	I EV	WETOWN		
	LEV	WISTOWN		
COUNTRY AIRE RETIREMENT	CENTER			
18540 STATE HIGHWAY 16	MO (2452 2111	<b>Telephone</b> (417) 847-3386	Alzheimer's Unit	No
LEWISTOWN 19549 STATE HIG	MO 63452-2111	Level of Care SNF	Bed Capacity	60
Mailing Address 18540 STATE HIG		County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number	16896
COUNTRY AIRE RETIREMENT	CENTER			
18540 STATE HIGHWAY 16		<b>Telephone</b> (417) 847-3386	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care RCF*	Bed Capacity	8
Mailing Address 18540 STATE HIG	GHWAY 16	County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5	Facility Number	16896
	LEX	XINGTON		
BRISTOL MANOR OF LEXINGTO		m,01011		
2615 MAIN ST	O.V	<b>Telephone</b> (660) 259-6655	Alzheimer's Unit	No
LEXINGTON	MO 64067-1974	Level of Care RCF	Bed Capacity	12
Mailing Address 2615 MAIN ST	110 01007 1771	County LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-1974	Region 3	Facility Number	17543
ELIM (OTO)	1120 01007 1577	region 5	Tuellity Ivalliber	17545
RIVERBEND HEIGHTS HEALTH	I & REHABILITATION			
1221 HIGHWAY 13 SOUTH		<b>Telephone</b> (660) 259-4695	Alzheimer's Unit	No
LEXINGTON	MO 64067-7187	Level of Care SNF	Bed Capacity	154
Mailing Address 1221 HIGHWAY 1	3 SOUTH	County LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number	04333
	L	IBERTY		
AVALON VIEW HEALTH AND W	VELLNESS			
1200 WEST COLLEGE ST		<b>Telephone</b> (816) 781-3020	Alzheimer's Unit	Yes
LIBERTY	MO 64068-1036	Level of Care SNF	Bed Capacity	140
Mailing Address 1200 WEST COLL	EGE ST	County CLAY	DMH Licensed	No
LIBERTY	MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number	01961
MOCKINGDIDD MANOR REGIO	ENIPLAT CADE			
MOCKINGBIRD MANOR RESIDI 227 W FRANKLIN	ENTIAL CARE	<b>Telephone</b> (816) 781-8058	Alzheimer's Unit	No
LIBERTY	MO 64068-1641	Telephone (816) 781-8058 Level of Care RCF*	Bed Capacity	16
Mailing Address PO BOX 121	WO 04008-1041	County CLAY	DMH Licensed	Yes
LIBERTY	MO 64069-0121	Region 4	Facility Number	05450
LIDERT	WO 04007-0121	Region 4	Facility Number	03430
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	CIRCLE	County CLAY	DMH Licensed	No
LIBERTY	MO 64068-3412	Region 4	Facility Number	31005
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		County CLAY	DMH Licensed	No
LIBERTY	MO 64086-3313	Region 4 Medicare/Medicaid	Facility Number	31005
			•	

Tuesday, May 6, 2025 Page 66 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

OVER A LINE OF MEDICAL CONTINUE WOLF			
OUR LADY OF MERCY COUNTRY HOME	TO 1 1 (016) 701 5711	AT THE STATE	NT
2160 MERCY DRIVE	<b>Telephone</b> (816) 781-5711	Alzheimer's Unit	No
LIBERTY MO 64068-7955	Level of Care ALF**	Bed Capacity	44
Mailing Address 2115 MATURANA DRIVE	County CLAY	DMH Licensed	No
LIBERTY MO 64068-7955	Region 4	Facility Number	06153
PLEASANT VALLEY MANOR CARE CENTER			
6814 SOBBIE RD	<b>Telephone</b> (816) 781-5277	Alzheimer's Unit	No
LIBERTY MO 64068-9555	Level of Care SNF	Bed Capacity	102
Mailing Address 6814 SOBBIE RD	County CLAY	DMH Licensed	No
LIBERTY MO 64068-9555	Region 4 Medicare/Medicaid	Facility Number	06020
WELLINGTON SENIOR LIVING, THE			
1051 KENT STREET	<b>Telephone</b> (816) 222-0379	Alzheimer's Unit	Yes
LIBERTY MO 64068-2257	Level of Care ALF**	Bed Capacity	72
Mailing Address 1051 KENT STREET	County CLAY	DMH Licensed	No
LIBERTY MO 64068-2257	· ·		
LIDER 1 1 NIO 04008-2237	Region 4	Facility Number	33016
1	LICKING		
WOWODWANAD			
HICKORY MANOR	(572) (74 2111		NT.
209 HICKORY ST	<b>Telephone</b> (573) 674-2111	Alzheimer's Unit	No
LICKING MO 65542-9847	Level of Care SNF	Bed Capacity	60
Mailing Address 209 HICKORY ST	County TEXAS	DMH Licensed	No
LICKING MO 65542-9847	Region 2 Medicare/Medicaid	Facility Number	07929
LICKING RESIDENTIAL CARE			
225 WEST HIGHWAY 32	<b>Telephone</b> (573) 674-2207	Alzheimer's Unit	No
LICKING MO 65542-9832	Level of Care RCF*		34
		Bed Capacity	
Mailing Address 225 WEST HIGHWAY 32	County TEXAS	DMH Licensed	No
LICKING MO 65542-9832	Region 2	Facility Number	24302
I	INCOLN		
DDICTOL MANOD OF LINCOLN			
BRISTOL MANOR OF LINCOLN	m		
204 SOUTH HIGHWAY 65	<b>Telephone</b> (660) 547-2580	Alzheimer's Unit	No
LINCOLN MO 65338-2587	Level of Care RCF	Bed Capacity	12
Mailing Address 204 SOUTH HIGHWAY 65	County BENTON	DMH Licensed	No
LINCOLN MO 65338-2587	Region 6	Facility Number	18092
LAKESIDE SUITES			
205 TIMBERLINE DR	Tolonhone (660) 547 2222	Alzheimer's Unit	No
	<b>Telephone</b> (660) 547-3322		
LINCOLN MO 65338-2007	Level of Care ALF	Bed Capacity	14 No.
Mailing Address 205 TIMBERLINE DR	County BENTON	DMH Licensed	No
LINCOLN MO 65338-2007	Region 6	Facility Number	04803
LINCOLN COMMUNITY CARE CENTER			
205 TIMBERLINE DR	<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	•	Facility Number	
En 100E(1) 1910 03330-2007	Region 6 Medicare/Medicaid	racinty Number	04803

Tuesday, May 6, 2025 Page 67 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	1	LINN		
HARBOR PLACE - LINN				
24 TRENSHAW TRAIL		<b>Telephone</b> (573) 897-2100	Alzheimer's Unit	NO
LINN	MO 65051-2874	Level of Care RCF	Bed Capacity	24
Mailing Address 24 TRENSHAW TRA		County OSAGE	DMH Licensed	No.
LINN	MO 65051-2874	•	Facility Number	31116
LIMIN	WIO 03031-2874	Region 6	Pacifity Number	31110
	LOC	KWOOD		
GOOD SHEPHERD COMMUNITY C	ARE AND REHABILITATION			
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		County DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1 Medicare/Medicaid	Facility Number	03051
GOOD SHEPHERD RESIDENTIAL O	CARE FACILITY			
200 WEST 12TH		<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		County DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1	Facility Number	03051
2001111002	110 00002 0007	Region 1	Tuelley Tulliser	03031
	LOU	<i>JISIANA</i>		
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**	<b>Bed Capacity</b>	44
Mailing Address 800 KELLY LN		County PIKE	DMH Licensed	No
LOUISIANA	MO 63353-2415	Region 5	Facility Number	21055
MAPLE GROVE LODGE				
2407 KENTUCKY ST		<b>Telephone</b> (573) 754-5456	Alzheimer's Unit	No
LOUISIANA	MO 63353-2503	Level of Care SNF	Bed Capacity	90
Mailing Address 2407 KENTUCKY ST		County PIKE	DMH Licensed	No
LOUISIANA	MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number	05002
	LOW	'RY CITY		
TRUMAN LAKE MANOR, INC				
600 EAST 7TH ST		<b>Telephone</b> (417) 644-2248	Alzheimer's Unit	YES
LOWRY CITY	MO 64763-9671	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address PO BOX 415		County SAINT CLAIR	DMH Licensed	No
LOWRY CITY	MO 64763-0415	Region 1 Medicare/Medicaid	Facility Number	08140
	<i>M</i> .	ACON		
PRICEOU MANOR OF MACON				
BRISTOL MANOR OF MACON 707 RANCHLAND DR		<b>Telephone</b> (660) 385-3020	Alzheimer's Unit	No
MACON	MO 63552-1994	Level of Care RCF	Bed Capacity	12
Mailing Address 707 RANCHLAND DI		County MACON	DMH Licensed	No
MACON	MO 63552-1994	Region 5	Facility Number	17865
MACON	1VIO UJJJ2-1774	Region 5	racinty Number	1/805

Tuesday, May 6, 2025 Page 68 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

LOCH HAVEN			
701 SUNSET HILLS DR		<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	110 03332 2103	County MACON	DMH Licensed No
MACON	MO 63552-0187	Region 5 Medicare/Medicaid	Facility Number 04739
MACON	MO 03332-0107	Region 5 Medicare/Medicard	racinty 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*	Bed Capacity 26
Mailing Address PO BOX 187		County MACON	DMH Licensed No
MACON	MO 63552-0187	Region 5	Facility Number 04739
MACON HEALTH CARE CENTER	L		
29612 KELLOGG AVE		<b>Telephone</b> (660) 385-5797	Alzheimer's Unit Yes
MACON	MO 63552-3702	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX 465		County MACON	<b>DMH Licensed</b> No
MACON	MO 63552-0465	Region 5 Medicare/Medicaid	Facility Number 04914
	N	<i>IADISON</i>	
		***	
JONES' WILDWOOD CARE CENT	ER		
12806 HWY 151		<b>Telephone</b> (660) 291-8636	Alzheimer's Unit No
MADISON	MO 65263-3114	Level of Care RCF	<b>Bed Capacity</b> 32
Mailing Address PO BOX 69		County MONROE	<b>DMH Licensed</b> Yes
MADISON	MO 65263-0069	Region 5	Facility Number 08573
	Λ	MALDEN	
ACDIDE CENIAD I IVINA MAI DEN	NI		
ASPIRE SENIOR LIVING MALDEN 1209 STOKELAN	N	T-1 (572) 276 5115	Alzheimer's Unit Yes
MALDEN	MO 63863-1335	Telephone (573) 276-5115 Level of Care SNF	
	WO 03803-1333		_ · · · · · · · · · · · · · · · · · · ·
Mailing Address 1209 STOKELAN	MO (20(2) 1225	•	
MALDEN	MO 63863-1335	Region 2 Medicare/Medicaid	Facility Number 12465
HAMPTON HOUSE RESIDENTIAL	L 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	TREET	County DUNKLIN	DMH Licensed Yes
MALDEN	MO 63863-2017	Region 2	Facility Number 03331
VOVACE HEAT THEADE OF MAL	DEN		
VOYAGE HEALTHCARE OF MAL	ADEAN	Talankana (572) 274 2942	Alaboimonia II-i4
500 BARRETT DRIVE	MO (20(2) 1004	<b>Telephone</b> (573) 276-3843	Alzheimer's Unit No
MALDEN 500 BARRETT BRI	MO 63863-1204	Level of Care RCF	Bed Capacity 96
Mailing Address 500 BARRETT DRI		County DUNKLIN	DMH Licensed No
MALDEN	MO 63863-1204	Region 2	Facility Number 06656
	MA	NCHESTER	
FAMILY PARTNERS MANCHEST	ER, LLC		
351 FOREST SUMMIT COURT	,	<b>Telephone</b> (314) 686-4468	Alzheimer's Unit Yes
MANCHESTER	MO 63021-5509	Level of Care ALF**	Bed Capacity 42
Mailing Address 351 FOREST SUMN		County SAINT LOUIS COUNTY	DMH Licensed No
Maining Address 331 POREST SOMM	mi cocki		

Region 7

**Facility Number** 

32473

MO 63021-5509

MANCHESTER

Tuesday, May 6, 2025 Page 69 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

		MANSFIELD		
BOOKY BIRGE MANOR		WILLIOT ISSE		
ROCKY RIDGE MANOR 3111 HIGHWAY A		<b>Telephone</b> (417) 924-8116	Alahaiman'a Unit	No
MANSFIELD	MO 65704-8105	Telephone (417) 924-8116  Level of Care SNF	Alzheimer's Unit Bed Capacity	65
Mailing Address 3111 HWY A	WIO 03704-8103	County WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region 1 Medicare/Medicaid	Facility Number	04996
WANSPIELD	WO 03704-8103	Kegion 1 Medicare/Medicaid	racinty Number	04996
		MARBLE HILL		
ANNIE'S HOUSE INC				
25228 BUZZARD DRIVE		<b>Telephone</b> (573) 238-1300	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care RCF	Bed Capacity	40
Mailing Address 25228 BUZZARD DR	IVE	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	<b>Facility Number</b>	30984
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	Bed Capacity	20
Mailing Address 15431 STATE HIGHW		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-7487	Region 2	Facility Number	11123
DIANA'S BOARDING HOME 2				
25140 BUZZARD DR	1.50 - 62.51 0.100	<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	MO 62764 0400	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	23940
J & J RESIDENTIAL CARE FACILIT	rv II			
104 WESBECHER		<b>Telephone</b> (573) 238-4602	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
RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790	LITY THE	<b>Telephone</b> (573) 238-4253	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9510	Level of Care RCF*	Bed Capacity	32
Mailing Address ROUTE 2, BOX 2790	1110 03701 7310	County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9510	Region 2	Facility Number	08707
		C	·	
STONEBRIDGE MARBLE HILL				
702 HIGHWAY 34 WEST		<b>Telephone</b> (573) 238-2614	Alzheimer's Unit	No
MARBLE HILL	MO 63764-4301	Level of Care SNF	<b>Bed Capacity</b>	98
Mailing Address 702 HWY 34 WEST		County BOLLINGER	DMH Licensed	No
MARBLE HILL	MO 63764-4301	Region 2 Medicare/Medicaid	Facility Number	10864
		MARCEINIE		
		MARCELINE		
BRISTOL MANOR OF MARCELINE		Telephone (660) 276 2210	Alghaimenta IInit	NI-
102 EAST HAYDEN	MO 64659 2002	<b>Telephone</b> (660) 376-2210	Alzheimer's Unit	No
MARCELINE  Mailing Address 102 FAST HAVDEN	MO 64658-2003	Level of Care RCF	Bed Capacity	12 No.
Mailing Address 102 EAST HAYDEN	MO 64659 2002	County LINN	DMH Licensed	No
MARCELINE	MO 64658-2003	Region 5	Facility Number	17764

Tuesday, May 6, 2025 Page 70 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

PIONEER SKILLED NURSING CENTER			
1500 SOUTH KANSAS AVE	<b>Telephone</b> (660) 376-2001	Alzheimer's Unit	No
MARCELINE MO 64658-1716	Level of Care SNF	Bed Capacity	96
Mailing Address 1500 S KANSAS AVE	County CHARITON	DMH Licensed	No
MARCELINE MO 64658-1716	Region 5 Medicare/Medicaid	Facility Number	05900
	MARIONVILLE		
	7. T.		
OZARKS METHODIST MANOR, THE			
205 SOUTH COLLEGE	<b>Telephone</b> (417) 258-2573	Alzheimer's Unit	No
MARIONVILLE MO 65705-9340	Level of Care RCF	Bed Capacity	76
Mailing Address PO BOX 403	County LAWRENCE	DMH Licensed	No
MARIONVILLE MO 65705-0403	Region 1	Facility Number	06273
OZARKS METHODIST MANOR, THE			
205 SOUTH COLLEGE	<b>Telephone</b> (417) 258-2573	Alzheimer's Unit	Yes
MARIONVILLE MO 65705-9340	Level of Care SNF	Bed Capacity	78
Mailing Address PO BOX 403	County LAWRENCE	DMH Licensed	No
MARIONVILLE MO 65705-0403	Region 1 Medicare/Medicaid	Facility Number	06273
	region 1 Medicare/Medicard	Tuesney Tunner	00273
	MARSHALL		
GEORGIA BROWN BLOSSER HOME 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	Bed Capacity	11
Mailing Address 1210 EAST EASTWOOD ST	County SALINE	DMH Licensed	No
MARSHALL MO 65340-1510	Region 5	Facility Number	00633
Ma desirate	Region 5	Tacinty Ivaniber	00033
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
HARTLAND RESIDENTIAL CARE CENTER			
23435 LADDER DR	<b>Telephone</b> (660) 886-7093	Alzheimer's Unit	No
MARSHALL MO 65340-4662	Level of Care RCF	Bed Capacity	12
Mailing Address 23435 LADDER DR	County SALINE	DMH Licensed	No
MARSHALL MO 65340-4662	Region 5	Facility Number	15163
MAXSHALL WO 03340-4002	Region 5	racinty Number	13103
LEGENDARY NURSING & REHABILITATION 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 ST	County SALINE	DMH Licensed	No
MARSHALL MO 65340-2811	Region 5 Medicare/Medicaid	Facility Number	04895
LIVING CENTER, THE			
2506 LINDEN TREE PARKWAY	<b>Telephone</b> (660) 886-9676	Alzheimer's Unit	Yes
MARSHALL MO 65340-0017	Level of Care SNF	Bed Capacity	99
		DMH Licensed	No
Malling Address PO BOX 370	·		
MARSHALL MO 65340-0370	Region 5 Medicare/Medicaid	Facility Number	21791

Tuesday, May 6, 2025 Page 71 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

LYBL			
1325 SOUTH HIGHLAND COURT	<b>Telephone</b> (660) 530-7081	Alzheimer's Unit	No
MARSHALL MO 65340-3058	Level of Care RCF	<b>Bed Capacity</b>	11
Mailing Address 1325 SOUTH HIGHLAND COURT	County SALINE	DMH Licensed	No
MARSHALL MO 65340-3058	Region 5	Facility Number	03558
WESTPORT ESTATES - ASSISTED LIVING BY AMERICARE			
904 APACHE DR	<b>Telephone</b> (660) 886-5500	Alzheimer's Unit	Yes
MARSHALL MO 65340-2900	Level of Care ALF**	<b>Bed Capacity</b>	62
Mailing Address 904 APACHE DR	County SALINE	DMH Licensed	No
MARSHALL MO 65340-2900	Region 5	Facility Number	16202
MARSI	HFIELD		
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 OAK	County WEBSTER	DMH Licensed	No
MARSHFIELD MO 65706-2231	Region 1 Medicare/Medicaid	Facility Number	18481
	_		
MARSHFIELD PLACE			
820 SOUTH WHITE OAK STREET	<b>Telephone</b> (417) 859-6133	Alzheimer's Unit	No
MARSHFIELD MO 65706-2231	Level of Care RCF*	Bed Capacity	40
Mailing Address 820 SOUTH WHITE OAK STREET	County WEBSTER	DMH Licensed	Yes
MARSHFIELD MO 65706-2231	Region 1	Facility Number	20500
		•	
WEBCO MANOR			
1687 W WASHINGTON ST	<b>Telephone</b> (417) 859-5144	Alzheimer's Unit	No
MARSHFIELD MO 65706-2325	Level of Care SNF	Bed Capacity	90
Mailing Address 1687 W WASHINGTON ST	County WEBSTER	DMH Licensed	No
MARSHFIELD MO 65706-2325	Region 1 Medicare/Medicaid	Facility Number	08405
	_		
MARYLAN	D HEIGHTS		
NHC HEALTHCARE, MARYLAND HEIGHTS			
2920 FEE FEE RD	<b>Telephone</b> (314) 291-0121	Alzheimer's Unit	Yes
MARYLAND HEIGHTS MO 63043-1915	Level of Care SNF	Bed Capacity	220
Mailing Address 2920 FEE FEE RD	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1915	Region 7 Medicare/Medicaid	Facility Number	08272
	1120120120120120120120120120120120120120	•	**
PARKWOOD SKILLED NURSING AND REHABILITATION CENTER			
3201 PARKWOOD LN	<b>Telephone</b> (314) 291-5911	Alzheimer's Unit	NO
MARYLAND HEIGHTS MO 63043-1334	Level of Care SNF	Bed Capacity	130
Mailing Address 3201 PARKWOOD LN	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1334	Region 7 Medicare/Medicaid	Facility Number	02471
110 00010 1001	ricultai t/ivicultaiu	z acmej ramoci	024/1
STONEDDINGE MADVI AND HEIGHTS			
STONEBRIDGE MARYLAND HEIGHTS 2963 DODDRIDGE AVE	<b>Telephone</b> (314) 291-4557	Alzheimer's Unit	No
MARYLAND HEIGHTS MO 63043-1736	Telephone (314) 291-4557 Level of Care SNF	Bed Capacity	223
Mailing Address 2963 DODDRIDGE AVE	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1736	Region 7 Medicare/Medicaid	Facility Number	00855
110 000 10 1700	region , micuical e/ Micuicalu	z ucinej rumber	00033

Tuesday, May 6, 2025 Page 72 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

## **MARYVILLE**

BRISTOL MANOR OF MARYVILLE 323 EAST SUMMIT DR	<b>Telephone</b> (660) 582-4131	Alzheimer's Unit	No
MARYVILLE MO 64468-3619	Level of Care RCF	Bed Capacity	12
Mailing Address 323 EAST SUMMIT DR	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-3619	Region 4	Facility Number	19843
MARYVILLE CHATEAU			
1101 E 5TH STREET	<b>Telephone</b> (660) 582-7447	Alzheimer's Unit	No
MARYVILLE MO 64468-1955	Level of Care RCF	Bed Capacity	20
Mailing Address 1101 E 5TH STREET	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-1955	Region 4	Facility Number	05149
MARYVILLE LIVING CENTER			
524 NORTH LAURA	<b>Telephone</b> (660) 582-7447	Alzheimer's Unit	Yes
MARYVILLE MO 64468-1955	Level of Care SNF	Bed Capacity	105
Mailing Address 524 NORTH LAURA	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-1955	Region 4 Medicare/Medicaid	Facility Number	05149
NODAWAY HEALTHCARE			
22371 STATE HIGHWAY 46	<b>Telephone</b> (660) 562-2876	Alzheimer's Unit	No
MARYVILLE MO 64468-8157	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 307	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-0307	Region 4 Medicare/Medicaid	Facility Number	05766
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 COUNTRY CLUB DR	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-1477	Region 4	Facility Number	29544
PARKDALE MANOR HEALTH & REHABILITATION	(500 702 0454		
814 WEST SOUTH AVE	<b>Telephone</b> (660) 582-8161	Alzheimer's Unit	No
MARYVILLE MO 64468-2772	Level of Care SNF	Bed Capacity	86 N
Mailing Address 814 WEST SOUTH AVE	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-2772	Region 4 Medicare/Medicaid	Facility Number	06308
VILLAGE CARE CENTER, INC	The second of th		
810 EAST EDWARDS ST	<b>Telephone</b> (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	m. 1. 1. (200 500 000)		
810 EAST EDWARDS ST	<b>Telephone</b> (660) 562-3515	Alzheimer's Unit	No
MARYVILLE MO 64468-2917	Level of Care RCF*	Bed Capacity	18 N-
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-2917	Region 4	Facility Number	20361

Tuesday, May 6, 2025 Page 73 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	MATTH	EWS	
Mailing Address 609 SOUTH RAILROA	MO 63867-9751 D ST MO 63867-9751	Telephone (573) 471-7861 Level of Care SNF County NEW MADRID Region 2 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 98 DMH Licensed No Facility Number 07057
	MAYSVI	ILLE	
Mailing Address 1201 S POLK	MO 64469-4028 MO 64469-4028	Telephone (816) 449-2158 Level of Care SNF County DEKALB Region 4 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 07798
	MEXIO	CO	
Mailing Address 1722 HUNTINGFIELD	MO 65265-1400	HE Telephone (573) 581-8777 Level of Care ALF** County AUDRAIN Region 5	Alzheimer's Unit Yes Bed Capacity 39 DMH Licensed No Facility Number 13544
Mailing Address 1109 OLD FARM RD V	MO 65265-3250 VEST MO 65265-3250	Telephone (573) 581-5223 Level of Care RCF County AUDRAIN Region 5	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 24425
Mailing Address 620 WEST BOULEVAR	MO 65265-2199 RD ST MO 65265-2199	Telephone (573) 581-1577 Level of Care RCF* County AUDRAIN Region 5	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 04146
Mailing Address 620 WEST BOULEVAR	MO 65265-2199 RD ST MO 65265-2199	Telephone (573) 581-1577 Level of Care ICF County AUDRAIN Region 5	Alzheimer's Unit No Bed Capacity 39 DMH Licensed No Facility Number 04146
Mailing Address 1525 WEST MONROE	MO 65265-1201 ST MO 65265-1201	Telephone (573) 581-7261 Level of Care SNF County AUDRAIN Region 5 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 124 DMH Licensed No Facility Number 05804
Mailing Address 1722 HUNTINGFIELD	MO 65265-3808	Telephone (573) 582-7800 Level of Care ALF** County AUDRAIN Region 5	Alzheimer's Unit No Bed Capacity 42 DMH Licensed No Facility Number 23534

Tuesday, May 6, 2025 Page 74 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

		MILAN		
MILAN HEALTH CADE CENTED				
MILAN HEALTH CARE CENTER 52435 INFIRMARY RD		<b>Telephone</b> (660) 265-4032	Alzheimer's Unit	No
MILAN	MO 63556-2874	Level of Care SNF	Bed Capacity	100
Mailing Address 52435 INFIRMARY		County SULLIVAN	DMH Licensed	No
MILAN	MO 63556-2874	Region 5 Medicare/Medicaid	Facility Number	05418
WILLAN	100 03330-2874	Region 5 Medicare/Medicaid	Facility Number	03418
STOVER'S RESIDENTIAL CARE I	FACILITY			
520 EAST 5TH ST		<b>Telephone</b> (660) 265-2079	Alzheimer's Unit	No
MILAN	MO 63556-1222	Level of Care RCF	<b>Bed Capacity</b>	20
Mailing Address 520 EAST 5TH ST		County SULLIVAN	DMH Licensed	Yes
MILAN	MO 63556-1222	Region 5	Facility Number	07709
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
		-		
		MINERAL POINT		
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**	<b>Bed Capacity</b>	60
Mailing Address PO BOX 534		County WASHINGTON	DMH Licensed	Yes
PARK HILLS	MO 63601-0534	Region 2	Facility Number	09270
SOUTH HAVEN RESIDENTIAL CA	ARE CENTER, LLC			
10462 AIRPORT RD	, , ,	<b>Telephone</b> (573) 438-4150	Alzheimer's Unit	No
MINERAL POINT	MO 63660-9325	Level of Care RCF*	Bed Capacity	20
Mailing Address 10462 AIRPORT RI	)	County WASHINGTON	DMH Licensed	Yes
MINERAL POINT	MO 63660-9325	Region 2	<b>Facility Number</b>	10529
		MOBERLY		
		WODERLI		
ASPIRE SENIOR LIVING MOBER	LY	T. I. I. (650) 252 0050		37
700 EAST URBANDALE DR	NO 65050 1066	<b>Telephone</b> (660) 263-9060	Alzheimer's Unit	Yes
MOBERLY	MO 65270-1966	Level of Care SNF	Bed Capacity	120
Mailing Address 700 EAST URBANI	MO 65270-1966	County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-1966	Region 5 Medicare/Medicaid	Facility Number	12523
COATES STREET COMFORT HO	USE			
612 WEST COATES ST		<b>Telephone</b> (660) 263-6759	Alzheimer's Unit	No
MOBERLY	MO 65270-1319	Level of Care RCF	Bed Capacity	20
Mailing Address PO BOX 781		County RANDOLPH	DMH Licensed	Yes
MOBERLY	MO 65270-0781	Region 5	Facility Number	08220
MADIZ MINATAL A GOVERNO A WARRAN				
MARK TWAIN ASSISTED LIVING	i	Talent (660) 060 6515	Alabetaanti II 4	). T
901 UNION AVE	MO 65270 2456	Telephone (660) 263-6515 Level of Care ALF**	Alzheimer's Unit	No 42
MOBERLY  Mailing Address 901 UNION AVE	MO 65270-2456		Bed Capacity DMH Licensed	42 No
Maining Address 501 UNION AVE		County RANDOLPH	DIVITI LICENSEG	100

Region 5

**Facility Number** 

16369

MO 65270-2456

MOBERLY

Tuesday, May 6, 2025 Page 75 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

MEADOW DIDGE SENIOR I WING				
MEADOW RIDGE SENIOR LIVING		Talanhana (660) 262 0550	Alabaiman'a Unit	No
521 MEADOW RIDGE LANE	MO (5270 4550	<b>Telephone</b> (660) 263-0550	Alzheimer's Unit	No
MOBERLY	MO 65270-4550	Level of Care ALF**	Bed Capacity	57 N
Mailing Address 521 MEADOW RIDG		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-4550	Region 5	Facility Number	28019
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
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**	Bed Capacity	55
Mailing Address 1830 RAVENWOOD		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-3002	Region 5	Facility Number	16411
VALLEY VIEW HEALTH & REHAI	DII ITATION			
1600 EAST ROLLINS ST	BILITATION	<b>Telephone</b> (660) 263-6887	Alzheimer's Unit	No
MOBERLY	MO 65270-2478	Level of Care SNF	Bed Capacity	96
	WIO 03270-2478	County RANDOLPH	DMH Licensed	No
Mailing Address 1600 E ROLLINS ST MOBERLY	MO 65270-2478	·		
WODERLI	MO 03270-2478	Region 5 Medicare/Medicaid	Facility Number	13167
	MOKA	ANE		
RIVERVIEW NURSING CENTER				
10303 STATE RD C		<b>Telephone</b> (573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C	WIO 03039-1211	County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number	06730
MOKANE	WIO 03039-1211	Region 6 Medicare/Medicaid	racinty Number	00730
	MON	ETT		
COUNTRYSIDE CARE CENTER, LI	LC			
385 SOUTH EISENHOWER		<b>Telephone</b> (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
		8	•	
LACOBA HOMES, INC				
850 HIGHWAY 60		<b>Telephone</b> (417) 235-7895	Alzheimer's Unit	No
MONETT	MO 65708-9376	Level of Care SNF	Bed Capacity	79
Mailing Address PO BOX 885		County BARRY	DMH Licensed	No
MONETT	MO 65708-0885	Region 1 Medicare/Medicaid	Facility Number	04315
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		Country DADDV	DAGITY 1	37
MONETT	MO 65708-2312	County BARRY Region 1	DMH Licensed Facility Number	Yes

Tuesday, May 6, 2025 Page 76 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

OAK POINTE OF MONETT 1011 OLD AIRPORT ROAD MONETT Mailing Address 1011 OLD AIRPORT MONETT	MO 65708-1375 ROAD MO 65708-1375	Telephone (417) 235-3500 Level of Care ALF** County LAWRENCE Region 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 55 No 30206
	$\Lambda$	MONROE CITY		
BRISTOL MANOR OF MONROE CI	TY			
1017 EAST LAWN ST		<b>Telephone</b> (573) 735-3068	Alzheimer's Unit	No
MONROE CITY	MO 63456-1433	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 1017 EAST LAWN ST	Τ	County MONROE	DMH Licensed	Yes
MONROE CITY	MO 63456-1433	Region 5	Facility Number	20045
MONROE CITY MANOR CARE CEN	NTER			
1010 HIGHWAY 24 & 36 EAST		<b>Telephone</b> (573) 735-4850	Alzheimer's Unit	No
MONROE CITY	MO 63456-1116	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 1010 HWY 24 & 36 E	EAST	County MARION	DMH Licensed	No
MONROE CITY	MO 63456-1116	<b>Region</b> 5 Medicare/Medicaid	Facility Number	05473
	MOl	NTGOMERY CITY		
ASHBURY HEIGHTS OF MONTGO	MERY CITY			
625 WEST 2ND ST		<b>Telephone</b> (573) 564-3386	Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 625 WEST 2ND ST		County MONTGOMERY	DMH Licensed	No
MONTGOMERY CITY	MO 63361-1762	Region 6	Facility Number	20160
	M	OSCOW MILLS		
FOUR SEASONS ASSISTED LIVING	, ,			
230 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care ALF	<b>Bed Capacity</b>	30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
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	<b>Bed Capacity</b>	23
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624
	1	MOUND CITY		
TIFFANY HEIGHTS				
1531 NEBRASKA ST		<b>Telephone</b> (660) 442-3146	Alzheimer's Unit	No
MOUND CITY	MO 64470-1610	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 308		County HOLT	DMH Licensed	No

Region 4

Medicare/Medicaid

**Facility Number** 

07998

MO 64470-0308

MOUND CITY

Tuesday, May 6, 2025 Page 77 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	MOUNT VERNON	
COMMUNITY OF AUTUMN COURT AT MT VER 1421 S LANDRUM ST	NON, THE  Telephone (417) 466-3	549 <b>Alzheimer's Unit</b> No
MOUNT VERNON MO 65712-1	•	Bed Capacity 34
Mailing Address 1421 S LANDRUM ST	County LAWRENCE	DMH Licensed No
MOUNT VERNON MO 65712-1	•	Facility Number 20809
330 00712	Augua :	2000)
	MOUNTAIN GROVE	
AUTUMN OAKS CARING CENTER 1310 HOVIS ST	<b>Telephone</b> (417) 926-5	128 Alzheimer's Unit Yes
MOUNTAIN GROVE MO 65711-1	•	Bed Capacity 120
Mailing Address 1310 HOVIS ST	County WRIGHT	DMH Licensed No
MOUNTAIN GROVE MO 65711-1		
	Aug. of Aug. o	
COUNTRY LIVING ASSISTED LIVING	(417) 000	055 AND 1 TO 1
2820 NORTH MAIN ST	Telephone (417) 926-1	
MOUNTAIN GROVE MO 65711-1		
Mailing Address 2820 NORTH MAIN ST  MOUNTAIN GROVE MO 65711-1	County WRIGHT	DMH Licensed No Facility Number 27548
MOONTAIN GROVE MO 05/11-1	403 Region 1	Facility Number 2/348
	MOUNTAIN VIEW	
MOUNTAIN VIEW HEALTHCARE	<b>Telephone</b> (417) 934-6	818 <b>Alzheimer's Unit</b> No
1211 NORTH ASH ST  MOUNTAIN VIEW  MO 65548-7	•	818 Alzheimer's Unit No Bed Capacity 105
Mailing Address PO BOX 879	County HOWELL	DMH Licensed No
MOUNTAIN VIEW MO 65548-0	•	
PARK PLACE APARTMENTS 1211 NORTH ASH ST	<b>Telephone</b> (417) 934-6	818 <b>Alzheimer's Unit</b> No
MOUNTAIN VIEW MO 65548-7	•	Bed Capacity 18
Mailing Address PO BOX 879	County HOWELL	DMH Licensed No
MOUNTAIN VIEW MO 65548-0	879 <b>Region</b> 2	Facility Number 15542
	MT VERNON	
LAWRENCE COUNTY MANOR	m 1 1 ///m ///	102 Al-beirer IV V
915 CARL ALLEN ST	Telephone (417) 466-2	
MT VERNON MO 65712-1 Mailing Address 915 CARL ALLEN ST		Bed Capacity 90
MT VERNON MO 65712-1	·	DMH Licensed No dicaid Facility Number 04349
MIT VERNON MIO 03/12-1	612 Region 1 Medicare/Me	dicaid Facility Number 04349
LAWRENCE COUNTY RESIDENTIAL CARE CEN		
915 CARL ALLEN ST	<b>Telephone</b> (417) 466-2	
MT VERNON MO 65712-1		<b>Bed Capacity</b> 30
Mailing Address 915 CARL ALLEN ST	County LAWRENCE	DMH Licensed No
MT VERNON MO 65712-1	612 <b>Region</b> 1	Facility Number 04349
MT VERNON NURSING		
1425 SOUTH LANDRUM	<b>Telephone</b> (417) 466-2	260 <b>Alzheimer's Unit</b> NO
MT VERNON MO 65712-1		Bed Capacity 60
Mailing Address 1425 S LANDRUM	County LAWRENCE	<b>DMH Licensed</b> No
MT VERNON MO 65712-1	912 Region 1 Medicare/Me	dicaid Facility Number 16304

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 78 of 137

<sup>\*\*</sup> 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)).

NE	OSHO		
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	County NEWTON	DMH Licensed	No
NEOSHO MO 64850-9194	Region 1	Facility Number	20156
HENLEY PLACE OF NEOSHO, A SENIOR RESIDENCE BY AMERICA	ARE		
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	DMH Licensed	No
NEOSHO MO 64850-9076	Region 1	Facility Number	20193
MEDICALODGES NEOSHO			
400 LYON DR	<b>Telephone</b> (417) 451-2544	Alzheimer's Unit	Yes
NEOSHO MO 64850-9194	Level of Care SNF	Bed Capacity	114
Mailing Address 400 LYON DR	County NEWTON	DMH Licensed	No
NEOSHO MO 64850-9194	Region 1 Medicare/Medicaid	Facility Number	05383
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 EXTENSION	County NEWTON	DMH Licensed	No
NEOSHO MO 64850-7765	Region 1	Facility Number	29972
WEBWOOD ASSISTED LIVING, LLC			
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 HATLER DRIVE	County NEWTON	DMH Licensed	No
NEOSHO MO 64850-8059	Region 1	Facility Number	31265
NE	TVADA		
BRISTOL MANOR OF NEVADA			
401 EAST WALNUT	<b>Telephone</b> (417) 667-5700	Alzheimer's Unit	No
NEVADA MO 64772-2457	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 401 EAST WALNUT	County VERNON	DMH Licensed	Yes
NEVADA MO 64772-2457	Region 1	Facility Number	18471
BUNGALOWS AT NEVADA , THE			
640 EAST HIGHLAND	<b>Telephone</b> (417) 667-3883	Alzheimer's Unit	No
NEVADA MO 64772-1091	Level of Care RCF	Bed Capacity	37
Mailing Address 640 EAST HIGHLAND	County VERNON	DMH Licensed	No
NEVADA MO 64772-1091	Region 1	Facility Number	23732
CLARK CARE CENTER - ONE			
1505 EAST ASHLAND ST	<b>Telephone</b> (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

Tuesday, May 6, 2025 Page 79 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

IOE CLADE DESIDENTIAL CADE	HOME			
JOE CLARK RESIDENTIAL CARE 1495 EAST ASHLAND ST	HOME	<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	110 01772 1010	County VERNON	DMH Licensed	No
NEVADA	MO 64772-0246	Region 1	Facility Number	23419
1,2,1,2,1		Region 1	Tuesty Tusses	23117
MEDICALODGES NEVADA				
1210 W ASHLAND ST		<b>Telephone</b> (417) 667-5064	Alzheimer's Unit	No
NEVADA	MO 64772-1906	Level of Care SNF	Bed Capacity	100
Mailing Address 1210 W ASHLAND	ST	County VERNON	DMH Licensed	No
NEVADA	MO 64772-1906	Region 1 Medicare/Medicaid	<b>Facility Number</b>	05717
MOORE-FEW CARE CENTER				
901 SOUTH ADAMS		<b>Telephone</b> (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
NATHAN RICHARD HEALTH CAR	RE CENTER			
700 EAST HIGHLAND AVE	CECTER	<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
1,2,1,2,1	1020	region 1 Medical Givicultura	1 4011109 1 (41111001	10210
	NEW FLC	DRENCE		
ASPIRE SENIOR LIVING NEW FLO	ODENCE			
515 PICNIC ST	ORENCE	Telephone (572) 415 0222	Alaboimon's Unit	No
NEW FLORENCE	MO 63363-2223	Telephone (573) 415-9333 Level of Care RCF*	Alzheimer's Unit	33
Mailing Address 515 PICNIC ST	WIO 03303-2223	County MONTGOMERY	Bed Capacity DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6	Facility Number	05723
NEW PLOKENCE	WIO 03303-2223	Region 0	racinty Number	03723
ASPIRE SENIOR LIVING NEW FLO	ORENCE			
515 PICNIC ST		<b>Telephone</b> (573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	Level of Care SNF	Bed Capacity	87
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6 Medicare/Medicaid	Facility Number	05723
	NEW H	AVEN		
ARIZONA CARE CENTER				
101 ARIZONA ST		<b>Telephone</b> (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
NEW HAVEN CARE CENTER		m 1 1 (573) 227 2122		3.7
9503 HIGHWAY 100	MO (2009 1200	<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	MO 62069 1200	County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number	05738

Tuesday, May 6, 2025 Page 80 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

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	555 05000 1500	County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number	05738
			•	
	NEW .	MADRID		
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		County NEW MADRID	DMH Licensed	No
NEW MADRID	MO 63869-1116	Region 2 Medicare/Medicaid	Facility Number	04952
	Λ	VIXA		
BRADFORD COURT - ASSISTED L	IVING BY AMERICARE			
902 NORTH MAIN	2 , 11 , 0 2 1 1111111111111111111111111	<b>Telephone</b> (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
CASTLEWOOD SENIOR LIVING T	THE			
1538 N OLD CASTLE ROAD		<b>Telephone</b> (417) 724-8188	Alzheimer's Unit	Yes
NIXA	MO 65714-9902	Level of Care ALF**	Bed Capacity	66
Mailing Address 1538 N OLD CASTL		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9902	Region 1	Facility Number	30722
LIFE ENHANCEMENT VILLAGE (	OF THE OZARKS INC			
732 SOUTH GREGG ROAD		<b>Telephone</b> (417) 725-5166	Alzheimer's Unit	No
NIXA	MO 65714-7419	Level of Care RCF*	<b>Bed Capacity</b>	44
Mailing Address 732 SOUTH GREGO	G RD	County CHRISTIAN	DMH Licensed	Yes
NIXA	MO 65714-7419	Region 1	Facility Number	14190
NIXA NURSING & REHAB				
1104 NORTH MAIN ST		<b>Telephone</b> (417) 725-1777	Alzheimer's Unit	No
NIXA	MO 65714-9316	Level of Care SNF	Bed Capacity	82
Mailing Address 1104 N MAIN ST		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9316	Region 1 Medicare/Medicaid	Facility Number	13840
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
		ū	•	
SPECIAL FORCE FAMILY MINIST	TRIES			
428 SOUTH HARRISON ST		<b>Telephone</b> (417) 725-7917	Alzheimer's Unit	No
NIXA	MO 65714-7809	Level of Care RCF	Bed Capacity	12
Mailing Address PO BOX 882	MO 65714 0002	County CHRISTIAN	DMH Licensed	Yes
NIXA	MO 65714-0882	Region 1	Facility Number	18764

Tuesday, May 6, 2025 Page 81 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	NORMANDY	
AMBERWOOD ESTATES NURSING AND REHABILI 5303 BERMUDA DR NORMANDY MO 63121-1407 Mailing Address 5303 BERMUDA DR NORMANDY MO 63121-1407	Telephone (314) 385-0910 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT LOUIS COUNTY DMH Licensed	No 115 No 01238
	O'FALLON	
ABBEY SENIOR HEALTH  206 NORTH MAIN ST  O'FALLON MO 63366-  Mailing Address 206 NORTH MAIN ST  O'FALLON MO 63366-2299	Telephone (636) 240-5754 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT CHARLES DMH Licensed Region 5 Facility Number	NO 10 No 27367
	OAK GROVE	
ASPIRE SENIOR LIVING OAK GROVE  2108 SW MITCHELL STREET  OAK GROVE MO 64075-9472  Mailing Address 2108 S MITCHELL  OAK GROVE MO 64075-9472	County JACKSON DMH Licensed	Yes 90 No 05849
BRISTOL MANOR OF OAK GROVE  300 NORTH AUSTIN OAK GROVE MO 64075-8109 Mailing Address 300 N AUSTIN OAK GROVE MO 64075-8109	County JACKSON DMH Licensed	No 12 No 16552
	ODESSA	
BRISTOL MANOR OF ODESSA  115 SOUTH 5TH ST  ODESSA  Mailing Address 115 S 5TH ST  ODESSA  MO 64076-1330  MO 64076-1330	County LAFAYETTE DMH Licensed	No 12 No 16547
ODESSA HEALTH CARE CENTER  609 GOLF ST  ODESSA MO 64076-1462  Mailing Address 609 GOLF ST  ODESSA MO 64076-1462	County LAFAYETTE DMH Licensed	No 60 No 05749
	O'FALLON	
ABBEY SENIOR HEALTH 206 NORTH MAIN ST O'FALLON MO 63366-2299 Mailing Address 206 NORTH MAIN ST O'FALLON MO 63366-2299	Telephone (636) 240-5754 Alzheimer's Unit Level of Care SNF Bed Capacity County SAINT CHARLES DMH Licensed	No 55 No 27367

Tuesday, May 6, 2025 Page 82 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

ACCICTED I IVING AT THE MEADOW! AND	ne				
ASSISTED LIVING AT THE MEADOWLAND 135 MEADOWLANDS ESTATES LN	us	Tolombono	(626) 079 2600	Alzheimer's Unit	Yes
	2266 4501	Telephone Level of Care	(636) 978-3600 ALF**		
	3366-4591			Bed Capacity	86 N-
Mailing Address 135 MEADOWLANDS ESTAT		·	NT CHARLES	DMH Licensed	No
O'FALLON MO 63	3366-4591	Region 5		Facility Number	26475
DELMAR GARDENS OF O'FALLON					
7068 SOUTH OUTER 364		Telephone	(636) 240-6100	Alzheimer's Unit	Yes
O'FALLON MO 63	3368-7757	Level of Care	SNF	Bed Capacity	240
Mailing Address 7068 SOUTH OUTER 364		County SAI	NT CHARLES	DMH Licensed	No
O'FALLON MO 63	3368-7757	Region 5	Medicare/Medicaid	Facility Number	24291
GARDEN VIEW CARE CENTER					
700 GARDEN PATH		Telephone	(636) 240-2840	Alzheimer's Unit	YES
O'FALLON MO 63	3366-3052	Level of Care	SNF	Bed Capacity	120
Mailing Address 700 GARDEN PATH		County SAI	NT CHARLES	DMH Licensed	No
O'FALLON MO 63	3366-3052	Region 5	Medicare/Medicaid	Facility Number	13963
GARDEN VILLAS OF O'FALLON					
7092 SOUTH OUTER 364 ROAD		Telephone	(636) 240-5560	Alzheimer's Unit	No
	3368-7757	Level of Care	ALF	Bed Capacity	95
Mailing Address 7092 SOUTH OUTER 364 RD	7306 7737		NT CHARLES	DMH Licensed	No
_	3368-7757	·	VI CHARLES	Facility Number	27793
OFALLON WIO 03	3306-7737	Region 5		racinty Number	21193
PARK PLACE II					
2000 BOARDWALK PLACE DR		Telephone	(636) 625-2900	Alzheimer's Unit	YES
O'FALLON MO 63	3368-3901	Level of Care	ALF**	Bed Capacity	124
Mailing Address 2000 BOARDWALK PLACE D	OR .	County SAI	NT CHARLES	DMH Licensed	No
O'FALLON MO 63	3368-3901	Region 5		Facility Number	29016
TWIN OAKS ESTATE, INC					
707 EMGE RD		Telephone	(636) 542-5200	Alzheimer's Unit	No
	3366-2118	Level of Care	RCF*	Bed Capacity	149
Mailing Address 707 EMGE RD	2110		NT CHARLES	DMH Licensed	No
· ·	3366-2118	Region 5	VI CITICLES	Facility Number	08209
or all of	5500 2110	Region 5		racinty raniber	08207
	OREGO	ON			
OREGON HEALTHCARE					
501 MONROE		Telephone	(660) 446-3355	Alzheimer's Unit	No
OREGON MO 64	1473-7800	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 19		County HOL	Т	DMH Licensed	No
· ·	1473-0019	Region 4	Medicare/Medicaid	Facility Number	06097
		- Trogram	Tyrearear of tyreareara		
	OSAGE BI	EACH			
ARROWHEAD SENIOR LIVING COMMUNIT	TY		(220) 000		
6100 ARROWHEAD DRIVE		Telephone	(573) 302-7111	Alzheimer's Unit	Yes
	5065-2754	Level of Care	ALF**	Bed Capacity	90
Mailing Address 6100 ARROWHEAD DRIVE			MDEN	DMH Licensed	No
OSAGE BEACH MO 65	5065-2754	Region 6		Facility Number	31536

Tuesday, May 6, 2025 Page 83 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

A DROWNER A DOENHOD A WINIO CO			
ARROWHEAD SENIOR LIVING CO	OMMUNITY	T. L. J. (572) 202 7111	All between the Tild
6100 ARROWHEAD DRIVE	140 - 550 55 0554	<b>Telephone</b> (573) 302-7111	Alzheimer's Unit No
OSAGE BEACH	MO 65065-2754	Level of Care SNF	Bed Capacity 80
Mailing Address 6100 ARROWHEAD		County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-2754	Region 6 Medicare/Medicaid	Facility Number 31536
OSAGE BEACH REHABILITATION	AND HEALTH CARE CENTER		
844 PASSOVER RD		<b>Telephone</b> (573) 348-2225	Alzheimer's Unit No
OSAGE BEACH	MO 65065-2834	Level of Care SNF	<b>Bed Capacity</b> 94
Mailing Address 844 PASSOVER RD		County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-2834	Region 6 Medicare/Medicaid	Facility Number 06116
OZARK REHABILITATION & HEA	LTH CARE CENTER		
1083 OZARK CARE DR		<b>Telephone</b> (573) 348-1711	Alzheimer's Unit No
OSAGE BEACH	MO 65065-3016	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 270		County CAMDEN	DMH Licensed No
OSAGE BEACH	MO 65065-0270	Region 6 Medicare/Medicaid	Facility Number 06217
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH	MO 65065-8408	Level of Care ALF**	Bed Capacity 40
Mailing Address 872 COLLEGE BLVD		County MILLER	DMH Licensed No
OSAGE BEACH	MO 65065-8408	Region 6	Facility Number 20926
OUTGE BETTEN	1.20 0.500.5 0.100	Region 0	Tuenty Number 20720
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH	MO 65065-8408	Level of Care SNF	<b>Bed Capacity</b> 66
Mailing Address 872 COLLEGE BLVD	)	County MILLER	DMH Licensed No
OSAGE BEACH	MO 65065-8408	Region 6 Medicare/Medicaid	Facility Number 20926
	OVERL	AND	
DENIEL ENG ENGENDED CADE			
BENTLEYS EXTENDED CARE		T 1 1 (214) 426 0422	All the Late of the All the Al
3060 ASHBY ROAD	MO 62114 1242	Telephone (314) 426-0433	Alzheimer's Unit No
OVERLAND  Mailing Address 3060 ASHBY RD	MO 63114-1342	Level of Care SNF	Bed Capacity 72  DMH Licensed No
e e e e e e e e e e e e e e e e e e e	MO 62114 1242	County SAINT LOUIS COUNTY	
OVERLAND	MO 63114-1342	Region 7 Medicare/Medicaid	Facility Number 22613
BOARDING INN, THE			
9444 MIDLAND BLVD		<b>Telephone</b> (314) 426-0091	Alzheimer's Unit No
OVERLAND	MO 63114-3328	Level of Care RCF	Bed Capacity 40
Mailing Address 9444 MIDLAND BLV	'D	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> Yes
OVERLAND	MO 63114-3328	Region 7	Facility Number 00709
JANE HOWELL STUPP APARTMEN	NTS		
2443 PROUHET AVE		<b>Telephone</b> (314) 890-7100	Alzheimer's Unit No
OVERLAND	MO 63114-1946	Level of Care RCF*	<b>Bed Capacity</b> 30
Mailing Address 2443 PROUHET AVE	3	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> Yes
OVERLAND	MO 63114-1946	Region 7	Facility Number 18369

Tuesday, May 6, 2025 Page 84 of 137

<sup>\*</sup> 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)).

		OWENSVILLE		
GASCONADE MANOR NURSING	НОМЕ			
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		County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number	02804
GASCONADE TERRACE RETIRE	EMENT CENTER			
1930 NURSING HOME RD		<b>Telephone</b> (573) 437-4833	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	<b>Level of Care</b> ALF	Bed Capacity	19
Mailing Address PO BOX 520		County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6	Facility Number	14143
STONEBRIDGE OWENSVILLE				
1016 W HIGHWAY 28		<b>Telephone</b> (573) 437-6877	Alzheimer's Unit	Yes
OWENSVILLE	MO 65066-1677	Level of Care SNF	Bed Capacity	131
Mailing Address PO BOX 593		<b>County</b> GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0593	Region 6 Medicare/Medicaid	Facility Number	19051
VICTORIAN PLACE OF OWENSY	VILLE, RESIDENTIAL CARE I	BY AMERICARE		
301 NORTH 7TH ST		<b>Telephone</b> (573) 437-5396	Alzheimer's Unit	No
OWENSVILLE	MO 65066-1075	<b>Level of Care</b> RCF	Bed Capacity	48
Mailing Address 301 NORTH 7TH S	ST	County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-1075	Region 6	Facility Number	24133
		OZARK		
BAPTIST HOMES OF OZARK				
1625 WEST GARTON RD		<b>Telephone</b> (417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care ICF	Bed Capacity	33
Mailing Address PO BOX 1040	MO 65701 1040	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1	Facility Number	21509
BAPTIST HOMES OF OZARK				
1625 WEST GARTON RD		<b>Telephone</b> (417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care ALF**	Bed Capacity	30
Mailing Address PO BOX 1040	160 (57721 1040	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1	Facility Number	21509
CENTURY PINES ASSISTED LIVI	ING			
709 EAST MCCRACKEN RD		<b>Telephone</b> (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care ALF**	Bed Capacity	23
Mailing Address 709 EAST MCCRA		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1	Facility Number	01200
CENTURY PINES ASSISTED LIVE	ING			
709 EAST MCCRACKEN RD		<b>Telephone</b> (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care ALF	<b>Bed Capacity</b>	80
Mailing Address 709 EAST MCCRA	CKEN RD	County CHRISTIAN	DMH Licensed	Yes

Region 1

**Facility Number** 

01200

MO 65721-9499

**OZARK** 

Tuesday, May 6, 2025 Page 85 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

COTTAGE AT CENTURY PINES, T	HE			
707 EAST MCCRACKEN ROAD		<b>Telephone</b> (417) 551-4608	Alzheimer's Unit Ye	es
OZARK	MO 65721-9499	Level of Care ALF**	Bed Capacity 2	24
Mailing Address 709 EAST MCCRAC	CKEN ROAD	County CHRISTIAN		lo
OZARK	MO 65721-9499	Region 1	Facility Number 3057	9
ESSEX OF OZARK, THE				
5173 NORTH 22ND		<b>Telephone</b> (417) 485-4185	Alzheimer's Unit N	o
OZARK	MO 65721-7637	Level of Care RCF	Bed Capacity 1	2
Mailing Address 5173 NORTH 22ND		County CHRISTIAN	DMH Licensed N	lo
OZARK	MO 65721-7637	Region 1	Facility Number 2431	.8
HOPEDALE COTTAGE ASSISTED	LIVING THE			
1314 W SCHOOL STREET		<b>Telephone</b> (417) 581-1308	Alzheimer's Unit Ye	es
OZARK	MO 65721-6618	Level of Care ALF**	Bed Capacity 1	4
Mailing Address 1314 W SCHOOL ST	TREET	County CHRISTIAN		lo
OZARK	MO 65721-6618	Region 1	Facility Number 3030	)2
		G		
NORTHPARK VILLAGE - ASSISTE	D I IVING RV AMERICARE			
4449 N STATE HIGHWAY NN	D LIVING DI AMERICARE	<b>Telephone</b> (417) 581-3200	Alzheimer's Unit N	Ю
OZARK	MO 65721-7221	Level of Care ALF**		52
Mailing Address 4449 N STATE HIGH		County CHRISTIAN		lo
OZARK	MO 65721-7221	Region 1	Facility Number 2000	
02. Mul	3.50 00,21 ,221	region 1	2000	
O A ME COMPA OF A CONTRACT A WAY	IG WYF			
OAKS COTTAGE ASSISTED LIVIN	IG, THE	T. I. I. (417) 501 0000		
5448 N 2ND AVENUE	MO (5721 (210	<b>Telephone</b> (417) 581-0330	Alzheimer's Unit Ye	
OZARK	MO 65721-6210	Level of Care ALF**		12
Mailing Address 5448 N 2ND AVENU OZARK	MO 65721-6210	County CHRISTIAN		lo M
OZAKK	MO 65721-6210	Region 1	Facility Number 3180	14
OZARK NURSING & CARE CENTE	E <b>R</b>			
1486 NORTH RIVERSIDE RD		<b>Telephone</b> (417) 581-7126		lo
OZARK	MO 65721-7688	Level of Care SNF		93
Mailing Address 1486 NORTH RIVER		County CHRISTIAN		lo
OZARK	MO 65721-7688	Region 1 Medicare/Medicaid	Facility Number 0624	.0
OZARK RIVERVIEW MANOR				
1200 WEST HALL ST		<b>Telephone</b> (417) 581-6025	<b>Alzheimer's Unit</b> N	Ю
OZARK	MO 65721-9103	Level of Care SNF	<b>Bed Capacity</b> 9	90
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed N	lo
OZARK	MO 65721-0157	Region 1 Medicare/Medicaid	Facility Number 0142	6
RIVERVIEW RESIDENTIAL PLAC	E			
1200 WEST HALL ST		<b>Telephone</b> (417) 581-2510	Alzheimer's Unit N	Ю
OZARK	MO 65721-9103	Level of Care RCF*	Bed Capacity 4	10
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed N	lo
OZARK	MO 65721-0157	Region 1	Facility Number 0142	6

Tuesday, May 6, 2025 Page 86 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

		PACIFIC		
BRISTOL MANOR OF PACIFIC				
2049 ROSE LN		<b>Telephone</b> (636) 257-8020	Alzheimer's Unit	No
PACIFIC	MO 63069-1165	Level of Care RCF	Bed Capacity	12
Mailing Address 2049 ROSE LN		<b>County</b> FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1165	Region 6	Facility Number	20237
DA CHEKO CA DE CENTED				
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	110 00007 1020	County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638
DA CHEIC CA DE CENTRED				
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		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number	12638
		PALMYRA		
BRISTOL MANOR OF PALMYRA				
1815 SOUTH MAIN		<b>Telephone</b> (573) 769-2127	Alzheimer's Unit	No
PALMYRA	MO 63461-1961	Level of Care RCF	Bed Capacity	12
Mailing Address 1815 SOUTH MAIN		<b>County</b> MARION	DMH Licensed	No
PALMYRA	MO 63461-1961	Region 5	Facility Number	20260
MAPLE LAWN NURSING HOME				
1410 WEST LINE ST		<b>Telephone</b> (573) 769-2213	Alzheimer's Unit	Yes
PALMYRA	MO 63461-1831	Level of Care SNF	Bed Capacity	110
Mailing Address PO BOX 232		County MARION	DMH Licensed	No
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number	09961
		PARIS		
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
MONROE MANOR				
200 SOUTH ST		<b>Telephone</b> (660) 327-4125	Alzheimer's Unit	Yes
PARIS	MO 65275-1165	Level of Care SNF	Bed Capacity	119
Mailing Address 200 SOUTH ST		County MONROE	DMH Licensed	No
PARIS	MO 65275-1165	Region 5 Medicare/Medicaid	Facility Number	05484
		PARK HILLS		
COUNTRY MEADOWS				
1301 N ST JOE DR		<b>Telephone</b> (573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Level of Care SNF	Bed Capacity	72
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	DMH Licensed	No
DADIZ IIII I C	MO (2(01 10(5		E:1:4 N1	

Region 2

Medicare/Medicaid

**Facility Number** 

14443

MO 63601-1965

PARK HILLS

Tuesday, May 6, 2025 Page 87 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

COUNTRY MEADOWS				
1301 N ST JOE DR		<b>Telephone</b> (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
SECRET GARDENS				
351 KEITH ST		<b>Telephone</b> (573) 518-0444	Alzheimer's Unit	No
PARK HILLS	MO 63601-2049	Level of Care RCF	Bed Capacity	10
Mailing Address PO BOX 481		County SAINT FRANCOIS	DMH Licensed	Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number	17813
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*	Bed Capacity	16
Mailing Address PO BOX 481	WIO 03001-1039	County SAINT FRANCOIS	DMH Licensed	Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number	06579
TARKTHLLS	1410 03001-0401	Region 2	racinty Number	00379
		PATTON		
HERITAGE HILLS ASSISTED LIV	INC FACILITY			
9651 STATE HIGHWAY 72	ING FACILITI	<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	1410 03002 7700	County BOLLINGER	DMH Licensed	Yes
PATTON	MO 63662-0010	Region 2	Facility Number	18783
17111011	110 03002 0010	Region 2	racinty Number	10703
		PERRYVILLE		
ESTATES OF PERRYVILLE, LLC,		PERRYVILLE		
ESTATES OF PERRYVILLE, LLC, 430 NORTH WEST ST		PERRYVILLE  Telephone (573) 547-1011	Alzheimer's Unit	No
			Alzheimer's Unit Bed Capacity	No 156
430 NORTH WEST ST PERRYVILLE	<b>THE</b> MO 63775-1359	<b>Telephone</b> (573) 547-1011		
430 NORTH WEST ST	<b>THE</b> MO 63775-1359	Telephone (573) 547-1011 Level of Care SNF	<b>Bed Capacity</b>	156
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE	THE  MO 63775-1359 ST	Telephone (573) 547-1011 Level of Care SNF County PERRY	Bed Capacity DMH Licensed	156 No
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE HOLIDAY RESIDENTIAL CARE	THE  MO 63775-1359 ST	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	156 No 00137
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD	THE  MO 63775-1359 ST  MO 63775-1359	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	156 No 00137 No
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE	THE  MO 63775-1359 ST  MO 63775-1359  MO 63775-1298	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	156 No 00137 No 20
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MARY	THE  MO 63775-1359  ST  MO 63775-1359  MO 63775-1298 Y'S RD	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	156 No 00137 No 20 No
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE	THE  MO 63775-1359 ST  MO 63775-1359  MO 63775-1298	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	156 No 00137 No 20
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MARY	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	156 No 00137 No 20 No
430 NORTH WEST ST PERRYVILLE  Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE  Mailing Address 1019 OLD ST MARY PERRYVILLE	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	156 No 00137 No 20 No
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MARY PERRYVILLE INDEPENDENCE CARE CENTER	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	156 No 00137 No 20 No 19872
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MARY PERRYVILLE INDEPENDENCE CARE CENTER 6800 SOUTH KINGSHIGHWAY	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298  OF PERRY COUNTY  MO 63775-2106	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2  Telephone (573) 547-6546	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	156 No 00137 No 20 No 19872
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MAR' PERRYVILLE  INDEPENDENCE CARE CENTER 6800 SOUTH KINGSHIGHWAY PERRYVILLE	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298  OF PERRY COUNTY  MO 63775-2106	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2  Telephone (573) 547-6546 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	156 No 00137 No 20 No 19872 Yes 133
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MAR' PERRYVILLE  INDEPENDENCE CARE CENTER 6 800 SOUTH KINGSHIGHWAY PERRYVILLE Mailing Address 800 SOUTH KINGS PERRYVILLE	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298  OF PERRY COUNTY  MO 63775-2106 HWY	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2  Telephone (573) 547-6546 Level of Care SNF County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	156 No 00137 No 20 No 19872 Yes 133 No
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MARY PERRYVILLE INDEPENDENCE CARE CENTER 6800 SOUTH KINGSHIGHWAY PERRYVILLE Mailing Address 800 SOUTH KINGST PERRYVILLE INDEPENDENCE COURT	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298  OF PERRY COUNTY  MO 63775-2106 HWY	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2  Telephone (573) 547-6546 Level of Care SNF County PERRY 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	156 No 00137 No 20 No 19872 Yes 133 No 06393
430 NORTH WEST ST PERRYVILLE  Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE  Mailing Address 1019 OLD ST MARY PERRYVILLE  INDEPENDENCE CARE CENTER 6800 SOUTH KINGSHIGHWAY PERRYVILLE  Mailing Address 800 SOUTH KINGST PERRYVILLE  INDEPENDENCE COURT 121 INDEPENDENCE DR	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298  OF PERRY COUNTY  MO 63775-2106  HWY MO 63775-2106	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2  Telephone (573) 547-6546 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-6546	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	156 No 00137 No 20 No 19872 Yes 133 No 06393
430 NORTH WEST ST PERRYVILLE Mailing Address 430 NORTH WEST PERRYVILLE  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE Mailing Address 1019 OLD ST MARY PERRYVILLE INDEPENDENCE CARE CENTER 6800 SOUTH KINGSHIGHWAY PERRYVILLE Mailing Address 800 SOUTH KINGST PERRYVILLE INDEPENDENCE COURT	MO 63775-1359 ST MO 63775-1359  MO 63775-1298 Y'S RD MO 63775-1298  OF PERRY COUNTY  MO 63775-2106  HWY MO 63775-2106	Telephone (573) 547-1011 Level of Care SNF County PERRY Region 2 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care RCF* County PERRY Region 2  Telephone (573) 547-6546 Level of Care SNF County PERRY 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	156 No 00137 No 20 No 19872 Yes 133 No 06393

Region 2

**Facility Number** 

06393

MO 63775-1496

PERRYVILLE

Tuesday, May 6, 2025 Page 88 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	PIEDM	ONT	
CLARK'S MOUNTAIN NURSING CEN	NTER		
2100 BARNES		<b>Telephone</b> (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
	PILOT G	ROVE	
V A TON MANOR			
KATY MANOR 205 PROSPECT		<b>Telephone</b> (660) 834-3111	Alzheimer's Unit No
	MO 65276-1111	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 8	WIO 03270-1111	County COOPER	DMH Licensed No
•	MO 65276-0008	Region 6 Medicare/Medicaid	Facility Number 14982
		-	
	PILOT N	KNOB	
MEADOWBROOK RESIDENTIAL CA	RE, INC		
806 WEST MULBERRY		<b>Telephone</b> (573) 546-7065	Alzheimer's Unit No
PILOT KNOB	MO 63663-	Level of Care ALF**	<b>Bed Capacity</b> 36
Mailing Address PO BOX 510		County IRON	DMH Licensed No
PILOT KNOB	MO 63663-0510	Region 2	Facility Number 20513
	PLATTE	CITY	
ASPIRE SENIOR LIVING PLATTE CI	TV		
220 O'ROURKE DRIVE		<b>Telephone</b> (816) 858-5222	Alzheimer's Unit No
	MO 64079-9360	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX 1310		County PLATTE	DMH Licensed No
PLATTE CITY	MO 64079-1310	Region 4 Medicare/Medicaid	Facility Number 12655
CARE NETWORK OF PLATTE CITY		<b>T.</b>	
15 WALLINGFORD DR	160 (1070 0001	<b>Telephone</b> (816) 858-2182	Alzheimer's Unit No
	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
	PLATTSI	BURG	
NICK'S HEALTH CARE CENTER, LL	.C		
253 EAST HIGHWAY 116		<b>Telephone</b> (816) 539-2376	Alzheimer's Unit No
PLATTSBURG	MO 64477-1561	Level of Care SNF	<b>Bed Capacity</b> 70
Mailing Address 253 EAST HWY 116		County CLINTON	DMH Licensed No
PLATTSBURG	MO 64477-1561	Region 4 Medicare/Medicaid	Facility Number 22058
OAKDIDGE OF DI ATTEDUDG			
OAKRIDGE OF PLATTSBURG 205 EAST CLAY AVE		<b>Telephone</b> (816) 539-2128	Alzheimer's Unit No
	MO 64477-8100	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 247		County CLINTON	DMH Licensed No
	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number 05994

Tuesday, May 6, 2025 Page 89 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	PLEAS	ANT HILL		
BRISTOL MANOR OF PLEASANT	HILL			
2124 HIGHRIDGE		<b>Telephone</b> (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
PLEASANT HILL HEALTH AND R	EHABILITATION CENTER			
1300 BROADWAY		<b>Telephone</b> (816) 540-2116	Alzheimer's Unit	Yes
PLEASANT HILL	MO 64080-1842	Level of Care SNF	Bed Capacity	90
Mailing Address 1300 BROADWAY		County CASS	DMH Licensed	No
PLEASANT HILL	MO 64080-1842	Region 3 Medicare/Medicaid	Facility Number	15101
	POPL	AR BLUFF		
ASPIRE SENIOR LIVING POPLAR	BLUFF			
3001 MAY ST		<b>Telephone</b> (573) 686-6999	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-1942	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 3001 MAY ST		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-1942	Region 2 Medicare/Medicaid	<b>Facility Number</b>	16013
CEDARGATE HEALTHCARE				
2350 KANELL BLVD		<b>Telephone</b> (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care ALF	<b>Bed Capacity</b>	16
Mailing Address 2350 KANELL BLV	D	County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2	Facility Number	01182
CEDARGATE HEALTHCARE				
2350 KANELL BLVD	150 (0004 1004	<b>Telephone</b> (573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care SNF	Bed Capacity	108
Mailing Address 2350 KANELL BLV		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number	01182
MANOD THE				
MANOR, THE 2071 BARRON RD		<b>Telephone</b> (573) 686-1147	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-1903	Telephone (573) 686-1147  Level of Care SNF	Bed Capacity	90
Mailing Address 2071 BARRON RD	MIO 03901-1903	County BUTLER	DMH Licensed	No.
POPLAR BLUFF	MO 63901-1903	Region 2 Medicare/Medicaid	Facility Number	00683
I OI LAIN BLOIT	WO 03701 1703	Region 2 Wieurcai e/Wieurcaiu	racinty Number	00083
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	Bed Capacity	15
Mailing Address 328 NORTH NEW H		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4819	Region 2	Facility Number	32690
-				22070
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	Bed Capacity	70
Mailing Address 2702 DEBBIE LN		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-2650	Region 2 Medicare/Medicaid	Facility Number	18157
		-	-	

Tuesday, May 6, 2025 Page 90 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

OAKDALE CADE CENTED				
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*	Bed Capacity	36
Mailing Address 2702 DEBBIE LN	MO 03901-2030	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-2650			
POPLAR BLUFF	MO 63901-2630	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	Bed Capacity	60
	MO 03901-2030	County BUTLER	DMH Licensed	No
Mailing Address 2702 DEBBIE LN POPLAR BLUFF	MO (2001 2650	·		
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number	18157
OWEN ACRES RESIDENTIAL CAR	E FACILITY			
614 COUNTY ROAD 466		<b>Telephone</b> (573) 778-0497	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2964	Level of Care RCF	Bed Capacity	20
Mailing Address 614 COUNTY RD 46		County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-2964	Region 2	Facility Number	21093
TOTLAR BLUTT	WO 03901-2904	Kegion 2	Pacinty Number	21093
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 BROADWAY		County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5103	Region 2	Facility Number	03002
			•	
RIVER MIST - ASSISTED LIVING B	SY AMERICARE			
2050 WEST MAUD		<b>Telephone</b> (573) 686-2833	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4000	Level of Care ALF**	Bed Capacity	42
Mailing Address 2050 WEST MAUD		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4000	Region 2	Facility Number	20291
CHARLE CIDERA DECIDENDA A CAR	NE CENTRED			
SWIFT CREEK RESIDENTIAL CAR	E CENTER	T-1 (572) 777 (051	A 1-1	NI-
1673 HIGHWAY 53	MO (2001 4122	<b>Telephone</b> (573) 776-6051	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4132	Level of Care RCF*	Bed Capacity	12
Mailing Address 1673 HIGHWAY 53	MO 50004 4400	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-4132	Region 2	Facility Number	20386
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*	Bed Capacity	20
Mailing Address 3260 MYSTIC LANE		County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-3067	Region 2	Facility Number	20739
1 OI LAIK BEOTT	110 03701 3007	Kegion 2	racincy runnocr	20737
WESTWOOD HILLS HEALTH & RI	EHABILITATION CENTER			
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 LAN	NE	County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-8686	Region 2 Medicare/Medicaid	Facility Number	08512
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	1120 03701-3413	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5413		Facility Number	
I OI LAK DLUFT	1110 03701-3413	Region 2	racinty Number	16751

<sup>\*</sup> 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

Tuesday, May 6, 2025 Page 91 of 137

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)).

PORTA	AGEVILLE		
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	Bed Capacity	60
Mailing Address PO BOX 408	County NEW MADRID	DMH Licensed	No
PORTAGEVILLE MO 63873-0408	Region 2 Medicare/Medicaid	Facility Number	17119
Po	OTOSI		
GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE			
1 GEORGIAN GARDENS DR	<b>Telephone</b> (573) 999-2911	Alzheimer's Unit	Yes
POTOSI MO 63664-1436	Level of Care SNF	Bed Capacity	120
Mailing Address 1 GEORGIAN GARDENS DR	County WASHINGTON	DMH Licensed	No
POTOSI MO 63664-1436	Region 2 Medicare/Medicaid	Facility Number	02830
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 HIGHWAY 21		DMH Licensed	No
POTOSI MO 63664-9317			21648
POTOS1 NIO 03004-9317	Region 2 Medicare/Medicaid	Facility Number	21048
PRIN	ICETON		
BRISTOL MANOR OF PRINCETON			
200 NORTH FULLERTON	<b>Telephone</b> (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
	<b>g</b>	•	
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	<b>Bed Capacity</b>	60
Mailing Address 611 NORTH COLLEGE	County MERCER	DMH Licensed	No
PRINCETON MO 64673-1051	Region 4 Medicare/Medicaid	Facility Number	06453
N.	wide		
PU	VXICO		
MINGO RESIDENTIAL CARE FACILITY			
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 51	County STODDARD	DMH Licensed	Yes
PUXICO MO 63960-8114	Region 2	Facility Number	24959
PUXICO NURSING & REHABILIATION CENTER			
540 NORTH HIGHWAY 51	<b>Telephone</b> (573) 222-3125	Alzheimer's Unit	No
PUXICO MO 63960-9117	Level of Care SNF	Bed Capacity	60
Mailing Address 540 NORTH HWY 51	County STODDARD	DMH Licensed	No
PUXICO MO 63960-9117	Region 2 Medicare/Medicaid	Facility Number	03163
10AiCO WIO 03900-911/	Region 2 Wiedicare/Wiedicald	racinty Number	03103

Tuesday, May 6, 2025 Page 92 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

QUE	EN CITY		
SCHUYLER COUNTY NURSING HOME DISTRICT 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
RA	YMORE		
BENTON HOUSE OF RAYMORE			
2100 JOHNSTON DR	<b>Telephone</b> (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
BRISTOL MANOR OF RAYMORE			
604 EAST SUNRISE DR	<b>Telephone</b> (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
FOXWOOD SPRINGS LIVING CENTER			
1500 WEST FOXWOOD DR	<b>Telephone</b> (816) 331-3111	Alzheimer's Unit	Yes
RAYMORE MO 64083-9347	Level of Care SNF	<b>Bed Capacity</b>	108
Mailing Address 1500 WEST FOXWOOD DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number	02649
FOXWOOD SPRINGS LIVING CENTER			
1500 WEST FOXWOOD DR	<b>Telephone</b> (816) 331-3111	Alzheimer's Unit	No
RAYMORE MO 64083-9347	Level of Care ALF**	<b>Bed Capacity</b>	62
Mailing Address 1500 WEST FOXWOOD DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9347	Region 3	Facility Number	02649
SUNRISE NURSING & MEMORY CARE			
600 EAST SUNRISE DR	<b>Telephone</b> (816) 322-1991	Alzheimer's Unit	Yes
RAYMORE MO 64083-9037	Level of Care SNF	<b>Bed Capacity</b>	152
Mailing Address 600 EAST SUNRISE DR	County CASS	DMH Licensed	No
RAYMORE MO 64083-9037	Region 3 Medicare/Medicaid	Facility Number	16170
RA	YTOWN		
ALPINE BREEZE HEALTH AND WELLNESS			
6124 RAYTOWN RD	<b>Telephone</b> (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
EDGEWOOD MANOR HEALTH CARE 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

Tuesday, May 6, 2025 Page 93 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

TRUSTWELL LIVING OF RAYTOWN 9110 EAST 63RD ST RAYTOWN MO 64133-4 Mailing Address 9110 EAST 63RD ST RAYTOWN MO 64133-4	County JACI	(816) 353-3400 ALF** KSON	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 76 No 24227
	REEDS SPRING			
WEDGEWOOD GARDENS 17996 BUSINESS 13 REEDS SPRING MO 65737-9 Mailing Address 17996 BUSINESS 13 REEDS SPRING MO 65737-9	County STO	(417) 272-6666 ALF** NE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 46 No 20615
	REPUBLIC			
BRISTOL MANOR OF REPUBLIC 634 EAST HIGHWAY 174 REPUBLIC MO 65738-1 Mailing Address 634 EAST HWY 174 REPUBLIC MO 65738-1	County GRE	(417) 732-8998 RCF ENE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 20841
REPUBLIC NURSING & REHAB 901 EAST HIGHWAY 174 REPUBLIC MO 65738-1 Mailing Address 901 EAST HIGHWAY 174 REPUBLIC MO 65738-1	County GRE	(417) 732-1822 SNF ENE <b>Medicare/Medicaid</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 127 No 13684
	RICHLAND			
RICHLAND CARE CENTER, INC 400 TRI-COUNTY LANE RICHLAND MO 65556-8 Mailing Address PO BOX 756 RICHLAND MO 65556-0	County PUL	(573) 765-3243 SNF ASKI Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 86 No 08100
	RICHMOND			
OAK RIDGE ASSISTED LIVING 403 CRISPIN ST RICHMOND MO 64085-1 Mailing Address 403 CRISPIN ST RICHMOND MO 64085-1	County RAY	(816) 776-3435 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 55 No 29711
SHIRKEY NURSING & REHABILITATION CENT 804 WOLLARD BLVD RICHMOND MO 64085-2 Mailing Address 804 WOLLARD BLVD RICHMOND MO 64085-2	Telephone  227 Level of Care  County RAY	(816) 776-5403 SNF	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 197 No

Region 4

Medicare/Medicaid

**Facility Number** 

07289

MO 64085-2227

RICHMOND

Tuesday, May 6, 2025 Page 94 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	RICHMOND	HEIGHTS	
ALLEGRO			
1055 BELLEVUE AVENUE		<b>Telephone</b> (314) 332-8372	Alzheimer's Unit Yes
RICHMOND HEIGHTS	MO 63117-1827	Level of Care ALF**	Bed Capacity 88
Mailing Address 1055 BELLEVUE AV	ENUE	County SAINT LOUIS COUNTY	DMH Licensed No
RICHMOND HEIGHTS	MO 63117-1827	Region 7	Facility Number 31437
FAIRMONT ON CLAYTON			
7920 CLAYTON ROAD		<b>Telephone</b> (314) 646-7600	<b>Alzheimer's Unit</b> Yes
RICHMOND HEIGHTS	MO 63117-1327	Level of Care ICF	<b>Bed Capacity</b> 90
Mailing Address 7920 CLAYTON ROA		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
RICHMOND HEIGHTS	MO 63117-1327	Region 7	Facility Number 24149
	RIVERS	SIDE	
RIVERSIDE NURSING & REHABILI			
4700 NW CLIFFVIEW DR	THE CENTER, LIC	<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 CLIFFVIEW	DR	County PLATTE	DMH Licensed No
RIVERSIDE	MO 64150-1237	Region 4 Medicare/Medicaid	Facility Number 01532
		-	
WINDEMERE HEALTHCARE CENT	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	<b>Bed Capacity</b> 65
Mailing Address 3100 NORTH WEST	VIVION RD	County PLATTE	DMH Licensed No
RIVERSIDE	MO 64150-9436	Region 4	Facility Number 08668
	ROCK I	PORT	
PLEASANT VIEW NURSING HOME		T-1h (660) 744 6252	All-hairmant-Tirit
470 RAINBOW DR ROCK PORT	MO 64482-1641	Telephone (660) 744-6252 Level of Care SNF	Alzheimer's Unit No Bed Capacity 60
Mailing Address PO BOX 273	MO 04482-1041	County ATCHISON	Bed Capacity 60 DMH Licensed No
ROCK PORT	MO 64482-0273	Region 4 Medicare/Medicaid	Facility Number 06041
NOCH I ON I	110 01102 0273	Region - Wedicare/Medicard	1 ucincy 1 united 00041
	ROGERS	VILLE	
COPPER ROCK HEALTHCARE			
712 COPPER ROCK DRIVE		<b>Telephone</b> (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 560		County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851
	ROLI	LA	
ARBORS AT PARKSIDE - MEMORY	CARE ASSISTED LIVING BY AMER	RICARE	
1700 EAST 10TH ST		<b>Telephone</b> (573) 364-2602	Alzheimer's Unit Yes
ROLLA	MO 65401-4600	Level of Care ALF**	<b>Bed Capacity</b> 22
Mailing Address 1700 EAST 10TH ST		County PHELPS	DMH Licensed No
ROLLA	MO 65401-4600	Region 6	Facility Number 13589

Tuesday, May 6, 2025 Page 95 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

AURORA HEALTH AND REHABILITATION			
1200 MCCUTCHEN RD	<b>Telephone</b> (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
	negion in inconcent of inconcent		*****
CEDAR POINTE			
1800 WHITE COLUMNS DR	<b>Telephone</b> (573) 364-7766	Alzheimer's Unit	Yes
ROLLA MO 65401-2044	Level of Care SNF	Bed Capacity	102
Mailing Address 1800 WHITE COLUMNS DR	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number	06801
100 00 101 2011	Region o Medicare/Medicare	2 4011109 1 (4111002	00001
OAK POINTE OF ROLLA			
1000 EAST LIONS CLUB DRIVE	<b>Telephone</b> (573) 426-2186	Alzheimer's Unit	Yes
ROLLA MO 65401-4356	Level of Care ALF**	Bed Capacity	65
Mailing Address 1000 EAST LIONS CLUB DRIVE	County PHELPS	DMH Licensed	No
ROLLA MO 65401-4356	Region 6	Facility Number	31216
110 05 101 1550	Region 0	Tuellity Tulliber	31210
PARKSIDE-ASSISTED LIVING BY AMERICARE			
2100 PARKSIDE AVE	<b>Telephone</b> (573) 308-0834	Alzheimer's Unit	NO
ROLLA MO 65401-5472	Level of Care ALF**	Bed Capacity	28
Mailing Address 2100 PARKSIDE AVE	County PHELPS	DMH Licensed	No No
ROLLA MO 65401-5472	Region 6	Facility Number	31191
NOLEM 110 03401 3472	Region 0	racinty Number	31171
ROLLA PRESBYTERIAN MANOR			
1200 HOMELIFE PLAZA	<b>Telephone</b> (573) 364-7336	Alzheimer's Unit	Yes
ROLLA MO 65401-2512	Level of Care ALF**	Bed Capacity	37
Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2512	Region 6	Facility Number	18727
NOLEM 1312	Region 0	Tuellity I (ulliber	10727
ROLLA PRESBYTERIAN MANOR			
1200 HOMELIFE PLAZA	<b>Telephone</b> (573) 364-7336	Alzheimer's Unit	No
ROLLA MO 65401-2512	Level of Care SNF	Bed Capacity	30
Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2512	Region 6 Medicare/Medicaid	Facility Number	18727
NOLEM 140 03401 2312	Region o Medical C/Medicald	racinty (valide)	10727
DOSEWOOD DESIDENTIAL CARE			
ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040	Tolophono (572) 241 9000	Alzheimer's Unit	No
	Telephone (573) 341-8000 Level of Care RCF		No 9
ROLLA MO 65401-8122 Mailing Address 13450 COUNTY RD 7040	County PHELPS	Bed Capacity DMH Licensed	No
	•		
ROLLA MO 65401-8122	Region 6	Facility Number	21083
CH VEDCTONE DI ACE			
SILVERSTONE PLACE 2735 EAGLESON DR	<b>Telephone</b> (573) 426-6200	Alzheimer's Unit	No
ROLLA MO 65401-8384	Telephone (573) 426-6200 Level of Care SNF	Bed Capacity	No 110
Mailing Address 2735 EAGLESON DR	County PHELPS	DMH Licensed	No
ROLLA MO 65401-8384	•	Facility Number	
NOLLA WIO 03401-8384	Region 6 Medicare/Medicaid	racinty Number	29351

Tuesday, May 6, 2025 Page 96 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	JT		

CARE NETWORK OF ST ANN		
10441 INTERNATIONAL PLAZA DR	<b>Telephone</b> (314) 423-1	254 <b>Alzheimer's Unit</b> No
SAINT ANN MO 63074-1		Bed Capacity 40
Mailing Address 10441 INTERNATIONAL PLAZA DI		· · · · · · · · · · · · · · · · ·
SAINT ANN MO 63074-1		Facility Number 21994
SAINT ANN MO 03074-1	Kegion /	Facility Number 21994
	SAINT CHARLES	
ARBORS AT MOUNT CARMEL, THE		
723 FIRST CAPITOL DR	<b>Telephone</b> (636) 946-4	Alzheimer's Unit No
SAINT CHARLES MO 63301-2	729 <b>Level of Care</b> ALF**	<b>Bed Capacity</b> 30
Mailing Address 723 FIRST CAPITOL DR	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES MO 63301-2	729 <b>Region</b> 5	Facility Number 29396
ASPEN POINT HEALTH AND REHABILITATION		
2840 WEST CLAY ST	<b>Telephone</b> (636) 946-6	5100 <b>Alzheimer's Unit</b> No
SAINT CHARLES MO 63301-2	•	Bed Capacity 180
Mailing Address 2840 WEST CLAY ST	County SAINT CHARLES	<b>,</b>
SAINT CHARLES MO 63301-2	•	
SAIRT CHARLES MO 03301-2	536 Region 5 Medicare/Me	edicald Facility Number 01321
BOULEVARD SENIOR LIVING OF ST CHARLES,	ТНЕ	
3340 EHLMANN ROAD	<b>Telephone</b> (636) 757-5	Alzheimer's Unit Yes
SAINT CHARLES MO 63301-4	087 Level of Care ALF**	Bed Capacity 128
Mailing Address 3340 EHLMANN ROAD	County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES MO 63301-4	087 <b>Region</b> 5	Facility Number 31029
CEDARHURST OF ST. CHARLES ASSISTED LIVI	NC & MEMODY CADE	
		2004
1800 FIRST CAPITOL DRIVE	Telephone (636) 255-8	
SAINT CHARLES MO 63301-1		Bed Capacity 155
Mailing Address 1800 FIRST CAPITOL DRIVE	County SAINT CHARLES	
SAINT CHARLES MO 63301-1	646 <b>Region</b> 5	Facility Number 30676
HARVESTER RESIDENTIAL CARE		
35 LILLIAN DR	<b>Telephone</b> (636) 939-3	3833 Alzheimer's Unit No
SAINT CHARLES MO 63304-7	032 Level of Care RCF*	<b>Bed Capacity</b> 38
Mailing Address 35 LILLIAN DR	County SAINT CHARLES	DMH Licensed Yes
SAINT CHARLES MO 63304-7	032 <b>Region</b> 5	Facility Number 03411
LAKE ST CHARLES ASSISTED LIVING APARTM	IFNTS	
45 HONEY LOCUST LN		100 Algheiments Unit No.
SAINT CHARLES MO 63303-5	<b>Telephone</b> (636) 947-1 711 <b>Level of Care</b> ALF	
Mailing Address 45 HONEY LOCUST LN	County SAINT CHARLES	
SAINT CHARLES MO 63303-5	711 <b>Region</b> 5	Facility Number 18030
LANDING OF O'FALLON, THE		
1000 LANDING CIRCLE	<b>Telephone</b> (636) 669-0	O780 Alzheimer's Unit Yes
SAINT CHARLES MO 63304-7	647 Level of Care ALF**	<b>Bed Capacity</b> 142
Mailing Address 1000 LANDING CIRCLE	County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES MO 63304-7	<b>Region</b> 5	Facility Number 31181

Tuesday, May 6, 2025 Page 97 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

LEWIS & CLARK GARDENS					
1221 BOONES LICK RD		Telephone	(636) 946-6140	Alzheimer's Unit	No
	3301-2328	Level of Care	SNF	Bed Capacity	142
Mailing Address 1221 BOONES LICK RD		•	NT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63	3301-2328	Region 5	Medicare/Medicaid	Facility Number	01266
LUTHERAN SENIOR SERVICES AT BREEZ	ZE PARK				
600 BREEZE PARK DR		Telephone	(636) 939-5223	Alzheimer's Unit	No
SAINT CHARLES MO 63	3304-9139	Level of Care	SNF	Bed Capacity	81
Mailing Address 600 BREEZE PARK DR		County SAI	NT CHARLES	DMH Licensed	No
SAINT CHARLES MO 65	3304-9139	Region 5	Medicare/Medicaid	Facility Number	20704
LUTHERAN SENIOR SERVICES AT BREEZ	TE DA DE				
600 BREEZE PARK DR	ZE FARK	Telephone	(636) 939-5223	Alzheimer's Unit	Yes
	3304-9139	Level of Care	ALF**	Bed Capacity	79
Mailing Address 600 BREEZE PARK DR	3304-9139		NT CHARLES	DMH Licensed	No
e e e e e e e e e e e e e e e e e e e	3304-9139	·	NI CHARLES	Facility Number	20704
SAINT CHARLES MO 0.	3304-9139	Region 5		Facility Number	20704
MOUNT CARMEL SENIOR LIVING - ST CH	HARLES, LLC				
723 FIRST CAPITOL DR		Telephone	(636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES MO 63	3301-2729	Level of Care	SNF	Bed Capacity	110
Mailing Address 723 FIRST CAPITOL DR		County SAI	NT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63	3301-2729	Region 5	Medicare/Medicaid	Facility Number	07560
NHC HEALTHCARE, ST CHARLES					
35 SUGAR MAPLE LN		Telephone	(636) 946-8887	Alzheimer's Unit	No
SAINT CHARLES MO 63	3303-5740	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 35 SUGAR MAPLE LN		County SAI	NT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63	3303-5740	Region 5	Medicare/Medicaid	Facility Number	07503
WINDSOR ESTATES OF ST CHARLES					
2150 WEST RANDOLPH ST		Telephone	(636) 946-4966	Alzheimer's Unit	No
SAINT CHARLES MO 63	3301-0894	Level of Care	SNF	Bed Capacity	66
Mailing Address 2150 WEST RANDOLPH ST		County SAI	NT CHARLES	DMH Licensed	No
SAINT CHARLES MO 63	3301-0894	Region 5	Medicare/Medicaid	Facility Number	06316
	SAINT CI	LAIR			
CRAB APPLE VILLAGE SENIOR ESTATES					
214 HARTMAN PL, SUITE 100	,	Telephone	(636) 629-6161	Alzheimer's Unit	Yes
	3077-2458	Level of Care	ALF**	Bed Capacity	65
Mailing Address 214 HARTMAN PL, SUITE 10			NKLIN	DMH Licensed	No
	3077-2458	Region 6		Facility Number	24395
ST CLAIR NURSING CENTER					
1035 PLAZA COURT NORTH		Telephone	(636) 629-2100	Alzheimer's Unit	No
	3077-1129	Level of Care	SNF	Bed Capacity	79
Mailing Address 1035 PLAZA CT NORTH			NKLIN	DMH Licensed	No
	3077-1129		Medicare/Medicaid	Facility Number	13744
5.m.1 CL2 III.		region 0	miculcai c/miculcaiu	- acing manner	13/77

Tuesday, May 6, 2025 Page 98 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

VICTORIAN PLACE OF ST CLAIR, ASSISTED LIVING BY AME			
160 CHARLES DR SAINT CLAIR MO 63077-1936	Telephone (636) 322-0003 Level of Care ALF**	Alzheimer's Unit Bed Capacity	No 48
Mailing Address 160 CHARLES DR	County FRANKLIN	DMH Licensed	No
SAINT CLAIR MO 63077-1936	Region 6	Facility Number	26005
SAI	NT ELIZABETH		
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	<b>Bed Capacity</b>	63
Mailing Address 649 SOUTH WALNUT ST	County MILLER	DMH Licensed	No
SAINT ELIZABETH MO 65075-2440	Region 6 Medicare/Medicaid	Facility Number	07523
5	SAINT JAMES		
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	<b>Bed Capacity</b>	32
Mailing Address 15677 COUNTY RD 2430	County PHELPS	DMH Licensed	Yes
SAINT JAMES MO 65559-8210	Region 6	Facility Number	02526
ST JAMES LIVING CENTER			
415 SIDNEY ST	<b>Telephone</b> (573) 265-8921	Alzheimer's Unit	Yes
SAINT JAMES MO 65559-1070	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 69	County PHELPS	DMH Licensed	No
SAINT JAMES MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number	05238
S	AINT JOSEPH		
S. ADVANCED CARE OF ST JOSEPH	AINT JOSEPH		
	AINT JOSEPH  Telephone (816) 364-4200	Alzheimer's Unit	No
ADVANCED CARE OF ST JOSEPH		Alzheimer's Unit Bed Capacity	No 180
ADVANCED CARE OF ST JOSEPH 3002 N 18TH ST	<b>Telephone</b> (816) 364-4200	Bed Capacity DMH Licensed	
ADVANCED CARE OF ST JOSEPH 3002 N 18TH ST SAINT JOSEPH MO 64505-1872	Telephone (816) 364-4200 Level of Care SNF	<b>Bed Capacity</b>	180
ADVANCED CARE OF ST JOSEPH 3002 N 18TH ST SAINT JOSEPH MO 64505-1872 Mailing Address 3002 N 18TH ST	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN	Bed Capacity DMH Licensed	180 No
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST  SAINT JOSEPH MO 64505-1872	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN	Bed Capacity DMH Licensed	180 No
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	180 No 08000
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	180 No 08000 Yes
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	180 No 08000 Yes 90
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	180 No 08000 Yes 90 No
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	180 No 08000 Yes 90 No
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	180 No 08000 Yes 90 No 10346
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD  SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD  SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER  1616 WEISENBORN RD	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	180 No 08000 Yes 90 No 10346
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD  SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD  SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER  1616 WEISENBORN RD  SAINT JOSEPH MO 64507-2527	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	180 No 08000 Yes 90 No 10346
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care ALF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	180 No 08000 Yes 90 No 10346 No 100 Yes
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST  SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD  SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD  SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER  1616 WEISENBORN RD  SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD  SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care ALF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	180 No 08000 Yes 90 No 10346 No 100 Yes
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care ALF County BUCHANAN Region 4	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	180 No 08000 Yes 90 No 10346 No 100 Yes 10346
ADVANCED CARE OF ST JOSEPH  3002 N 18TH ST SAINT JOSEPH MO 64505-1872  Mailing Address 3002 N 18TH ST SAINT JOSEPH MO 64505-1872  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64508-2527  BELLEVIEW CARE CENTER  1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  Mailing Address 1616 WEISENBORN RD SAINT JOSEPH MO 64507-2527  CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER  4009 GENE FIELD RD	Telephone (816) 364-4200 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care SNF County BUCHANAN Region 4 Medicare/Medicaid  Telephone (816) 232-9874 Level of Care ALF County BUCHANAN Region 4  Telephone (816) 364-1526	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	180 No 08000 Yes 90 No 10346 No 100 Yes 10346

Tuesday, May 6, 2025 Page 99 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER	The Late (016) 264 1526	All description
4009 GENE FIELD RD	<b>Telephone</b> (816) 364-1526	Alzheimer's Unit No
SAINT JOSEPH MO 64506-1864	Level of Care SNF	Bed Capacity 130
Mailing Address 4009 GENE FIELD RD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH MO 64506-1864	Region 4 Medicare/Medicaid	Facility Number 01061
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**	<b>Bed Capacity</b> 65
Mailing Address 5002 GENE FIELD ROAD	County BUCHANAN	<b>DMH Licensed</b> No
SAINT JOSEPH MO 64506-2056	Region 4	Facility Number 32538
HEADELAND II DECIDENCIAL CADE EACH IEV INC		
HEARTLAND II RESIDENTIAL CARE FACILITY, INC	T-lh (916) 676 1506	Al-h-t
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	DMH Licensed Yes
SAINT JOSEPH MO 64501-2904	Region 4	Facility Number 18620
HEARTLAND III RCF		
1606 SOUTH 38TH ST	<b>Telephone</b> (816) 689-1084	Alzheimer's Unit No
SAINT JOSEPH MO 64507-2216	Level of Care RCF	Bed Capacity 18
	County BUCHANAN	DMH Licensed Yes
Mailing Address PO BOX 8923	·	
SAINT JOSEPH MO 64508-8923	Region 4	Facility Number 00920
LIVING COMMUNITY OF ST JOSEPH		
1202 HEARTLAND RD	<b>Telephone</b> (816) 671-8500	Alzheimer's Unit No
SAINT JOSEPH MO 64506-3200	Level of Care SNF	<b>Bed Capacity</b> 96
Mailing Address 1202 HEARTLAND RD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH MO 64506-3200	Region 4 Medicare/Medicaid	Facility Number 24179
3.11.110322.11	Region : incurcare/incurcare	21177
LIVING COMMUNITY OF ST JOSEPH		
1202 HEARTLAND RD	<b>Telephone</b> (816) 671-8500	Alzheimer's Unit No
SAINT JOSEPH MO 64506-3200	Level of Care ALF**	<b>Bed Capacity</b> 35
Mailing Address 1202 HEARTLAND RD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH MO 64506-3200	Region 4	Facility Number 24179
MCDONALD BOARDING HOME		
438 NORTH 17TH ST	<b>Telephone</b> (816) 233-7060	Alzheimer's Unit No
SAINT JOSEPH MO 64501-2015	Level of Care RCF	Bed Capacity 8
Mailing Address 438 NORTH 17TH ST	County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH MO 64501-2015	Region 4	Facility Number 05170
CT TOCKENH CHATEAU		
ST JOSEPH CHATEAU	m 1 1 (014) 500 0000	411
811 NORTH 9TH ST	<b>Telephone</b> (816) 722-9093	Alzheimer's Unit No
SAINT JOSEPH MO 64501-1651	Level of Care SNF	Bed Capacity 69
Mailing Address 811 NORTH 9TH ST	County BUCHANAN	DMH Licensed No
SAINT JOSEPH MO 64508-1651	Region 4 Medicare/Medicaid	Facility Number 07532
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
57 II. (1 VODE) 11 1110 UTJUU-2JJ7	region - Medicale/Medicald	1 acmity 1 aminet 00320

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 100 of 137

<sup>\*\*</sup> 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)).

THOMAS RESIDENTIAL CARE FA	CILITY 3			
1415 OLIVE ST		<b>Telephone</b> (816) 273-5070	Alzheimer's Unit	No
SAINT JOSEPH	MO 64503-2443	Level of Care RCF	Bed Capacity	20
Mailing Address 1415 OLIVE ST		County BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64503-2443	Region 4	Facility Number	06076
TYPE OF GARBERS AGGREEN	******			
VINTAGE GARDENS ASSISTED LI	VING	T. I. I. (01.6) 270 2220	A1 1	N
3302 NORTH WOODBINE ROAD	MO 64505 0222	<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		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64505-9323	Region 4	Facility Number	22959
VINTAGE GARDENS ASSISTED LI	VING			
3302 NORTH WOODBINE ROAD		<b>Telephone</b> (816) 279-3330	Alzheimer's Unit	Yes
SAINT JOSEPH	MO 64505-9323	Level of Care ALF	Bed Capacity	51
Mailing Address 3302 NORTH WOOL		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64505-9323	Region 4	Facility Number	22959
		region .		22,0,
	SAINT L	LOUIS		
AKINS HEALTH CARE, INC				
4432 WEST BELLE PL		<b>Telephone</b> (314) 652-8908	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2617	Level of Care RCF	<b>Bed Capacity</b>	20
Mailing Address 4432 WEST BELLE	PL	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2617	Region 7	Facility Number	00078
ACCICTED I IVING AT CHARLECC	VIII I ACE			
ASSISTED LIVING AT CHARLESS 5943 TELEGRAPH RD	VILLAGE	T-1 (214) 846 2002	A 1-1:!- T.I:4	No
SAINT LOUIS	MO 63129-4715	Telephone (314) 846-2002 Level of Care ALF**	Alzheimer's Unit	No 18
			Bed Capacity DMH Licensed	No
Mailing Address 5943 TELEGRAPH R		·		
SAINT LOUIS	MO 63129-4715	Region 7	Facility Number	05586
ATRIUM PLACE HEALTH AND RE	CHABILITATION			
2600 REDMAN RD		<b>Telephone</b> (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
AUTUMN VIEW GARDENS AT SCH	HUETZ ROAD			
11210 SCHUETZ RD		<b>Telephone</b> (314) 993-9888	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-4933	Level of Care ALF**	Bed Capacity	110
Mailing Address 11210 SCHUETZ RD	)	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-4933	Region 7	Facility Number	22909
AVALON MEMORY CARE				
5342 BUTLER HILL ROAD		<b>Telephone</b> (314) 849-2985	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-4152	Level of Care ALF**	Bed Capacity	30
Mailing Address 5342 BUTLER HILL		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-4152	Region 7	Facility Number	30425
				50725

Tuesday, May 6, 2025 Page 101 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

BARNES-JEWISH EXTENDED CARE					
401 CORPORATE PARK DR		Telephone	(314) 725-7447	Alzheimer's Unit	No
	3105-4201	Level of Care	SNF	Bed Capacity	120
Mailing Address 401 CORPORATE PARK DR		•	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63	3105-4201	Region 7	Medicare/Medicaid	Facility Number	15878
BEAUVAIS REHAB AND HEALTHCARE CE	ENTER				
3625 MAGNOLIA AVE	21122	Telephone	(314) 771-2990	Alzheimer's Unit	Yes
	3110-4048	Level of Care	SNF	Bed Capacity	184
Mailing Address 3625 MAGNOLIA AVE	3110 4040		T LOUIS CITY	DMH Licensed	No
· ·	3110-4048	•	Medicare/Medicaid	Facility Number	09528
				·	
BENEDICT JOSEPH LABRE CENTER					
3863 CLEVELAND		Telephone	(314) 664-3927	Alzheimer's Unit	No
	3110-4009	Level of Care	RCF	Bed Capacity	15
Mailing Address 3863 CLEVELAND		County SAIN	T LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63	3110-4009	Region 7		Facility Number	21163
BERNARD CARE CENTER					
4335 WEST PINE BLVD		Telephone	(314) 371-0200	Alzheimer's Unit	No
	3108-2205	Level of Care	SNF	Bed Capacity	141
Mailing Address 4335 WEST PINE BLVD	2200		T LOUIS CITY	DMH Licensed	No
_	3108-2205		Medicare/Medicaid	Facility Number	00436
	2200	region /	vicuicai o ivicuicaiu	Tuestay Talance	00150
BETHESDA DILWORTH					
9645 BIG BEND BLVD		Telephone	(314) 968-5460	Alzheimer's Unit	Yes
SAINT LOUIS MO 63	3122-6521	Level of Care	SNF	Bed Capacity	400
Mailing Address 9645 BIG BEND BLVD		County SAIN	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63	3122-6521	Region 7	Medicare/Medicaid	Facility Number	00508
BETHESDA HAWTHORNE PLACE					
1111 SOUTH BERRY ROAD		Telephone	(314) 942-5750	Alzheimer's Unit	Yes
	3122-6598	Level of Care	ALF**	Bed Capacity	66
Mailing Address 1111 SOUTH BERRY ROAD	3122-0376		T LOUIS COUNTY	DMH Licensed	No
	3122-6598	Region 7	1 LOUIS COUNT I	Facility Number	30509
SAIRT LOOIS 140 03	3122-0370	Region 7		racinty Number	30309
BETHESDA SOUTHGATE					
5943 TELEGRAPH RD		Telephone	(314) 846-2000	Alzheimer's Unit	Yes
SAINT LOUIS MO 63	3129-4715	Level of Care	SNF	Bed Capacity	192
Mailing Address 5943 TELEGRAPH RD		County SAIN	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63	3129-4715	Region 7	Medicare/Medicaid	Facility Number	05586
BLUE CIRCLE REHAB AND NURSING					
2939 MAGAZINE STREET		Telephone	(314) 531-0500	Alzheimer's Unit	No
	3106-1245	Level of Care	SNF	Bed Capacity	90
Mailing Address 2939 MAGAZINE STREET			T LOUIS CITY	DMH Licensed	No
_	3106-1245		Medicare/Medicaid	Facility Number	15258
BLUEBIRD WELLNESS AND REHABILITAT 9350 GREEN PARK ROAD	TION	Telephone	(314) 845-0900	Alzheimer's Unit	YES
	3123-7211	Level of Care	(314) 845-0900 SNF	Bed Capacity	188
Mailing Address 9350 GREEN PARK ROAD	0140-7411		T LOUIS COUNTY	DMH Licensed	No
_	3123-7211	•		Facility Number	
SAINT LOUIS MO 03	J14J-1411	Region 7	Medicare/Medicaid	racinty Number	17565

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 102 of 137

<sup>\*\*</sup> 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)).

BRENTMOOR RETIREMENT COMMUNITY		
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 BLVD	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63124-1973	Region 7 Facility Number	19968
SAINT LOUIS 1910 03124-1973	Region / Pacinty Number	19906
CARE NETWORK AT LINDELL		
4336 LINDELL BLVD	Telephone (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
CARE NETWORK AT WATERMAN	The second secon	3.7
5143 WATERMAN BLVD	Telephone (314) 367-5620 Alzheimer's Unit	No
SAINT LOUIS MO 63108-1103	Level of Care RCF* Bed Capacity	40
Mailing Address 5143 WATERMAN BLVD	County SAINT LOUIS CITY DMH Licensed	Yes
SAINT LOUIS MO 63108-1103	Region 7 Facility Number	02785
CARE NETWORK OF SOUTH COUNTY		
1204 TELEGRAPH RD	Telephone (314) 631-2003 Alzheimer's Unit	No
SAINT LOUIS MO 63125-2528	Level of Care RCF* Bed Capacity	38
Mailing Address 1204 TELEGRAPH RD	County SAINT LOUIS COUNTY DMH Licensed	Yes
SAINT LOUIS MO 63125-2528	Region 7 Facility Number	14409
CARONDELET RETIREMENT MANOR		
6811 MICHIGAN	Telephone (314) 353-9552 Alzheimer's Unit	No
SAINT LOUIS MO 63111-2834	Level of Care RCF* Bed Capacity	34
Mailing Address PO BOX 37073	County SAINT LOUIS CITY DMH Licensed	Yes
SAINT LOUIS MO 63141-1573	Region 7 Facility Number	01058
CARRIE ELLIGSON GIETNER HEALTH CARE CENTER		
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	County SAINT LOUIS CITY DMH Licensed	No
SAINT LOUIS MO 63111-2015	Region 7 Medicare/Medicaid Facility Number	02877
5.m. (1 2015)	Region / Medicard/Medicard Lucine, Number	02077
CEDARHURST OF DES PERES		
12826 DAYLIGHT CIRCLE	Telephone (314) 916-6614 Alzheimer's Unit	Yes
SAINT LOUIS MO 63131-1890	Level of Care ALF** Bed Capacity	76
Mailing Address 12826 DAYLIGHT CIRCLE	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63131-1890	Region 7 Facility Number	30351
CEDARHURST OF TESSON HEIGHTS		
12335 WEST BEND DR	Telephone (314) 849-1366 Alzheimer's Unit	No
SAINT LOUIS MO 63128-2160	Level of Care ALF** Bed Capacity	108
Mailing Address 12335 WEST BEND DR	County SAINT LOUIS COUNTY DMH Licensed	No
SAINT LOUIS MO 63128-2160	Region 7 Facility Number	13663
CWATTEAU ANN MARY		
CHATEAU ANN MARIE 7700 MINNESOTA AVE	Telephone (314) 449-1497 Alzheimer's Unit	No
SAINT LOUIS MO 63111-3336	Level of Care ALF Bed Capacity	22
Mailing Address 7700 MINNESOTA AVE	County SAINT LOUIS CITY DMH Licensed	Yes
SAINT LOUIS MO 63111-3336	•	14711
MIO 03111-3330	Region 7 Facility Number	14/11

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 103 of 137

<sup>\*\*</sup> 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)).

CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC			
3409 MISSOURI AVE	<b>Telephone</b> (314) 771-8360	Alzheimer's Unit	No
SAINT LOUIS MO 63118-3236	Level of Care RCF*	Bed Capacity	34
Mailing Address 3409 MISSOURI AVE	County SAINT LOUIS CITY		Yes
SAINT LOUIS MO 63118-3236	Region 7	Facility Number 14	047
CHESTNUT REHAB AND NURSING			
10954 KENNERLY RD	<b>Telephone</b> (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		182
5.M. 1 200B	Region / Wedicare/Neureald	ruemey rumber 03	102
CHRISTIAN EXTENDED CARE & REHABILITATION			
11160 VILLAGE NORTH DR	<b>Telephone</b> (314) 355-8010	Alzheimer's Unit	No
SAINT LOUIS MO 63136-6159	Level of Care SNF	Bed Capacity	60
Mailing Address 11160 VILLAGE NORTH DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63136-6159	Region 7 Medicare/Medicaid	Facility Number 08	300
	Transcent of Transcent		
COOPER HOUSE			
4385 MARYLAND AVE	<b>Telephone</b> (314) 535-1919	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2703	Level of Care RCF*	Bed Capacity	36
Mailing Address 4385 MARYLAND AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2703	Region 7	Facility Number 21	439
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	<b>Bed Capacity</b>	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 02	417
DELHAVEN MANOR			
5460 DELMAR BLVD	<b>Telephone</b> (314) 361-2902	Alzheimer's Unit	No
SAINT LOUIS MO 63112-3104	Level of Care SNF	Bed Capacity	156
Mailing Address 5460 DELMAR BLVD	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63112-3104	Region 7 Medicare/Medicaid	Facility Number 02	2089
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		250
Mailing Address 5300 BUTLER HILL RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63128-4152	•		
SAINT LOUIS MO 63128-4132	Region 7 Medicare/Medicaid	Facility Number 12	909
DOLAN MEMORY CARE AT CALAIS			
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		755
2.2	region ,	21	.55
DOLAN MEMORY CARE AT FRONTIER			
11566 FRONTIER DR	<b>Telephone</b> (314) 993-9500	Alzheimer's Unit	Yes
SAINT LOUIS MO 63146-4873	Level of Care ALF**	Bed Capacity	20
Mailing Address 11300 DOLAN WAY	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-4907	Region 7	Facility Number 25	162
	<u>~</u>		

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 104 of 137

<sup>\*\*</sup> 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)).

DOLAN MEMORY CARE AT MASON MANOR			
12740 MASON MANOR	<b>Telephone</b> (314) 576-6200	Alzheimer's Unit	Yes
SAINT LOUIS MO 63141-7350	Level of Care ALF**	Bed Capacity	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 AT SCHUETZ			
1706 SCHUETZ RD	<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	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-	Region 7	Facility Number	23805
		·	
DOLAN MEMORY CARE AT WATERFORD CROSSING			
11350 DOLAN WAY	<b>Telephone</b> (314) 993-9500	Alzheimer's Unit	Yes
SAINT LOUIS MO 63146-5533	Level of Care ALF**	<b>Bed Capacity</b>	88
Mailing Address 11300 DOLAN WAY	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63146-5533	Region 7	Facility Number	31366
DOUGHERTY FERRY ASSISTED LIVING & MEMORY CARE			
2929 DOUGHERTY FERRY RD	<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 FERRY RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63122-3368	Region 7	Facility Number	30034
DUMM DUMM HOUSE LLC			
DUNN-DUNN HOUSE LLC	T-l1 (214) 960 2421	A 1-1:!- TJ:4	NT-
2133 JANNETTE DR	Telephone (314) 869-2431	Alzheimer's Unit	No
SAINT LOUIS MO 63136-4020	Level of Care RCF	Bed Capacity	10 Vas
Mailing Address 2133 JANNETTE DR SAINT LOUIS MO 63136-4020	County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS MO 05150-4020	Region 7	Facility Number	14694
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR	<b>Telephone</b> (314) 355-8833	Alzheimer's Unit	NO
SAINT LOUIS MO 63138-1757	Level of Care SNF	Bed Capacity	67
Mailing Address 11728 HIDDEN LAKE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63138-1757	Region 7 Medicare/Medicaid	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 63138-1757	Level of Care ALF**	<b>Bed Capacity</b>	38
Mailing Address 11728 HIDDEN LAKE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63138-1757	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 63138-1757	Level of Care ALF	Bed Capacity	38
Mailing Address 11728 HIDDEN LAKE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63138-1757	Region 7	Facility Number	18442
ESTATES OF SPANISH LAKE THE			
ESTATES OF SPANISH LAKE, THE 610 PRIGGE ROAD	<b>Telephone</b> (314) 741-9393	Alzheimer's Unit	No
SAINT LOUIS MO 63138-3543	Level of Care SNF	Bed Capacity	150
Mailing Address 610 PRIGGE ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63138-3543	Region 7 Medicare/Medicaid	Facility Number	15265
51II(1 LOOI) 1110 03130-3343	region / Wieuicai e/Wieuicaiu	racincy muniber	13203

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 105 of 137

<sup>\*\*</sup> 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)).

ESTATES OF ST LOUIS, LLC, THE		T. 1	AT T	NI
2115 KAPPEL DR	(2126 4115	<b>Telephone</b> (314) 867-7474	Alzheimer's Unit	No
	63136-4115	Level of Care SNF	Bed Capacity	94
Mailing Address 2115 KAPPEL DR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63136-4115	Region 7 Medicare/Medicaid	Facility Number	05340
FRIENDSHIP VILLAGE ASSISTED LIVIN	NG & MEMORY CARE			
12777 POINTE DR	is a memori once	<b>Telephone</b> (314) 270-7111	Alzheimer's Unit	Yes
	63127-1757	Level of Care ALF**	Bed Capacity	84
Mailing Address 12777 POINTE DR	03127-1737	County SAINT LOUIS COUNTY	DMH Licensed	No
	63127-1757	Region 7	Facility Number	02703
SAINI LOUIS MO	03127-1737	Region /	Pacifity Number	02703
FRIENDSHIP VILLAGE SUNSET HILLS				
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 CIRCLE D	OR	County SAINT LOUIS COUNTY	DMH Licensed	No
	63127-1778	Region 7 Medicare/Medicaid	Facility Number	02703
		region - incurent incurent		02700
GABLES AT BRADY CIRCLE, LLC THE				
11 BRADY CIRCLE		<b>Telephone</b> (314) 890-2230	Alzheimer's Unit	No
SAINT LOUIS MO	63114-1110	Level of Care ALF**	Bed Capacity	40
Mailing Address 11 BRADY CIRCLE		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63114-1110	Region 7	Facility Number	30048
GARDEN VILLAS SOUTH				
13457 TESSON FERRY RD		<b>Telephone</b> (314) 843-7788	Alzheimer's Unit	No
	63128-4010	Level of Care ALF	Bed Capacity	83
Mailing Address 13457 TESSON FERRY RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO	63128-4010	Region 7	Facility Number	28964
GRAND MANOR HEALTH CARE CENTE	CR			
3645 COOK AVE		<b>Telephone</b> (314) 531-2352	Alzheimer's Unit	No
	63113-3801	Level of Care SNF	Bed Capacity	120
Mailing Address 3645 COOK AVE	03113 3001	County SAINT LOUIS CITY	DMH Licensed	No
8	63113-3801	Region 7 Medicare/Medicaid	Facility Number	13324
SARVI LOCIS MO	03113-3001	Region / Medical e/Medicald	racinty Number	13324
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	DMH Licensed	No
SAINT LOUIS MO	63134-2710	Region 7 Medicare/Medicaid	Facility Number	00411
HILLSIDE REHAB AND HEALTHCARE	CENTER			
1265 MCLARAN AVE		<b>Telephone</b> (314) 388-4121	Alzheimer's Unit	Yes
	63147-1606	Level of Care SNF	Bed Capacity	208
Mailing Address 1265 MCLARAN AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO	63147-1606	Region 7 Medicare/Medicaid	Facility Number	04687
HOLLY HILLS RETIREMENT HOME				
6421 MINNESOTA		<b>Telephone</b> (314) 351-0767	Alzheimer's Unit	No
	63111-2808	Level of Care RCF*	Bed Capacity	15
Mailing Address 6421 MINNESOTA	00111 2000	County SAINT LOUIS CITY	DMH Licensed	Yes
· ·	63111-2808	·	Facility Number	03678
SAINT LOUIS MO	03111-2000	Region 7	Facinty Number	03078

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 106 of 137

<sup>\*\*</sup> 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)).

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 STATION RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63119-4911	Region 7	Facility Number	17713
5.11.1 200.15	Region	I desired I (district	17713
I ANCROWNE VII I ACE			
LANSDOWNE VILLAGE	<b>Telephone</b> (314) 351-6888	Alzheimer's Unit	No
4624 LANSDOWNE AVE SAINT LOUIS MO 63116-1523	Telephone (314) 351-6888 Level of Care SNF		No 145
		Bed Capacity DMH Licensed	No
Mailing Address 4624 LANSDOWNE AVE SAINT LOUIS MO 63116-1523	•		
SAINT LOUIS MO 63116-1523	Region 7 Medicare/Medicaid	Facility Number	14557
LEGACY HEALTHCARE CENTER LLC	T-1 (214) 791 0222	A 1-1	NI-
3715 JAMIESON AVE	Telephone (314) 781-0222	Alzheimer's Unit	No
SAINT LOUIS MO 63109-1109	Level of Care RCF	Bed Capacity	111 V
Mailing Address 3715 JAMIESON AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63109-1109	Region 7	Facility Number	04650
I EMAY MURGING			
LEMAY NURSING 9353 SOUTH BROADWAY	Tolonh (214) (21 0540	Alzheimer's Unit	). T
	Telephone (314) 631-0540		No
SAINT LOUIS MO 63125-1600	Level of Care SNF	Bed Capacity	60
Mailing Address 9353 SOUTH BROADWAY	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63125-1600	Region 7 Medicare/Medicaid	Facility Number	01732
LIFE CARE CENTER OF ST LOUIS			
3520 CHOUTEAU AVE	T-l (214) 771 2100	A 1-1	NI-
	Telephone (314) 771-2100	Alzheimer's Unit	No 100
SAINT LOUIS MO 63103-2916	Level of Care SNF	Bed Capacity	100
Mailing Address 3520 CHOUTEAU AVE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number	19823
LIVING LIFE LONG RESIDENTIAL 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
5AINT LOUIS 110 05100-4400	Region /	racinty Number	03212
MATTIS POINTE - ASSISTED LIVING 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
SAINT LOUIS MO 03120-2793	Region /	racinty Number	30803
MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE			
THREE MCKNIGHT PL	<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 PL	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63124-1900	Region 7	Facility Number	23542
MINT 10010 1114-1700	Acgion /	racinty number	23342
MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE			
THREE MCKNIGHT PLACE	<b>Telephone</b> (314) 993-3333	Alzheimer's Unit	Yes
SAINT LOUIS MO 63124-1900	Level of Care SNF	Bed Capacity	55
Mailing Address THREE MCKNIGHT PLACE	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63124-1900	Region 7	Facility Number	23542
	8	•	

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 107 of 137

<sup>\*\*</sup> 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)).

MCVNICHT DI ACE EVTENDED CADE			
MCKNIGHT PLACE EXTENDED CARE 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
57 th 1200 to 1312 1700	region / Medicare	Tuelley Tullioer	10714
MOTHER OF GOOD COUNSEL HOME			
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 BRIDGE RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63121-5314	Region 7	Facility Number	05568
	Ţ.		
MOTHER OF PERPETUAL HELP RESIDENCE, INC			
7609 WATSON ROAD	<b>Telephone</b> (314) 918-2260	Alzheimer's Unit	Yes
SAINT LOUIS MO 63119-5001	Level of Care ALF**	<b>Bed Capacity</b>	160
Mailing Address 7609 WATSON ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63119-5001	Region 7	<b>Facility Number</b>	21111
NAZARETH LIVING CENTER			
2 NAZARETH LN	<b>Telephone</b> (314) 487-3950	Alzheimer's Unit	Yes
SAINT LOUIS MO 63129-7600	<b>Level of Care</b> 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
NAZARETH LIVING CENTER			
2 NAZARETH LN	<b>Telephone</b> (314) 487-3950	Alzheimer's Unit	No
SAINT LOUIS MO 63129-7600	Level of Care SNF	Bed Capacity	121
Mailing Address 2 NAZARETH LN	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63129-7600	Region 7 Medicare/Medicaid	Facility Number	17458
NEWSTEAD PLACE			
19 NORTH NEWSTEAD	<b>Telephone</b> (314) 286-4510	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2260	Level of Care RCF*	Bed Capacity	20
Mailing Address 19 N NEWSTEAD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2260	Region 7	Facility Number	19169
NODALIA NEW YORK OF THE PROPERTY OF THE PROPER			
NORMANDY NURSING CENTER	T. 1 (24) 252 2577		
7301 SAINT CHARLES ROCK RD	Telephone (314) 862-0555	Alzheimer's Unit	No
SAINT LOUIS MO 63133-1737	Level of Care SNF	Bed Capacity	116
Mailing Address 7301 SAINT CHARLES ROCK RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63133-1737	Region 7 Medicare/Medicaid	Facility Number	01118
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 AVE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63139-3318	·		
SAINT LOUIS WIO 03139-3318	Region 7 Medicare/Medicaid	Facility Number	05914
OASIS RESIDENTIAL CARE FACILITY			
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
5.11.7 20015 1910 05107-2214	region /	i activey i turniber	1.5+1.5

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 108 of 137

<sup>\*\*</sup> 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)).

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 VILI		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63141-6603	Region 7	Facility Number	24122
SAINT LOUIS	MO 03141-0003	Region /	racinty Number	24122
DEACE HAVEN ASSOCIATION				
PEACE HAVEN ASSOCIATION		T-1	A 1-1	NI-
12630 ROTT RD	MO (2127-1214	<b>Telephone</b> (314) 965-3833	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1214	Level of Care ICF	Bed Capacity	42 N
Mailing Address 12630 ROTT RD	NO 50407 4044	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1214	Region 7	Facility Number	06369
NATE CROWN MANOR				
PINE GROVE MANOR		T-1	A 1-1	NI-
4359 TAFT AVE	MO (2116 1522	<b>Telephone</b> (314) 752-2022	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1533	Level of Care SNF	Bed Capacity	77 N
Mailing Address 4359 TAFT AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1533	Region 7 Medicare/Medicaid	Facility Number	00244
BROMEN PROPERTY				
PROMENADE SENIOR LIVING		T 1 1 (21 A) 227 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	411.	**
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 COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63144-1205	Region 7	Facility Number	30363
PROVIGION OF PROVIGE				
PROVISION OF PROMISE				
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		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-2113	Region 7	Facility Number	17937
DIVED CDOSSING DELIAD AND HE	ALTHCADE CENTED			
RIVER CROSSING REHAB AND HE 11278 SCHUETZ RD	EALTHCARE CENTER	Talanhana (214) 001 4066	Alabaiman'a Unit	No
	MO (214) 4057	<b>Telephone</b> (314) 991-4066	Alzheimer's Unit	No
SAINT LOUIS	MO 63146-4957	Level of Care SNF	Bed Capacity	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
SAGE NURSING & REHAB				
3421 GASCONADE ST		<b>Telephone</b> (314) 832-4700	Alzheimer's Unit	No
	MO 63118-4201	Level of Care SNF		
SAINT LOUIS			Bed Capacity	120
Mailing Address 3421 GASCONADE S		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number	21455
SHERBROOKE VILLAGE				
4005 RIPA AVE		<b>Telephone</b> (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Telephone (314) 544-1111  Level of Care SNF		
	1410 03123-2376		Bed Capacity	149 No.
Mailing Address 4005 RIPA AVE	MO (2125 2279	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region 7 Medicare/Medicaid	Facility Number	15436
SHERBROOKE VILLAGE				
4005 RIPA AVE		<b>Telephone</b> (314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care ALF**	Bed Capacity	88
Mailing Address 4005 RIPA AVE	110 U3123-2370	County SAINT LOUIS COUNTY	DMH Licensed	oo No
SAINT LOUIS	MO 63125 2279	·		
SAINT LOUIS	MO 63125-2378	Region 7	Facility Number	15436

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 109 of 137

<sup>\*\*</sup> 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)).

CH VED CDUD				
SILVER SPUR		T-1	41-1	NT-
3300 TEXAS AVE	MO (2110 2111	<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	110	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63118-3111	Region 7	Facility Number	00185
a				
SMILEY MANOR LLC		T. J. J. (214) 222 1252		
5415 THEKLA AVE	110	<b>Telephone</b> (314) 932-1360	Alzheimer's Unit	No
SAINT LOUIS	MO 63120-2513	Level of Care RCF	Bed Capacity	20
Mailing Address 5415 THEKLA AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63120-2513	Region 7	Facility Number	04078
SMILEY MANOR WEST, LLC				
1119 GOODFELLOW BLVD		<b>Telephone</b> (314) 833-3238	Alzheimer's Unit	No
SAINT LOUIS	MO 63112-2513	Level of Care RCF	Bed Capacity	27
Mailing Address 1119 GOODFELLOW		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63112-2513	·	Facility Number	31147
SAINI LOUIS	WO 03112-2313	Region 7	racinty Number	31147
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
SAIN LOOIS	03107 2303	Region /	Tuemey Tumber	20332
ST ELIZABETH HALL				
325 NORTH NEWSTEAD AVE		<b>Telephone</b> (314) 652-9525	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2707	Level of Care ALF**	Bed Capacity	50
Mailing Address 325 N NEWSTEAD A	AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2707	Region 7	Facility Number	07516
ST JOHNS PLACE				
3333 BROWN ROAD		<b>Telephone</b> (314) 426-2211	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-4327	Level of Care SNF	Bed Capacity	94
Mailing Address 3333 BROWN RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63114-4327	Region 7 Medicare/Medicaid	Facility Number	18454
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 BROAD		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63111-2023	•	Facility Number	07585
SAINI LOUIS	WO 03111-2023	Region 7	racinty Number	07383
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 BROAD		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63111-2023	Region 7 Medicaid	Facility Number	07585
ST LOUIS HILLS ASSISTED LIVING	G AND MEMORY CARE	TO 1 1 (014) 217 2200	A11	*7
6543 CHIPPEWA ST	MO 62100 4100	<b>Telephone</b> (314) 647-6600	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63109-4100	Level of Care ALF**	Bed Capacity	181
Mailing Address 6543 CHIPPEWA ST	110 (210) (10)	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63109-4100	Region 7	Facility Number	07594

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 110 of 137

<sup>\*\*</sup> 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)).

CANADAGE OF MEDGEED OPONES			
SUNRISE OF WEBSTER GROVES	T-11 (214) 019 7200	A 1-1:!- T7-:4	<b>V</b>
45 EAST LOCKWOOD  SANGELOUIG	<b>Telephone</b> (314) 918-7300	Alzheimer's Unit	Yes
SAINT LOUIS MO 63119-3050	Level of Care ALF**	Bed Capacity	90 N
Mailing Address 45 EAST LOCKWOOD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63119-3050	Region 7	Facility Number	28242
SUPERIOR MANOR OF DOWNTOWN, LLC			
1501 CLINTON STREET	<b>Telephone</b> (314) 921-2625	Alzheimer's Unit	No
SAINT LOUIS MO 63106-4100	Level of Care RCF	Bed Capacity	40
Mailing Address 1501 CLINTON STREET	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63106-4100	Region 7	Facility Number	30136
SYLVAN HOUSE			
30 SHERMAN RD	<b>Telephone</b> (314) 892-2212	Alzheimer's Unit	No
SAINT LOUIS MO 63125-4125	Level of Care RCF	<b>Bed Capacity</b>	40
Mailing Address 30 SHERMAN RD	County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS MO 63125-4125	Region 7	Facility Number	15078
W. CHEW PODECE MANOR			
U-CITY FOREST MANOR	TI I (0.000 777 7	A1 1	**
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 AVE	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63130-1944	Region 7 Medicare/Medicaid	Facility Number	15454
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 UNION BLVD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63113-1003	Region 7	Facility Number	11002
WEST DOOR SPOND WONE			
WEST PINE GROUP HOME	T. I. I. (214) 521 0450	A11	N
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 BLVD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2840	Region 7	Facility Number	05948
	SAINT MARY		
MARIAN CLIFF RESIDENTIAL CARE 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
	SAINT PETERS		
	DIMIT I DI DIO		
BOULEVARD SENIOR LIVING OF ST PETERS, THE			
500 BLUFFSTONE CIRCLE	<b>Telephone</b> (636) 626-2520	Alzheimer's Unit	Yes
SAINT PETERS MO 63304-2736	Level of Care ALF**	Bed Capacity	74
Mailing Address 500 BLUFFSTONE CIRCLE	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63304-2736	Region 5	Facility Number	33475

Tuesday, May 6, 2025 Page 111 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

CHESTNUT GLENN - ASSISTED LI	VING 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 CRO		·	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-5394	Region 5		Facility Number	25446
CLARENDALE OF ST PETERS					
10 DUBRAY DRIVE		Telephone	(636)706-5100	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3558	Level of Care	ALF**	<b>Bed Capacity</b>	110
Mailing Address 10 DUBRAY DRIVE		County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3558	Region 5		Facility Number	32095
HAMPTON MANOR OF ST PETERS	S				
268 JUNGERMANN ROAD	5	Telephone	(636) 706-5808	Alzheimer's Unit	YES
SAINT PETERS	MO 63376-5347	Level of Care	ALF**	Bed Capacity	97
Mailing Address 268 JUNGERMANN			NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-5347	Region 5	TOTAL REBES	Facility Number	33605
SIM (TELEKO	110 03370 3317	Region 5		ruemey rumber	33003
MCCLAY SENIOR CARE					
3801 MCCLAY ROAD		Telephone	(636) 244-3323	Alzheimer's Unit	No
SAINT PETERS	MO 63376-7327	Level of Care	SNF	Bed Capacity	60
Mailing Address 3801 MCCLAY ROA		·	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-7327	Region 5	Medicare/Medicaid	Facility Number	29933
NHC PLACE, ST PETERS MEMORY	Y CARE				
5300 EXECUTIVE CENTER PARKWA	ΛY	Telephone	(636) 477-6955	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3182	Level of Care	ALF**	<b>Bed Capacity</b>	60
Mailing Address 5300 EXECUTIVE C	ENTER PARKWAY	County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3182	Region 5		Facility Number	29889
SPENCER PLACE - ASSISTED LIVI	ING BY AMERICARE				
265 SPENCER RD		Telephone	(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 SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2430	Region 5		Facility Number	13294
ST PETERS POST ACUTE					
5400 EXECUTIVE CENTRE PKWY		Telephone	(636) 922-7600	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-2594	Level of Care	SNF	Bed Capacity	130
Mailing Address 5400 EXECUTIVE C			NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2594	Region 5	Medicare/Medicaid	Facility Number	26014
CT DETEDS DOCT A CUITE					
ST PETERS POST ACUTE		T-1	(626) 022 7600	A 1-1	NT-
5400 EXECUTIVE CENTRE PKWY SAINT PETERS	MO 63376-2594	Telephone Level of Care	(636) 922-7600 ALF**	Alzheimer's Unit Bed Capacity	No 62
Mailing Address 5400 EXECUTIVE C SAINT PETERS	MO 63376-2594	County SAI	NI CHARLES	DMH Licensed Facility Number	No 26014
SAINI FETERS	IVIO U33/U-2394	Region 5		racinty Number	20014
ST PETERS REHAB AND HEALTH	CARE CENTER				
230 SPENCER RD	160	Telephone	(636) 441-2750	Alzheimer's Unit	No
SAINT PETERS	MO 63376-2425	Level of Care	SNF	Bed Capacity	96
Mailing Address 230 SPENCER RD	MO (2007) (2127)	·	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-2425	Region 5	Medicare/Medicaid	Facility Number	07613

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 112 of 137

<sup>\*\*</sup> 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)).

## SAINTE GENEVIEVE

HIDDEN ACRES ASSISTED LIVING				
19235 STATE ROUTE EE		<b>Telephone</b> (573) 756-8141	Alzheimer's Unit	Vо
SAINTE GENEVIEVE	MO 63670-8213	Level of Care ALF		18
Mailing Address 19235 STATE ROUTE		County SAINTE GENEVIEVE		es
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number 1972	
SAINTE GENEVIEVE	WIO 03070-8213	Region 2	racinty Number 1972	21
HIDDEN ACRES ASSISTED LIVING	II LLC			
19235 STATE ROUTE EE		<b>Telephone</b> (573) 756-8141	Alzheimer's Unit	Vо
SAINTE GENEVIEVE	MO 63670-8213	Level of Care ALF	Bed Capacity 1	18
Mailing Address 19235 STATE ROUTE	E EE	County SAINTE GENEVIEVE	• •	es
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number 1113	
	00070 0210	Region 2	1110	
PARKWOOD MEADOWS - ASSISTE	D LIVING BY AMERICARE			
805 PARKWOOD DR		<b>Telephone</b> (573) 883-3883	Alzheimer's Unit Ye	es
SAINTE GENEVIEVE	MO 63670-1858	Level of Care ALF**	Bed Capacity 6	66
Mailing Address 805 PARKWOOD DR		County SAINTE GENEVIEVE	DMH Licensed N	No
SAINTE GENEVIEVE	MO 63670-1858	Region 2	Facility Number 2323	34
		8		
RIVERVIEW AT THE PARK CARE	AND REHABILITATION CENTER			
1100 PROGRESS PARKWAY		<b>Telephone</b> (573) 883-3454	Alzheimer's Unit Ye	es
SAINTE GENEVIEVE	MO 63670-9232	Level of Care SNF	Bed Capacity 12	20
Mailing Address 1100 PROGRESS PAR	RKWAY	County SAINTE GENEVIEVE	DMH Licensed N	No
SAINTE GENEVIEVE	MO 63670-9232	Region 2 Medicare/Medicaid	Facility Number 0672	29
			•	
ST GENEVIEVE NURSING				
1010 STE GENEVIEVE DR		<b>Telephone</b> (573) 883-5725	Alzheimer's Unit	Vо
SAINTE GENEVIEVE	MO 63670-1447	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 426		County SAINTE GENEVIEVE	DMH Licensed N	Vо
SAINTE GENEVIEVE	MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number 0325	54
	CATE	73.6		
	SALE	.M		
SALEM CARE CENTER				
1203 NORTH JACKSON		<b>Telephone</b> (573) 729-6649		Vо
SALEM	MO 65560-1076	Level of Care SNF	Bed Capacity	60
Mailing Address 1203 NORTH JACKS0	ON	County DENT	DMH Licensed	Vо
SALEM	MO 65560-1076	Region 6 Medicare/Medicaid	Facility Number 0235	54
CALEM DECIDENTIAL CADE				
SALEM RESIDENTIAL CARE		(572) 720 0440		т
1207 EAST ROOSEVELT ST		<b>Telephone</b> (573) 729-9449		No.
SALEM	MO 65560-9676	Level of Care RCF*		35
Mailing Address 1207 EAST ROOSEVI		County DENT	DMH Licensed N	Vо
SALEM	MO 65560-9676	Region 6	Facility Number 1974	16
SEVILLE CARE CENTER				
35625 HIGHWAY 72		<b>Telephone</b> (573) 729-6141	Alzheimer's Unit	Vо
SALEM	MO 65560-7217	Level of Care SNF		90
	1410 03300-7217			
Mailing Address 35625 HIGHWAY 72 SALEM	MO 65560-0746	County DENT		No
SALEIVI	WIO 03300-0740	Region 6 Medicare/Medicaid	Facility Number 0711	10

Tuesday, May 6, 2025 Page 113 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

SAL	ISBURY		
BRISTOL MANOR OF SALISBURY			
102 NORTH WILLIE ST	<b>Telephone</b> (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
SALISBURY MO 65281-1458	Region 5	Facility Number	18325
CHARITON PARK HEALTH CARE CENTER			
902 MANOR DR	<b>Telephone</b> (660) 388-6486	Alzheimer's Unit	No
SALISBURY MO 65281-1236	Level of Care SNF	Bed Capacity	120
Mailing Address 902 MANOR DR	County CHARITON	DMH Licensed	No
SALISBURY MO 65281-1236	Region 5 Medicare/Medicaid	Facility Number	06469
		•	
SAF	RCOXIE		
SARCOXIE HEALTH CARE CENTER			
1505 MINER	<b>Telephone</b> (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
		•	
SAV	'ANNAH		
ABUNDANT ACRES CARE AND REHAB			
13277 STATE ROUTE D	<b>Telephone</b> (816) 324-5991	Alzheimer's Unit	Yes
SAVANNAH MO 64485-9431	Level of Care SNF	Bed Capacity	88
Mailing Address 13277 STATE ROUTE D	County ANDREW	DMH Licensed	No
SAVANNAH MO 64485-9431	Region 4 Medicare/Medicaid	Facility Number	07147
	5	•	
LAVERNA MANOR HEALTH & REHABILITATION			
904 SOUTH HALL AVE	<b>Telephone</b> (816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH MO 64485-1952	Level of Care SNF	Bed Capacity	120
Mailing Address 904 SOUTH HALL AVE	County ANDREW	DMH Licensed	No
SAVANNAH MO 64485-1952	Region 4 Medicare/Medicaid	Facility Number	04478
SCO	TT CITY		
COUNTRY PLACE			
28601 US HIGHWAY 61	<b>Telephone</b> (573) 264-1555	Alzheimer's Unit	No
SCOTT CITY MO 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
SUNSHINE VILLA			
2520 JAMES ST	<b>Telephone</b> (573) 264-2424	Alzheimer's Unit	No
SCOTT CITY MO 63780-1219	Level of Care ALF	Bed Capacity	26
Mailing Address 2520 JAMES ST	County SCOTT	DMH Licensed	Yes
SCOTT CITY MO 63780-1219	Region 2	Facility Number	07039

Tuesday, May 6, 2025 Page 114 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

S			

	SEDA	LIA		
BRISTOL MANOR OF SEDALIA				
1208 EAST 24TH ST		<b>Telephone</b> (660) 827-2028	Alzheimer's Unit	No
SEDALIA	MO 65301-8231	Level of Care RCF	Bed Capacity	12
Mailing Address 1208 EAST 24TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8231	Region 6	Facility Number	15808
SEDALIA	WIO 03301-8231	Kegion 0	Facility Number	13606
E W THOMPSON HEALTH & REHA	ABILITATION CENTER			
975 MITCHELL ROAD		<b>Telephone</b> (660) 851-0668	Alzheimer's Unit	Yes
SEDALIA	MO 65301-2133	Level of Care SNF	Bed Capacity	66
Mailing Address 975 MITCHELL ROA	AD	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2133	Region 6 Medicare/Medicaid	Facility Number	30182
ECCEV DV DDICTOL THE				
ESSEX BY BRISTOL, THE 301 EAST 3RD		TO 1 1 (CCO) 920 1759	A1.1 1. TT	NI-
	MO 65201 4225	<b>Telephone</b> (660) 829-1758	Alzheimer's Unit	No 24
SEDALIA	MO 65301-4335	Level of Care RCF	Bed Capacity	24 N-
Mailing Address 301 EAST 3RD	MO (5201 1225	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-4335	Region 6	Facility Number	23020
FAIR VIEW HEALTH CARE CENT	ER			
1714 W 16TH ST		<b>Telephone</b> (660) 827-1594	Alzheimer's Unit	No
SEDALIA	MO 65301-5273	Level of Care SNF	Bed Capacity	75
Mailing Address 1714 W 16TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-5273	Region 6 Medicare/Medicaid	Facility Number	02469
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	WIO 05301 1410	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-1410	Region 6 Medicare/Medicaid	Facility Number	00836
SEDALIA	WO 05501-1410	Region 6 Medicare/Medicaid	Facility Number	00830
LOVING ARMS MEMORY CARE A	ND ASSISTED LIVING			
1300 EAST 24TH STREET		<b>Telephone</b> (660) 851-2266	Alzheimer's Unit	Yes
SEDALIA	MO 65301-8233	Level of Care ALF**	Bed Capacity	20
Mailing Address 2700 ARTISAN DRIV	VE	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8233	Region 6	Facility Number	15971
PETTIS COUNTY ASSISTED LIVIN	IG, LLC			
3017 BROOKING PARK AVENUE	•	<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	Region 6	Facility Number	30112
		-	•	
PRIMROSE OF SEDALIA		Talanhana (660) 527 7054	Alabaimanta II-i4	NT_
3761 WEST 10TH ST	MO 65201 2524	<b>Telephone</b> (660) 527-7054	Alzheimer's Unit	No
SEDALIA  Mailing Address 2761 WEST 10TH ST	MO 65301-2524	Level of Care ALF**	Bed Capacity	90 No
Mailing Address 3761 WEST 10TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2524	Region 6	Facility Number	25967

Tuesday, May 6, 2025 Page 115 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

REST HAVEN HEALTH CARE CENT	ΓER		
1800 SOUTH INGRAM		<b>Telephone</b> (660) 827-0845	Alzheimer's Unit No
SEDALIA	MO 65301-7538	Level of Care SNF	<b>Bed Capacity</b> 86
Mailing Address 1800 S INGRAM		County PETTIS	<b>DMH Licensed</b> No
SEDALIA	MO 65301-7538	Region 6 Medicare/Medicaid	Facility Number 06582
SUNNY MEADOWS LIVING CENTER	R		
419 NORTH PROSPECT AVE	· ·	<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	Region 6	Facility Number 06527
SEDALIA	WO 03301-2729	Region 0	Facility Number 00327
SYLVIA G THOMPSON RESIDENCE	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 S	T	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-2113	Region 6 Medicaid	Facility Number 17278
	SENE	SCA	
SENECA HOME PLACE	SENE	Jen -	
2400 SOUTH CHEROKEE AVE		<b>Telephone</b> (417) 776-8053	Alzheimer's Unit No
SENECA	MO 64865-9323	Level of Care RCF*	
Mailing Address 2400 SOUTH CHERO		County NEWTON	
SENECA	MO 64865-9323	Region 1	Facility Number 17571
SENECA NURSING			
914 CHICKESAW ST		<b>Telephone</b> (417) 776-8041	Alzheimer's Unit No
SENECA	MO 64865-9281	Level of Care SNF	Bed Capacity 80
Mailing Address 914 CHICKESAW ST		County NEWTON	DMH Licensed No
SENECA	MO 64865-9281	Region 1 Medicare/Medicaid	Facility Number 17090
	SEYMO	OUR	
	SETIMO	SOR	
GLENWOOD HEALTHCARE			
851 THOROUGHFARE		<b>Telephone</b> (417) 935-2992	Alzheimer's Unit Yes
SEYMOUR	MO 65746-8767	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 851 THOROUGHFAR		County WEBSTER	<b>DMH Licensed</b> No
SEYMOUR	MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number 16944
	SHELL	BINA	
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
OVER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SHELBINA VILLA LIFECARE		m. 1	
218 EAST SHELBINA AVE	1.0 (0.150, 1000)	<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 SHELBINA	AVE MO 63468 4328	County SHELBY	DMH Licensed No Facility Number 19594
CHELDINA	RALL 62460 4230	Dogion 5	Engility Number 10504

Region 5

**Facility Number** 

18584

MO 63468-4328

SHELBINA

Tuesday, May 6, 2025 Page 116 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	SHREWS	SBURY		
MARY, QUEEN AND MOTHER CE	NTER			
7601 WATSON RD		<b>Telephone</b> (314) 961-8000	Alzheimer's Unit	No
SHREWSBURY	MO 63119-5001	Level of Care SNF	Bed Capacity	230
Mailing Address 7601 WATSON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SHREWSBURY	MO 63119-5001	Region 7 Medicare/Medicaid	Facility Number	05103
	SIKES	TON		
ARBORS AT WESTRIDGE PLACE	- MEMORY CARE ASSISTED LIVING			
539 NORTH WEST ST		<b>Telephone</b> (573) 471-6484	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5443	Level of Care ALF**	Bed Capacity	28
Mailing Address 539 NORTH WEST S	ST	County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5443	Region 2	Facility Number	12693
CLEARVIEW NURSING CENTER				
430 SALCEDO ROAD		<b>Telephone</b> (573) 471-2565	Alzheimer's Unit	No
SIKESTON	MO 63801-4802	Level of Care SNF	Bed Capacity	98
Mailing Address PO BOX 707		County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0707	Region 2 Medicare/Medicaid		19913
COLONIAL MANOR, LLC				
907 WEST MALONE ST		<b>Telephone</b> (573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO 63801-2425	Level of Care ALF	Bed Capacity	20
Mailing Address 907 WEST MALONE	E ST	County SCOTT	DMH Licensed	Yes
SIKESTON	MO 63801-2425	Region 2	Facility Number	13255
DAYBREAK NURSING CENTER				
410 H ROAD		<b>Telephone</b> (573) 471-7683	Alzheimer's Unit	No
SIKESTON	MO 63801-5350	Level of Care SNF	Bed Capacity	70
Mailing Address 410 H ROAD		County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0430	Region 2 Medicare/Medicaid	Facility Number	11496
DELTA SOUTH NURSING & REHA	RILITATION			
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	DMH Licensed	No
SIKESTON	MO 63801-0624	Region 2 Medicare/Medicaid		30584
HINEED ACRES SARWING SERVICE	n.			
HUNTER ACRES CARING CENTER	К	m 1 1 (570) 171 7100		3.7
628 NORTH WEST ST	MO (2001 4720	<b>Telephone</b> (573) 471-7130	Alzheimer's Unit	Yes
SIKESTON CONNECTED WEST	MO 63801-4738	Level of Care SNF	Bed Capacity	120
Mailing Address 628 NORTH WEST S		County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-4738	Region 2 Medicare/Medicaid	Facility Number	07345

**Telephone** 

Region 2

Level of Care

County SCOTT

(573) 472-2546

ALF\*\*

Alzheimer's Unit

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

No

36

No

28804

LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

MO 63801-5105

MO 63801-5105

226 PLAZA DR

Mailing Address 226 PLAZA DR

SIKESTON

SIKESTON

Tuesday, May 6, 2025 Page 117 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

SIKESTON CONVALESCENT CENTER				
103 KENNEDY DR	Telephone	(573) 471-6900	Alzheimer's Unit	Yes
SIKESTON MO 63801-			Bed Capacity	120
Mailing Address 103 KENNEDY DR SIKESTON MO 63801-	•	OTT Medicare/Medicaid	DMH Licensed Facility Number	No 07331
511251011	Kegion 2	Wiedical e/Wiedicald	racinty Number	07331
	SILEX			
SILEX COMMUNITY CARE				
111 DUNCAN MANSION RD	Telephone	(573) 384-5218	Alzheimer's Unit	No
SILEX MO 63377-	Level of Care	SNF	Bed Capacity	60
Mailing Address 111 DUNCAN MANSION RD	County LIN	ICOLN	DMH Licensed	No
SILEX MO 63377-	2229 <b>Region</b> 5	Medicare/Medicaid	Facility Number	06838
SILEX RESIDENTIAL HOME, LLC				
145 DUNCAN MANSION RD	Telephone	(573) 384-5213	Alzheimer's Unit	No
SILEX MO 63377-		RCF*	Bed Capacity	60
Mailing Address 145 DUNCAN MANSION RD	County LIN	ICOLN	DMH Licensed	Yes
SILEX MO 63377-	Region 5		Facility Number	20982
	SLATER			
BIG BEND RETREAT				
620 NORTH EMMERSON	Telephone	(660) 529-2237	Alzheimer's Unit	No
SLATER MO 65349-	-	` '	Bed Capacity	60
Mailing Address 620 NORTH EMMERSON		LINE	DMH Licensed	No
SLATER MO 65349-	·		Facility Number	00546
BIG BEND RETREAT	m 1 - 1	(((0) 520 2227	A1 1	NI-
620 NORTH EMMERSON SLATER MO 65349-	Telephone Level of Care	(660) 529-2237 RCF*	Alzheimer's Unit Bed Capacity	No 10
Mailing Address 620 NORTH EMMERSON		LINE	DMH Licensed	No
SLATER MO 65349-	•		Facility Number	00546
	SMITHVILLE			
	SMITITYTELL			
BRISTOL MANOR OF SMITHVILLE	m., .	(016) 522 4400		
1502 SOUTH COMMERCIAL	Telephone	(816) 532-4490	Alzheimer's Unit	No
SMITHVILLE MO 64089- Mailing Address 1502 S COMMERCIAL	8474 Level of Care County CL.		Bed Capacity DMH Licensed	12 No
SMITHVILLE MO 64089-		A1	Facility Number	17515
5	Region .		Tuellity Tulliber	17313
	SPRINGFIELD			
BIRCH POINTE HEALTH AND REHABILITATION	ON			
3705 S JEFFERSON AVE	Telephone	(417) 889-0773	Alzheimer's Unit	Yes
SPRINGFIELD MO 65807-			Bed Capacity	120
Mailing Address 3705 S JEFFERSON AVE	•	EENE	DMH Licensed	No
SPRINGFIELD MO 65807-	5880 <b>Region</b> 1	Medicare/Medicaid	Facility Number	31013
BROOKHAVEN NURSING & REHAB				
3405 WEST MT VERNON	Telephone	(417) 874-9600	Alzheimer's Unit	No
SPRINGFIELD MO 65802-			Bed Capacity	90
Mailing Address 3405 WEST MT VERNON	•	EENE	DMH Licensed	No
SPRINGFIELD MO 65802-	5241 <b>Region</b> 1	Medicare/Medicaid	Facility Number	09512

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 118 of 137

<sup>\*\*</sup> 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)).

BUNGALOWS AT CHESTERFIELD VILLAGE, THE			
2410 WEST CHESTERFIELD BLVD	<b>Telephone</b> (417) 886-4000	Alzheimer's Unit N	lo
SPRINGFIELD MO 65807-8631	Level of Care RCF	<b>Bed Capacity</b> 9	92
Mailing Address 2410 W CHESTERFIELD BLVD	County GREENE	DMH Licensed N	lo
SPRINGFIELD MO 65807-8631	Region 1	Facility Number 2258	34
BUNGALOWS AT SPRINGFIELD EAST, THE			
3540 EAST CHEROKEE	<b>Telephone</b> (417) 889-2222	Alzheimer's Unit N	Ю
SPRINGFIELD MO 65809-2828	Level of Care RCF	Bed Capacity 6	57
Mailing Address 3540 EAST CHEROKEE	County GREENE	DMH Licensed N	lo
SPRINGFIELD MO 65809-2828	Region 1	Facility Number 2102	25
CEDARHURST OF SPRINGFIELD			
1146 EAST LAKEWOOD ST	<b>Telephone</b> (417) 885-9050	Alzheimer's Unit Ye	
SPRINGFIELD MO 65810-2614	Level of Care ALF**		66
Mailing Address 1146 E LAKEWOOD ST	County GREENE		Ю
SPRINGFIELD MO 65810-2614	Region 1	Facility Number 2829	95
EDEMONT GENTOD VALVES TWO			
FREMONT SENIOR LIVING, THE	m 1 1 (447) 004 0700	A11	
1520 EAST BATES ST	<b>Telephone</b> (417) 881-0500	Alzheimer's Unit Ye	
SPRINGFIELD MO 65804-8401	Level of Care ALF**		72
Mailing Address 1520 EAST BATES ST	County GREENE		lo
SPRINGFIELD MO 65804-8401	Region 1	Facility Number 2878	32
CADDENC THE			
GARDENS, THE	T. I. I. (417) 999 7699	A11	
1302 WEST SUNSET	<b>Telephone</b> (417) 889-7600	Alzheimer's Unit Ye	
SPRINGFIELD MO 65807-5943	Level of Care ALF**	Bed Capacity 14	
Mailing Address 1302 WEST SUNSET	County GREENE		lo
SPRINGFIELD MO 65807-5943	Region 1	Facility Number 2028	38
GLENDALE GARDENS NURSING & REHAB			
3535 EAST CHEROKEE	<b>Telephone</b> (417) 889-9955	Alzheimer's Unit N	Īo
SPRINGFIELD MO 65809-2829	Level of Care SNF	Bed Capacity 12	
Mailing Address 3535 EAST CHEROKEE	County GREENE		lo Io
SPRINGFIELD MO 65809-2829	•		
SFRINGITELD INO 03009-2029	Region 1 Medicare/Medicaid	Facility Number 1673	,,
GOLDEN ESTATE RESIDENTIAL CARE			
1134 WEST NORTON RD	<b>Telephone</b> (417) 833-4440	Alzheimer's Unit N	lo
SPRINGFIELD MO 65803-1070	Level of Care RCF*		31
Mailing Address 1134 WEST NORTON RD	County GREENE	DMH Licensed Ye	
SPRINGFIELD MO 65803-1070	Region 1	Facility Number 0298	
SI KINGI IELD 1910 03003-1070	Region 1	racinty Number 0298	94
JACOBS CARE CENTER, LLC			
932 WEST STATE	<b>Telephone</b> (417) 865-6140	Alzheimer's Unit N	lo
SPRINGFIELD MO 65806-2846	Level of Care RCF		12
Mailing Address 932 WEST STATE	County GREENE	DMH Licensed Ye	
SPRINGFIELD MO 65806-2846	Region 1	Facility Number 0622	
51 KH (01 ILLL) 1910 (J.) 0000-2040	region 1	racincy number 0022	.7
JAMES RIVER NURSING AND REHABILITATION			
3550 EAST BATTLEFIELD	<b>Telephone</b> (417) 889-9500	Alzheimer's Unit N	lo
SPRINGFIELD MO 65809-3400	Level of Care SNF	Bed Capacity 12	
Mailing Address 3550 EAST BATTLEFIELD	County GREENE		lo Io
SPRINGFIELD MO 65809-3400	Region 1 Medicare/Medicaid	Facility Number 1764	
1130 00007 5100	ingion - micuical difficultatu	_ 30310 1704	

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 119 of 137

<sup>\*\*</sup> 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)).

JOY ASSISTED LIVING FOR SENIORS				
2030 W MOUNT VERNON ST	Telephone	(417) 864-8805	Alzheimer's Unit	No
SPRINGFIELD MO 65802		ALF	Bed Capacity	74
Mailing Address PO BOX 9655	County GREE		DMH Licensed	Yes
SPRINGFIELD MO 65801			Facility Number	19668
SI KINGI ILLID	Region 1		racinty Number	19008
LAKEWOOD - ASSISTED LIVING BY AMERIC	CARE			
4685 ROBBERSON AVE	Telephone	(417) 881-1411	Alzheimer's Unit	Yes
SPRINGFIELD MO 65810	0-1785 Level of Care	ALF**	Bed Capacity	67
Mailing Address 4685 ROBBERSON AVE	County GREE	ENE	DMH Licensed	No
SPRINGFIELD MO 65810	0-1785 <b>Region</b> 1		Facility Number	23613
A ODGEG TIME				
LODGES, THE	T. L. L.	(417) 064 4545	A1 1	NT
2401 W GRAND ST	Telephone	(417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD MO 65802		RCF*	Bed Capacity	99
Mailing Address 2401 W GRAND ST	County GREE	ENE	DMH Licensed	Yes
SPRINGFIELD MO 65802	2-4967 <b>Region</b> 1		Facility Number	09756
MAGNOLIA SQUARE NURSING AND REHAB				
1502 WEST EDGEWOOD	Telephone	(417) 877-7545	Alzheimer's Unit	No
SPRINGFIELD MO 65807	7-3567 Level of Care	SNF	Bed Capacity	120
Mailing Address 1502 WEST EDGEWOOD	County GREE	ENE	DMH Licensed	No
SPRINGFIELD MO 65807	7-3567 <b>Region</b> 1 M	//dicare/Medicaid	Facility Number	23400
			·	
MANOR AT ELFINDALE, THE				
1707 WEST ELFINDALE ST	Telephone	(417) 831-2273	Alzheimer's Unit	Yes
SPRINGFIELD MO 65807	7-1246 Level of Care	SNF	Bed Capacity	100
Mailing Address 1707 WEST ELFINDALE ST	County GREE	ENE	DMH Licensed	No
SPRINGFIELD MO 65807	7-1246 <b>Region</b> 1 N	<b>Aedicare</b>	Facility Number	17371
MAPLES HEALTH AND REHABILITATION, TI	нг			
610 WEST SUNSET ST	Telephone	(417) 891-1700	Alzheimer's Unit	No
SPRINGFIELD MO 65807	•	SNF	Bed Capacity	120
Mailing Address 610 WEST SUNSET ST	County GREE		DMH Licensed	No
SPRINGFIELD MO 65807	•		Facility Number	06441
SPRINGFIELD MO 03007	7-3696 <b>Region</b> 1 M	Aedicare/Medicaid	racinty Number	00441
MARANATHA VILLAGE, INC				
233 EAST NORTON RD	Telephone	(417) 833-0016	Alzheimer's Unit	No
SPRINGFIELD MO 65803	3-3633 Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 233 EAST NORTON RD	County GREE	ENE	DMH Licensed	No
SPRINGFIELD MO 65803	3-3633 <b>Region</b> 1 <b>N</b>	Aedicare/Medicaid	Facility Number	04907
MARANATHA VILLAGE, INC				
233 EAST NORTON RD	Telephone	(417) 833-0016	Alzheimer's Unit	No
SPRINGFIELD MO 65803	•	RCF	Bed Capacity	29
Mailing Address 233 EAST NORTON RD	County GREE		DMH Licensed	No
SPRINGFIELD MO 65803	•	TAT:		
SEKTINOLIETD INIO 02803	3-3633 <b>Region</b> 1		Facility Number	04907
MISSION RIDGE				
4349 S KANSAS AVE	Telephone	(417) 520-7020	Alzheimer's Unit	NO
SPRINGFIELD MO 65810	0-1413 Level of Care	ALF**	<b>Bed Capacity</b>	60
Mailing Address 4349 S KANSAS AVE	County GREE	ENE	DMH Licensed	No
SPRINGFIELD MO 65810	0-1413 <b>Region</b> 1		Facility Number	33342

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 120 of 137

<sup>\*\*</sup> 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)).

NEIGHBORHOODS AT QUAIL CREEK	T. THE				
1514 WEST LARK	, 1112	Telephone	(417) 889-1275	Alzheimer's Unit	Yes
	IO 65810-2270	Level of Care	SNF	Bed Capacity	120
Mailing Address 1514 WEST LARK			EENE	DMH Licensed	No
•	IO 65810-2270	Region 1	Medicare/Medicaid	Facility Number	24701
		region -	nicalcul of micalcula		2.701
QUALITY RESIDENTIAL CARE					
2034 WEST COLLEGE		Telephone	(417) 831-6466	Alzheimer's Unit	No
SPRINGFIELD M	IO 65806-1524	Level of Care	RCF*	<b>Bed Capacity</b>	42
Mailing Address PO BOX 8127		County GRI	EENE	DMH Licensed	Yes
SPRINGFIELD M	IO 65801-8127	Region 1		Facility Number	13150
RAVENWOOD - ASSISTED LIVING BY	AMERICARE		(115) 000 5000		
1950 EAST REPUBLIC RD	IO (5004 (550	Telephone	(417) 890-6000	Alzheimer's Unit	Yes
	IO 65804-6763	Level of Care	ALF**	Bed Capacity	66
Mailing Address 1950 E REPUBLIC RD		•	EENE	DMH Licensed	No
SPRINGFIELD M	IO 65804-6763	Region 1		Facility Number	20791
SPRING RIDGE - ASSISTED LIVING B	Y AMERICARE				
2828 SOUTH MEADOWBROOK		Telephone	(417) 889-7100	Alzheimer's Unit	No
	IO 65807-5925	Level of Care	ALF**	Bed Capacity	44
Mailing Address 2828 SOUTH MEADOW		County GRI		DMH Licensed	No
•	IO 65807-5925	Region 1		Facility Number	19713
		11091011		•	
SPRING VALLEY ASSISTED LIVING					
2915 SOUTH FREMONT AVE		Telephone	(417) 883-4022	Alzheimer's Unit	No
SPRINGFIELD M	IO 65804-3608	Level of Care	ALF	<b>Bed Capacity</b>	40
Mailing Address 2915 SOUTH FREMONT	AVE	County GRI	EENE	DMH Licensed	No
SPRINGFIELD M	IO 65804-3608	Region 1		Facility Number	00144
SPRING VALLEY HEALTH & REHABI	II ITATION CENTED				
2915 SOUTH FREMONT AVE	LITATION CENTER	Telephone	(417) 883-4022	Alzheimer's Unit	Yes
	IO 65804-3608	Level of Care	SNF	Bed Capacity	194
Mailing Address 2915 SOUTH FREMONT		County GRI		DMH Licensed	No
8	IO 65804-3608	•		Facility Number	
SFRINOPIELD IVI	03804-3008	Kegion 1	Medicare/Medicaid	racinty Number	00144
SPRINGFIELD REHABILITATION & H	IEALTH CARE CENTER				
2800 S FORT AVE		Telephone	(417) 882-0035	Alzheimer's Unit	No
SPRINGFIELD M	IO 65807-3480	Level of Care	SNF	Bed Capacity	146
Mailing Address PO BOX 3438 GS		County GRI	EENE	DMH Licensed	No
SPRINGFIELD M	IO 65808-3438	Region 1	Medicare/Medicaid	Facility Number	07460
SPRINGFIELD SKILLED CARE CENTI	EK	m	/41 <b>5</b> \ 0.54 45 :=		
2401 W GRAND ST		Telephone	(417) 864-4545	Alzheimer's Unit	No
	IO 65802-4967	Level of Care	SNF	Bed Capacity	120
Mailing Address 2401 W GRAND ST	TO 15000 10.55	•	EENE	DMH Licensed	No
SPRINGFIELD M	IO 65802-4967	Region 1	Medicare/Medicaid	Facility Number	09756
SPRINGFIELD VILLA					
1100 EAST MONTCLAIR		Telephone	(417) 820-8500	Alzheimer's Unit	Yes
	IO 65807-5076	Level of Care	SNF	Bed Capacity	146
Mailing Address 1100 EAST MONTCLAIR	R	County GRI	EENE	DMH Licensed	No
_	IO 65807-5076	Region 1	Medicare/Medicaid	Facility Number	05280
		S		-	

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 121 of 137

<sup>\*\*</sup> 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)).

CRRINGHOUSE VII I AGE		
SPRINGHOUSE VILLAGE	T-l (417) 709 2402	Al-la-i
3877 EAST FARM ROAD 132	<b>Telephone</b> (417) 708-3403	Alzheimer's Unit Yes
SPRINGFIELD MO 65802-6241	Level of Care ALF**	Bed Capacity 100
Mailing Address 3877 EAST FARM ROAD 132 SPRINGFIELD MO 65802-6241	County GREENE	DMH Licensed No
SPRINGFIELD MO 65802-6241	Region 1	Facility Number 32469
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	<b>Bed Capacity</b> 38
Mailing Address 4935 S NATIONAL AVE	County GREENE	DMH Licensed No
SPRINGFIELD MO 65810-2989	Region 1 Medicare	Facility Number 31273
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 HIGHWAY D	County GREENE	DMH Licensed No
SPRINGFEILD MO 65809-	Region 1	Facility Number 32441
STREAM SHOW	Region 1	Tacinty Number 52441
VSL SPRINGFIELD ASSISTED LIVING, LLC		
1401 WEST ELFINDALE STREET	<b>Telephone</b> (417) 831-3828	Alzheimer's Unit No
SPRINGFIELD MO 65807-1295	Level of Care ALF	<b>Bed Capacity</b> 50
Mailing Address 1401 WEST ELFINDALE STREET	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD MO 65807-1295	Region 1	Facility Number 32492
WILSON'S CREEK NURSING & REHAB		
3403 WEST MT VERNON	<b>Telephone</b> (417) 864-5600	Alzheimer's Unit Yes
SPRINGFIELD MO 65802-5241	Level of Care SNF	<b>Bed Capacity</b> 172
Mailing Address 3403 WEST MT VERNON	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD MO 65802-5241	Region 1 Medicare/Medicaid	Facility Number 05579
WOODLAND MANOR		
1347 EAST VALLEY WATERMILL RD	<b>Telephone</b> (417) 833-1220	Alzheimer's Unit No
SPRINGFIELD MO 65803-3739	Level of Care SNF	<b>Bed Capacity</b> 94
Mailing Address 1347 EAST VALLEY WATERMILL RD	County GREENE	DMH Licensed No
SPRINGFIELD MO 65803-3739	Region 1 Medicare/Medicaid	Facility Number 05794
STAN	VBERRY	
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 PINEVIEW ST	County GENTRY	DMH Licensed No
STANBERRY MO 64489-1509	Region 4 Medicare/Medicaid	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 ALF**	Bed Capacity 12
Mailing Address 307 NORTH PINEVIEW ST	County GENTRY	DMH Licensed No
STANBERRY MO 64489-1509	Region 4	Facility Number 05832
·······	- <del>0</del> -	00002

Tuesday, May 6, 2025 Page 122 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

		STEELE		
		J. LIDE		
RIVER OAKS CARE CENTER				
1001 NORTH WALNUT	150 50000 1055	<b>Telephone</b> (573) 695-2121	Alzheimer's Unit	No
STEELE	MO 63877-1355	Level of Care SNF	Bed Capacity	90
Mailing Address 1001 N WALNUT		County PEMISCOT	DMH Licensed	No
STEELE	MO 63877-1355	Region 2 Medicare/Medicaid	Facility Number	06672
		STEELVILLE		
STEELVILLE SENIOR LIVING				
311 NORTH SPRING ST		<b>Telephone</b> (573) 260-8850	Alzheimer's Unit	No
STEELVILLE	MO 65565-5089	Level of Care ALF	<b>Bed Capacity</b>	21
Mailing Address 311 NORTH SPRING	G ST	County CRAWFORD	DMH Licensed	No
STEELVILLE	MO 65565-5089	Region 6	Facility Number	02860
CTEEL VILLE CENTOD LIVING				
STEELVILLE SENIOR LIVING		(572) 260 9950	A11	VEC
311 NORTH SPRING ST	MO 65565 5000	<b>Telephone</b> (573) 260-8850	Alzheimer's Unit	YES
STEELVILLE	MO 65565-5089	Level of Care SNF	Bed Capacity	72
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed	No
STEELVILLE	MO 65565-5089	Region 6 Medicare/Medicaid	Facility Number	02860
		STOCKTON		
LAKE STOCKTON HEALTHCARE	E FACILITY			
1523 3RD ROAD		<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		County CEDAR	DMH Licensed	No
STOCKTON	MO 65785-0945	Region 1 Medicare/Medicaid	Facility Number	07680
		STOVER		
		STOVER		
BRISTOL MANOR OF STOVER				
607 WEST 4TH ST		<b>Telephone</b> (573) 377-4519	Alzheimer's Unit	No
STOVER	MO 65078-0807	Level of Care RCF	Bed Capacity	12
Mailing Address 607 WEST 4TH ST		County MORGAN	DMH Licensed	No
STOVER	MO 65078-0807	Region 6	Facility Number	18863
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	2.20 00070 0717	County MORGAN	DMH Licensed	No
STOVER	MO 65078-0307	Region 6 Medicare/Medicaid	Facility Number	02949
STOVER	WIO 03076-0307	Region 0 Medical e/Medicald	racinty Number	02949
		STRAFFORD		
STRAFFORD CARE CENTER				
505 WEST EVERGREEN		<b>Telephone</b> (417) 736-9332	Alzheimer's Unit	Yes
STRAFFORD	MO 65757-8625	Level of Care SNF	<b>Bed Capacity</b>	78
Mailing Address 505 WEST EVERGE	REEN	County GREENE	DMH Licensed	No
STRAFFORD	MO 65757-8625	Region 1 Medicare/Medicaid	Facility Number	21285
		-		

Tuesday, May 6, 2025 Page 123 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	STURG	SEON	
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	<b>Bed Capacity</b> 20
Mailing Address PO BOX 328		County BOONE	<b>DMH Licensed</b> No
STURGEON	MO 65284-0328	Region 6	Facility Number 07733
	SULLI	VAN	
ARBORS AT DUNSFORD COURT- N	MEMORY CARE ASSISTED LIVING	BY AMERICARE	
775 DUNSFORD ROAD		<b>Telephone</b> (573) 468-2600	Alzheimer's Unit Yes
SULLIVAN	MO 63080-1270	Level of Care ALF**	Bed Capacity 50
Mailing Address 775 DUNSFORD RD		County FRANKLIN	<b>DMH Licensed</b> No
SULLIVAN	MO 63080-1270	Region 6	Facility Number 16094
LIFE CARE CENTER OF SULLIVA	N		
875 DUNSFORD DR		<b>Telephone</b> (573) 468-3128	Alzheimer's Unit No
SULLIVAN	MO 63080-1238	Level of Care SNF	Bed Capacity 120
Mailing Address 875 DUNSFORD DR		County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number 07744
MERAMEC NURSING			
940 MATTOX DR		<b>Telephone</b> (573) 468-7733	Alzheimer's Unit No
SULLIVAN	MO 63080-2364	Level of Care SNF	Bed Capacity 60
Mailing Address 940 MATTOX DR		County CRAWFORD	DMH Licensed No
SULLIVAN	MO 63080-2364	Region 6 Medicare/Medicaid	Facility Number 18277
RIDGEWAY RESIDENTIAL CARE			
431 RUSSELL		<b>Telephone</b> (573) 468-4318	Alzheimer's Unit No
SULLIVAN	MO 63080-2228	Level of Care ALF	Bed Capacity 20
Mailing Address PO BOX 267		County FRANKLIN	DMH Licensed Yes
SULLIVAN	MO 63080-0267	Region 6	Facility Number 06668
VICTORIAN PLACE OF SULLIVAN	N, ASSISTED LIVING BY AMERICAR	RE	
1250 EAST SPRINGFIELD RD		<b>Telephone</b> (573) 468-5217	Alzheimer's Unit No
SULLIVAN	MO 63080-1358	Level of Care ALF**	<b>Bed Capacity</b> 48
Mailing Address 1250 EAST SPRINGF	FIELD RD	County FRANKLIN	DMH Licensed No
SULLIVAN	MO 63080-1358	Region 6	Facility Number 26324
	SUNSET	HILLS	
GRANDE AT LAUMEIER PARK TH	<b>IE</b>		
12470 ROTT ROAD		<b>Telephone</b> (314) 462-0222	Alzheimer's Unit Yes
SUNSET HILLS	MO 63127-1247	Level of Care ALF**	<b>Bed Capacity</b> 98
Mailing Address 12470 ROTT ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SUNSET HILLS	MO 63127-1247	Region 7	Facility Number 30466
	SWEET SI	PRINGS	
ROYAL OAKS CARE CENTER LLC	<u> </u>		
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
		-	

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 124 of 137

<sup>\*\*</sup> 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)).

	THAYER		
SHADY OAKS HEALTHCARE CENTER			
335 BUSINESS ROUTE 63	<b>Telephone</b> (417) 264-7256	Alzheimer's Unit	No
THAYER MO 65791	•	Bed Capacity	120
Mailing Address 335 BUSINESS ROUTE 63	County OREGON	DMH Licensed	No
THAYER MO 65791	•	Facility Number	01364
	Anglow - Medicard Medicard		0100.
	TIPTON		
ASHBURY HEIGHTS OF TIPTON			
908 SOUTH PARK	<b>Telephone</b> (660) 433-6496	Alzheimer's Unit	No
TIPTON MO 65081	408 Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 908 SOUTH PARK	<b>County</b> MONITEAU	DMH Licensed	No
TIPTON MO 65081	<b>Region</b> 6	<b>Facility Number</b>	16506
TIPTON OAK MANOR			
601 WEST MORGAN ST	<b>Telephone</b> (660) 433-5574	Alzheimer's Unit	Yes
TIPTON MO 65081	• • • • • • • • • • • • • • • • • • • •	Bed Capacity	66
Mailing Address 601 WEST MORGAN ST	County MONITEAU	DMH Licensed	No
TIPTON MO 65081	·	Facility Number	08036
	Action 5 Medical Confederation	Tuesday Trumber	00050
	TOWN AND COUNTRY		
AMERICAN HOUSE TOWN & COUNTRY			
1020 WOODS MILL ROAD	<b>Telephone</b> (636) 251-4944	Alzheimer's Unit	Yes
TOWN AND COUNTRY MO 63017		Bed Capacity	95
Mailing Address 1020 WOODS MILL ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO 63017	603 <b>Region</b> 7	Facility Number	30612
ATHENE NURSING AND REHABILITATION			
13995 CLAYTON RD	<b>Telephone</b> (636) 227-5070	Alzheimer's Unit	Yes
TOWN AND COUNTRY MO 63017	Level of Care SNF	Bed Capacity	282
Mailing Address 13995 CLAYTON RD	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO 63017	•	<b>Facility Number</b>	01508
DEL MAD CADDENC WEST			
DELMAR GARDENS WEST 13550 SOUTH OUTER 40 RD	<b>Telephone</b> (314) 878-1330	Alzheimer's Unit	No
TOWN AND COUNTRY MO 63017		Bed Capacity	321
Mailing Address 13550 SOUTH OUTER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No.
TOWN AND COUNTRY MO 63017	·	Facility Number	02120
GARDEN VILLAS			
13590 SOUTH OUTER 40 RD	<b>Telephone</b> (314) 434-2520	Alzheimer's Unit	No
TOWN AND COUNTRY MO 63017	823 Level of Care ALF**	<b>Bed Capacity</b>	46
Mailing Address 13590 SOUTH OUTER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO 63017	823 <b>Region</b> 7	Facility Number	28978
MARI DE VILLA RETIREMENT CENTER, INC			
13900 CLAYTON RD	<b>Telephone</b> (636) 227-5347	Alzheimer's Unit	No
		Bed Capacity	224
TOWN AND COUNTRY MO 63017	406 Level of Care SNF	Dea Capacity	227
TOWN AND COUNTRY MO 63017  Mailing Address 13900 CLAYTON RD	County SAINT LOUIS COUNTY	DMH Licensed	No

Tuesday, May 6, 2025 Page 125 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	TRENTON
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
1162 (1003 1177	Region 1 Tuesday Number 10577
EASTVIEW MANOR CARE CENTER	
1622 EAST 28TH ST	Telephone (660) 359-2251 Alzheimer's Unit No
TRENTON MO 64683-1104	Level of Care SNF Bed Capacity 90
Mailing Address 1622 EAST 28TH ST	County GRUNDY DMH Licensed No
TRENTON MO 64683-1104	Region 4 Medicare/Medicaid Facility Number 18267
SUNNYVIEW NURSING HOME & APARTMENTS	
1311 EAST 28TH ST	<b>Telephone</b> (660) 359-5647 <b>Alzheimer's Unit</b> 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
SUNNYVIEW NURSING HOME & APARTMENTS	
1311 EAST 28TH ST	Telephone (660) 359-5647 Alzheimer's Unit No
TRENTON MO 64683-1103	Level of Care RCF* Bed Capacity 38
Mailing Address 1311 EAST 28TH ST	County GRUNDY DMH Licensed No
TRENTON MO 64683-1103	Region 4 Facility Number 18509
INDIVIDUO OTOUS ITUS	Region 4 Pacinty Number 18507
	TROY
CARE NETWORK OF TROY	
350 CAP AU GRIS	Telephone (636) 462-4915 Alzheimer's Unit No
	receptione (656) 402 4715 Alzhenner 8 Cint 140
TROY MO 63379-1761	Level of Care RCF* Bed Capacity 23
TROY MO 63379-1761	Level of Care RCF* Bed Capacity 23
TROY MO 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271	Level of CareRCF*Bed Capacity23CountyLINCOLNDMH LicensedNo
TROY MO 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB	Level of CareRCF*Bed Capacity23CountyLINCOLNDMH LicensedNoRegion5Facility Number08129
TROY MO 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET	Level of Care RCF* Bed Capacity 23 County LINCOLN DMH Licensed No Region 5 Facility Number 08129  Telephone (636) 528-5712 Alzheimer's Unit No
TROY MO 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET  TROY MO 63379-1520	Level of Care RCF* Bed Capacity 23 County LINCOLN DMH Licensed No Region 5 Facility Number 08129  Telephone (636) 528-5712 Alzheimer's Unit No Level of Care SNF Bed Capacity 90
TROY Mailing Address PO BOX 271 TROY MO 63379-1761  LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET	Level of Care RCF* Bed Capacity 23 County LINCOLN DMH Licensed No Region 5 Facility Number 08129  Telephone (636) 528-5712 Alzheimer's Unit No Level of Care SNF Bed Capacity 90 County LINCOLN DMH Licensed No
TROY MO 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET  TROY MO 63379-1520	Level of Care RCF* Bed Capacity 23 County LINCOLN DMH Licensed No Region 5 Facility Number 08129  Telephone (636) 528-5712 Alzheimer's Unit No Level of Care SNF Bed Capacity 90
TROY Mailing Address PO BOX 271 TROY MO 63379-1761  LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET	Level of Care RCF* County LINCOLN Region 5  Telephone (636) 528-5712 Level of Care SNF County LINCOLN Bed Capacity 90 County LINCOLN DMH Licensed No Region 5  Medicare/Medicaid  Bed Capacity Number 08129
TROY Mailing Address PO BOX 271 TROY MO 63379-1761  LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET TROY MO 63379-1520	Level of Care RCF* County LINCOLN Region 5  Telephone (636) 528-5712 Level of Care SNF County LINCOLN Bed Capacity 90 County LINCOLN DMH Licensed No Region 5  Medicare/Medicaid  Bed Capacity Number 08129
TROY Mo 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET  TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET  TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI	Level of Care RCF* County LINCOLN DMH Licensed No Region 5  Telephone (636) 528-5712 Level of Care SNF Bed Capacity 90 County LINCOLN DMH Licensed No Region 5  Medicare/Medicaid  Bed Capacity 90 County LINCOLN DMH Licensed No Region 5  Medicare/Medicaid Facility Number
TROY Mo 63379-1761  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET  TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET  TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI 161 PROFESSIONAL PARKWAY  TROY MO 63379-2829	Level of Care RCF*  County LINCOLN  Region 5  Telephone (636) 528-5712  Level of Care SNF  Bed Capacity  ONE County LINCOLN  DMH Licensed  No  Level of Care SNF  Bed Capacity  ONE County LINCOLN  DMH Licensed  No  Region 5  Medicare/Medicaid  Telephone (636) 528-3136  Alzheimer's Unit  Yes
TROY Moiling Address PO BOX 271 TROY MO 63379-1761  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI 161 PROFESSIONAL PARKWAY	Level of Care RCF*  County LINCOLN  Region 5  Telephone (636) 528-5712  Level of Care SNF  Bed Capacity  ONE County LINCOLN  Region 5  Medicare/Medicaid  Telephone (636) 528-3136  Region 5  Telephone (636) 528-3136  Alzheimer's Unit Yes  Level of Care ALF**  Bed Capacity  90  Alzheimer's Unit Yes  Bed Capacity  15750
TROY Moiling Address PO BOX 271 TROY MO 63379-1761  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI 161 PROFESSIONAL PARKWAY TROY MO 63379-2829  Mailing Address 161 PROFESSIONAL PRKWY TROY MO 63379-2829	Level of Care RCF*  County LINCOLN  Region 5  Telephone (636) 528-5712  Level of Care SNF  Bed Capacity  ONE SNF  County LINCOLN  DMH Licensed  No  Region 5  Medicare/Medicaid  Facility Number  15750  Telephone (636) 528-3136  Level of Care ALF**  Bed Capacity  ONE SNF  Bed Capacity  ONE SNF  DMH Licensed  No  No
TROY MANOR  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET  TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET  TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI 161 PROFESSIONAL PARKWAY  TROY MO 63379-2829  Mailing Address 161 PROFESSIONAL PRKWY  TROY MO 63379-2829  TROY MANOR	Level of Care RCF* County LINCOLN Region 5  Telephone (636) 528-5712 Level of Care SNF County LINCOLN Region 5  Medicare/Medicaid  Telephone (636) 528-3136 Region 5  Telephone (636) 528-3136 Level of Care ALF** Bed Capacity Solution  Telephone (636) 528-3136 Region 5  Telephone (636) 528-3136 Region 5
TROY MANOR 271 TROY MO 63379-1761  Mailing Address PO BOX 271 TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB 1145 EAST CHERRY STREET TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI 161 PROFESSIONAL PARKWAY TROY MO 63379-2829  Mailing Address 161 PROFESSIONAL PRKWY TROY MO 63379-2829  TROY MANOR 200 THOMPSON DR	Level of Care RCF* County LINCOLN Region 5  Telephone (636) 528-5712 Level of Care SNF Bed Capacity 90 County LINCOLN DMH Licensed No Region 5  Medicare/Medicaid  Telephone (636) 528-3136 Level of Care ALF** Bed Capacity 90 County LINCOLN DMH Licensed No Region 5  Medicare/Medicaid  Telephone (636) 528-3136 Alzheimer's Unit Yes Level of Care ALF** Bed Capacity 60 County LINCOLN DMH Licensed No Region 5  Facility Number 26349  Telephone (636) 528-8446 Alzheimer's Unit Yes
TROY MANOR  Mailing Address PO BOX 271  TROY MO 63379-0271  LINCOLN COUNTY NURSING & REHAB  1145 EAST CHERRY STREET  TROY MO 63379-1520  Mailing Address 1145 EAST CHERRY STREET  TROY MO 63379-1520  SUGAR CREEK - ASSISTED LIVING BY AMERICARI 161 PROFESSIONAL PARKWAY  TROY MO 63379-2829  Mailing Address 161 PROFESSIONAL PRKWY  TROY MO 63379-2829  TROY MANOR	Level of Care RCF* County LINCOLN Region 5  Telephone (636) 528-5712 Level of Care SNF County LINCOLN Region 5  Medicare/Medicaid  Telephone (636) 528-3136 Region 5  Telephone (636) 528-3136 Level of Care ALF** Bed Capacity Solution  Telephone (636) 528-3136 Region 5  Telephone (636) 528-3136 Region 5

Region 5

Medicare/Medicaid

**Facility Number** 

05397

MO 63379-2308

TROY

Tuesday, May 6, 2025 Page 126 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

TROY MANOR 200 THOMPSON DR TROY Mailing Address 200 THOMPSON DR TROY	MO 63379-2308 MO 63379-2308	Telephone (636) 528-8446 Level of Care ALF County LINCOLN Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 No 05397
	TUSCU.	MBIA		
MILLER COUNTY CARE AND REH	ABILITATION 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
	UNIC	ON		
SUNSET HEALTH CARE CENTER				
400 WEST PARK AVE		<b>Telephone</b> (636) 583-2252	Alzheimer's Unit	No
UNION	MO 63084-1140	Level of Care SNF	Bed Capacity	120
Mailing Address 400 WEST PARK AV	Е	County FRANKLIN	DMH Licensed	No
UNION	MO 63084-1140	Region 6 Medicare/Medicaid	<b>Facility Number</b>	07831
UNION NURSING				
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	<b>Facility Number</b>	31476
VICTORIAN PLACE OF UNION, AS	SISTED LIVING BY AMERICARE			
1320 W MAIN		<b>Telephone</b> (636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care ALF**	<b>Bed Capacity</b>	48
Mailing Address 1320 W MAIN		County FRANKLIN	DMH Licensed	No
UNION	MO 63084-1084	Region 6	Facility Number	24408
WILLOW BROOKE - ASSISTED LIV	VING BY AMERICARE			
#1 NORTH POTOMAC CT		<b>Telephone</b> (636) 583-2799	Alzheimer's Unit	No
UNION	MO 63084-1113	Level of Care ALF**	Bed Capacity	50
Mailing Address 1 NORTH POTOMA	C CT	County FRANKLIN	DMH Licensed	No
UNION	MO 63084-1113	Region 6	Facility Number	13596
	UNION	VILLE		
BRISTOL MANOR OF UNIONVILLI	E			
715 NORTH 22ND ST, HWY 5 NORTH		<b>Telephone</b> (660) 947-2151	Alzheimer's Unit	No
UNIONVILLE	MO 63565-1142	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 715 NORTH 22ND ST	Γ, HWY 5 NORTH	County PUTNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1142	Region 5	<b>Facility Number</b>	19153
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	<b>Bed Capacity</b>	60
Mailing Address 1814 OAK ST		County PUTNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1275	Region 5 Medicare/Medicaid	Facility Number	06516

TROY MANOR

Tuesday, May 6, 2025 Page 127 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	UNIVERSI	TTY CITY		
KINGSLAND WALK SENIOR LIVIN 868 KINGSLAND AVENUE UNIVERSITY CITY Mailing Address 868 KINGSLAND AV UNIVERSITY CITY	MO 63130-3181	Telephone (314) 955-6884 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 70 No 32203
MONARCH SPRINGS WELLNESS & 894 LELAND AVE UNIVERSITY CITY Mailing Address 894 LELAND AVE UNIVERSITY CITY	MO 63130-3239 MO 63130-3239	Telephone (314) 726-4767 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 119 No 02100
	URBA	ANA		
URBANA GROUP HOME 310 WALNUT ST URBANA Mailing Address 310 WALNUT ST URBANA	MO 65767-9208 MO 65767-9208	Telephone (800) 993-5141 Level of Care RCF County DALLAS Region 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 08242
	VALLEY	' PARK		
BIG BEND WOODS HEALTHCARE 110 HIGHLAND AVE VALLEY PARK Mailing Address 110 HIGHLAND AVE VALLEY PARK	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
CAPE ALBEON 3300 LAKE BEND DR VALLEY PARK Mailing Address 3300 LAKE BEND DI VALLEY PARK	MO 63088-2524 R MO 63088-2524	Telephone (636) 861-3200 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 100 No 22838
GARDEN VIEW CARE CENTER AT 13612 BIG BEND RD VALLEY PARK Mailing Address 13612 BIG BEND RD VALLEY PARK	MO 63088-1447	Telephone (636) 861-0500 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 23101
	VAN BU	UREN		
RIVERWAYS MANOR 403 WATERCRESS RD VAN BUREN Mailing Address PO BOX 969 VAN BUREN	MO 63965-9100 MO 63965-0969	Telephone (573) 323-4282 Level of Care SNF County CARTER Region 2 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 06744
SKYLINE ASSISTED LIVING LLC 100 HARD ROCK RD VAN BUREN Mailing Address PO BOX 780 VAN BUREN	MO 63965-7259 MO 63965-0780	Telephone (573) 323-2108 Level of Care ALF** County CARTER Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 26 Yes 29947

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 128 of 137

<sup>\*\*</sup> 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)).

	VANDA	ALIA	
BAPTIST HOMES, TRI-COUNTY 601 NORTH GALLOWAY RD VANDALIA Mailing Address 601 NORTH GALLOW VANDALIA	MO 63382-1252 WAY RD MO 63382-1252	Telephone (573) 594-6467 Level of Care RCF County AUDRAIN Region 5	Alzheimer's Unit No Bed Capacity 20 DMH Licensed No Facility Number 08096
BAPTIST HOMES, TRI-COUNTY 601 NORTH GALLOWAY RD VANDALIA Mailing Address 601 NORTH GALLOW VANDALIA	MO 63382-1252 WAY RD MO 63382-1252	Telephone (573) 594-6467 Level of Care SNF County AUDRAIN Region 5 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 90 DMH Licensed No Facility Number 08096
	VERO	DNA .	
POPA GOOD SAMARITAN SERVICE 16979 HWY 39 VERONA Mailing Address 16979 HWY 39 VERONA	MO 65769-6319  MO 65769-6319	Telephone (417) 353-4448 Level of Care ALF** County LAWRENCE Region 1	Alzheimer's Unit Yes Bed Capacity 8 DMH Licensed No Facility Number 30440
	VERSAI	LLES	
GOOD SHEPHERD CARE CENTER 1101 WEST CLAY RD VERSAILLES Mailing Address 1101 WEST CLAY RI VERSAILLES	MO 65084-1177 ) MO 65084-1177	Telephone (573) 378-5411 Level of Care SNF County MORGAN Region 6 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 120 DMH Licensed No Facility Number 21631
KIDWELL HOME 1000 KIDWELL DR VERSAILLES Mailing Address 1000 KIDWELL DR VERSAILLES	MO 65084-1177 MO 65084-1177	Telephone (573) 378-5175 Level of Care RCF* County MORGAN Region 6	Alzheimer's Unit No Bed Capacity 44 DMH Licensed No Facility Number 21631
	VIBUR	NUM	
STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM Mailing Address PO BOX 707 VIBURNUM	MO 65566-0707 MO 65566-0707	Telephone (573) 244-3171 Level of Care SNF County IRON Region 2 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 16689
	VIEN	NA .	
MARIES MANOR 174 BALLPARK RD VIENNA Mailing Address 174 BALLPARK RD VIENNA	MO 65582-8043 MO 65582-8043	Telephone (573) 422-3177 Level of Care SNF County MARIES Region 6 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 98 DMH Licensed No Facility Number 10491

Tuesday, May 6, 2025 Page 129 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

VIENNA POINTE RESIDENTIAL C	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 MAR	RIES	DMH Licensed	No
VIENNA	MO 65582-8003	Region 6		Facility Number	23333
	WAPPA	PELLO			
FAMILY COUNSELING CENTER I	NC				
18408 WAYNE ROUTE D		Telephone	(573) 222-8676	Alzheimer's Unit	No
WAPPAPELLO	MO 63966-	Level of Care	RCF*	<b>Bed Capacity</b>	27
Mailing Address 18408 WAYNE ROU	JTE D	County WAY	/NE	DMH Licensed	Yes
WAPPAPELLO	MO 63966-	Region 2		<b>Facility Number</b>	23584
	WARDS	SVILLE			
AUBURN RIDGE LIVING CENTER					
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 COL	E	DMH Licensed	No
WARDSVILLE	MO 65101-1007	Region 6		Facility Number	31832
		O			
	WARREN	<i>NSBURG</i>			
ARRORS AT HARMONY GARDENS	S-MEMORY CARE BY AMERICARE	THE			
539 EAST YOUNG AVENUE	G-MEMORI CARE DI AMERICANE	Telephone	(660) 429-0034	Alzheimer's Unit	Yes
WARRENSBURG	MO 64093-1228	Level of Care	ALF**	Bed Capacity	24
Mailing Address 539 EAST YOUNG A			NSON	DMH Licensed	No
WARRENSBURG	MO 64093-1228	Region 3		Facility Number	31389
	3.50	region 5		Tuesday Tuesday	31307
BRISTOL MANOR OF WARRENSB	NIRG				
603 CREACH	, cho	Telephone	(660) 747-8319	Alzheimer's Unit	No
WARRENSBURG	MO 64093-1994	Level of Care	RCF	Bed Capacity	12
Mailing Address 603 CREACH	110 01070 1371		NSON	DMH Licensed	No
WARRENSBURG	MO 64093-1994	Region 3		Facility Number	16599
	1.10 0.1050 155	Region 5		Tuesday Tuesday	10377
COUNTRY CLUB REHAB AND HE.	ALTHCARE CENTER				
503 REGENT DR	ALTHCARE CENTER	Telephone	(660) 429-4444	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3231	Level of Care	SNF	Bed Capacity	73
Mailing Address 503 REGENT DR	110 010/3 3231		NSON	DMH Licensed	No
WARRENSBURG	MO 64093-3231	•	Medicare/Medicaid	Facility Number	20892
	1.10 0.1032 0.201	Region 5	Wicarcar o Micarcara	ruemey rumber	20072
COUNTRY CLUB REHAB AND HE.	ALTHCARE CENTER				
503 REGENT DR		Telephone	(660) 429-4444	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3231	Level of Care	ALF**	Bed Capacity	36
Mailing Address 503 REGENT DR			NSON	DMH Licensed	No
WARRENSBURG	MO 64093-3231	Region 3	<del></del>	Facility Number	20892
	3.50	region 5		Tuesday Tuesday	20072
HARMONY GARDENS - ASSISTED	LIVING RY AMERICARE				
503 BURKARTH ROAD	LITTIO DI AMERICARE	Telephone	(660) 747-5411	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3145	Level of Care	(000) 747-3411 ALF**	Bed Capacity	44
Mailing Address 503 BURKARTH RE			NSON	DMH Licensed	No
WARRENSBURG	MO 64093-3145	Region 3	.15011	Facility Number	18615
	1.10 01075 5115	region 5		racincy number	10013

Tuesday, May 6, 2025 Page 130 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

TOTINGON COUNTY CARE GENTER			
JOHNSON COUNTY CARE CENTER 122 EAST MARKET ST	Tolonhone (660) 747 9101	Alzheimer's Unit	No
WARRENSBURG MO 64093-1818	Telephone (660) 747-8101 Level of Care ICF	Bed Capacity	NO 87
Mailing Address 122 EAST MARKET ST	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-1818	Region 3 Medicaid	Facility Number	05309
WARRENSBURG NIO 04075-1016	Region 3 Medicaid	racinty Number	03309
MOOREVIEW RESIDENTIAL			
130 WEST CULTON	<b>Telephone</b> (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
	C		
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	<b>Bed Capacity</b>	120
Mailing Address 706 SOUTH MITCHELL	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number	06640
WARRENSBURG MANOR CARE CENTER			
400 CARE CENTER DR	<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 DR	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-3100	Region 3 Medicare/Medicaid	Facility Number	08383
WA	ARRENTON		
772.	IIII DI III DI II		
DDICTOL MANOD OF WARDENIEON			
BRISTOL MANOR OF WARRENTON	Talanhana (626) 456 1427	Alabaiman'a Unit	No
815 WOOLF ROAD	Telephone (636) 456-1437	Alzheimer's Unit	No
815 WOOLF ROAD WARRENTON MO 63383-6184	Level of Care RCF	Bed Capacity	12
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN	Bed Capacity DMH Licensed	12 No
815 WOOLF ROAD WARRENTON MO 63383-6184	Level of Care RCF	Bed Capacity	12
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184	Level of Care RCF County WARREN	Bed Capacity DMH Licensed	12 No
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING	Level of Care RCF County WARREN Region 6	Bed Capacity DMH Licensed Facility Number	12 No
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184	Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 No 19954
815 WOOLF ROAD WARRENTON MO 63383-6184 Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF	Bed Capacity DMH Licensed Facility Number	12 No 19954 No
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 No 19954 No 36
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47  WARRENTON MO 63383-2625	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  OAK POINTE OF WARRENTON	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 19954 No 36 No 30144
815 WOOLF ROAD WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  OAK POINTE OF WARRENTON 700 FORREST AVE	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 No 19954 No 36 No 30144
815 WOOLF ROAD  WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD  WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47  WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47  WARRENTON MO 63383-2625  OAK POINTE OF WARRENTON 700 FORREST AVE  WARRENTON MO 63383-7040	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 No 19954 No 36 No 30144 Yes 71
### WARRENTON MO 63383-6184    Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF** County WARREN Region 6	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No 30144 Yes 71 No
### WARRENTON MO 63383-6184    Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF** County WARREN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 No 19954 No 36 No 30144 Yes 71 No
WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD  WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47  WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47  WARRENTON MO 63383-2625  OAK POINTE OF WARRENTON 700 FORREST AVE  WARRENTON MO 63383-7040  Mailing Address 700 FORREST AVE  WARRENTON MO 63383-7040  BRISTOL MANOR OF WARSAW	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF** County WARREN 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	12 No 19954 No 36 No 30144 Yes 71 No 25045
WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON MO 63383-7040  Mailing Address 700 FORREST AVE WARRENTON MO 63383-7040  BRISTOL MANOR OF WARSAW 1600 ESTATE DR	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF** County WARREN 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	12 No 19954 No 36 No 30144 Yes 71 No 25045
### WARRENTON MO 63383-6184    Mailing Address 815 WOOLF RD	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF** County WARREN 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	12 No 19954 No 36 No 30144 Yes 71 No 25045
WARRENTON MO 63383-6184  Mailing Address 815 WOOLF RD WARRENTON MO 63383-6184  HARTON SENIOR LIVING 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  Mailing Address 1054 SOUTH HWY 47 WARRENTON MO 63383-2625  OAK POINTE OF WARRENTON 700 FORREST AVE WARRENTON MO 63383-7040  Mailing Address 700 FORREST AVE WARRENTON MO 63383-7040  BRISTOL MANOR OF WARSAW 1600 ESTATE DR	Level of Care RCF County WARREN Region 6  Telephone (636) 377-4444 Level of Care RCF County WARREN Region 6  Telephone (636) 456-6464 Level of Care ALF** County WARREN 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	12 No 19954 No 36 No 30144 Yes 71 No 25045

Tuesday, May 6, 2025 Page 131 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

RIVERS EDGE CARE HOME LLC			
802 KENNEDY DRIVE	Telephone	(660) 530-8414 Alzhe	eimer's Unit NO
WARSAW MO 6535	55- Level of Care	RCF Bed C	Capacity 35
Mailing Address 802 KENNEDY DRIVE	County BEN	TON <b>DMH</b>	I Licensed No
WARSAW MO 6535	55- <b>Region</b> 6	Facil	ity Number 33521
WARSAW HEALTH AND REHABILITATION O	CENTER		
1609 SUNCHASE DR	Telephone	(660) 438-2970 Alzhe	eimer's Unit Yes
WARSAW MO 6535	55-3059 Level of Care	SNF Bed 0	Capacity 90
Mailing Address 1609 SUNCHASE DR	County BEN	TON <b>DMH</b>	I Licensed No
WARSAW MO 6535	55-3059 <b>Region</b> 6	Medicare/Medicaid Facil	ity Number 15243
	WASHINGTON		
ARBORS AT VICTORIAN PLACE OF WASHIN	NGTON, MEMORY CARE ASSISTED LIVIN	IG BY AMERICARE, THE	
2701 RABBIT TRAIL DR	Telephone		eimer's Unit Yes
WASHINGTON MO 6309	90-6711 Level of Care	ALF** Bed C	Capacity 32
Mailing Address 2701 RABBIT TRAIL DR	County FRA	NKLIN <b>DM</b> H	I Licensed No
WASHINGTON MO 6309	90-6711 <b>Region</b> 6	Facil	ity Number 28065
ASPEN VALLEY			
1888 EAST 9TH STREET	Telephone	(696) 346-9634 Alzhe	eimer's Unit Yes
WASHINGTON MO 6309	90-3549 Level of Care	ALF** Bed (	Capacity 14
Mailing Address 1888 EAST 9TH STREET	County FRA	NKLIN <b>DMH</b>	I Licensed No
WASHINGTON MO 6309	90-3549 <b>Region</b> 6	Facil	ity Number 32779
ASPEN VALLEY FOX CREST			
2694 FOX CREST DRIVE	Telephone	(636) 346-9634 Alzhe	eimer's Unit YES
WASHINGTON MO 6309	90-5694 Level of Care	ALF** Bed (	Capacity 12
Mailing Address 2694 FOX CREST DRIVE	County FRA	NKLIN <b>DMH</b>	I Licensed No
WASHINGTON MO 6309	90-5694 <b>Region</b> 6	Facil	ity Number 33537
BRISTOL MANOR OF WASHINGTON			
100 WEST 12TH ST	Telephone	(636) 390-0050 Alzhe	eimer's Unit No
WASHINGTON MO 6309	90-4445 Level of Care	RCF Bed C	Capacity 12
Mailing Address 100 WEST 12TH ST	County FRA	NKLIN <b>DMH</b>	I Licensed No
WASHINGTON MO 6309	90-4445 <b>Region</b> 6	Facil	ity Number 20138
GRANDVIEW HEALTHCARE CENTER			
201 GRAND AVE	Telephone	(636) 239-9190 Alzhe	eimer's Unit No
WASHINGTON MO 6309	90-1209 Level of Care	SNF Bed C	Capacity 102
Mailing Address 201 GRAND AVE	County FRA	NKLIN <b>DMH</b>	I Licensed No
WASHINGTON MO 6309	90-1209 <b>Region</b> 6	Medicare/Medicaid Facil	ity Number 15045
HOMESTEAD AT HICKORY VIEW RETIREM			
1481 MARBACH DRIVE	Telephone	` '	eimer's Unit No
WASHINGTON MO 6309			Capacity 36
Mailing Address 1481 MARBACH DRIVE	·		I Licensed No
WASHINGTON MO 6309	90-4636 <b>Region</b> 6	Facil	ity Number 32345

Tuesday, May 6, 2025 Page 132 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

OAR DOINGE OF WACHINGTON		
OAK POINTE OF WASHINGTON 1650 HIGH STREET	Telephone	(636) 390-3290 <b>Alzheimer's Unit</b> Yes
WASHINGTON MO 63090	-	ALF** Bed Capacity 65
Mailing Address 1650 HIGH STREET		NKLIN <b>DMH Licensed</b> No
WASHINGTON MO 63090	·	Facility Number 32114
	Region o	2 40.11.0 2.11.11
SOUTH POINTE - ASSISTED LIVING BY AMER	ICARE	
5125 OLD HWY 100	Telephone	(636) 239-0670 <b>Alzheimer's Unit</b> Yes
WASHINGTON MO 63090	-	ALF** Bed Capacity 72
Mailing Address 5125 OLD HWY 100	County FRA	NKLIN <b>DMH Licensed</b> No
WASHINGTON MO 63090	-3855 <b>Region</b> 6	Facility Number 13735
	-	
VICTORIAN PLACE OF WASHINGTON, ASSIST	TED LIVING BY AMERICARE	
2800 RABBIT TRAIL DR	Telephone	(636) 390-9500 <b>Alzheimer's Unit</b> No
WASHINGTON MO 63090	-6737 Level of Care	ALF** Bed Capacity 48
Mailing Address 2800 RABBIT TRAIL DR	County FRA	NKLIN <b>DMH Licensed</b> No
WASHINGTON MO 63090	-6737 <b>Region</b> 6	Facility Number 27659
	WAVERLY	
APPLE RIDGE CARE CENTER		
100 WEST THOMAS AVE	Telephone	(660) 493-2232 <b>Alzheimer's Unit</b> Yes
WAVERLY MO 64096	•	SNF Bed Capacity 60
Mailing Address PO BOX 188		AYETTE DMH Licensed No
WAVERLY MO 64096		Medicare/Medicaid Facility Number 08823
	WAYNESVILLE	
I IEE CADE CENTED OF WAVNESUI I E		
LIFE CARE CENTER OF WAYNESVILLE	Telenhone	(573) 774-6456 <b>Alzheimer's Unit</b> Yes
700 BIRCH LN	Telephone -2275 Level of Care	(573) 774-6456 <b>Alzheimer's Unit</b> Yes SNF <b>Bed Canacity</b> 120
700 BIRCH LN WAYNESVILLE MO 65583	-2275 Level of Care	SNF <b>Bed Capacity</b> 120
700 BIRCH LN	Level of Care County PULA	SNF <b>Bed Capacity</b> 120 ASKI <b>DMH Licensed</b> No
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN	-2275 Level of Care County PULA	SNF <b>Bed Capacity</b> 120 ASKI <b>DMH Licensed</b> No
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN	Level of Care County PULA	SNF <b>Bed Capacity</b> 120 ASKI <b>DMH Licensed</b> No
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583	Level of Care County PULA Region 6	SNF <b>Bed Capacity</b> 120 ASKI <b>DMH Licensed</b> No
700 BIRCH LN WAYNESVILLE Mo 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY	Level of Care County PULA Region 6  WEBB CITY	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592
700 BIRCH LN WAYNESVILLE Mo 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D	Level of Care County PULA Region 6  WEBB CITY  Telephone	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No
700 BIRCH LN WAYNESVILLE Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870 Mailing Address 1803 NORTH MAIN, HIGHWAY D	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 PER DMH Licensed No
700 BIRCH LN WAYNESVILLE Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870 Mailing Address 1803 NORTH MAIN, HIGHWAY E WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 PER DMH Licensed No
700 BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY E WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 PER DMH Licensed No Facility Number 20537
700 BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE Telephone	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 PER DMH Licensed No Facility Number 20537
700 BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE Telephone Level of Care Level of Care Level of Care	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46
TOO BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870  Mailing Address 4316 NORTH ST LOUIS AVE	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Level of Care County JASP	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 PER DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46 PER DMH Licensed No
700 BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Level of Care County JASP	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46
700 BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870  Mailing Address 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Region 1	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 PER DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46 PER DMH Licensed No
TOO BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870  Mailing Address 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870  WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Region 1  CENTER	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46 DMH Licensed No Facility Number 25428
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870 Mailing Address 1803 NORTH MAIN, HIGHWAY E WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870 Mailing Address 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870 WEBB CITY MO 64870  WEBB CITY HEALTH AND REHABILITATION 2077 STADIUM DR	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Region 1  CENTER  Telephone Telephone Telephone Telephone Telephone Telephone Telephone Telephone	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46 DMH Licensed No Facility Number 25428
700 BIRCH LN WAYNESVILLE MO 65583  Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870  Mailing Address 1803 NORTH MAIN, HIGHWAY E WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870  Mailing Address 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870  WEBB CITY HEALTH AND REHABILITATION 2077 STADIUM DR WEBB CITY MO 64870	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Region 1  CENTER  Telephone Level of Care County JASP Region 1	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46 DMH Licensed No Facility Number 25428  (417) 673-1933 Alzheimer's Unit Yes SNF Bed Capacity 120
700 BIRCH LN WAYNESVILLE MO 65583 Mailing Address 700 BIRCH LN WAYNESVILLE MO 65583  BRISTOL MANOR OF WEBB CITY 1803 NORTH MAIN, HIGHWAY D WEBB CITY MO 64870 Mailing Address 1803 NORTH MAIN, HIGHWAY E WEBB CITY MO 64870  FOXBERRY TERRACE - ASSISTED LIVING BY 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870 Mailing Address 4316 NORTH ST LOUIS AVE WEBB CITY MO 64870 WEBB CITY MO 64870  WEBB CITY HEALTH AND REHABILITATION 2077 STADIUM DR	Level of Care County PULA Region 6  WEBB CITY  Telephone Level of Care County JASP Region 1  AMERICARE  Telephone Level of Care County JASP Region 1  CENTER  Telephone Level of Care County JASP Region 1	SNF Bed Capacity 120 ASKI DMH Licensed No Medicare/Medicaid Facility Number 04592  (417) 673-4231 Alzheimer's Unit No RCF Bed Capacity 12 DMH Licensed No Facility Number 20537  (417) 625-1000 Alzheimer's Unit Yes ALF** Bed Capacity 46 DMH Licensed No Facility Number 25428  (417) 673-1933 Alzheimer's Unit Yes SNF Bed Capacity 120

Tuesday, May 6, 2025 Page 133 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

WEBSTER	? GROVES		
LUTHERAN CONVALESCENT HOME  723 SOUTH LACLEDE STATION RD  WEBSTER GROVES MO 63119-4911  Mailing Address 723 SOUTH LACLEDE STATION RD  WEBSTER GROVES MO 63119-4911	Telephone (314) 968-5570 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 286 No 04695
WELDON	I SPRING		
NEW PERSPECTIVE - WELDON SPRING 400 SIEDENTOP ROAD WELDON SPRING MO 63304-1036 Mailing Address 400 SIEDENTOP ROAD WELDON SPRING MO 63304-1036	Telephone (636) 229-1311 Level of Care ALF** County SAINT CHARLES Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	YES 170 No 33581
WELLS	SVILLE		
WELLSVILLE HEALTH CARE CENTER  250 E LOCUST WELLSVILLE MO 63384-1422  Mailing Address 250 E LOCUST WELLSVILLE MO 63384-1422	Telephone (573) 684-2002 Level of Care SNF County MONTGOMERY Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 112 No 02740
WENTZ	ZVILLE		
BOULEVARD SENIOR LIVING OF WENTZVILLE, THE 120 PERRY CATE BOULEVARD WENTZVILLE MO 63385-4719 Mailing Address 120 PERRY CATE BOULEVARD WENTZVILLE MO 63385-4719	Telephone (636) 698-9458 Level of Care ALF** County SAINT CHARLES Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 62 No 31404
BRISTOL MANOR OF WENTZVILLE  840 WEST NORTHVIEW  WENTZVILLE  MO 63385-1036  Mailing Address 840 W NORTHVIEW  WENTZVILLE  MO 63385-1036	Telephone (636) 639-6777 Level of Care RCF County SAINT CHARLES Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 20397
CEDARHURST OF WENTZVILLE  1290 WENTVILLE PARKWAY  WENTZVILLE MO 63385-3921  Mailing Address 1290 WENTZVILLE PARKWAY  WENTZVILLE MO 63385-3921	Telephone (636) 205-3444 Level of Care ALF** County ST CHARLES Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	YES 80 No 33765
HAMPTON MANOR OF WENTZVILLE 21 MIDLAND PARK DR WENTZVILLE MO 63385-8100 Mailing Address 21 MIDLAND PARK DR WENTZVILLE MO 63385-8100	Telephone (636) 538-6700 Level of Care ALF** County SAINT CHARLES Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 85 No 33289
TWIN OAKS AT HERITAGE POINTE  228 SAVANNAH TERRACE  WENTZVILLE MO 63385-3741  Mailing Address 228 SAVANNAH TERRACE  WENTZVILLE MO 63385-3741	Telephone (636) 542-5200 Level of Care ALF** County SAINT CHARLES Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 70 No 26877

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 134 of 137

<sup>\*\*</sup> 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)).

W			

	V	VEST PLAINS		
BROOKE HAVEN HEALTHCARE	7.			
1410 NORTH KENTUCKY AVE		<b>Telephone</b> (417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-1822	Level of Care SNF	Bed Capacity	120
Mailing Address 1410 NORTH KEN		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-1822	Region 2 Medicare/Medicaid	Facility Number	06253
WESTIEMNS	110 03773 1022	Region 2 Medical e/Medicald	racinty runner	00233
CEDARHURST OF WEST PLAINS	S			
1521 US HIGHWAY 63		<b>Telephone</b> (417) 372-8940	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-9809	Level of Care ALF**	<b>Bed Capacity</b>	84
Mailing Address 1521 US HIGHWA	Y 63	County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-9809	Region 2	Facility Number	32028
LAMPLIGHT VILLAGE				
309 LOCUST ST		<b>Telephone</b> (417) 256-2749	Alzheimer's Unit	No
WEST PLAINS	MO 65775-3906	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 166		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0166	Region 2	Facility Number	21563
NHC HEALTHCARE, WEST PLA	INS			
211 DAVIS DR		<b>Telephone</b> (417) 256-0798	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2242	Level of Care SNF	Bed Capacity	114
Mailing Address PO BOX 497		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-0497	Region 2 Medicare/Medicaid	Facility Number	08434
		<u> </u>	•	
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*	<b>Bed Capacity</b>	72
Mailing Address 213 DAVIS DR		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2274	Region 2	Facility Number	13641
SOUTH VIEW HEALTH CARE, L	LC			
951 CREAMERY ROAD		<b>Telephone</b> (417) 255-9322	Alzheimer's Unit	No
WEST PLAINS	MO 65775-6052	Level of Care RCF*	<b>Bed Capacity</b>	32
Mailing Address PO BOX 88		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0088	Region 2	Facility Number	23567
WEST VUE NURSING AND REHA	ABILITATION 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
		WESTON		
BRISTOL MANOR OF WESTON				
178 WALNUT		<b>Telephone</b> (816) 386-5507	Alzheimer's Unit	No
WESTON	MO 64098-1328	Level of Care RCF	Bed Capacity	12
Mailing Address 178 WALNUT		<b>County</b> PLATTE	DMH Licensed	No
WESTON	MO 64098-1328	Region 4	Facility Number	16741

Tuesday, May 6, 2025 Page 135 of 137

<sup>\*</sup> 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)).

<sup>\*\*</sup> 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)).

	WESTPI	HALIA	
STONEBRIDGE WESTPHALIA 1899 HIGHWAY 63 WESTPHALIA Mailing Address 1899 HWY 63 WESTPHALIA	MO 65085-2215 MO 65085-2215	Telephone (573) 455-2280 Level of Care SNF County OSAGE Region 6 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 64 DMH Licensed No Facility Number 18653
STONEBRIDGE WESTPHALIA 1899 HIGHWAY 63 WESTPHALIA Mailing Address 1899 HWY 63 WESTPHALIA	MO 65085-2215 MO 65085-2215	Telephone (573) 455-2280 Level of Care ALF** County OSAGE Region 6	Alzheimer's Unit No Bed Capacity 28 DMH Licensed No Facility Number 18653
	WILDW	'OOD	
AEGIS HEALTH AND REHABILITA 1441 CHARIC DR WILDWOOD Mailing Address 1441 CHARIC DR WILDWOOD	MO 63021-2001 MO 63021-2001	Telephone (636) 394-2522 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 66  DMH Licensed No Facility Number 17887
AMERICAN HOUSE WILDWOOD V 251 PLAZA DRIVE WILDWOOD Mailing Address 251 PLAZA DRIVE WILDWOOD	MO 63040-1203 MO 63040-1203	Telephone (636) 273-3900 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Yes Bed Capacity 94 DMH Licensed No Facility Number 31049
	WILL	ARD	
BRISTOL MANOR OF WILLARD 511 WATSON WILLARD Mailing Address 511 WATSON WILLARD	MO 65781-8314 MO 65781-8314	Telephone (417) 742-0090 Level of Care RCF County GREENE Region 1	Alzheimer's Unit No Bed Capacity 12 DMH Licensed No Facility Number 20838
WILLARD CARE CENTER 400 WEST WALNUT LN WILLARD Mailing Address 400 W WALNUT LN WILLARD	MO 65781-9432 MO 65781-9432	Telephone (417) 742-3593 Level of Care SNF County GREENE Region 1 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 66 DMH Licensed No Facility Number 16393
	WILLOW S	SPRINGS	
WILLOW CARE NURSING HOME 2646 STATE ROUTE 76 WILLOW SPRINGS Mailing Address PO BOX 309 WILLOW SPRINGS	MO 65793-8254 MO 65793-0309	Telephone (417) 469-3152 Level of Care SNF County HOWELL Region 2 Medicare/Medicaid	Alzheimer's Unit Yes Bed Capacity 105 DMH Licensed No Facility Number 08614
WILLOW WEST APARTMENTS 2644 STATE ROUTE 76 WILLOW SPRINGS Mailing Address PO BOX 309 WILLOW SPRINGS	MO 65793-8254 MO 65793-0309	Telephone (417) 469-3152 Level of Care ALF County HOWELL Region 2	Alzheimer's Unit No Bed Capacity 36 DMH Licensed No Facility Number 08614

<sup>\*</sup> 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)).

Tuesday, May 6, 2025 Page 136 of 137

<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

		WINDSOR		
WINDSOR HEALTHCARE & R	EHAB CENTER			
809 WEST BENTON		<b>Telephone</b> (660) 647-3102	Alzheimer's Unit	No
WINDSOR	MO 65360-1239	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 5		County HENRY	DMH Licensed	No
WINDSOR	MO 65360-0005	Region 1 Medicare/Medicaid	Facility Number	21715
		WINFIELD		
WINFIELD RESIDENTIAL CAI	RE			
220 WEST WALNUT ST		<b>Telephone</b> (636) 668-8110	Alzheimer's Unit	No
WINFIELD	MO 63389-1122	Level of Care RCF	<b>Bed Capacity</b>	20
Mailing Address 220 WEST WAL	NUT ST	County LINCOLN	DMH Licensed	Yes
WINFIELD	MO 63389-1122	Region 5	Facility Number	08729
	V	VRIGHT CITY		
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 HIGH	IWAY AA	County WARREN	DMH Licensed	No
WRIGHT CITY	MO 63390-3301	Region 6 Medicare/Medicaid	Facility Number	02505

Tuesday, May 6, 2025 Page 137 of 137

<sup>\*</sup> 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)).