

Missouri Long Term Care Facilities Directory

ADAIR

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

620 GILASPY ROAD		Telephone	(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	Facility Number	23608

HIGHLAND CREST - ASSISTED LIVING BY AMERICARE

2204 S HALLIBURTON ST		Telephone	(660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care	ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBURTON ST		County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region	5	Facility Number	16785

KIRKSVILLE MANOR CARE CENTER

1705 EAST LAHARPE		Telephone	(660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care	SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHARPE		County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region	5 Medicare/Medicaid	Facility Number	04161

PREFERRED FAMILY HEALTHCARE, INC

900 EAST LAHARPE		Telephone	(660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care	RCF*	Bed Capacity	57
Mailing Address PO BOX 767		County	ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region	5	Facility Number	21851

TWIN PINES ADULT CARE CENTER

316 SOUTH OSTEOPATHY ST		Telephone	(660) 665-2887	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-1446	Level of Care	SNF	Bed Capacity	152
Mailing Address 316 S OSTEOPATHY ST		County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-1446	Region	5 Medicare/Medicaid	Facility Number	08218

ANDREW

LA VERNA VILLAGE NURSING HOME

904 HALL AVE		Telephone	(816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-1952	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 279		County	ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-0279	Region	4 Medicare/Medicaid	Facility Number	04478

SHADY LAWN LIVING CENTER

13277 STATE ROUTE D		Telephone	(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

ATCHISON

PLEASANT VIEW

470 RAINBOW DR		Telephone	(660) 744-6252	Alzheimer's Unit	No
ROCK PORT	MO 64482-1641	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 273		County	ATCHISON	DMH Licensed	No
ROCK PORT	MO 64482-0273	Region	4 Medicare/Medicaid	Facility Number	06041

* 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)).

TARKIO REHABILITATION & HEALTH CARE

300 CEDAR ST		Telephone (660) 736-4116	Alzheimer's Unit	No
TARKIO	MO 64491-1174	Level of Care SNF	Bed Capacity	95
Mailing Address 300 CEDAR ST		County ATCHISON	DMH Licensed	No
TARKIO	MO 64491-1174	Region 4 Medicare/Medicaid	Facility Number	00494

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

1700 ASBURY CIRCLE WEST		Telephone (573) 581-8777	Alzheimer's Unit	Yes
MEXICO	MO 65265-1400	Level of Care ALF**	Bed Capacity	36
Mailing Address 1722 HUNTINGFIELD DR		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	13544

COUNTRYSIDE MANOR, LLC

1415 E US HIGHWAY 54		Telephone (573) 594-6215	Alzheimer's Unit	No
VANDALIA	MO 63382-2908	Level of Care ALF	Bed Capacity	18
Mailing Address 1415 E US HIGHWAY 54		County AUDRAIN	DMH Licensed	Yes
VANDALIA	MO 63382-2908	Region 5	Facility Number	11483

ESSEX OF MEXICO, THE

1109 OLD FARM RD WEST		Telephone (573) 581-5223	Alzheimer's Unit	No
MEXICO	MO 65265-3250	Level of Care RCF	Bed Capacity	12
Mailing Address 1109 OLD FARM RD WEST		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3250	Region 5	Facility Number	24425

KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST		Telephone (573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care ICF	Bed Capacity	33
Mailing Address 620 WEST BOULEVARD ST		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5	Facility Number	04146

KING'S DAUGHTERS HOME, THE

620 WEST BOULEVARD ST		Telephone (573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care RCF*	Bed Capacity	12
Mailing Address 620 WEST BOULEVARD ST		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5	Facility Number	04146

PIN OAKS LIVING CENTER

1525 WEST MONROE ST		Telephone (573) 581-7261	Alzheimer's Unit	No
MEXICO	MO 65265-1201	Level of Care SNF	Bed Capacity	124
Mailing Address 1525 WEST MONROE ST		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number	05804

SOUTHSIDE TOWNE HOUSE

510 SOUTH WASHINGTON		Telephone (573) 581-3203	Alzheimer's Unit	No
MEXICO	MO 65265-2786	Level of Care RCF*	Bed Capacity	12
Mailing Address PO BOX 6		County AUDRAIN	DMH Licensed	Yes
MEXICO	MO 65265-0006	Region 5	Facility Number	16987

TEAL LAKE - ASSISTED LIVING BY AMERICARE

1722 HUNTINGFIELD DR		Telephone (573) 582-7800	Alzheimer's Unit	No
MEXICO	MO 65265-3808	Level of Care ALF**	Bed Capacity	42
Mailing Address 1722 HUNTINGFIELD DR		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	23534

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

** 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)).

TOWNE HOUSE, THE

221 EAST WHITLEY
 MEXICO MO 65265-2815
Mailing Address PO BOX 6
 MEXICO MO 65265-0006

Telephone (573) 581-2547
Level of Care RCF*
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 29
DMH Licensed Yes
Facility Number 08077

TRI-COUNTY CARE CENTER

601 NORTH GALLOWAY RD
 VANDALIA MO 63382-1252
Mailing Address 601 NORTH GALLOWAY RD
 VANDALIA MO 63382-1252

Telephone (573) 594-6467
Level of Care RCF*
County AUDRAIN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 08096

TRI-COUNTY CARE CENTER

601 NORTH GALLOWAY RD
 VANDALIA MO 63382-1252
Mailing Address 601 NORTH GALLOWAY RD
 VANDALIA MO 63382-1252

Telephone (573) 594-6467
Level of Care SNF
County AUDRAIN
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 08096

BARRY**BENTONVIEW PARK HEALTH & REHABILITATION**

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

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

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

CASSVILLE HEALTH CENTER FOR REHAB AND HEALTHCARE

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

Telephone (417) 847-3386
Level of Care SNF
County BARRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 01097

CEDAR RIDGE CARE CENTER, LLC

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

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

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

COUNTRYSIDE CARE CENTER, LLC

385 SOUTH EISENHOWER
 MONETT MO 65708-8266
Mailing Address PO BOX 434
 MONETT MO 65708-0434

Telephone (417) 235-4040
Level of Care RCF*
County BARRY
Region 1

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed Yes
Facility Number 12737

LACOPA HOMES, INC

850 HIGHWAY 60
 MONETT MO 65708-9376
Mailing Address PO BOX 885
 MONETT MO 65708-0885

Telephone (417) 235-7895
Level of Care SNF
County BARRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 79
DMH Licensed No
Facility Number 04315

LEISURE LIVING

305 5TH ST
 MONETT MO 65708-2312
Mailing Address 305 5TH ST
 MONETT MO 65708-2312

Telephone (417) 235-5959
Level of Care RCF
County BARRY
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 18227

* 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)).

OAK POINTE OF MONETT

1011 OLD AIRPORT ROAD
 MONETT MO 65708-1375
Mailing Address 1011 OLD AIRPORT ROAD
 MONETT MO 65708-1375

Telephone (417) 235-3500
Level of Care ALF**
County BARRY
Region 1

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 30206

PEACH WOOD MANOR

15895 STATE HIGHWAY 76
 CASSVILLE MO 65625-8098
Mailing Address 15895 STATE HIGHWAY 76
 CASSVILLE MO 65625-8098

Telephone (417) 847-3902
Level of Care RCF
County BARRY
Region 1

Alzheimer's Unit No
Bed Capacity 14
DMH Licensed No
Facility Number 07679

ROARING RIVER HEALTH AND REHABILITATION

812 OLD EXETER RD
 CASSVILLE MO 65625-1704
Mailing Address 812 OLD EXETER RD
 CASSVILLE MO 65625-1704

Telephone (417) 847-2184
Level of Care SNF
County BARRY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 10644

BARTON**BRISTOL MANOR OF LAMAR**

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

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

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

MAPLE SENIOR LIVING OF LAMAR

3 SOUTHWEST FIRST LN
 LAMAR MO 64759-1772
Mailing Address 3 SW 1ST LN
 LAMAR MO 64759-1772

Telephone (417) 682-6184
Level of Care RCF*
County BARTON
Region 1

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 20869

TRUMAN HEALTHCARE & REHABILITATION CENTER

206 WEST FIRST ST
 LAMAR MO 64759-1291
Mailing Address 206 WEST FIRST ST
 LAMAR MO 64759-1291

Telephone (417) 682-5718
Level of Care SNF
County BARTON
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 123
DMH Licensed No
Facility Number 01346

BATES**ADRIAN MANOR HEALTH & REHABILITATION CENTER**

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

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

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

BRISTOL MANOR OF BUTLER

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

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

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

CRYSTAL MANOR

409 W FIRST ST
 ADRIAN MO 64720-9277
Mailing Address 409 W FIRST ST
 ADRIAN MO 64720-9277

Telephone (816) 297-8832
Level of Care RCF
County BATES
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 21070

* 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)).

MEDICALODGES BUTLER

103 EAST NURSERY
 BUTLER MO 64730-2331
Mailing Address 103 EAST NURSERY
 BUTLER MO 64730-2331

Telephone (660) 679-3179 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 110
County BATES **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 05319

SERENITY REHABILITATION AND NURSING BUTLER

416 SOUTH HIGH ST
 BUTLER MO 64730-1827
Mailing Address 416 S HIGH ST
 BUTLER MO 64730-1827

Telephone (660) 679-6158 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 98
County BATES **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 08627

BENTON**AMBROSE PARK RESIDENTIAL CARE FACILITY**

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

Telephone (660) 668-3140 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 28
County BENTON **DMH Licensed** No
Region 6 **Facility Number** 26313

BRISTOL MANOR OF LINCOLN

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

Telephone (660) 547-2580 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County BENTON **DMH Licensed** No
Region 6 **Facility Number** 18092

BRISTOL MANOR OF WARSAW

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

Telephone (660) 438-7173 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County BENTON **DMH Licensed** No
Region 6 **Facility Number** 16343

GOOD SAMARITAN CARE CENTER

403 WEST MAIN ST
 COLE CAMP MO 65325-1144
Mailing Address 403 WEST MAIN ST
 COLE CAMP MO 65325-1144

Telephone (660) 668-4515 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 72
County BENTON **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 03039

LAKESIDE MANOR

802 KENNEDY
 WARSAW MO 65355-3044
Mailing Address PO BOX 280
 WARSAW MO 65355-0280

Telephone (660) 438-8850 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 35
County BENTON **DMH Licensed** Yes
Region 6 **Facility Number** 05970

LAKESIDE SUITES

205 TIMBERLINE DR
 LINCOLN MO 65338-2007
Mailing Address 205 TIMBERLINE DR
 LINCOLN MO 65338-2007

Telephone (660) 547-3089 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 14
County BENTON **DMH Licensed** No
Region 6 **Facility Number** 04803

LINCOLN COMMUNITY CARE CENTER

205 TIMBERLINE DR
 LINCOLN MO 65338-2007
Mailing Address 205 TIMBERLINE DR
 LINCOLN MO 65338-2007

Telephone (660) 547-3322 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 66
County BENTON **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 04803

* 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)).

WARSAW HEALTH AND REHABILITATION CENTER

1609 SUNCHASE DR		Telephone (660) 438-2970	Alzheimer's Unit	Yes
WARSAW	MO 65355-3059	Level of Care SNF	Bed Capacity	90
Mailing Address 1609 SUNCHASE DR		County BENTON	DMH Licensed	No
WARSAW	MO 65355-3059	Region 6 Medicare/Medicaid	Facility Number	15243

BOLLINGER**DIANA'S BOARDING HOME - 2**

HC 64, BOX 4677		Telephone (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		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	23940

DIANA'S BOARDING HOME 1

HC 64, BOX 4590		Telephone (573) 866-2010	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care RCF	Bed Capacity	20
Mailing Address HC 64, BOX 4590		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number	11123

HERITAGE HILLS ASSISTED LIVING FACILITY

ROUTE 5, BOX 68		Telephone (573) 866-2003	Alzheimer's Unit	No
PATTON	MO 63662-9760	Level of Care ALF	Bed Capacity	24
Mailing Address PO BOX B		County BOLLINGER	DMH Licensed	Yes
PATTON	MO 63662-0010	Region 2	Facility Number	18783

J & J RESIDENTIAL CARE FACILITY II

104 WESBECHER		Telephone (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

MARY'S RANCH, INC

ROUTE 2, BOX 2790		Telephone (573) 238-4253	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9510	Level of Care RCF*	Bed Capacity	32
Mailing Address PO BOX 589		County BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-0589	Region 2	Facility Number	08707

WOODLAND HILLS - A STONEBRIDGE COMMUNITY

702 HIGHWAY 34 WEST		Telephone (573) 238-2614	Alzheimer's Unit	No
MARBLE HILL	MO 63764-4301	Level of Care SNF	Bed Capacity	98
Mailing Address 702 HWY 34 WEST		County BOLLINGER	DMH Licensed	No
MARBLE HILL	MO 63764-4301	Region 2 Medicare/Medicaid	Facility Number	10864

BOONE**ASHLAND HEALTHCARE**

300 SOUTH HENRY CLAY BLVD		Telephone (573) 657-2877	Alzheimer's Unit	No
ASHLAND	MO 65010-9438	Level of Care SNF	Bed Capacity	60
Mailing Address 300 S HENRY CLAY BLVD		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-9438	Region 6 Medicare/Medicaid	Facility Number	17908

ASHLAND VILLA - ASSISTED LIVING BY AMERICARE

301 SOUTH HENRY CLAY BLVD		Telephone (573) 657-1920	Alzheimer's Unit	No
ASHLAND	MO 65010-9439	Level of Care ALF**	Bed Capacity	72
Mailing Address 301 S HENRY CLAY BLVD		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-9439	Region 6	Facility Number	20303

* 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)).

BLUEGRASS TERRACE

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

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

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

BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERICARE

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

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

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

BLUFFS, THE

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

Telephone (573) 442-6060
Level of Care SNF
County BOONE
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 00754

BRISTOL MANOR OF CENTRALIA

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

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

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

CANDLELIGHT LODGE RETIREMENT CENTER

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

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

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

CANDLELIGHT LODGE RETIREMENT CENTER

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

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

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

COLONY POINTE-ASSISTED LIVING BY AMERICARE

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

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

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

COLUMBIA HEALTHCARE CENTER

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

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

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

COLUMBIA MANOR CARE CENTER

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

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

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

HARAMBEE HOUSE, INC

703 NORTH EIGHTH ST
 COLUMBIA MO 65201-4516
Mailing Address 703 NORTH EIGHTH ST
 COLUMBIA MO 65201-4516

Telephone (573) 443-6972
Level of Care RCF*
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 17197

* 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)).

HERITAGE HALL NURSING CENTER

750 EAST HIGHWAY 22
 CENTRALIA MO 65240-1146
Mailing Address 750 EAST HIGHWAY 22
 CENTRALIA MO 65240-1146

Telephone (573) 682-5551 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 03069

HILLCREST RESIDENTIAL CARE

9415 NORTH BROWN STATION RD
 COLUMBIA MO 65202-8671
Mailing Address 9415 NORTH BROWN STATION RD
 COLUMBIA MO 65202-8671

Telephone (573) 696-3201 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 33
County BOONE **DMH Licensed** Yes
Region 6 **Facility Number** 03572

LAKE GEORGE ASSISTED LIVING

5000 EAST RICHLAND ROAD
 COLUMBIA MO 65201-9606
Mailing Address 5000 EAST RICHLAND RD
 COLUMBIA MO 65201-9606

Telephone (573) 442-0577 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 10
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 28997

LENOIR HEALTH CARE CENTER

3300 NEW HAVEN RD
 COLUMBIA MO 65201-5423
Mailing Address 3300 NEW HAVEN RD
 COLUMBIA MO 65201-5423

Telephone (573) 876-5800 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 122
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 04750

LENOIR MANOR

3801 MILLER DR
 COLUMBIA MO 65201-5463
Mailing Address 3801 MILLER DR
 COLUMBIA MO 65201-5463

Telephone (573) 876-5800 **Alzheimer's Unit** YES
Level of Care ALF** **Bed Capacity** 92
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 04750

MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICARE

1990 W SOUTHAMPTON DR
 COLUMBIA MO 65203-
Mailing Address 1990 W SOUTHAMPTON DR
 COLUMBIA MO 65203-

Telephone (573) 381-2510 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 46
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 30107

NEIGHBORHOODS REHABILITATION & SKILLED NURSING BY TIGERPLACE, THE

3003 FALLING LEAF COURT
 COLUMBIA MO 65201-3549
Mailing Address 3003 FALLING LEAF COURT
 COLUMBIA MO 65201-3549

Telephone (573) 256-4620 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 24341

PARKSIDE MANOR

1201 HUNT AVE
 COLUMBIA MO 65202-1367
Mailing Address 1201 HUNT AVE
 COLUMBIA MO 65202-1367

Telephone (573) 449-1448 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 11262

PROVISION LIVING AT COLUMBIA

2333 CHAPEL HILL RD
 COLUMBIA MO 65203-1537
Mailing Address 2333 CHAPEL HILL RD
 COLUMBIA MO 65203-1537

Telephone (573) 234-1091 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 111
County BOONE **DMH Licensed** No
Region 6 **Facility Number** 29874

SOUTH HAMPTON PLACE

4700 BRANDON WOODS
 COLUMBIA MO 65203-7169
Mailing Address 4700 BRANDON WOODS
 COLUMBIA MO 65203-7169

Telephone (573) 874-3674 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 100
County BOONE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 19799

* 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)).

STUART HOUSE, LLC THE

117 S HICKMAN
 CENTRALIA MO 65240-1316
Mailing Address 117 S HICKMAN
 CENTRALIA MO 65240-1316

Telephone (573) 682-3204
Level of Care ICF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 10146

STURGEON REST HOME

315 E STONE ST
 STURGEON MO 65284-8907
Mailing Address PO BOX 328
 STURGEON MO 65284-0328

Telephone (573) 687-3012
Level of Care RCF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 07733

TIGER PLACE

2910 BLUFF CREEK DR
 COLUMBIA MO 65201-3522
Mailing Address 2910 BLUFF CREEK DR
 COLUMBIA MO 65201-3522

Telephone (573) 256-4620
Level of Care ICF
County BOONE
Region 6

Alzheimer's Unit No
Bed Capacity 112
DMH Licensed No
Facility Number 24341

BUCHANAN**ABBEY WOODS CENTER FOR REHABILITATION AND HEALING**

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

Telephone (816) 279-1591
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 100
DMH Licensed No
Facility Number 01463

CARRIAGE SQUARE LIVING & REHAB CENTER

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

Telephone (816) 364-1526
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 130
DMH Licensed No
Facility Number 01061

CARRIAGE SQUARE LIVING & REHAB CENTER

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

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

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

DIVERSICARE OF ST JOSEPH

3002 N 18TH ST
 SAINT JOSEPH MO 64505-1872
Mailing Address 3002 N 18TH ST
 SAINT JOSEPH MO 64505-1872

Telephone (816) 364-4200
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 180
DMH Licensed No
Facility Number 08000

EASTGATE MANOR

2102 VILLAGE DR
 SAINT JOSEPH MO 64506-4983
Mailing Address PO BOX 8186
 SAINT JOSEPH MO 64508-8186

Telephone (816) 233-2141
Level of Care RCF*
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 20068

HEARTLAND II RCF

117 SOUTH 15TH ST
 SAINT JOSEPH MO 64501-2904
Mailing Address 117 S 15TH ST
 SAINT JOSEPH MO 64501-2904

Telephone (816) 676-1505
Level of Care RCF*
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed Yes
Facility Number 18620

* 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)).

HEARTLAND RESIDENTIAL CARE FACILITY, INC

1311 FRANCIS ST
 SAINT JOSEPH MO 64501-2318
Mailing Address 1311 FRANCIS ST
 SAINT JOSEPH MO 64501-2318

Telephone (816) 233-5779
Level of Care RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 02491

LAVERNA VILLAGE OF ST JOSEPH

1317 NORTH 36TH ST
 SAINT JOSEPH MO 64506-2359
Mailing Address 1317 N 36TH ST
 SAINT JOSEPH MO 64506-2359

Telephone (816) 676-1630
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 00526

LIVING COMMUNITY OF ST JOSEPH

1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200
Mailing Address 1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200

Telephone (816) 671-8500
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 24179

LIVING COMMUNITY OF ST JOSEPH

1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200
Mailing Address 1202 HEARTLAND RD
 SAINT JOSEPH MO 64506-3200

Telephone (816) 671-8500
Level of Care ALF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed No
Facility Number 24179

MCDONALD BOARDING HOME

438 NORTH 17TH ST
 SAINT JOSEPH MO 64501-2015
Mailing Address 438 NORTH 17TH ST
 SAINT JOSEPH MO 64501-2015

Telephone (816) 233-7060
Level of Care RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed Yes
Facility Number 05170

MEADOWVIEW RESIDENTIAL CARE

101 NORTH FAR WEST DR
 SAINT JOSEPH MO 64506-3500
Mailing Address 101 FAR WEST DR
 SAINT JOSEPH MO 64506-3500

Telephone (816) 232-2873
Level of Care RCF*
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 20566

OAK TREE MANOR

3919 MESSANIE
 SAINT JOSEPH MO 64506-3458
Mailing Address PO BOX 8186
 SAINT JOSEPH MO 64508-8186

Telephone (816) 233-4463
Level of Care RCF*
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 15039

RIVERSIDE PLACE

1616 WEISENBORN RD
 SAINT JOSEPH MO 64507-2527
Mailing Address 1616 WEISENBORN RD
 SAINT JOSEPH MO 64508-2527

Telephone (816) 232-9874
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 10346

RIVERSIDE PLACE

1616 WEISENBORN RD
 SAINT JOSEPH MO 64507-2527
Mailing Address 1616 WEISENBORN RD
 SAINT JOSEPH MO 64507-2527

Telephone (816) 232-9874
Level of Care ALF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed Yes
Facility Number 10346

ST JOSEPH CHATEAU

811 NORTH 9TH ST
 SAINT JOSEPH MO 64501-1651
Mailing Address 811 NORTH 9TH ST
 SAINT JOSEPH MO 64508-1651

Telephone (816) 233-5164
Level of Care SNF
County BUCHANAN
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed No
Facility Number 07532

* 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)).

STARCARE

1606 SOUTH 38TH ST
 SAINT JOSEPH MO 64507-2216
Mailing Address 1606 S 38TH ST
 SAINT JOSEPH MO 64507-2216

Telephone (816) 390-8941
Level of Care RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 00920

THOMAS RESIDENTIAL CARE CENTER II

119 VIRGINIA ST
 SAINT JOSEPH MO 64504-1543
Mailing Address 119 VIRGINIA ST
 SAINT JOSEPH MO 64504-1543

Telephone (816) 238-5266
Level of Care RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 07966

THOMAS RESIDENTIAL CARE FACILITY III

1415 OLIVE ST
 SAINT JOSEPH MO 64503-2443
Mailing Address 1415 OLIVE ST
 SAINT JOSEPH MO 64503-2443

Telephone (816) 676-0390
Level of Care RCF
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 06076

VINTAGE GARDENS ASSISTED LIVING

3302 NORTH WOODBINE ROAD
 SAINT JOSEPH MO 64505-9323
Mailing Address 3302 N WOODBINE RD
 SAINT JOSEPH MO 64505-9323

Telephone (816) 390-9555
Level of Care ALF**
County BUCHANAN
Region 4

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 22959

VINTAGE GARDENS ASSISTED LIVING

3302 NORTH WOODBINE ROAD
 SAINT JOSEPH MO 64505-9323
Mailing Address 3302 NORTH WOODBINE RD
 SAINT JOSEPH MO 64505-9323

Telephone (816) 390-9555
Level of Care ALF
County BUCHANAN
Region 4

Alzheimer's Unit Yes
Bed Capacity 51
DMH Licensed No
Facility Number 22959

BUTLER**CEDAR VALLEY BOARDING HOME**

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

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

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

CEDARGATE HEALTHCARE

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

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

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

CEDARGATE HEALTHCARE

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

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

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

MANOR, THE

2071 BARRON RD
 POPLAR BLUFF MO 63901-1903
Mailing Address 2071 BARRON RD
 POPLAR BLUFF MO 63901-1903

Telephone (573) 686-1147
Level of Care SNF
County BUTLER
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 00683

* 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)).

MARK TWAIN CARING CENTER

3001 MAY ST
 POPLAR BLUFF MO 63901-1942
Mailing Address 3001 MAY ST
 POPLAR BLUFF MO 63901-1942

Telephone (573) 686-6999
Level of Care SNF
County BUTLER
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 16013

OAK MEADOWS RCF, LLC

5502 MISTY MEADOW
 POPLAR BLUFF MO 63901-9287
Mailing Address 5502 MISTY MEADOW
 POPLAR BLUFF MO 63901-9287

Telephone (573) 727-9889
Level of Care RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 23399

OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address PO BOX 340
 POPLAR BLUFF MO 63902-0340

Telephone (573) 686-5242
Level of Care ALF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 18157

OAKDALE CARE CENTER

2702 DEBBIE LN
 POPLAR BLUFF MO 63901-2650
Mailing Address PO BOX 340
 POPLAR BLUFF MO 63902-0340

Telephone (573) 686-5242
Level of Care SNF
County BUTLER
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 18157

OAKDALE CARE CENTER

2702 DEBBIE LN PO BOX 340
 POPLAR BLUFF MO 63901-2650
Mailing Address PO BOX 340
 POPLAR BLUFF MO 63902-0340

Telephone (573) 686-5242
Level of Care RCF*
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
Facility Number 18157

PEACEFUL PINES RESIDENTIAL CARE FACILITY

614 COUNTY ROAD 466
 POPLAR BLUFF MO 63901-2964
Mailing Address 614 COUNTY RD 466
 POPLAR BLUFF MO 63901-2964

Telephone (573) 778-0497
Level of Care RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 21093

PORTIA'S RESIDENTIAL CARE

307 NORTH BROADWAY
 POPLAR BLUFF MO 63901-5103
Mailing Address 307 N BROADWAY
 POPLAR BLUFF MO 63901-5103

Telephone (573) 686-3446
Level of Care RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 03002

RIVER MIST - ASSISTED LIVING BY AMERICARE

2050 WEST MAUD
 POPLAR BLUFF MO 63901-4000
Mailing Address 2050 WEST MAUD
 POPLAR BLUFF MO 63901-4000

Telephone (573) 686-2833
Level of Care ALF**
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 20291

SHADY OAKS RETIREMENT HOME

2913 BEDOLL AVE
 POPLAR BLUFF MO 63901-6809
Mailing Address 2913 BEDOLL AVE
 POPLAR BLUFF MO 63901-6809

Telephone (573) 785-0903
Level of Care RCF
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 07196

SWIFT CREEK RESIDENTIAL CARE CENTER

1673 HIGHWAY 53
 POPLAR BLUFF MO 63901-4132
Mailing Address 1673 HWY 53
 POPLAR BLUFF MO 63901-4132

Telephone (573) 778-1129
Level of Care RCF*
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 20386

* 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)).

SWITZER RESIDENTIAL CARE

3260 MYSTIC LN
 POPLAR BLUFF MO 63901-3067
Mailing Address 3260 MYSTIC LANE
 POPLAR BLUFF MO 63901-3067

Telephone (573) 785-9399
Level of Care RCF*
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 20739

WESTWOOD HILLS HEALTH & REHABILITATION CENTER

3100 WARRIOR LN
 POPLAR BLUFF MO 63901-8686
Mailing Address 3100 WARRIOR LANE
 POPLAR BLUFF MO 63901-8686

Telephone (573) 785-0851
Level of Care SNF
County BUTLER
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 132
DMH Licensed No
Facility Number 08512

WHISPERING OAKS RCF II, LLC

203 NORTH B ST
 POPLAR BLUFF MO 63901-5413
Mailing Address 203 NORTH B ST
 POPLAR BLUFF MO 63901-5413

Telephone (573) 686-4490
Level of Care RCF*
County BUTLER
Region 2

Alzheimer's Unit No
Bed Capacity 45
DMH Licensed Yes
Facility Number 16751

CALDWELL**GOLDEN AGE NURSING HOME**

12498 SE HWY 116
 BRAYMER MO 64624-9107
Mailing Address 12498 SE HWY 116
 BRAYMER MO 64624-9107

Telephone (660) 645-2243
Level of Care SNF
County CALDWELL
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 83
DMH Licensed No
Facility Number 02957

HILL CREST MANOR

801 SOUTH COLBY
 HAMILTON MO 64644-8287
Mailing Address 801 SOUTH COLBY
 HAMILTON MO 64644-8287

Telephone (816) 583-2119
Level of Care SNF
County CALDWELL
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 03315

HILL CREST MANOR

801 SOUTH COLBY
 HAMILTON MO 64644-8287
Mailing Address 801 SOUTH COLBY
 HAMILTON MO 64644-8287

Telephone (816) 583-2119
Level of Care RCF
County CALDWELL
Region 4

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 03315

CALLAWAY**ASHBURY HEIGHTS OF FULTON**

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

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

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

BRIDGEWAY RESIDENTIAL CARE FACILITY

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

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

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

BRISTOL MANOR OF FULTON

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

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

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

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

** 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 - ASSISTED LIVING BY AMERICARE

120 HOSPITAL DR		Telephone (573) 642-5222	Alzheimer's Unit	No
FULTON	MO 65251-2511	Level of Care ALF**	Bed Capacity	57
Mailing Address 120 HOSPITAL DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2511	Region 6	Facility Number	20783

FULTON MANOR CARE CENTER

520 MANOR DR		Telephone (573) 642-6834	Alzheimer's Unit	No
FULTON	MO 65251-2429	Level of Care SNF	Bed Capacity	52
Mailing Address 520 MANOR DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number	02725

FULTON NURSING & REHAB

1510 BLUFF ST		Telephone (573) 642-0202	Alzheimer's Unit	Yes
FULTON	MO 65251-2345	Level of Care SNF	Bed Capacity	100
Mailing Address 1510 BLUFF ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2345	Region 6 Medicare/Medicaid	Facility Number	03492

FULTON PRESBYTERIAN MANOR

811 CENTER ST		Telephone (573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care ALF	Bed Capacity	41
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6	Facility Number	18735

FULTON PRESBYTERIAN MANOR

811 CENTER ST		Telephone (573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care SNF	Bed Capacity	36
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6 Medicare/Medicaid	Facility Number	18735

RIVERVIEW NURSING CENTER

10303 STATE RD C		Telephone (573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C		County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number	06730

SUMMIT VILLA LIFECARE

229 KAREN DR		Telephone (573) 896-8567	Alzheimer's Unit	Yes
HOLTS SUMMIT	MO 65043-2522	Level of Care ALF**	Bed Capacity	50
Mailing Address 229 KAREN DR		County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number	21318

TIMBERS, THE

239 KAREN DRIVE		Telephone (573) 415-0390	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2522	Level of Care ALF**	Bed Capacity	50
Mailing Address 239 KAREN DRIVE		County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2522	Region 6	Facility Number	30384

VALLEY PARK NORTH

2631 FAIRWAY DR		Telephone (573) 592-4995	Alzheimer's Unit	No
FULTON	MO 65251-	Level of Care RCF	Bed Capacity	18
Mailing Address 2631 FAIRWAY DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-	Region 6	Facility Number	29982

VALLEY PARK RETIREMENT CENTER

355 KAREN DR		Telephone (573) 896-0208	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2519	Level of Care RCF	Bed Capacity	22
Mailing Address 355 KAREN DR		County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2519	Region 6	Facility Number	27986

* 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)).

CAMDEN

BRISTOL MANOR OF CAMDENTON

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

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

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

CAMDENTON WINDSOR ESTATES

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

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

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

LAKE PARKE SENIOR LIVING

145 4TH ST
CAMDENTON MO 65020-7138
Mailing Address 145 4TH ST
CAMDENTON MO 65020-7138

Telephone (573) 745-0874
Level of Care RCF
County CAMDEN
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 30084

OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER

844 PASSOVER RD
OSAGE BEACH MO 65065-2834
Mailing Address 844 PASSOVER RD
OSAGE BEACH MO 65065-2834

Telephone (573) 348-2225
Level of Care SNF
County CAMDEN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 94
DMH Licensed No
Facility Number 06116

OZARK REHABILITATION & HEALTH CARE CENTER

1083 OZARK CARE DR
OSAGE BEACH MO 65065-3016
Mailing Address PO BOX 270
OSAGE BEACH MO 65065-0270

Telephone (573) 348-1711
Level of Care SNF
County CAMDEN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06217

CAPE GIRARDEAU

AUBURN CREEK - ASSISTED LIVING BY AMERICARE

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

Telephone (573) 651-0199
Level of Care ALF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit Yes
Bed Capacity 49
DMH Licensed No
Facility Number 19892

BARNABAS ACRES

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

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

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

CAPETOWN ASSISTED LIVING

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

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

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

CHATEAU GIRARDEAU

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

Telephone (573) 335-1281
Level of Care ALF**
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 55
DMH Licensed No
Facility Number 01386

* 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)).

CHATEAU GIRARDEAU

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

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

FOUNTAINBLEAU LODGE

2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2127
Mailing Address 2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2127

Telephone (573) 335-1999 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 56
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 12751

FOUNTAINBLEAU LODGE

2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2127
Mailing Address 2001 NORTH KINGSHIGHWAY
 CAPE GIRARDEAU MO 63701-2127

Telephone (573) 335-1999 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 33
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 12751

FREDERICK STREET MANOR

429 NORTH FREDERICK ST
 CAPE GIRARDEAU MO 63701-4834
Mailing Address 429 N FREDERICK ST
 CAPE GIRARDEAU MO 63701-4834

Telephone (573) 334-2662 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 32
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 02662

HEARTLAND CARE AND REHABILITATION CENTER

2525 BOUTIN DR
 CAPE GIRARDEAU MO 63701-8551
Mailing Address 2525 BOUTIN DR
 CAPE GIRARDEAU MO 63701-8551

Telephone (573) 334-5225 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 102
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 01023

JACKSON MANOR NURSING HOME

710 BROADRIDGE DR
 JACKSON MO 63755-3042
Mailing Address 710 BROADRIDGE DR
 JACKSON MO 63755-3042

Telephone (573) 243-3101 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 03438

JEFFERSON MANOR

902 JEFFERSON AVE
 CAPE GIRARDEAU MO 63703-6755
Mailing Address 902 JEFFERSON AVE
 CAPE GIRARDEAU MO 63703-6755

Telephone (573) 651-1373 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 10
County CAPE GIRARDEAU **DMH Licensed** Yes
Region 2 **Facility Number** 05445

LIFE CARE CENTER OF CAPE GIRARDEAU

365 SOUTH BROADVIEW ST
 CAPE GIRARDEAU MO 63703-5725
Mailing Address 365 SOUTH BROADVIEW ST
 CAPE GIRARDEAU MO 63703-5725

Telephone (573) 335-2086 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 01032

LUTHERAN HOME ASSISTED LIVING

2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335
Mailing Address 2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335

Telephone (573) 335-0158 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 115
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 **Facility Number** 13536

LUTHERAN HOME, THE

2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335
Mailing Address 2825 BLOOMFIELD RD
 CAPE GIRARDEAU MO 63703-6335

Telephone (573) 335-0158 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 274
County CAPE GIRARDEAU **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 13536

* 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)).

MAPLE CREST MANOR

430 NORTH FREDERICK ST
 CAPE GIRARDEAU MO 63701-4835
Mailing Address 430 N FREDERICK ST
 CAPE GIRARDEAU MO 63701-4835

Telephone (573) 334-2662
Level of Care RCF*
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed Yes
Facility Number 03628

MONTICELLO HOUSE

1115 K LAND DR
 JACKSON MO 63755-2588
Mailing Address PO BOX 740
 JACKSON MO 63755-0740

Telephone (573) 243-8989
Level of Care SNF
County CAPE GIRARDEAU
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 105
DMH Licensed No
Facility Number 14454

MONTICELLO HOUSE

1115 K LAND DR
 JACKSON MO 63755-2588
Mailing Address PO BOX 740
 JACKSON MO 63755-0740

Telephone (573) 243-8989
Level of Care RCF*
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 14454

PARKWOOD MANOR

325 NORTH SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531
Mailing Address 325 NORTH SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531

Telephone (573) 334-7011
Level of Care RCF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed No
Facility Number 06291

PARKWOOD MANOR

325 NORTH SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531
Mailing Address 325 N SPRIGG ST
 CAPE GIRARDEAU MO 63701-5531

Telephone (573) 334-7011
Level of Care RCF*
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 06291

RATLIFF CARE CENTER

717 NORTH SPRIGG
 CAPE GIRARDEAU MO 63701-4815
Mailing Address 717 NORTH SPRIGG
 CAPE GIRARDEAU MO 63701-4815

Telephone (573) 335-5810
Level of Care SNF
County CAPE GIRARDEAU
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 46
DMH Licensed No
Facility Number 17420

SPRIGG STREET MANOR

701 NORTH SPRIGG
 CAPE GIRARDEAU MO 63701-4815
Mailing Address 701 NORTH SPRIGG
 CAPE GIRARDEAU MO 63701-4815

Telephone (573) 334-2975
Level of Care RCF
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 17420

VILLAS OF JACKSON LLC THE

670 BROADRIDGE DRIVE
 JACKSON MO 63755-3044
Mailing Address 670 BROADRIDGE DRIVE
 JACKSON MO 63755-3044

Telephone (573) 986-8210
Level of Care ALF**
County CAPE GIRARDEAU
Region 2

Alzheimer's Unit No
Bed Capacity 58
DMH Licensed No
Facility Number 30623

CARROLL**BRISTOL MANOR OF CARROLLTON**

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

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

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

* 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)).

CARROLL HOUSE

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

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

LIFE CARE CENTER OF CARROLLTON

300 LIFE CARE LN
 CARROLLTON MO 64633-1861
Mailing Address 300 LIFE CARE LN
 CARROLLTON MO 64633-1861

Telephone (660) 542-0155 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County CARROLL **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 11500

CARTER**RIVERWAYS MANOR**

403 WATERCRESS RD
 VAN BUREN MO 63965-9100
Mailing Address PO BOX 969
 VAN BUREN MO 63965-0969

Telephone (573) 323-4282 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County CARTER **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 06744

VELMA DOWDY ASSISTED LIVING

100 HARD ROCK RD DR
 VAN BUREN MO 63965-
Mailing Address PO BOX 220
 VAN BUREN MO 63965-

Telephone (573) 323-2108 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 24
County CARTER **DMH Licensed** Yes
Region 2 **Facility Number** 29947

CASS**ABC HEALTH CARE**

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

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

BEAUTIFUL SAVIOR HOME

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

Telephone (816) 331-0781 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 126
County CASS **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 00342

BEAUTIFUL SAVIOR HOME

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

Telephone (816) 331-0781 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 55
County CASS **DMH Licensed** No
Region 3 **Facility Number** 00342

BENTON HOUSE OF RAYMORE

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

Telephone (816) 322-2111 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 80
County CASS **DMH Licensed** Yes
Region 3 **Facility Number** 29896

BRISTOL MANOR OF PLEASANT HILL

2124 HIGH RIDGE
 PLEASANT HILL MO 64080-1912
Mailing Address 2124 HIGH RIDGE
 PLEASANT HILL MO 64080-1912

Telephone (816) 987-2562 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County CASS **DMH Licensed** No
Region 3 **Facility Number** 16538

* 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)).

BRISTOL MANOR OF RAYMORE

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

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

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

CARNEGIE VILLAGE SENIOR LIVING COMMUNITY

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

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

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

CROWN CARE CENTER

3001 EAST ELM
 HARRISONVILLE MO 64701-1196
Mailing Address 3001 EAST ELM
 HARRISONVILLE MO 64701-1196

Telephone (816) 380-6525
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 118
DMH Licensed No
Facility Number 21031

FOXWOOD SPRINGS LIVING CENTER

1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347
Mailing Address 1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347

Telephone (816) 331-3111
Level of Care ALF**
County CASS
Region 3

Alzheimer's Unit NO
Bed Capacity 62
DMH Licensed No
Facility Number 02649

FOXWOOD SPRINGS LIVING CENTER

1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347
Mailing Address 1500 WEST FOXWOOD DR
 RAYMORE MO 64083-9347

Telephone (816) 331-3111
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 108
DMH Licensed No
Facility Number 02649

GOLDEN YEARS CENTER FOR REHAB AND HEALTHCARE

2001 JEFFERSON PARKWAY
 HARRISONVILLE MO 64701-3714
Mailing Address 2001 JEFFERSON PRKWY
 HARRISONVILLE MO 64701-3714

Telephone (816) 380-4731
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 12458

MEADOWVIEW OF HARRISONVILLE HEALTH & REHABILITATION

2203 EAST MECHANIC ST
 HARRISONVILLE MO 64701-2060
Mailing Address 2203 EAST MECHANIC ST
 HARRISONVILLE MO 64701-2060

Telephone (816) 380-2622
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 00968

PLEASANT HILL HEALTH AND REHABILITATION CENTER

1300 BROADWAY
 PLEASANT HILL MO 64080-1842
Mailing Address 1300 BROADWAY
 PLEASANT HILL MO 64080-1842

Telephone (816) 540-2116
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 15101

REDWOOD OF RAYMORE

600 EAST SUNRISE DR
 RAYMORE MO 64083-9037
Mailing Address 600 EAST SUNRISE DR
 RAYMORE MO 64083-9037

Telephone (816) 322-1991
Level of Care RCF*
County CASS
Region 3

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 16170

REDWOOD OF RAYMORE

600 EAST SUNRISE DR
 RAYMORE MO 64083-9037
Mailing Address 600 EAST SUNRISE DR
 RAYMORE MO 64083-9037

Telephone (816) 322-1991
Level of Care SNF
County CASS
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 142
DMH Licensed No
Facility Number 16170

* 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)).

CEDAR

COMMUNITY SPRINGS HEALTHCARE FACILITY

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

Telephone	(417) 876-2531	Alzheimer's Unit	Yes
Level of Care	SNF	Bed Capacity	120
County	CEDAR	DMH Licensed	No
Region 1	Medicare/Medicaid	Facility Number	01740

EL DORADO SPRINGS RESIDENTIAL CARE

805 NORTH JACKSON ST
 EL DORADO SPRINGS MO 64744-2912
Mailing Address 805 NORTH JACKSON ST
 EL DORADO SPRINGS MO 64744-2912

Telephone	(417) 876-4278	Alzheimer's Unit	No
Level of Care	RCF	Bed Capacity	60
County	CEDAR	DMH Licensed	Yes
Region 1		Facility Number	12621

LAKE STOCKTON HEALTHCARE FACILITY

811 OWEN MILL RD
 STOCKTON MO 65785-8359
Mailing Address PO BOX 945
 STOCKTON MO 65785-0945

Telephone	(417) 276-5126	Alzheimer's Unit	Yes
Level of Care	SNF	Bed Capacity	75
County	CEDAR	DMH Licensed	No
Region 1	Medicare/Medicaid	Facility Number	07680

LAKE STOCKTON HEALTHCARE FACILITY

811 OWEN MILL RD
 STOCKTON MO 65785-8359
Mailing Address PO BOX 945
 STOCKTON MO 65785-0945

Telephone	(417) 276-5126	Alzheimer's Unit	No
Level of Care	ALF**	Bed Capacity	37
County	CEDAR	DMH Licensed	No
Region 1		Facility Number	07680

CHARITON

BRISTOL MANOR OF SALISBURY

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

Telephone	(660) 388-5728	Alzheimer's Unit	No
Level of Care	RCF	Bed Capacity	12
County	CHARITON	DMH Licensed	No
Region 5		Facility Number	18325

BRUNSWICK NURSING HOME

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

Telephone	(660) 548-3182	Alzheimer's Unit	No
Level of Care	SNF	Bed Capacity	60
County	CHARITON	DMH Licensed	No
Region 5	Medicare/Medicaid	Facility Number	03123

CHARITON PARK HEALTH CARE CENTER

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

Telephone	(660) 388-6486	Alzheimer's Unit	No
Level of Care	SNF	Bed Capacity	120
County	CHARITON	DMH Licensed	No
Region 5	Medicare/Medicaid	Facility Number	06469

PIONEER SKILLED NURSING CENTER

1500 SOUTH KANSAS AVE
 MARCELINE MO 64658-1716
Mailing Address 1500 S KANSAS AVE
 MARCELINE MO 64658-1716

Telephone	(660) 376-2001	Alzheimer's Unit	No
Level of Care	SNF	Bed Capacity	96
County	CHARITON	DMH Licensed	No
Region 5	Medicare/Medicaid	Facility Number	05900

CHRISTIAN

BAPTIST HOME, THE

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

Telephone	(417) 581-2101	Alzheimer's Unit	No
Level of Care	ICF	Bed Capacity	33
County	CHRISTIAN	DMH Licensed	No
Region 1		Facility Number	21509

* 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)).

BAPTIST HOME, THE

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

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

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

BOULDERWOOD ESTATES

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

Telephone (417) 374-7755
Level of Care RCF*
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 126
DMH Licensed Yes
Facility Number 15935

BRADFORD COURT - ASSISTED LIVING BY AMERICARE

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

Telephone (417) 725-0177
Level of Care ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 46
DMH Licensed No
Facility Number 17732

CASTLEWOOD SENIOR LIVING THE

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

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

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

CENTURY PINES ASSISTED LIVING

709 EAST MCCRACKEN RD
 OZARK MO 65721-9499
Mailing Address 709 EAST MCCRACKEN RD
 OZARK MO 65721-9499

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

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

CENTURY PINES ASSISTED LIVING

709 EAST MCCRACKEN RD
 OZARK MO 65721-9499
Mailing Address 709 EAST MCCRACKEN RD
 OZARK MO 65721-9499

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

Alzheimer's Unit Yes
Bed Capacity 12
DMH Licensed No
Facility Number 01200

COTTAGE AT CENTURY PINES, THE

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

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

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

ESSEX OF OZARK, THE

5173 NORTH 22ND
 OZARK MO 65721-7637
Mailing Address 5173 NORTH 22ND
 OZARK MO 65721-7637

Telephone (417) 485-4185
Level of Care RCF
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24318

HOPEDALE COTTAGE ASSISTED LIVING THE

1314 W SCHOOL STREET
 OZARK MO 65721-
Mailing Address 1314 W SCHOOL STREET
 OZARK MO 65721-

Telephone (417) 581-4461
Level of Care ALF**
County CHRISTIAN
Region 1

Alzheimer's Unit Yes
Bed Capacity 24
DMH Licensed Yes
Facility Number 30302

LIFE ENHANCEMENT VILLAGE

732 SOUTH GREGG ROAD
 NIXA MO 65714-7419
Mailing Address 732 SOUTH GREGG RD
 NIXA MO 65714-7419

Telephone (417) 725-6671
Level of Care RCF*
County CHRISTIAN
Region 1

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed Yes
Facility Number 14190

* 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)).

NIXA NURSING & REHAB

1104 NORTH MAIN ST
 NIXA MO 65714-9316
Mailing Address 1104 N MAIN ST
 NIXA MO 65714-9316

Telephone (417) 725-1777 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 82
County CHRISTIAN **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 13840

NIXA NURSING & REHAB

1104 NORTH MAIN ST
 NIXA MO 65714-9316
Mailing Address 1104 N MAIN ST
 NIXA MO 65714-9316

Telephone (417) 725-1777 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 62
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 13840

NORTHPARK VILLAGE - ASSISTED LIVING BY AMERICARE

4449 N STATE HIGHWAY NN
 OZARK MO 65721-7221
Mailing Address 4449 N STATE HIGHWAY NN
 OZARK MO 65721-7221

Telephone (417) 581-3200 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 52
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 20003

OZARK NURSING & CARE CENTER

1486 NORTH RIVERSIDE RD
 OZARK MO 65721-7688
Mailing Address 1486 NORTH RIVERSIDE RD
 OZARK MO 65721-7688

Telephone (417) 581-7126 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County CHRISTIAN **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 06240

OZARK RIVERVIEW MANOR

1200 WEST HALL ST
 OZARK MO 65721-9103
Mailing Address PO BOX 157
 OZARK MO 65721-0157

Telephone (417) 581-6025 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County CHRISTIAN **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 01426

RIVERVIEW RESIDENTIAL PLACE

1200 WEST HALL ST
 OZARK MO 65721-9103
Mailing Address PO BOX 157
 OZARK MO 65721-0157

Telephone (417) 581-2510 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 40
County CHRISTIAN **DMH Licensed** No
Region 1 **Facility Number** 01426

SPECIAL FORCE FAMILY MINISTRIES

428 SOUTH HARRISON ST
 NIXA MO 65714-7809
Mailing Address PO BOX 882
 NIXA MO 65714-0882

Telephone (417) 725-7917 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County CHRISTIAN **DMH Licensed** Yes
Region 1 **Facility Number** 18764

CLARK**CLARK COUNTY NURSING HOME**

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

Telephone (660) 727-3303 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 103
County CLARK **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01480

CLARK COUNTY NURSING HOME

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

Telephone (660) 727-3303 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 22
County CLARK **DMH Licensed** No
Region 5 **Facility Number** 01480

* 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)).

CLAY

ADDINGTON PLACE OF SHOAL CREEK

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

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

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

ASHTON COURT CARE AND REHABILITATION CENTRE

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

Telephone (816) 781-3020
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 140
DMH Licensed No
Facility Number 01961

AVONLEA COTTAGE OF GLADSTONE

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

Telephone (816) 454-7755
Level of Care RCF
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 11794

BRISTOL MANOR OF SMITHVILLE

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

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

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

CEDARS OF LIBERTY HEALTH CARE CENTER

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

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

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

EXCELSIOR SPRINGS HOSPITAL

1700 RAINBOW BLVD
 EXCELSIOR SPRINGS MO 64024-1182
Mailing Address 1700 RAINBOW BLVD
 EXCELSIOR SPRINGS MO 64024-1182

Telephone (816) 630-6081
Level of Care RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 20940

EXCELSIOR SPRINGS NURSING & REHAB

1003 MEADOWLARK LN
 EXCELSIOR SPRINGS MO 64024-3304
Mailing Address 1003 MEADOWLARK LN
 EXCELSIOR SPRINGS MO 64024-3304

Telephone (816) 630-3145
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 108
DMH Licensed No
Facility Number 19197

HERITAGE VILLAGE OF GLADSTONE

3000 NORTH EAST 64TH ST
 GLADSTONE MO 64119-1569
Mailing Address 3000 NE 64TH ST
 GLADSTONE MO 64119-1569

Telephone (816) 454-5130
Level of Care RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 12510

LIBERTY HEALTH AND WELLNESS

2201 GLENN HENDREN DR
 LIBERTY MO 64068-3375
Mailing Address 2201 GLENN HENDREN DR
 LIBERTY MO 64068-3375

Telephone (816) 736-8800
Level of Care SNF
County CLAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 143
DMH Licensed No
Facility Number 16715

* 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)).

LINDEN WOODS VILLAGE

2901 NE 72ND STREET
 GLADSTONE MO 64119-7400
Mailing Address 2901 NE 72ND STREET
 GLADSTONE MO 64119-7400

Telephone (816) 268-4000 **Alzheimer's Unit** NO
Level of Care SNF **Bed Capacity** 40
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 30156

LINDEN WOODS VILLAGE

2901 NE 72ND STREET
 GLADSTONE MO 64119-7400
Mailing Address 2901 NE 72ND STREET
 GLADSTONE MO 64119-7400

Telephone (816) 268-4000 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 40
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 30156

MAPLE WOOD HEALTHCARE CENTER

724 NORTHEAST 79TH TERRACE
 KANSAS CITY MO 64118-1564
Mailing Address 724 NE 79TH TERRACE
 KANSAS CITY MO 64118-1564

Telephone (816) 436-8940 **Alzheimer's Unit** NO
Level of Care SNF **Bed Capacity** 150
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 05897

MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING

1201 NW TULLISON RD
 KANSAS CITY MO 64116-2639
Mailing Address 1201 NW TULLISON RD
 KANSAS CITY MO 64116-2639

Telephone (816) 888-7930 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 74
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 29084

MOCKINGBIRD MANOR

227 W FRANKLIN
 LIBERTY MO 64068-1641
Mailing Address PO BOX 121
 LIBERTY MO 64069-0121

Telephone (816) 781-8058 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 16
County CLAY **DMH Licensed** Yes
Region 4 **Facility Number** 05450

NEW MARK CARE CENTER

11221 NORTH NASHUA DR
 KANSAS CITY MO 64155-1159
Mailing Address 11221 N NASHUA DR
 KANSAS CITY MO 64155-1159

Telephone (816) 734-4433 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 199
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 12688

OAK POINTE OF KEARNEY

200 EAST MEADOWBROOK DR
 KEARNEY MO 64060-8788
Mailing Address 200 E MEADOWBROOK DR
 KEARNEY MO 64060-8788

Telephone (816) 628-0075 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 50
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 29803

OUR LADY OF MERCY COUNTRY HOME

2160 MERCY DR
 LIBERTY MO 64068-7955
Mailing Address 2160 MERCY DR
 LIBERTY MO 64068-7955

Telephone (816) 781-5711 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 44
County CLAY **DMH Licensed** No
Region 4 **Facility Number** 06153

PLEASANT VALLEY MANOR CARE CENTER

6814 SOBBIE RD
 LIBERTY MO 64068-9555
Mailing Address 6814 SOBBIE RD
 LIBERTY MO 64068-9555

Telephone (816) 781-5277 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 102
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 06020

SMITHVILLE LIVING CENTER

106 HOSPITAL DR
 SMITHVILLE MO 64089-9333
Mailing Address 106 HOSPITAL DR
 SMITHVILLE MO 64089-9333

Telephone (816) 532-0888 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 100
County CLAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 07409

* 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)).

VALLEY MANOR AND REHABILITATION CENTER

1410 HOSPITAL DR
 EXCELSIOR SPRINGS MO 64024-1168
Mailing Address 1410 HOSPITAL DR
 EXCELSIOR SPRINGS MO 64024-1168

Telephone (816) 637-1010
Level of Care SNF
County CLAY
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 02425

WESTBROOK CARE CENTER, INC

401 S PLATTE CLAY WAY
 KEARNEY MO 64060-7714
Mailing Address 401 S PLATTE CLAY WAY
 KEARNEY MO 64060-7714

Telephone (816) 628-2222
Level of Care RCF*
County CLAY
Region 4

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 19757

CLINTON**GOWER CONVALESCENT CENTER, INC**

323 SOUTH HIGHWAY 169
 GOWER MO 64454-9116
Mailing Address PO BOX 170
 GOWER MO 64454-0170

Telephone (816) 424-6483
Level of Care SNF
County CLINTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 82
DMH Licensed No
Facility Number 03107

NICK'S HEALTH CARE CENTER, LLC

253 EAST HIGHWAY 116
 PLATTSBURG MO 64477-1561
Mailing Address 253 EAST HWY 116
 PLATTSBURG MO 64477-1561

Telephone (816) 539-2376
Level of Care SNF
County CLINTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 70
DMH Licensed No
Facility Number 22058

OAKRIDGE OF PLATTSBURG

205 EAST CLAY AVE
 PLATTSBURG MO 64477-8100
Mailing Address PO BOX 247
 PLATTSBURG MO 64477-0247

Telephone (816) 539-2128
Level of Care SNF
County CLINTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05994

REDWOOD OF CAMERON

801 EUCLID AVE
 CAMERON MO 64429-2003
Mailing Address PO BOX 438
 CAMERON MO 64429-0438

Telephone (816) 632-7254
Level of Care SNF
County CLINTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 00983

COLE**ADAMS STREET-A STONEBRIDGE COMMUNITY**

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

Telephone (573) 635-1320
Level of Care SNF
County COLE
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 01339

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

3409 NORTH 10 MILE DR
 JEFFERSON CITY MO 65109-0530
Mailing Address 3409 NORTH 10 MILE DR
 JEFFERSON CITY MO 65109-0530

Telephone (573) 556-5648
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit Yes
Bed Capacity 26
DMH Licensed No
Facility Number 27914

ASHBURY HEIGHTS OF JEFFERSON CITY

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

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

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

* 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)).

BRISTOL MANOR OF JEFFERSON CITY

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

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

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

CASTLEPARKE #2

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

Telephone (573) 636-5300
Level of Care RCF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 25245

CASTLEPARKE #3

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

Telephone (573) 636-5100
Level of Care RCF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 25921

CASTLEPARKE RETIREMENT CAMPUS #1

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

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

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

HEISINGER LUTHERAN HOME

1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901
Mailing Address 1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901

Telephone (573) 636-6288
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit Yes
Bed Capacity 111
DMH Licensed No
Facility Number 03479

HEISINGER LUTHERAN HOME

1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901
Mailing Address 1002 WEST MAIN ST
 JEFFERSON CITY MO 65109-6901

Telephone (573) 636-6288
Level of Care SNF
County COLE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 03479

JEFFERSON CITY MANOR CARE CENTER

1720 VIETH DR
 JEFFERSON CITY MO 65109-2522
Mailing Address 1720 VIETH DR
 JEFFERSON CITY MO 65109-2522

Telephone (573) 635-6193
Level of Care SNF
County COLE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 102
DMH Licensed No
Facility Number 03870

JEFFERSON CITY NURSING AND REHABILITATION CENTER, LLC

1221 SOUTHGATE LN
 JEFFERSON CITY MO 65109-2465
Mailing Address PO BOX 104118
 JEFFERSON CITY MO 65110-4118

Telephone (573) 635-3131
Level of Care SNF
County COLE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 01865

MAPLEWOOD, INC

1827 CRADER DR
 JEFFERSON CITY MO 65109-2005
Mailing Address 1827 CRADER DR
 JEFFERSON CITY MO 65109-2005

Telephone (573) 635-0023
Level of Care ALF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 13
DMH Licensed Yes
Facility Number 16964

MAPLEWOOD, INC

1827 CRADER DR
 JEFFERSON CITY MO 65109-2005
Mailing Address 1827 CRADER DR
 JEFFERSON CITY MO 65109-2005

Telephone (573) 635-0023
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 16964

* 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)).

MELODY HOUSE

3031 SOUTH TEN MILE DR
 JEFFERSON CITY MO 65109-6816
Mailing Address 3031 S TEN MILE DR
 JEFFERSON CITY MO 65109-6816

Telephone (573) 893-7228
Level of Care RCF*
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 14376

OAK TREE VILLAS - A STONEBRIDGE COMMUNITY

3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918
Mailing Address 3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918

Telephone (573) 893-3063
Level of Care ALF
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 10300

OAK TREE VILLAS - A STONEBRIDGE COMMUNITY

3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918
Mailing Address 3108 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-4918

Telephone (573) 893-3063
Level of Care SNF
County COLE
Region 6 Medicare

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 10300

PRIMROSE RETIREMENT COMMUNITY OF JEFFERSON CITY

1214 FREEDOM BLVD
 JEFFERSON CITY MO 65109-0082
Mailing Address 1214 FREEDOM BLVD
 JEFFERSON CITY MO 65109-0082

Telephone (573) 634-5408
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 45
DMH Licensed No
Facility Number 29697

RIVER CITY LIVING COMMUNITY

3038 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-0525
Mailing Address 3038 WEST TRUMAN BLVD
 JEFFERSON CITY MO 65109-0525

Telephone (573) 893-3404
Level of Care SNF
County COLE
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 87
DMH Licensed No
Facility Number 04826

ST JOSEPH'S BLUFFS

1306 WEST MAIN ST
 JEFFERSON CITY MO 65109-1356
Mailing Address 1306 WEST MAIN ST
 JEFFERSON CITY MO 65109-1356

Telephone (573) 635-0166
Level of Care SNF
County COLE
Region 6 Medicare

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed No
Facility Number 07572

VILLA MARIE - A STONEBRIDGE COMMUNITY

1030 EDMONDS ST
 JEFFERSON CITY MO 65109-5213
Mailing Address 1030 EDMONDS ST
 JEFFERSON CITY MO 65109-5213

Telephone (573) 635-3381
Level of Care SNF
County COLE
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 08282

WESTBROOK TERRACE - ASSISTED LIVING BY AMERICARE

3335 NORTH TEN MILE DR
 JEFFERSON CITY MO 65109-0528
Mailing Address 3335 NORTH TEN MILE DR
 JEFFERSON CITY MO 65109-0528

Telephone (573) 635-2600
Level of Care ALF**
County COLE
Region 6

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 20440

COOPER**ASHLEY MANOR CARE CENTER**

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

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

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

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

** 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)).

BRISTOL MANOR OF BOONVILLE

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

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

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

HARTMANN VILLAGE - ASSISTED LIVING BY AMERICARE

615 RANKIN MILL LN
 BOONVILLE MO 65233-2873
Mailing Address 615 RANKIN MILL LN
 BOONVILLE MO 65233-2873

Telephone (660) 882-9933
Level of Care ALF**
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 39
DMH Licensed No
Facility Number 26026

KATY MANOR

205 PROSPECT
 PILOT GROVE MO 65276-1111
Mailing Address PO BOX 8
 PILOT GROVE MO 65276-0008

Telephone (660) 834-3111
Level of Care SNF
County COOPER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14982

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care RCF*
County COOPER
Region 6

Alzheimer's Unit No
Bed Capacity 17
DMH Licensed No
Facility Number 01602

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care SNF
County COOPER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 01602

LAKEVIEW HEALTH CARE & REHABILITATION CENTER

1450 ASHLEY RD
 BOONVILLE MO 65233-2141
Mailing Address 1450 ASHLEY RD
 BOONVILLE MO 65233-2141

Telephone (660) 882-7007
Level of Care ICF
County COOPER
Region 6 **Medicaid**

Alzheimer's Unit No
Bed Capacity 19
DMH Licensed No
Facility Number 01602

RIVERDELL CARE CENTER

1121 11TH ST
 BOONVILLE MO 65233-1419
Mailing Address 1121 11TH ST
 BOONVILLE MO 65233-1419

Telephone (660) 882-7600
Level of Care SNF
County COOPER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14428

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

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

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

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

BARNABAS REDWOOD MANOR

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

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

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

* 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)).

CUBA MANOR, INC

210 ELDON DR
 CUBA MO 65453-1642
Mailing Address 210 ELDON DR
 CUBA MO 65453-1642

Telephone (573) 885-4500 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County CRAWFORD **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 21149

MERAMEC NURSING CENTER

940 MATTOX DR
 SULLIVAN MO 63080-2364
Mailing Address 940 MATTOX DR
 SULLIVAN MO 63080-2364

Telephone (573) 468-7733 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County CRAWFORD **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 18277

ROCK SPRINGS RESIDENTIAL, LLC

81 PILKENTON LN
 CUBA MO 65453-8136
Mailing Address 81 PILKENTON LN
 CUBA MO 65453-8136

Telephone (573) 885-6443 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 18
County CRAWFORD **DMH Licensed** No
Region 6 **Facility Number** 15026

STUBBLEFIELD RETIREMENT HOME

5349 HIGHWAY P
 CUBA MO 65453-6281
Mailing Address PO BOX 647
 CUBA MO 65453-0647

Telephone (573) 885-3661 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 34
County CRAWFORD **DMH Licensed** Yes
Region 6 **Facility Number** 17894

SUNSHINE ACRES RESIDENTIAL CARE

541 ROCK ROAD
 BOURBON MO 65441-6324
Mailing Address PO BOX 67
 BOURBON MO 65441-0067

Telephone (573) 732-5366 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 20
County CRAWFORD **DMH Licensed** Yes
Region 6 **Facility Number** 03540

VICTORIAN PLACE OF CUBA, RESIDENTIAL CARE BY AMERICARE

901 HIGHWAY DD
 CUBA MO 65453-8089
Mailing Address 901 HWY DD
 CUBA MO 65453-8089

Telephone (573) 885-0551 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 48
County CRAWFORD **DMH Licensed** No
Region 6 **Facility Number** 25463

DADE**DADE COUNTY NURSING HOME DISTRICT**

400 BROAD ST
 GREENFIELD MO 65661-1405
Mailing Address 400 BROAD ST
 GREENFIELD MO 65661-1405

Telephone (417) 637-5315 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 114
County DADE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 02006

DADE COUNTY RESIDENTIAL CARE FACILITY

400 BROAD ST
 GREENFIELD MO 65661-1405
Mailing Address 400 BROAD ST
 GREENFIELD MO 65661-1405

Telephone (417) 637-5315 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 24
County DADE **DMH Licensed** No
Region 1 **Facility Number** 02006

GOOD SHEPHERD COMMUNITY CARE AND REHABILITATION

200 WEST 12TH ST
 LOCKWOOD MO 65682-8337
Mailing Address 200 WEST 12TH ST
 LOCKWOOD MO 65682-8337

Telephone (417) 232-4571 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 69
County DADE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 03051

* 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)).

GOOD SHEPHERD RESIDENTIAL CARE FACILITY

200 WEST 12TH
 LOCKWOOD MO 65682-8337
Mailing Address 200 WEST 12TH
 LOCKWOOD MO 65682-8337

Telephone (417) 232-4571
Level of Care RCF*
County DADE
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 03051

DALLAS**BRISTOL MANOR OF BUFFALO**

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

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

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

BUFFALO PRAIRIE CENTER FOR REHAB AND HEALTHCARE

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

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

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

COLONIAL SPRINGS HEALTHCARE CENTER

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

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

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

PINE LODGE RESIDENTIAL CARE

967 N MAPLE ST
 BUFFALO MO 65622-7568
Mailing Address 967 N MAPLE ST
 BUFFALO MO 65622-7568

Telephone (417) 345-0310
Level of Care RCF
County DALLAS
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 25563

URBANA REST HOME

310 WALNUT ST
 URBANA MO 65767-9208
Mailing Address 310 WALNUT ST
 URBANA MO 65767-9208

Telephone (417) 993-4638
Level of Care RCF
County DALLAS
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 08242

DAVISS**DAVISS COUNTY NURSING AND REHABILITATION**

1337 WEST GRAND
 GALLATIN MO 64640-8320
Mailing Address 1337 WEST GRAND
 GALLATIN MO 64640-8320

Telephone (660) 663-2197
Level of Care SNF
County DAVIESS
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 97
DMH Licensed No
Facility Number 02032

DEKALB**BRISTOL MANOR OF CAMERON**

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

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

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

MAYSVILLE SENIOR LIVING

604 SOUTH POLK
 MAYSVILLE MO 64469-4033
Mailing Address 604 S POLK
 MAYSVILLE MO 64469-4033

Telephone (816) 449-2741
Level of Care RCF
County DEKALB
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 18304

* 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)).

QUAIL RUN HEALTH CARE CENTER

1405 WEST GRAND AVE
CAMERON MO 64429-1118
Mailing Address PO BOX 525
CAMERON MO 64429-0525

Telephone (816) 632-2151 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 84
County DEKALB **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 03829

SUNSET HOME

1201 SOUTH POLK
MAYSVILLE MO 64469-4028
Mailing Address 1201 S POLK
MAYSVILLE MO 64469-4028

Telephone (816) 449-2158 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County DEKALB **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 07798

VILLAGE WEST, THE

318 EAST LITTLE BRICK ROAD
CAMERON MO 64429-1231
Mailing Address 318 EAST LITTLE BRICK RD
CAMERON MO 64429-1231

Telephone (816) 632-1121 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 27
County DEKALB **DMH Licensed** No
Region 4 **Facility Number** 18104

VILLAGE, THE

320 EAST LITTLE BRICK RD
CAMERON MO 64429-1231
Mailing Address 320 EAST LITTLE BRICK RD
CAMERON MO 64429-1231

Telephone (816) 632-7611 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 49
County DEKALB **DMH Licensed** No
Region 4 **Facility Number** 08945

DENT**DENT COUNTY RESIDENTIAL CARE, LLC**

22151 EAST HIGHWAY 32
BOSS MO 65440-7602
Mailing Address PO BOX 352
BOSS MO 65440-0352

Telephone (573) 626-4611 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County DENT **DMH Licensed** Yes
Region 6 **Facility Number** 15016

SALEM CARE CENTER

1203 NORTH JACKSON
SALEM MO 65560-1076
Mailing Address PO BOX 29
SALEM MO 65560-0029

Telephone (573) 729-6649 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County DENT **DMH Licensed** No
Region 6 **Medicaid** **Facility Number** 02354

SALEM RESIDENTIAL CARE

1207 EAST ROOSEVELT ST
SALEM MO 65560-9676
Mailing Address 1207 EAST ROOSEVELT ST
SALEM MO 65560-9676

Telephone (573) 729-9449 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 35
County DENT **DMH Licensed** No
Region 6 **Facility Number** 19746

SEVILLE CARE CENTER

35625 HIGHWAY 72
SALEM MO 65560-7217
Mailing Address PO BOX 746
SALEM MO 65560-0746

Telephone (573) 729-6141 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County DENT **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 07110

DOUGLAS**AVA PLACE**

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

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

* 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)).

HEART OF THE OZARKS HEALTHCARE CENTER

2004 CRESTVIEW ST
 AVA MO 65608-8903
Mailing Address PO BOX 727
 AVA MO 65608-0727

Telephone (417) 683-4129
Level of Care SNF
County DOUGLAS
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 01290

DUNKLIN**GENERAL BAPTIST NURSING HOME**

17108 US HIGHWAY 62
 CAMPBELL MO 63933-6383
Mailing Address 17108 US HWY 62
 CAMPBELL MO 63933-6383

Telephone (573) 246-2155
Level of Care SNF
County DUNKLIN
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 02820

HAMPTON HOUSE OF MALDEN, INC

201 NORTH DECATUR
 MALDEN MO 63863-2017
Mailing Address 201 N DECATUR
 MALDEN MO 63863-2017

Telephone (573) 276-6054
Level of Care RCF*
County DUNKLIN
Region 2

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed Yes
Facility Number 03331

HAVEN, THE

614 SOUTH BY-PASS
 KENNETT MO 63857-3240
Mailing Address 612 SOUTH BY-PASS
 KENNETT MO 63857-3240

Telephone (573) 888-1201
Level of Care RCF*
County DUNKLIN
Region 2

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed Yes
Facility Number 27620

HERITAGE NURSING CENTER - SKILLED NURSING BY AMERICARE

1802 SAINT FRANCIS ST
 KENNETT MO 63857-1568
Mailing Address PO BOX 827
 KENNETT MO 63857-0827

Telephone (573) 888-1044
Level of Care SNF
County DUNKLIN
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 17533

MALDEN NURSING & REHAB

1209 STOKELAN
 MALDEN MO 63863-1335
Mailing Address 1209 STOKELAN
 MALDEN MO 63863-1335

Telephone (573) 276-5115
Level of Care SNF
County DUNKLIN
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 70
DMH Licensed No
Facility Number 12465

NHC HEALTHCARE, KENNETT

1120 FALCON
 KENNETT MO 63857-3825
Mailing Address PO BOX 696
 KENNETT MO 63857-0696

Telephone (573) 888-1150
Level of Care SNF
County DUNKLIN
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 170
DMH Licensed No
Facility Number 04268

RIDGEVIEW LIVING COMMUNITY

500 BARRETT DR
 MALDEN MO 63863-1204
Mailing Address 500 BARRETT DR
 MALDEN MO 63863-1204

Telephone (573) 276-3843
Level of Care SNF
County DUNKLIN
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 06656

SENATH HEALTH CARE CENTER

300 EAST HORNBECK ST
 SENATH MO 63876-9225
Mailing Address PO BOX 940
 SENATH MO 63876-0940

Telephone (573) 738-2627
Level of Care SNF
County DUNKLIN
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 07075

* 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)).

SENATH SOUTH HEALTH CARE CENTER

300 EAST HORNBECK ST
 SENATH MO 63876-9225
Mailing Address PO BOX 940
 SENATH MO 63876-0940

Telephone (573) 738-2627 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 30
County DUNKLIN **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 16147

SOUTHAVEN

612 SOUTH BYPASS EAST
 KENNETT MO 63857-3240
Mailing Address 612 SOUTH BYPASS EAST
 KENNETT MO 63857-3240

Telephone (573) 888-9213 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 36
County DUNKLIN **DMH Licensed** No
Region 2 **Facility Number** 24336

ST FRANCIS PARK - ASSISTED LIVING BY AMERICARE

1806 SAINT FRANCIS ST
 KENNETT MO 63857-1568
Mailing Address PO BOX 629
 KENNETT MO 63857-0629

Telephone (573) 888-1188 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 50
County DUNKLIN **DMH Licensed** No
Region 2 **Facility Number** 18903

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

2701 RABBIT TRAIL DR
 WASHINGTON MO 63090-6711
Mailing Address 2701 RABBIT TRAIL DR
 WASHINGTON MO 63090-6711

Telephone (636) 390-0011 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 32
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 28065

ARIZONA CARE CENTER

101 ARIZONA ST
 NEW HAVEN MO 63068-1210
Mailing Address 101 ARIZONA ST
 NEW HAVEN MO 63068-1210

Telephone (573) 237-4830 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 15
County FRANKLIN **DMH Licensed** Yes
Region 6 **Facility Number** 19080

BRISTOL MANOR OF PACIFIC

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

Telephone (636) 257-8020 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 20237

BRISTOL MANOR OF WASHINGTON

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

Telephone (636) 390-0050 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County FRANKLIN **DMH Licensed** Yes
Region 6 **Facility Number** 20138

CEDARCREST MANOR

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

Telephone (636) 239-7848 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 177
County FRANKLIN **DMH Licensed** No
Region 6 Medicare/Medicaid **Facility Number** 01160

CRAB APPLE VILLAGE SENIOR ESTATES

214 HARTMAN PL, SUITE 100
 SAINT CLAIR MO 63077-2458
Mailing Address 214 HARTMAN PL, SUITE 100
 SAINT CLAIR MO 63077-2458

Telephone (636) 629-6161 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 65
County FRANKLIN **DMH Licensed** No
Region 6 **Facility Number** 24395

* 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)).

DUNSFORD COURT - ASSISTED LIVING BY AMERICARE

775 DUNSFORD ROAD		Telephone (573) 468-2600	Alzheimer's Unit	No
SULLIVAN	MO 63080-1270	Level of Care ALF**	Bed Capacity	50
Mailing Address 775 DUNSFORD RD		County FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1270	Region 6	Facility Number	16094

GERALD NURSING & REHAB

533 CANAAN ROAD		Telephone (573) 764-2135	Alzheimer's Unit	No
GERALD	MO 63037-2515	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 180		County FRANKLIN	DMH Licensed	No
GERALD	MO 63037-0180	Region 6 Medicare/Medicaid	Facility Number	13926

GRANDVIEW HEALTHCARE CENTER

201 GRAND AVE		Telephone (636) 239-9190	Alzheimer's Unit	No
WASHINGTON	MO 63090-1209	Level of Care SNF	Bed Capacity	102
Mailing Address 201 GRAND AVE		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-1209	Region 6 Medicare/Medicaid	Facility Number	15045

HAPPY ACRES

2665 NORTH SERVICE RD EAST		Telephone (573) 927-5562	Alzheimer's Unit	No
SULLIVAN	MO 63080-4024	Level of Care RCF*	Bed Capacity	16
Mailing Address 2665 N SERVICE RD EAST		County FRANKLIN	DMH Licensed	Yes
SULLIVAN	MO 63080-4024	Region 6	Facility Number	03357

LIFE CARE CENTER OF SULLIVAN

875 DUNSFORD DR		Telephone (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

NEW HAVEN CARE CENTER

9503 HIGHWAY 100		Telephone (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care ALF	Bed Capacity	16
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number	05738

NEW HAVEN CARE CENTER

9503 HIGHWAY 100		Telephone (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care SNF	Bed Capacity	90
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number	05738

PACIFIC CARE CENTER, LLC

105 SOUTH SIXTH ST		Telephone (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care ALF**	Bed Capacity	16
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638

PACIFIC CARE CENTER, LLC

105 SOUTH SIXTH ST		Telephone (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

RIDGEWAY RESIDENTIAL CARE

431 RUSSELL		Telephone (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

* 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)).

SOUTH POINTE - ASSISTED LIVING BY AMERICARE

5125 OLD HWY 100		Telephone	(636) 239-0670	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3855	Level of Care	ALF**	Bed Capacity	72
Mailing Address 5125 OLD HWY 100		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3855	Region	6	Facility Number	13735

ST CLAIR NURSING CENTER

1035 PLAZA COURT NORTH		Telephone	(636) 629-2100	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1129	Level of Care	SNF	Bed Capacity	79
Mailing Address 1035 PLAZA CT NORTH		County	FRANKLIN	DMH Licensed	No
SAINT CLAIR	MO 63077-1129	Region	6 Medicare/Medicaid	Facility Number	13744

SUNSET HEALTH CARE CENTER

400 WEST PARK AVE		Telephone	(636) 583-2252	Alzheimer's Unit	No
UNION	MO 63084-1140	Level of Care	SNF	Bed Capacity	120
Mailing Address 400 WEST PARK AVE		County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1140	Region	6 Medicare/Medicaid	Facility Number	07831

VICTORIAN PLACE OF ST CLAIR, RESIDENTIAL CARE BY AMERICARE

160 CHARLES DR		Telephone	(636) 322-0003	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1936	Level of Care	RCF	Bed Capacity	48
Mailing Address 160 CHARLES DR		County	FRANKLIN	DMH Licensed	Yes
SAINT CLAIR	MO 63077-1936	Region	6	Facility Number	26005

VICTORIAN PLACE OF SULLIVAN, RESIDENTIAL CARE BY AMERICARE

1250 EAST SPRINGFIELD RD		Telephone	(573) 468-5217	Alzheimer's Unit	No
SULLIVAN	MO 63080-1358	Level of Care	RCF	Bed Capacity	48
Mailing Address 1250 EAST SPRINGFIELD RD		County	FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1358	Region	6	Facility Number	26324

VICTORIAN PLACE OF UNION, RESIDENTIAL CARE BY AMERICARE

1320 W MAIN		Telephone	(636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care	RCF	Bed Capacity	48
Mailing Address 1320 W MAIN		County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1084	Region	6	Facility Number	24408

VICTORIAN PLACE OF WASHINGTON, RESIDENTIAL CARE BY AMERICARE

2800 RABBIT TRAIL DR		Telephone	(636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care	ALF**	Bed Capacity	48
Mailing Address 2800 RABBIT TRAIL DR		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region	6	Facility Number	27659

WILLOW BROOKE - ASSISTED LIVING BY AMERICARE

#1 NORTH POTOMAC CT		Telephone	(636) 583-2799	Alzheimer's Unit	No
UNION	MO 63084-1113	Level of Care	ALF**	Bed Capacity	50
Mailing Address 1 NORTH POTOMAC CT		County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1113	Region	6	Facility Number	13596

GASCONADE**FRENE VALLEY OF HERMANN-A STONEBRIDGE COMMUNITY**

1800 WEIN ST		Telephone	(573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care	SNF	Bed Capacity	118
Mailing Address PO BOX 468		County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-0468	Region	6 Medicare/Medicaid	Facility Number	02690

* 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)).

FRENE VALLEY OF HERMANN-A STONEBRIDGE COMMUNITY

1800 WEIN ST		Telephone	(573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care	ALF	Bed Capacity	18
Mailing Address PO BOX 468		County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-0468	Region	6	Facility Number	02690

FRENE VALLEY OF OWENSVILLE-A STONEBRIDGE COMMUNITY

1016 W HIGHWAY 28		Telephone	(573) 437-6877	Alzheimer's Unit	Yes
OWENSVILLE	MO 65066-1677	Level of Care	SNF	Bed Capacity	131
Mailing Address PO BOX 593		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0593	Region	6 Medicare/Medicaid	Facility Number	19051

GASCONADE MANOR NURSING HOME

1910 NURSING HOME RD		Telephone	(573) 437-4101	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care	SNF	Bed Capacity	79
Mailing Address PO BOX 520		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region	6 Medicare/Medicaid	Facility Number	02804

GASCONADE TERRACE RETIREMENT CENTER

1930 NURSING HOME RD		Telephone	(573) 437-4833	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care	ALF	Bed Capacity	19
Mailing Address PO BOX 520		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region	6	Facility Number	14143

VICTORIAN PLACE OF HERMANN, RESIDENTIAL CARE BY AMERICARE

2120 VILLAGE LN		Telephone	(573) 486-5060	Alzheimer's Unit	No
HERMANN	MO 65041-1600	Level of Care	RCF	Bed Capacity	48
Mailing Address 2120 VILLAGE LANE		County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-1600	Region	6	Facility Number	24982

VICTORIAN PLACE OF OWENSVILLE, RESIDENTIAL CARE BY AMERICARE

301 NORTH 7TH ST		Telephone	(573) 437-5396	Alzheimer's Unit	No
OWENSVILLE	MO 65066-1075	Level of Care	RCF	Bed Capacity	48
Mailing Address 301 NORTH 7TH ST		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-1075	Region	6	Facility Number	24133

GENTRY**FAIRVIEW VILLAGE ASSISTED LIVING**

304 WEST FAIRVIEW ST		Telephone	(660) 535-4325	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care	ALF	Bed Capacity	24
Mailing Address 304 WEST FAIRVIEW ST		County	GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region	4	Facility Number	04305

KING CITY MANOR

300 WEST FAIRVIEW		Telephone	(660) 535-4325	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care	SNF	Bed Capacity	60
Mailing Address 300 WEST FAIRVIEW		County	GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region	4 Medicare/Medicaid	Facility Number	04305

PINE VIEW MANOR, INC

307 NORTH PINEVIEW ST		Telephone	(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

* 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)).

PINE VIEW MANOR, INC

307 NORTH PINEVIEW ST
 STANBERRY MO 64489-1509
Mailing Address 307 NORTH PINEVIEW ST
 STANBERRY MO 64489-1509

Telephone (660) 783-2118
Level of Care ALF**
County GENTRY
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 05832

GREENE**ASH GROVE HEALTHCARE FACILITY**

401 NORTH MEDICAL DR
 ASH GROVE MO 65604-1004
Mailing Address PO BOX 247
 ASH GROVE MO 65604-0247

Telephone (417) 751-2575
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 82
DMH Licensed No
Facility Number 00200

BRISTOL MANOR OF REPUBLIC

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

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

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

BRISTOL MANOR OF WILLARD

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

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

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

BROOKHAVEN NURSING & REHAB

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

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

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

FREMONT SENIOR LIVING, THE

1520 EAST BATES ST
 SPRINGFIELD MO 65804-8401
Mailing Address 1520 EAST BATES ST
 SPRINGFIELD MO 65804-8401

Telephone (417) 881-0500
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 72
DMH Licensed No
Facility Number 28782

GARDENS, THE

1302 WEST SUNSET
 SPRINGFIELD MO 65807-5943
Mailing Address 1302 WEST SUNSET
 SPRINGFIELD MO 65807-5943

Telephone (417) 889-7600
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 148
DMH Licensed No
Facility Number 20288

GLENDALE GARDENS NURSING & REHAB

3535 EAST CHEROKEE
 SPRINGFIELD MO 65809-2829
Mailing Address 3535 EAST CHEROKEE
 SPRINGFIELD MO 65809-2829

Telephone (417) 889-9955
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 16735

GOLDEN ESTATE RESIDENTIAL CARE

1134 WEST NORTON RD
 SPRINGFIELD MO 65803-1070
Mailing Address 1134 WEST NORTON RD
 SPRINGFIELD MO 65803-1070

Telephone (417) 833-4440
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 31
DMH Licensed Yes
Facility Number 02984

* 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)).

JACOBS CARE CENTER, LLC

932 WEST STATE
 SPRINGFIELD MO 65806-2846
Mailing Address 932 WEST STATE
 SPRINGFIELD MO 65806-2846

Telephone (417) 865-6140
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06229

JAMES RIVER NURSING AND REHABILITATION

3550 EAST BATTLEFIELD
 SPRINGFIELD MO 65809-3400
Mailing Address 3550 EAST BATTLEFIELD
 SPRINGFIELD MO 65809-3400

Telephone (417) 889-9500
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 17645

JORDAN CREEK NURSING & REHAB

910 SOUTH WEST AVE
 SPRINGFIELD MO 65802-4950
Mailing Address 910 SOUTH WEST AVE
 SPRINGFIELD MO 65802-4950

Telephone (417) 865-8741
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 03245

JOY ASSISTED LIVING FOR SENIORS

2030 W MOUNT VERNON ST
 SPRINGFIELD MO 65802-4846
Mailing Address PO BOX 9655
 SPRINGFIELD MO 65801-9655

Telephone (417) 864-8805
Level of Care ALF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 74
DMH Licensed Yes
Facility Number 19668

LAKWOOD - ASSISTED LIVING BY AMERICARE

4685 ROBBERSON AVE
 SPRINGFIELD MO 65810-1785
Mailing Address 4685 ROBBERSON AVE
 SPRINGFIELD MO 65810-1785

Telephone (417) 881-1411
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 67
DMH Licensed No
Facility Number 23613

LODGES, THE

2401 W GRAND ST
 SPRINGFIELD MO 65802-4967
Mailing Address 2401 W GRAND ST
 SPRINGFIELD MO 65802-4967

Telephone (417) 864-4545
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed Yes
Facility Number 09756

MAGNOLIA SQUARE NURSING AND REHAB

1502 WEST EDGEWOOD
 SPRINGFIELD MO 65807-3567
Mailing Address 1502 WEST EDGEWOOD
 SPRINGFIELD MO 65807-3567

Telephone (417) 877-7545
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 23400

MANOR AT ELFINDALE, THE

1707 WEST ELFINDALE ST
 SPRINGFIELD MO 65807-1295
Mailing Address 1707 WEST ELFINDALE ST
 SPRINGFIELD MO 65807-1295

Telephone (417) 831-2273
Level of Care SNF
County GREENE
Region 1 Medicare

Alzheimer's Unit Yes
Bed Capacity 100
DMH Licensed No
Facility Number 17371

MANORCARE HEALTH SERVICES

2915 SOUTH FREMONT
 SPRINGFIELD MO 65804-3608
Mailing Address 2915 S FREMONT
 SPRINGFIELD MO 65804-3608

Telephone (417) 883-4022
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 194
DMH Licensed No
Facility Number 00144

MANORCARE HEALTH SERVICES

2915 SOUTH FREMONT
 SPRINGFIELD MO 65804-3608
Mailing Address 2915 S FREMONT
 SPRINGFIELD MO 65804-3608

Telephone (417) 883-4022
Level of Care ALF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 00144

* 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)).

MAPLE WOOD ALZHEIMER'S SPECIAL CARE CENTER

1146 EAST LAKEWOOD ST
 SPRINGFIELD MO 65810-2614
Mailing Address 1146 E LAKEWOOD ST
 SPRINGFIELD MO 65810-2614

Telephone (417) 885-9050
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 28295

MAPLES HEALTH AND REHABILITATION, THE

610 WEST SUNSET ST
 SPRINGFIELD MO 65807-3696
Mailing Address 610 WEST SUNSET ST
 SPRINGFIELD MO 65807-3696

Telephone (417) 891-1700
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 06441

MARANATHA VILLAGE, INC

233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633
Mailing Address 233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633

Telephone (417) 833-0016
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 04907

MARANATHA VILLAGE, INC

233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633
Mailing Address 233 EAST NORTON RD
 SPRINGFIELD MO 65803-3633

Telephone (417) 833-0016
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 25
DMH Licensed No
Facility Number 04907

MORNINGSIDE OF CHESTERFIELD VILLAGE

2410 WEST CHESTERFIELD BLVD
 SPRINGFIELD MO 65807-8631
Mailing Address 2410 W CHESTERFIELD BLVD
 SPRINGFIELD MO 65807-8631

Telephone (417) 886-4000
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 22584

MORNINGSIDE OF SPRINGFIELD

3540 EAST CHEROKEE
 SPRINGFIELD MO 65809-2828
Mailing Address 3540 EAST CHEROKEE
 SPRINGFIELD MO 65809-2828

Telephone (417) 889-2222
Level of Care RCF
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 67
DMH Licensed No
Facility Number 21025

NEIGHBORHOODS AT QUAIL CREEK, THE

1514 WEST LARK
 SPRINGFIELD MO 65810-2270
Mailing Address 1514 WEST LARK
 SPRINGFIELD MO 65810-2270

Telephone (417) 889-1275
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 24701

QUALITY RESIDENTIAL CARE

2034 WEST COLLEGE
 SPRINGFIELD MO 65806-1524
Mailing Address PO BOX 8127
 SPRINGFIELD MO 65801-8127

Telephone (417) 831-6466
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed Yes
Facility Number 13150

RAVENWOOD - ASSISTED LIVING BY AMERICARE

1950 EAST REPUBLIC RD
 SPRINGFIELD MO 65804-6763
Mailing Address 1950 E REPUBLIC RD
 SPRINGFIELD MO 65804-6763

Telephone (417) 890-6000
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 20791

REPUBLIC NURSING & REHAB

901 EAST HIGHWAY 174
 REPUBLIC MO 65738-1155
Mailing Address 901 EAST HIGHWAY 174
 REPUBLIC MO 65738-1155

Telephone (417) 732-1822
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 127
DMH Licensed No
Facility Number 13684

* 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)).

ROGERSVILLE CARE PLACE LLC

4193 S ZION LN
 ROGERSVILLE MO 65742-9283
Mailing Address 4193 S ZION LN
 ROGERSVILLE MO 65742-9283

Telephone (417) 887-3800
Level of Care RCF*
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed No
Facility Number 24556

SONSHINE MANOR

300 SOUTH COTTONWOOD AVE
 REPUBLIC MO 65738-2093
Mailing Address 300 S COTTONWOOD AVE
 REPUBLIC MO 65738-2093

Telephone (417) 732-2929
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed No
Facility Number 16723

SPRING RIDGE - ASSISTED LIVING BY AMERICARE

2828 SOUTH MEADOWBROOK
 SPRINGFIELD MO 65807-5925
Mailing Address 2828 SOUTH MEADOWBROOK
 SPRINGFIELD MO 65807-5925

Telephone (417) 889-7100
Level of Care ALF**
County GREENE
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 19713

SPRINGFIELD REHABILITATION & HEALTH CARE CENTER

2800 S FORT AVE
 SPRINGFIELD MO 65807-3480
Mailing Address PO BOX 3438 GS
 SPRINGFIELD MO 65808-3438

Telephone (417) 882-0035
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 07460

SPRINGFIELD SKILLED CARE CENTER

2401 W GRAND ST
 SPRINGFIELD MO 65802-4967
Mailing Address 2401 W GRAND ST
 SPRINGFIELD MO 65802-4967

Telephone (417) 864-4545
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 09756

SPRINGFIELD VILLA

1100 EAST MONTCLAIR
 SPRINGFIELD MO 65807-5076
Mailing Address 1100 EAST MONTCLAIR
 SPRINGFIELD MO 65807-5076

Telephone (417) 820-8500
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 146
DMH Licensed No
Facility Number 05280

STRAFFORD CARE CENTER

505 WEST EVERGREEN
 STRAFFORD MO 65757-8625
Mailing Address 505 WEST EVERGREEN
 STRAFFORD MO 65757-8625

Telephone (417) 736-9332
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 21285

WILLARD CARE CENTER

400 WEST WALNUT LN
 WILLARD MO 65781-9432
Mailing Address 400 W WALNUT LN
 WILLARD MO 65781-9432

Telephone (417) 742-3593
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 16393

WILSON'S CREEK NURSING & REHAB

3403 WEST MT VERNON
 SPRINGFIELD MO 65802-5241
Mailing Address 3403 WEST MT VERNON
 SPRINGFIELD MO 65802-5241

Telephone (417) 864-5600
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 172
DMH Licensed No
Facility Number 05579

WOODLAND MANOR

1347 EAST VALLEY WATERMILL RD
 SPRINGFIELD MO 65803-3739
Mailing Address 1347 EAST VALLEY WATERMILL RD
 SPRINGFIELD MO 65803-3739

Telephone (417) 833-1220
Level of Care SNF
County GREENE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 180
DMH Licensed No
Facility Number 05794

* 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)).

GRUNDY

BRISTOL MANOR OF TRENTON

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

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

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

EASTVIEW MANOR CARE CENTER

1622 EAST 28TH ST
 TRENTON MO 64683-1104
Mailing Address 1622 EAST 28TH ST
 TRENTON MO 64683-1104

Telephone (660) 359-2251
Level of Care SNF
County GRUNDY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 18267

PREMIER RESIDENTIAL CARE

109 E CROWDER RD
 TRENTON MO 64683-1802
Mailing Address 109 EAST CROWDER RD
 TRENTON MO 64683-1802

Telephone (660) 359-4292
Level of Care RCF
County GRUNDY
Region 4

Alzheimer's Unit No
Bed Capacity 13
DMH Licensed Yes
Facility Number 02238

SUNNYVIEW NURSING HOME & APARTMENTS

1311 EAST 28TH ST
 TRENTON MO 64683-1103
Mailing Address 1311 EAST 28TH ST
 TRENTON MO 64683-1103

Telephone (660) 359-5647
Level of Care RCF*
County GRUNDY
Region 4

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 18509

SUNNYVIEW NURSING HOME & APARTMENTS

1311 EAST 28TH ST
 TRENTON MO 64683-1103
Mailing Address 1311 EAST 28TH ST
 TRENTON MO 64683-1103

Telephone (660) 359-5647
Level of Care SNF
County GRUNDY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 154
DMH Licensed No
Facility Number 18509

HARRISON

BETHANY CARE CENTER

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

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

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

BRISTOL MANOR OF BETHANY

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

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

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

CRESTVIEW HOME

1313 SOUTH 25TH ST
 BETHANY MO 64424-2634
Mailing Address PO BOX 430
 BETHANY MO 64424-0430

Telephone (660) 425-3128
Level of Care RCF*
County HARRISON
Region 4

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 01936

CRESTVIEW HOME

1313 SOUTH 25TH ST
 BETHANY MO 64424-2634
Mailing Address PO BOX 430
 BETHANY MO 64424-0430

Telephone (660) 425-3128
Level of Care SNF
County HARRISON
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 01936

* 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)).

HENRY

ARBORS AT GLENDALE GARDENS - MEMORY CARE BY AMERICARE, THE

1300 SOUTH MAIN		Telephone	(660) 885-2272	Alzheimer's Unit	Yes
CLINTON	MO 64735-2728	Level of Care	ALF**	Bed Capacity	42
Mailing Address 1300 S MAIN		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-2728	Region	1	Facility Number	17054

BRISTOL MANOR OF CLINTON

1402 EAST FRANKLIN		Telephone	(660) 885-8391	Alzheimer's Unit	No
CLINTON	MO 64735-1768	Level of Care	RCF	Bed Capacity	12
Mailing Address 1402 EAST FRANKLIN		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-1768	Region	1	Facility Number	16656

CLINTON HEALTHCARE AND REHABILITATION CENTER

1009 EAST OHIO		Telephone	(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 - ASSISTED LIVING BY AMERICARE

509 WEST ROGERS ST		Telephone	(660) 885-9770	Alzheimer's Unit	No
CLINTON	MO 64735-2548	Level of Care	ALF**	Bed Capacity	39
Mailing Address 509 WEST ROGERS ST		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-2548	Region	1	Facility Number	20603

JOY ADULT CARE CENTER

614 SOUTH MAIN		Telephone	(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

WESTWOOD LIVING CENTER

1801 NORTH GAINES DR		Telephone	(660) 885-8196	Alzheimer's Unit	Yes
CLINTON	MO 64735-1127	Level of Care	SNF	Bed Capacity	120
Mailing Address 1801 N GAINES DR		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-1127	Region	1 Medicare/Medicaid	Facility Number	08521

WINDSOR HEALTHCARE & REHAB CENTER

809 WEST BENTON		Telephone	(660) 647-3102	Alzheimer's Unit	No
WINDSOR	MO 65360-1239	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 5		County	HENRY	DMH Licensed	No
WINDSOR	MO 65360-0005	Region	1 Medicare/Medicaid	Facility Number	21715

HICKORY

HERMITAGE NURSING & REHAB

FIRST & HIGHWAY 54		Telephone	(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

HOLT

OREGON CARE CENTER

501 MONROE		Telephone	(660) 446-3355	Alzheimer's Unit	No
OREGON	MO 64473-	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 19		County	HOLT	DMH Licensed	No
OREGON	MO 64473-0019	Region	4 Medicare/Medicaid	Facility Number	06097

* 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)).

TIFFANY HEIGHTS

1531 NEBRASKA ST
 MOUND CITY MO 64470-1610
Mailing Address PO BOX 308
 MOUND CITY MO 64470-0308

Telephone (660) 442-3146
Level of Care SNF
County HOLT
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07998

HOWARD**ASHBURY HEIGHTS OF FAYETTE**

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

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

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

FAYETTE CARING CENTER

501 SOUTH PARK
 FAYETTE MO 65248-8952
Mailing Address 501 S PARK
 FAYETTE MO 65248-8952

Telephone (660) 248-3371
Level of Care SNF
County HOWARD
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 10870

GLASGOW GARDENS

100 AUDSLEY DR
 GLASGOW MO 65254-9537
Mailing Address 100 AUDSLEY DR
 GLASGOW MO 65254-9537

Telephone (660) 338-2297
Level of Care SNF
County HOWARD
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 59
DMH Licensed No
Facility Number 01659

LODGE, THE

542 STATE ROAD DD
 FAYETTE MO 65248-9658
Mailing Address 542 STATE RD DD
 FAYETTE MO 65248-9658

Telephone (660) 248-2277
Level of Care ALF**
County HOWARD
Region 5

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 28815

MAPLELAWN RESIDENTIAL CARE FACILITY

420 COUNTY ROAD 112
 FAYETTE MO 65248-
Mailing Address PO BOX 29
 FAYETTE MO 65248-0029

Telephone (660) 248-3626
Level of Care RCF*
County HOWARD
Region 5

Alzheimer's Unit No
Bed Capacity 39
DMH Licensed Yes
Facility Number 04856

HOWELL**BROOKE HAVEN HEALTHCARE**

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

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

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

LAMPLIGHT VILLAGE

309 LOCUST ST
 WEST PLAINS MO 65775-3906
Mailing Address PO BOX 166
 WEST PLAINS MO 65775-0166

Telephone (417) 256-2749
Level of Care RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 21563

MOUNTAIN VIEW HEALTHCARE

1211 NORTH ASH ST
 MOUNTAIN VIEW MO 65548-7376
Mailing Address PO BOX 879
 MOUNTAIN VIEW MO 65548-0879

Telephone (417) 934-6818
Level of Care SNF
County HOWELL
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 105
DMH Licensed No
Facility Number 15542

* 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)).

NHC HEALTHCARE, WEST PLAINS

211 DAVIS DR
 WEST PLAINS MO 65775-2242
Mailing Address PO BOX 497
 WEST PLAINS MO 65775-0497

Telephone (417) 256-0798
Level of Care SNF
County HOWELL
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 08434

PARK PLACE APARTMENTS

1211 NORTH ASH ST
 MOUNTAIN VIEW MO 65548-7376
Mailing Address PO BOX 879
 MOUNTAIN VIEW MO 65548-0879

Telephone (417) 934-6818
Level of Care ALF
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 15542

PLEASANT VALLEY MANOR

213 DAVIS DR
 WEST PLAINS MO 65775-2274
Mailing Address 213 DAVIS DR
 WEST PLAINS MO 65775-2274

Telephone (417) 257-0179
Level of Care RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 13641

SOUTH VIEW HEALTH CARE, LLC

951 CREAMERY ROAD
 WEST PLAINS MO 65775-6052
Mailing Address PO BOX 88
 WEST PLAINS MO 65775-0088

Telephone (417) 255-9322
Level of Care RCF*
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 23567

WEST VUE NURSING AND REHABILITATION CENTER

210 DAVIS DR
 WEST PLAINS MO 65775-2241
Mailing Address 210 DAVIS DR
 WEST PLAINS MO 65775-2241

Telephone (417) 256-2152
Level of Care SNF
County HOWELL
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 21733

WILLOW CARE NURSING HOME

2646 STATE ROUTE 76
 WILLOW SPRINGS MO 65793-8254
Mailing Address PO BOX 309
 WILLOW SPRINGS MO 65793-0309

Telephone (417) 469-3152
Level of Care SNF
County HOWELL
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 105
DMH Licensed No
Facility Number 08614

WILLOW WEST APARTMENTS

2644 STATE ROUTE 76
 WILLOW SPRINGS MO 65793-8254
Mailing Address PO BOX 309
 WILLOW SPRINGS MO 65793-0309

Telephone (417) 469-3152
Level of Care ALF
County HOWELL
Region 1

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 08614

IRON**BAPTIST HOME, THE**

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

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

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

BAPTIST HOME, THE

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

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

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 00274

* 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)).

BAPTIST HOME, THE

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

Telephone (573) 546-7429
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 00274

BAPTIST HOME, THE

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

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

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

BELLEVIEW VALLEY NURSING HOME

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

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

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

GOGGIN BOARDING HOME

620 COUNTY ROAD 40
 CALEDONIA MO 63631-9133
Mailing Address 620 COUNTY RD 40
 CALEDONIA MO 63631-9133

Telephone (573) 697-5894
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 02937

GRANITE HOUSE RCF

321 SOUTH MAIN ST
 IRONTON MO 63650-1406
Mailing Address PO BOX 66
 IRONTON MO 63650-0066

Telephone (573) 546-7283
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 04628

IRONTON RESIDENTIAL CARE CENTER, LLC

101 SOUTH KNOB ST
 IRONTON MO 63650-1501
Mailing Address PO BOX 66
 IRONTON MO 63650-0066

Telephone (573) 546-3080
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 01901

MEADOWBROOK RESIDENTIAL CARE, INC

806 WEST MULBERRY
 PILOT KNOB MO 63663-
Mailing Address PO BOX 510
 PILOT KNOB MO 63663-0510

Telephone (573) 546-7065
Level of Care ALF**
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 20513

PATRICIA'S RESIDENTIAL CARE FACILITY, INC

510 EAST 2ND ST
 ANNAPOLIS MO 63620-9104
Mailing Address 510 EAST 2ND ST
 ANNAPOLIS MO 63620-9104

Telephone (573) 598-4202
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06353

STONECREST HEALTHCARE

2 HIGHWAY Y
 VIBURNUM MO 65566-0707
Mailing Address PO BOX 707
 VIBURNUM MO 65566-0707

Telephone (573) 244-3171
Level of Care SNF
County IRON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 16689

TOWNHOUSE RESIDENTIAL CARE FACILITY

207 FRONT ST
 ANNAPOLIS MO 63620-9130
Mailing Address 207 FRONT ST
 ANNAPOLIS MO 63620-9130

Telephone (573) 598-1168
Level of Care RCF
County IRON
Region 2

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed No
Facility Number 20185

* 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)).

JACKSON

ADDINGTON PLACE OF LEE'S SUMMIT

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

Telephone (816) 554-0101
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 88
DMH Licensed No
Facility Number 28136

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD
 KANSAS CITY MO 64114-5806
Mailing Address 8100 WORNALL RD
 KANSAS CITY MO 64114-5806

Telephone (816) 363-5141
Level of Care ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 47
DMH Licensed No
Facility Number 00199

ARMOUR OAKS SENIOR LIVING COMMUNITY

8100 WORNALL RD
 KANSAS CITY MO 64114-5806
Mailing Address 8100 WORNALL RD
 KANSAS CITY MO 64114-5806

Telephone (816) 363-5141
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 00199

AUTUMN TERRACE HEALTH & REHABILITATION

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

Telephone (816) 358-8222
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 154
DMH Licensed No
Facility Number 00768

BEACON HILL RESIDENTIAL CARE

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

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

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

BENTON HOUSE OF BLUE SPRINGS

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

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

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

BISHOP SPENCER PLACE, INC, THE

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

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

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

BISHOP SPENCER PLACE, INC, THE

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

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

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

BLESSED HOMES

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

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

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

* 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)).

BLUE HILLS REST HOME, INC

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

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

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

BLUE SPRINGS SLC TRS, LLC

550 NE NAPOLEON DR
 BLUE SPRINGS MO 64014-5403
Mailing Address 550 NE NAPOLEON DR
 BLUE SPRINGS MO 64014-5403

Telephone (816) 228-8866
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 72
DMH Licensed No
Facility Number 29917

BRIDGEWOOD HEALTH CARE CENTER

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

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

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

BRISTOL MANOR OF OAK GROVE

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

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

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

BROOKDALE WORNALL PLACE

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

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

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

BUTTERFLY HAVEN

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

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

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

CAMPBELL CARE CENTER

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

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

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

CARONDELET MANOR

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

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

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

CARRIE DUMAS LONG TERM CARE FACILITY

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

Telephone (816) 924-5017
Level of Care ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed Yes
Facility Number 18550

CLARA MANOR NURSING HOME

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

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

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

* 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)).

COLLIER CARE HOME, INC

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

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

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

COUNTRY OAK VILLAGE

101 CROSS CREEK DR
 GRAIN VALLEY MO 64029-9561
Mailing Address 101 CROSS CREEK DR
 GRAIN VALLEY MO 64029-9561

Telephone (816) 224-2700
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 24279

EDGEWOOD MANOR CENTER FOR REHAB AND HEALTHCARE

11900 JESSICA LN
 RAYTOWN MO 64138-2649
Mailing Address 11900 JESSICA LN
 RAYTOWN MO 64138-2649

Telephone (816) 358-7858
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 14119

ESSEX OF GRAIN VALLEY, THE

401 SOUTHWEST ROCK CREEK LN
 GRAIN VALLEY MO 64029-8460
Mailing Address 401 SOUTHWEST ROCK CREEK LN
 GRAIN VALLEY MO 64029-8460

Telephone (816) 443-3992
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24475

GLENNON PLACE NURSING CENTER

128 NORTH HARDESTY
 KANSAS CITY MO 64123-1404
Mailing Address 128 NORTH HARDESTY
 KANSAS CITY MO 64123-1404

Telephone (816) 241-2020
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 02928

GRAND PAVILION HEALTH AND REHAB, THE

4330 WASHINGTON
 KANSAS CITY MO 64111-3340
Mailing Address 4330 WASHINGTON
 KANSAS CITY MO 64111-3340

Telephone (816) 753-6800
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 154
DMH Licensed No
Facility Number 05989

GREGORY RIDGE HEALTH CARE CENTER

7001 CLEVELAND AVE
 KANSAS CITY MO 64132-1622
Mailing Address 7001 CLEVELAND AVE
 KANSAS CITY MO 64132-1622

Telephone (816) 333-0700
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 116
DMH Licensed No
Facility Number 04109

GUARDIAN ANGEL CARE HOME

6112 MANNING
 RAYTOWN MO 64133-3757
Mailing Address PO BOX 177
 OAK GROVE MO 64075-0177

Telephone (816) 313-2515
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 21046

HARRIS HOUSE RESIDENTIAL CARE FACILITY, THE

3859 EAST 59TH TERRACE
 KANSAS CITY MO 64130-4410
Mailing Address 3859 EAST 59TH TERRACE
 KANSAS CITY MO 64130-4410

Telephone (816) 349-3530
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 7
DMH Licensed No
Facility Number 16225

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409
Mailing Address 11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409

Telephone (816) 737-1010
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 112
DMH Licensed No
Facility Number 17146

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

** 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)).

HIDDEN LAKE CARE CENTER

11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409
Mailing Address 11400 HIDDEN LAKE DR
 RAYTOWN MO 64133-7409

Telephone (816) 737-1010
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 17146

HIGHLAND REHABILITATION & HEALTH CARE CENTER

904 EAST 68TH ST
 KANSAS CITY MO 64131-1305
Mailing Address 904 EAST 68TH ST
 KANSAS CITY MO 64131-1305

Telephone (816) 333-5485
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 162
DMH Licensed No
Facility Number 06782

HOPE CARE CENTER

115 EAST 83RD ST
 KANSAS CITY MO 64114-2537
Mailing Address 115 EAST 83RD ST
 KANSAS CITY MO 64114-2537

Telephone (816) 523-3988
Level of Care SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 21370

HOUSE OF CARE CENTER

3744 BENTON BLVD
 KANSAS CITY MO 64128-2515
Mailing Address PO BOX 287912
 KANSAS CITY MO 64128-7912

Telephone (816) 921-6852
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 8
DMH Licensed Yes
Facility Number 17001

INDEPENDENCE CHATEAU

17441 EAST MEDICAL CENTER PARKWAY
 INDEPENDENCE MO 64057-1805
Mailing Address 17441 EAST MEDICAL CENTER PRKWY
 INDEPENDENCE MO 64057-1805

Telephone (816) 478-1991
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 20682

INDEPENDENCE MANOR CARE CENTER

1600 SOUTH KINGS HIGHWAY
 INDEPENDENCE MO 64055-1853
Mailing Address 1600 S KINGS HWY
 INDEPENDENCE MO 64055-1853

Telephone (816) 833-4777
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 99
DMH Licensed No
Facility Number 03807

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care SNF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 12724

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 23
DMH Licensed No
Facility Number 12724

JEANNE JUGAN CENTER

8745 JAMES A REED ROAD
 KANSAS CITY MO 64138-4414
Mailing Address 8745 JAMES A REED RD
 KANSAS CITY MO 64138-4414

Telephone (816) 761-4744
Level of Care ICF
County JACKSON
Region 3 **Medicaid**

Alzheimer's Unit No
Bed Capacity 25
DMH Licensed No
Facility Number 12724

JEFFERSON HEALTH CARE

615 SW OLDHAM PARKWAY
 LEE'S SUMMIT MO 64081-2602
Mailing Address 615 SW OLDHAM PKWY
 LEE'S SUMMIT MO 64081-2602

Telephone (816) 524-3328
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 04415

* 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)).

JOHN KNOX VILLAGE CARE CENTER

600 NW PRYOR ROAD
 LEE'S SUMMIT MO 64081-1104
Mailing Address 600 NW PRYOR RD
 LEE'S SUMMIT MO 64081-1104

Telephone (816) 246-4343 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 430
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 14529

JOLET HOME

3920 FOREST
 KANSAS CITY MO 64110-1220
Mailing Address 3920 FOREST
 KANSAS CITY MO 64110-1220

Telephone (816) 531-5308 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 17
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 03982

KINGSWOOD

10000 WORNALL RD
 KANSAS CITY MO 64114-4359
Mailing Address 10000 WORNALL RD
 KANSAS CITY MO 64114-4359

Telephone (816) 942-0994 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 17
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 04152

KINGSWOOD

10000 WORNALL RD
 KANSAS CITY MO 64114-4359
Mailing Address 10000 WORNALL RD
 KANSAS CITY MO 64114-4359

Telephone (816) 942-0994 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 86
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 04152

LEE'S SUMMIT POINTE HEALTH & REHABILITATION

1501 SW 3RD ST
 LEE'S SUMMIT MO 64081-2424
Mailing Address 1501 SW 3RD ST
 LEE'S SUMMIT MO 64081-2424

Telephone (816) 525-6300 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 12484

LIFE CARE CENTER OF GRANDVIEW

6301 EAST 125TH ST
 GRANDVIEW MO 64030-1884
Mailing Address 6301 EAST 125TH ST
 GRANDVIEW MO 64030-1884

Telephone (816) 765-7714 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 172
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 11929

LODGE RESIDENTIAL CARE FACILITY, THE

3860 EAST 60TH ST
 KANSAS CITY MO 64130-4418
Mailing Address 3860 EAST 60TH ST
 KANSAS CITY MO 64130-4418

Telephone (816) 349-3520 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 8
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 16211

MAYWOOD MANOR

1041 WEST TRUMAN RD
 INDEPENDENCE MO 64050-3447
Mailing Address 1041 WEST TRUMAN RD
 INDEPENDENCE MO 64050-3447

Telephone (816) 254-6789 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 24
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 03948

MAYWOOD TERRACE LIVING CENTER

10300 EAST TRUMAN RD
 INDEPENDENCE MO 64052-2258
Mailing Address 10300 EAST TRUMAN RD
 INDEPENDENCE MO 64052-2258

Telephone (816) 836-1250 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 89
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 08673

MONTEREY PARK REHABILITATION & HEALTH CARE CENTER

4600 LITTLE BLUE PARKWAY
 INDEPENDENCE MO 64057-8302
Mailing Address 4600 LITTLE BLUE PRKWY
 INDEPENDENCE MO 64057-8302

Telephone (816) 795-7888 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 122
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 15987

* 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)).

MYERS NURSING & CONVALESCENT CENTER

2315 WALROND AVE
 KANSAS CITY MO 64127-4210
Mailing Address 2315 WALROND AVE
 KANSAS CITY MO 64127-4210

Telephone (816) 231-3180 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 84
County JACKSON **DMH Licensed** No
Region 3 **Medicaid** **Facility Number** 05626

OAK GROVE NURSING & REHAB

2108 SOUTH MITCHELL
 OAK GROVE MO 64075-9472
Mailing Address 2108 S MITCHELL
 OAK GROVE MO 64075-9472

Telephone (816) 690-4118 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 90
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 05849

OAKS, THE

5550 NOLAND ROAD
 KANSAS CITY MO 64133-3685
Mailing Address 5550 NOLAND RD
 KANSAS CITY MO 64133-3685

Telephone (816) 356-0200 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 62
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 13440

PARKWAY HEALTH CARE CENTER

2323 SWOPE PARKWAY
 KANSAS CITY MO 64130-2638
Mailing Address 2323 SWOPE PARKWAY
 KANSAS CITY MO 64130-2638

Telephone (816) 924-1122 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 97
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 07092

PASEO RESIDENTIAL CARE I

3433 PASEO
 KANSAS CITY MO 64109-2401
Mailing Address 3433 PASEO
 KANSAS CITY MO 64109-2401

Telephone (816) 921-3378 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 28
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 06342

RAYTOWN BICKFORD HOUSE

9110 EAST 63RD ST
 RAYTOWN MO 64133-4893
Mailing Address 9110 EAST 63RD ST
 RAYTOWN MO 64133-4893

Telephone (816) 353-3400 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 85
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 24227

REDWOOD OF BLUE RIVER

10425 CHESTNUT DR
 KANSAS CITY MO 64137-3201
Mailing Address 10425 CHESTNUT DR
 KANSAS CITY MO 64137-3201

Telephone (816) 763-4444 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 160
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 19114

REDWOOD OF CARMEL HILLS

810 EAST WALNUT ST
 INDEPENDENCE MO 64050-4025
Mailing Address 810 EAST WALNUT ST
 INDEPENDENCE MO 64050-4025

Telephone (816) 461-9600 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 194
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 23422

REDWOOD OF INDEPENDENCE

1800 S SWOPE DR
 INDEPENDENCE MO 64057-1084
Mailing Address 1800 S SWOPE DR
 INDEPENDENCE MO 64057-1084

Telephone (816) 257-2566 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 130
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 22063

REDWOOD OF KANSAS CITY SOUTH

8033 HOLMES RD
 KANSAS CITY MO 64131-2115
Mailing Address 8033 HOLMES RD
 KANSAS CITY MO 64131-2115

Telephone (816) 363-6222 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 100
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 03680

* 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)).

ROCKHILL MANOR ASSISTED LIVING

4235 LOCUST ST
 KANSAS CITY MO 64110-1016
Mailing Address PO BOX 5930
 KANSAS CITY MO 64171-0930

Telephone (816) 931-2225
Level of Care ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 154
DMH Licensed Yes
Facility Number 06794

ROCKHILL MANOR ASSISTED LIVING

4235 LOCUST ST
 KANSAS CITY MO 64110-1016
Mailing Address PO BOX 5930
 KANSAS CITY MO 64171-0930

Telephone (816) 931-2225
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
Facility Number 06794

ROSEWOOD HEALTH AND REHAB CENTER

1415 WEST WHITE OAK
 INDEPENDENCE MO 64050-2590
Mailing Address 1415 WEST WHITE OAK
 INDEPENDENCE MO 64050-2590

Telephone (816) 254-3500
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 300
DMH Licensed No
Facility Number 06604

SEASONS CARE CENTER

15600 WOODS CHAPEL RD
 KANSAS CITY MO 64139-1261
Mailing Address 15600 WOODS CHAPEL RD
 KANSAS CITY MO 64139-1261

Telephone (816) 478-4757
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 72
DMH Licensed No
Facility Number 23712

SERENITY REHABILITATION AND NURSING KANSAS CITY

12942 WORNALL RD
 KANSAS CITY MO 64145-1253
Mailing Address 12942 WORNALL RD
 KANSAS CITY MO 64145-1253

Telephone (816) 423-8500
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 180
DMH Licensed No
Facility Number 00644

SERENITY REHABILITATION AND NURSING KANSAS CITY

12942 WORNALL RD
 KANSAS CITY MO 64145-1253
Mailing Address 12942 WORNALL RD
 KANSAS CITY MO 64145-1253

Telephone (816) 423-8500
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 105
DMH Licensed No
Facility Number 00644

SHANGRI LA REHAB & LIVING CENTER

930 NORTH EAST DUNCAN RD
 BLUE SPRINGS MO 64014-2173
Mailing Address 930 NORTH EAST DUNCAN RD
 BLUE SPRINGS MO 64014-2173

Telephone (816) 229-6677
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 00677

ST MARY'S MANOR

111 MOCK AVE
 BLUE SPRINGS MO 64014-2504
Mailing Address 111 MOCK AVE
 BLUE SPRINGS MO 64014-2504

Telephone (816) 228-5655
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 132
DMH Licensed No
Facility Number 13219

ST MARY'S MANOR

111 MOCK AVE
 BLUE SPRINGS MO 64014-2504
Mailing Address 111 MOCK AVE
 BLUE SPRINGS MO 64014-2504

Telephone (816) 228-5655
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 57
DMH Licensed No
Facility Number 13219

SUMMIT, THE

3660 SUMMIT
 KANSAS CITY MO 64111-4632
Mailing Address 3660 SUMMIT
 KANSAS CITY MO 64111-4632

Telephone (816) 931-1196
Level of Care SNF
County JACKSON
Region 3 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed No
Facility Number 18330

* 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)).

SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICARE

12101 EAST BANNISTER RD
 KANSAS CITY MO 64138-4913
Mailing Address 12101 EAST BANNISTER RD
 KANSAS CITY MO 64138-4913

Telephone (816) 763-6667 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 52
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 16311

SWOPE RIDGE GERIATRIC CENTER

5900 SWOPE PARKWAY
 KANSAS CITY MO 64130-4241
Mailing Address 5900 SWOPE PRKWY
 KANSAS CITY MO 64130-4241

Telephone (816) 333-2700 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 240
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 07904

TIMBERLAKE CARE CENTER

12110 HOLMES RD
 KANSAS CITY MO 64145-1707
Mailing Address 12110 HOLMES RD
 KANSAS CITY MO 64145-1707

Telephone (816) 941-3006 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 122
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 10962

TRUMAN GARDENS

17451 MEDICAL CENTER PARKWAY
 INDEPENDENCE MO 64057-1805
Mailing Address 17451 MEDICAL CENTER PRKWY
 INDEPENDENCE MO 64057-1805

Telephone (816) 373-7795 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 118
County JACKSON **DMH Licensed** No
Region 3 **Medicare/Medicaid** **Facility Number** 03782

TURNING POINT GROUP HOME

1720 SWOPE DR
 INDEPENDENCE MO 64057-2163
Mailing Address PO BOX 1193
 INDEPENDENCE MO 64051-0693

Telephone (816) 257-1435 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 13608

VILLA VENTURA ASSISTED LIVING FACILITY

12100 WORNALL RD
 KANSAS CITY MO 64145-1764
Mailing Address 12100 WORNALL RD
 KANSAS CITY MO 64145-1764

Telephone (816) 941-0525 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 50
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 15614

VILLAGE ASSISTED LIVING

1704 NORTHWEST O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559
Mailing Address 1704 NORTHWEST O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559

Telephone (816) 347-2700 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 141
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 16108

VILLAGE ASSISTED LIVING

1701 NW O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559
Mailing Address 1701 NW O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559

Telephone (816) 347-2700 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 50
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 29258

VILLAGE AT CARROLL PARK, THE

5301 HARRY TRUMAN DR
 GRANDVIEW MO 64030-1708
Mailing Address 5301 HARRY TRUMAN DR
 GRANDVIEW MO 64030-1708

Telephone (816) 761-6838 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 93
County JACKSON **DMH Licensed** Yes
Region 3 **Facility Number** 03157

VILLAGE RESIDENTIAL CARE

1704 NORTHWEST O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559
Mailing Address 1704 NORTHWEST O'BRIEN RD
 LEE'S SUMMIT MO 64081-1559

Telephone (816) 347-2700 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 31
County JACKSON **DMH Licensed** No
Region 3 **Facility Number** 16108

* 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)).

VILLAGES OF JACKSON CREEK MEMORY CARE, THE

19400 EAST 40TH ST COURT SOUTH
 INDEPENDENCE MO 64057-1548
Mailing Address 19400 EAST 40TH ST COURT SOUTH
 INDEPENDENCE MO 64057-1548

Telephone (816) 795-1433
Level of Care ICF
County JACKSON
Region 3

Alzheimer's Unit Yes
Bed Capacity 70
DMH Licensed No
Facility Number 25894

VILLAGES OF JACKSON CREEK, THE

3980 SOUTH JACKSON DR
 INDEPENDENCE MO 64057-2205
Mailing Address 3980 S JACKSON DR
 INDEPENDENCE MO 64057-2205

Telephone (816) 795-1433
Level of Care SNF
County JACKSON
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 25709

VILLAGES OF JACKSON CREEK, THE

3980 SOUTH JACKSON DR
 INDEPENDENCE MO 64057-2205
Mailing Address 3980 S JACKSON DR
 INDEPENDENCE MO 64057-2205

Telephone (816) 795-1433
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 25709

WATERFORD LADIES HOME

500 NW VESPER ST
 BLUE SPRINGS MO 64014-2744
Mailing Address 500 NW VESPER ST
 BLUE SPRINGS MO 64014-2744

Telephone (816) 228-6337
Level of Care RCF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed No
Facility Number 13774

WATERFORD SOUTH

11515 HOLMES RD
 KANSAS CITY MO 64131-3856
Mailing Address 11515 HOLMES RD
 KANSAS CITY MO 64131-3856

Telephone (816) 942-4898
Level of Care ALF
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed Yes
Facility Number 14888

WESTRIDGE GARDENS REHABILITATION & HEALTH CARE CENTER

11901 JESSICA LN
 RAYTOWN MO 64138-2639
Mailing Address 11901 JESSICA LN
 RAYTOWN MO 64138-2639

Telephone (816) 358-3535
Level of Care SNF
County JACKSON
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 03514

WHITE OAK LIVING CENTER

1515 WEST WHITE OAK
 INDEPENDENCE MO 64050-2557
Mailing Address 1515 WEST WHITE OAK
 INDEPENDENCE MO 64050-2557

Telephone (816) 254-3500
Level of Care ALF**
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 78
DMH Licensed No
Facility Number 06604

WILSHIRE AT LAKEWOOD

600 NE MEADOWVIEW DR
 LEE'S SUMMIT MO 64064-1983
Mailing Address 600 NE MEADOWVIEW DR
 LEE'S SUMMIT MO 64064-1983

Telephone (816) 554-9866
Level of Care SNF
County JACKSON
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 170
DMH Licensed No
Facility Number 22471

WOOD OAKS, INC

1804 SOUTH STERLING AVE
 INDEPENDENCE MO 64052-3845
Mailing Address PO BOX 520049
 INDEPENDENCE MO 64052-0049

Telephone (816) 254-5400
Level of Care RCF*
County JACKSON
Region 3

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 02389

* 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)).

JASPER

AUTUMN PLACE RESIDENTIAL CARE OF JOPLIN

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

Telephone (417) 626-8900
Level of Care RCF*
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 38
DMH Licensed No
Facility Number 20779

BRISTOL MANOR OF CARTHAGE

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

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

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

BRISTOL MANOR OF WEBB CITY

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

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

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

CARL JUNCTION RESIDENTIAL CARE

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

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

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

CARTHAGE HEALTH AND REHABILITATION CENTER

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

Telephone (417) 358-1937
Level of Care SNF
County JASPER
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 12472

COMMUNITIES OF WILDWOOD RANCH

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

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

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

FOXBERY TERRACE - ASSISTED LIVING BY AMERICARE

4316 N ST LOUIS AVE
 WEBB CITY MO 64870-9550
Mailing Address 4316 NORTH ST LOUIS AVE
 WEBB CITY MO 64870-9550

Telephone (417) 625-1000
Level of Care ALF**
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 46
DMH Licensed No
Facility Number 25428

JOPLIN GARDENS

2810 SOUTH JACKSON AVE
 JOPLIN MO 64804-
Mailing Address 2810 SOUTH JACKSON AVE
 JOPLIN MO 64804-

Telephone (417) 572-0041
Level of Care SNF
County JASPER
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 01373

MAPLE TREE TERRACE - ASSISTED LIVING BY AMERICARE

2510 CLINTON ST
 CARTHAGE MO 64836-3427
Mailing Address 2510 CLINTON ST
 CARTHAGE MO 64836-3427

Telephone (417) 358-7201
Level of Care ALF**
County JASPER
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 17660

* 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)).

OAK POINTE OF CARTHAGE

300 W AIRPORT DR
 CARTHAGE MO 64836-3511
Mailing Address 300 W AIRPORT DR
 CARTHAGE MO 64836-3511

Telephone (417) 358-3355 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 50
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 30168

SARCOXIE NURSING CENTER

1505 MINER
 SARCOXIE MO 64862-9211
Mailing Address PO BOX 248
 SARCOXIE MO 64862-0248

Telephone (417) 548-3434 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 40
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 06864

SPRING RIVER CHRISTIAN VILLAGE, INC

201 S NORTH PARK LN
 JOPLIN MO 64801-8426
Mailing Address 201 S NORTH PARK LN
 JOPLIN MO 64801-8426

Telephone (417) 623-4313 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 14251

SPRING RIVER CHRISTIAN VILLAGE, INC

201 S NORTH PARK LN
 JOPLIN MO 64801-8426
Mailing Address 201 S NORTH PARK LN
 JOPLIN MO 64801-8426

Telephone (417) 623-4313 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 93
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 14251

ST LUKE'S CARE CENTER, INC

1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122
Mailing Address 1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122

Telephone (417) 358-9084 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 41
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 07606

ST LUKE'S NURSING CENTER, INC

1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122
Mailing Address 1220 EAST FAIRVIEW AVE
 CARTHAGE MO 64836-3122

Telephone (417) 358-9084 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 95
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 07606

SUNNYHILLS RESIDENTIAL CARE FACILITY

17562 IMPERIAL RD
 CARTHAGE MO 64836-8753
Mailing Address 17562 IMPERIAL RD
 CARTHAGE MO 64836-8753

Telephone (417) 358-6122 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 18
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 13351

WEBB CITY HEALTH AND REHABILITATION CENTER

2077 STADIUM DR
 WEBB CITY MO 64870-9743
Mailing Address 2077 STADIUM DR
 WEBB CITY MO 64870-9743

Telephone (417) 673-1933 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County JASPER **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 12286

WHISPERING PINES SENIOR LIVING

4904 EAST WELLRIDGE LN
 JOPLIN MO 64801-8793
Mailing Address 4904 EAST WELLRIDGE LN
 JOPLIN MO 64801-8793

Telephone (417) 781-0099 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 20
County JASPER **DMH Licensed** No
Region 1 **Facility Number** 09477

* 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)).

JEFFERSON

AUTUMN RIDGE

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

Telephone (636) 931-8400
Level of Care RCF*
County JEFFERSON
Region 7

Alzheimer's Unit No
Bed Capacity 81
DMH Licensed Yes
Facility Number 15845

BAISCH NURSING CENTER

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

Telephone (636) 586-2291
Level of Care RCF*
County JEFFERSON
Region 7

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

BAISCH NURSING CENTER

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

Telephone (636) 586-2291
Level of Care SNF
County JEFFERSON
Region 7 **Medicare/Medicaid**

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

BIG RIVER NURSING & REHABILITATION CENTER

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

Telephone (636) 274-1777
Level of Care SNF
County JEFFERSON
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 150
DMH Licensed No
Facility Number 12647

COLONIAL HOUSE OF CRYSTAL CITY

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

Telephone (636) 937-1000
Level of Care RCF
County JEFFERSON
Region 7

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

COLONIAL HOUSE OF FESTUS I

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

Telephone (636) 937-7140
Level of Care RCF
County JEFFERSON
Region 7

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

COLONIAL HOUSE OF FESTUS II

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

Telephone (636) 937-4050
Level of Care RCF
County JEFFERSON
Region 7

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

CORI MANOR HEALTHCARE & REHABILITATION CENTER

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

Telephone (636) 343-2282
Level of Care SNF
County JEFFERSON
Region 7 **Medicare/Medicaid**

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

CRYSTAL OAKS

1500 CALVARY CHURCH RD
 FESTUS MO 63028-4125
Mailing Address PO BOX 680
 CRYSTAL CITY MO 63019-0680

Telephone (636) 933-1818
Level of Care SNF
County JEFFERSON
Region 7 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 131
DMH Licensed No
Facility Number 99932

* 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)).

CRYSTAL OAKS

1500 CALVARY CHURCH RD
 FESTUS MO 63028-4125
Mailing Address PO BOX 680
 CRYSTAL CITY MO 63019-0680

Telephone (636) 933-1818
Level of Care ALF**
County JEFFERSON
Region 7

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 99932

FESTUS MANOR

627 WESTWOOD DR S
 FESTUS MO 63028-2062
Mailing Address 627 WESTWOOD DR S
 FESTUS MO 63028-2062

Telephone (636) 931-9066
Level of Care SNF
County JEFFERSON
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 150
DMH Licensed Yes
Facility Number 02546

FESTUS REST HOME

705 MOORE ST
 FESTUS MO 63028-1339
Mailing Address PO BOX 51
 FESTUS MO 63028-0051

Telephone (636) 937-7125
Level of Care RCF
County JEFFERSON
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 02555

FOUNTAINBLEAU NURSING CENTER

1349 HIGHWAY 61
 FESTUS MO 63028-4107
Mailing Address PO BOX 700
 FESTUS MO 63028-0700

Telephone (636) 937-3500
Level of Care SNF
County JEFFERSON
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 106
DMH Licensed No
Facility Number 17080

HILLCREST CARE CENTER, INC

1108 CLARKE ST
 DE SOTO MO 63020-2706
Mailing Address 1108 CLARKE ST
 DE SOTO MO 63020-2706

Telephone (636) 586-3022
Level of Care SNF
County JEFFERSON
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 20084

KEATON CENTER

120 N MILL ST
 FESTUS MO 63028-1816
Mailing Address 120 N MILL ST
 FESTUS MO 63028-1816

Telephone (636) 232-2323
Level of Care ALF
County JEFFERSON
Region 7

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 20413

MAGNOLIA HOME, LLC THE

204 GRAND AVE
 FESTUS MO 63028-1842
Mailing Address 204 GRAND AVE
 FESTUS MO 63028-1842

Telephone (636) 933-0662
Level of Care RCF
County JEFFERSON
Region 7

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 13697

MY PLACE RESIDENTIAL CARE, L.C.

23 NORTH SIXTH ST
 FESTUS MO 63028-1301
Mailing Address 23 N SIXTH ST
 FESTUS MO 63028-1301

Telephone (636) 933-1793
Level of Care ALF
County JEFFERSON
Region 7

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed Yes
Facility Number 10631

MY PLACE TOO, INC

1107 CLARKE ST
 DE SOTO MO 63020-2709
Mailing Address 1107 CLARKE ST
 DE SOTO MO 63020-2709

Telephone (636) 586-7871
Level of Care RCF*
County JEFFERSON
Region 7

Alzheimer's Unit No
Bed Capacity 47
DMH Licensed Yes
Facility Number 16234

SCENIC NURSING AND REHABILITATION CENTER, LLC

1333 SCENIC DR
 HERCULANEUM MO 63048-1550
Mailing Address 1333 SCENIC DR
 HERCULANEUM MO 63048-1550

Telephone (636) 931-2995
Level of Care SNF
County JEFFERSON
Region 7 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 189
DMH Licensed No
Facility Number 09605

* 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)).

SOUTH COUNTY NURSING HOME, INC

1101 WEST OUTER 21 RD
 ARNOLD MO 63010-4644
Mailing Address 1101 WEST OUTER 21 RD
 ARNOLD MO 63010-4644

Telephone (636) 296-5455 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 153
County JEFFERSON **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 03650

SUNNYHILL INDEPENDENCE CENTER

3343 ARMBRUSTER ROAD
 DE SOTO MO 63020-4506
Mailing Address 3343 ARMBRUSTER RD
 DE SOTO MO 63020-4506

Telephone (636) 586-2188 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 32
County JEFFERSON **DMH Licensed** Yes
Region 7 **Facility Number** 29674

SUNNYHILL RESIDENTIAL CARE FACILITY

134 GRAY ST
 FESTUS MO 63028-1949
Mailing Address PO BOX 356
 FESTUS MO 63028-0356

Telephone (636) 931-4701 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 20
County JEFFERSON **DMH Licensed** Yes
Region 7 **Facility Number** 07725

TWIN CITY RESIDENTIAL CARE

#1 HOLDING LN
 CRYSTAL CITY MO 63019-1122
Mailing Address PO BOX 92
 HERCULANEUM MO 63048-0092

Telephone (636) 937-3851 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 48
County JEFFERSON **DMH Licensed** Yes
Region 7 **Facility Number** 03763

VILLAS-A STONEBRIDGE COMMUNITY, THE

1550 VILLAS DR
 DE SOTO MO 63020-2586
Mailing Address 1550 VILLAS DR
 DE SOTO MO 63020-2586

Telephone (636) 586-6559 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 80
County JEFFERSON **DMH Licensed** No
Region 7 **Facility Number** 13501

VILLAS-A STONEBRIDGE COMMUNITY, THE

1550 VILLAS DR
 DE SOTO MO 63020-2586
Mailing Address 1550 VILLAS DR
 DE SOTO MO 63020-2586

Telephone (636) 586-6559 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 51
County JEFFERSON **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 13501

WOODLAND MANOR NURSING CENTER

100 WOODLAND COURT
 ARNOLD MO 63010-2030
Mailing Address 100 WOODLAND CT
 ARNOLD MO 63010-2030

Telephone (636) 296-1400 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 178
County JEFFERSON **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 12549

WOODLAND MANOR OF ARNOLD, LLC

100 WOODLAND COURT
 ARNOLD MO 63010-2030
Mailing Address 100 WOODLAND COURT
 ARNOLD MO 63010-2030

Telephone (636) 296-1400 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 24
County JEFFERSON **DMH Licensed** No
Region 7 **Facility Number** 12549

JOHNSON**BRISTOL MANOR OF HOLDEN**

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

Telephone (816) 732-6789 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County JOHNSON **DMH Licensed** No
Region 3 **Facility Number** 17951

* 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)).

BRISTOL MANOR OF WARRENSBURG

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

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

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

COUNTRY CLUB CARE CENTER OF WARRENSBURG

503 REGENT DR
 WARRENSBURG MO 64093-3231
Mailing Address 503 REGENT DR
 WARRENSBURG MO 64093-3231

Telephone (660) 429-4444
Level of Care SNF
County JOHNSON
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 73
DMH Licensed No
Facility Number 20892

COUNTRY CLUB CARE CENTER OF WARRENSBURG

503 REGENT DR
 WARRENSBURG MO 64093-3231
Mailing Address 503 REGENT DR
 WARRENSBURG MO 64093-3231

Telephone (660) 429-4444
Level of Care RCF*
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 20892

HARMONY GARDENS - ASSISTED LIVING BY AMERICARE

503 BURKARTH ROAD
 WARRENSBURG MO 64093-3145
Mailing Address 503 BURKARTH RD
 WARRENSBURG MO 64093-3145

Telephone (660) 747-5411
Level of Care ALF**
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 18615

HOLDEN MANOR CARE CENTER

2005 SOUTH LEXINGTON
 HOLDEN MO 64040-1610
Mailing Address 2005 S LEXINGTON
 HOLDEN MO 64040-1610

Telephone (816) 732-4138
Level of Care SNF
County JOHNSON
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 08334

JOHNSON COUNTY CARE CENTER

122 EAST MARKET ST
 WARRENSBURG MO 64093-1818
Mailing Address 122 EAST MARKET ST
 WARRENSBURG MO 64093-1818

Telephone (660) 747-8101
Level of Care ICF
County JOHNSON
Region 3 Medicaid

Alzheimer's Unit No
Bed Capacity 87
DMH Licensed No
Facility Number 05309

MOOREVIEW RESIDENTIAL

130 WEST CULTON
 WARRENSBURG MO 64093-1720
Mailing Address 130 WEST CULTON
 WARRENSBURG MO 64093-1720

Telephone (660) 429-1587
Level of Care RCF
County JOHNSON
Region 3

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 11225

RIDGE CREST NURSING CENTER

706 SOUTH MITCHELL
 WARRENSBURG MO 64093-2828
Mailing Address 706 SOUTH MITCHELL
 WARRENSBURG MO 64093-2828

Telephone (660) 429-2177
Level of Care SNF
County JOHNSON
Region 3 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 06640

WARRENSBURG MANOR CARE CENTER

400 CARE CENTER DR
 WARRENSBURG MO 64093-3100
Mailing Address 400 CARE CENTER DR
 WARRENSBURG MO 64093-3100

Telephone (660) 747-2216
Level of Care SNF
County JOHNSON
Region 3 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 92
DMH Licensed No
Facility Number 08383

* 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)).

KNOX

BLESSING CENTER, THE

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

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

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

KNOX COUNTY NURSING HOME DISTRICT

55774 STATE HIGHWAY 6
 EDINA MO 63537-4253
Mailing Address 55774 STATE HIGHWAY 6
 EDINA MO 63537-4253

Telephone (660) 397-2282
Level of Care SNF
County KNOX
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 04173

LACLEDE

COUNTRYSIDE HOME, LLC

24499 PARK DR
 LEBANON MO 65536-5843
Mailing Address 24499 PARK DR
 LEBANON MO 65536-5843

Telephone (417) 532-7418
Level of Care RCF
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 15052

DOVE SENIOR CITIZEN HOME

31841 NORTH HIGHWAY 5
 LEBANON MO 65536-6898
Mailing Address 31841 NORTH HIGHWAY 5
 LEBANON MO 65536-1320

Telephone (417) 426-5411
Level of Care RCF
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 02180

ESSEX OF LEBANON, THE

1316 DEADRA DR
 LEBANON MO 65536-4609
Mailing Address 1316 DEADRA DR
 LEBANON MO 65536-4609

Telephone (417) 532-4863
Level of Care RCF
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24257

GASLIGHT MANOR

25466 NORTH HWY 5
 LEBANON MO 65536-
Mailing Address PO BOX 969
 LEBANON MO 65536-0969

Telephone (417) 532-3045
Level of Care ALF
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed Yes
Facility Number 08791

LEBANON NORTH NURSING & REHAB

596 MORTON RD
 LEBANON MO 65536-3648
Mailing Address 596 MORTON RD
 LEBANON MO 65536-3648

Telephone (417) 532-9173
Level of Care SNF
County LACLEDE
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 180
DMH Licensed No
Facility Number 04369

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT ROAD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT RD
 LEBANON MO 65536-4244

Telephone (417) 532-5351
Level of Care RCF*
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 2
DMH Licensed No
Facility Number 15650

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT RD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT RD
 LEBANON MO 65536-4244

Telephone (417) 532-5351
Level of Care RCF
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 68
DMH Licensed No
Facility Number 15650

* 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)).

LEBANON SOUTH NURSING & REHAB

514 WEST FREMONT ROAD
 LEBANON MO 65536-4244
Mailing Address 514 WEST FREMONT RD
 LEBANON MO 65536-4244

Telephone (417) 532-5351
Level of Care SNF
County LACLEDE
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 116
DMH Licensed No
Facility Number 15650

NORTHRIDGE PLACE - ASSISTED LIVING BY AMERICARE

1500 LYNN ST
 LEBANON MO 65536-4409
Mailing Address 1500 LYNN ST
 LEBANON MO 65536-4409

Telephone (417) 532-9793
Level of Care ALF**
County LACLEDE
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 20525

LAFAYETTE**APPLE RIDGE CARE CENTER**

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

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

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

BRISTOL MANOR OF LEXINGTON

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

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

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

BRISTOL MANOR OF ODESSA

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

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

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

ESSEX OF CONCORDIA, THE

402 REDBUD
 CONCORDIA MO 64020-8358
Mailing Address 402 REDBUD
 CONCORDIA MO 64020-8358

Telephone (660) 463-0200
Level of Care RCF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 24461

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care RCF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 27122

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care RCF*
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 27122

LUTHERAN GOOD SHEPHERD HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care ICF
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 39
DMH Licensed No
Facility Number 27122

* 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)).

LUTHERAN NURSING HOME

202 S WEST ST
 CONCORDIA MO 64020-9643
Mailing Address PO BOX 849
 CONCORDIA MO 64020-0849

Telephone (660) 463-2267
Level of Care SNF
County LAFAYETTE
Region 3 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 113
DMH Licensed No
Facility Number 04705

MEYER CARE CENTER

1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458
Mailing Address 1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458

Telephone (660) 584-4224
Level of Care SNF
County LAFAYETTE
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 56
DMH Licensed No
Facility Number 05326

MEYER CARE CENTER

1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458
Mailing Address 1201 WEST 19TH ST
 HIGGINSVILLE MO 64037-1458

Telephone (660) 584-4224
Level of Care ALF**
County LAFAYETTE
Region 3

Alzheimer's Unit No
Bed Capacity 39
DMH Licensed No
Facility Number 05326

NEW HAVEN LIVING CENTER

609 GOLF ST
 ODESSA MO 64076-1462
Mailing Address 609 GOLF ST
 ODESSA MO 64076-1462

Telephone (816) 230-7530
Level of Care SNF
County LAFAYETTE
Region 3 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05749

RIVERBEND HEIGHTS HEALTH & REHABILITATION

1221 HIGHWAY 13 SOUTH
 LEXINGTON MO 64067-7187
Mailing Address 1221 HIGHWAY 13 SOUTH
 LEXINGTON MO 64067-7187

Telephone (660) 259-4695
Level of Care SNF
County LAFAYETTE
Region 3 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 160
DMH Licensed No
Facility Number 04333

LAWRENCE**AURORA NURSING CENTER**

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

Telephone (417) 678-2165
Level of Care SNF
County LAWRENCE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 125
DMH Licensed No
Facility Number 00234

BRISTOL MANOR OF AURORA

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

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

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

COMMUNITY OF AUTUMN COURT AT MT VERNON, THE

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

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

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

HUDSON HOUSE

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

Telephone (417) 678-2169
Level of Care RCF*
County LAWRENCE
Region 1

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 10444

* 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)).

LAWRENCE COUNTY MANOR

915 CARL ALLEN ST
 MT VERNON MO 65712-1612
Mailing Address 915 CARL ALLEN ST
 MT VERNON MO 65712-1612

Telephone (417) 466-2183 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 90
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 04349

LAWRENCE COUNTY RESIDENTIAL CARE CENTER

915 CARL ALLEN ST
 MT VERNON MO 65712-1612
Mailing Address 915 CARL ALLEN ST
 MT VERNON MO 65712-1612

Telephone (417) 466-2183 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 30
County LAWRENCE **DMH Licensed** No
Region 1 **Facility Number** 04349

MT VERNON PLACE CARE CENTER, INC

1425 SOUTH LANDRUM
 MT VERNON MO 65712-1912
Mailing Address 1425 S LANDRUM
 MT VERNON MO 65712-1912

Telephone (417) 466-2260 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 16304

OZARKS METHODIST MANOR, THE

205 SOUTH COLLEGE
 MARIONVILLE MO 65705-9340
Mailing Address PO BOX 403
 MARIONVILLE MO 65705-0403

Telephone (417) 258-2573 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 76
County LAWRENCE **DMH Licensed** No
Region 1 **Facility Number** 06273

OZARKS METHODIST MANOR, THE

205 SOUTH COLLEGE
 MARIONVILLE MO 65705-9340
Mailing Address PO BOX 403
 MARIONVILLE MO 65705-0403

Telephone (417) 258-2573 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 78
County LAWRENCE **DMH Licensed** No
Region 1 **Medicare/Medicaid** **Facility Number** 06273

POPA GOOD SAMARITAN SERVICES, LLC

16979 HWY 39
 VERONA MO 65769-6319
Mailing Address 16979 HWY 39
 VERONA MO 65769-6319

Telephone (417) 353-4448 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 8
County LAWRENCE **DMH Licensed** No
Region 1 **Facility Number** 30440

LEWIS**COUNTRY AIRE RETIREMENT CENTER**

18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111
Mailing Address 18540 STATE HWY 16
 LEWISTOWN MO 63452-2111

Telephone (573) 215-2216 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 16
County LEWIS **DMH Licensed** No
Region 5 **Facility Number** 16896

COUNTRY AIRE RETIREMENT CENTER

18540 STATE HIGHWAY 16
 LEWISTOWN MO 63452-2111
Mailing Address 18540 STATE HWY 16
 LEWISTOWN MO 63452-2111

Telephone (573) 215-2216 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County LEWIS **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 16896

LA BELLE MANOR CARE CENTER

1002 CENTRAL
 LA BELLE MO 63447-2092
Mailing Address 1002 CENTRAL
 LA BELLE MO 63447-2092

Telephone (660) 213-3234 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 94
County LEWIS **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04212

* 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)).

LEWIS COUNTY NURSING HOME DISTRICT

17528 STATE HIGHWAY 81		Telephone (573) 288-4454	Alzheimer's Unit	Yes
CANTON	MO 63435-3463	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 266		County LEWIS	DMH Licensed	No
CANTON	MO 63435-0266	Region 5 Medicare/Medicaid	Facility Number	04790

LINCOLN**BRISTOL MANOR OF ELSBERRY**

1402 RIVERVIEW DR		Telephone (573) 898-5955	Alzheimer's Unit	No
ELSBERRY	MO 63343-1612	Level of Care RCF	Bed Capacity	12
Mailing Address 1402 RIVERVIEW DR		County LINCOLN	DMH Licensed	No
ELSBERRY	MO 63343-1612	Region 5	Facility Number	20015

ELDERHAUS INN

125 ANNA AVE, #18		Telephone (636) 462-6979	Alzheimer's Unit	No
TROY	MO 63379-2402	Level of Care RCF	Bed Capacity	20
Mailing Address 125 ANNA AVE, #18		County LINCOLN	DMH Licensed	Yes
TROY	MO 63379-2402	Region 5	Facility Number	16992

ELDERHAUS INN #19

125 ANNA AVE, #19		Telephone (636) 462-6979	Alzheimer's Unit	No
TROY	MO 63379-2402	Level of Care RCF	Bed Capacity	17
Mailing Address 125 ANNA AVE, #19		County LINCOLN	DMH Licensed	Yes
TROY	MO 63379-2402	Region 5	Facility Number	18973

ELSBERRY MISSOURI HEALTH CARE CENTER

1827 HIGHWAY B		Telephone (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

FOUR SEASONS ASSISTED LIVING

230 RAILROAD ST		Telephone (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care ALF	Bed Capacity	30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624

FOUR SEASONS RCF I

220 RAILROAD ST		Telephone (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care RCF	Bed Capacity	23
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number	02624

LINCOLN COUNTY NURSING & REHAB

1145 EAST CHERRY ST		Telephone (636) 528-5712	Alzheimer's Unit	No
TROY	MO 63379-1520	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 130		County LINCOLN	DMH Licensed	No
TROY	MO 63379-0130	Region 5 Medicare/Medicaid	Facility Number	15750

SILEX COMMUNITY CARE

111 DUNCAN MANSION RD		Telephone (573) 384-5218	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care SNF	Bed Capacity	60
Mailing Address 111 DUNCAN MANSION RD		County LINCOLN	DMH Licensed	No
SILEX	MO 63377-2229	Region 5 Medicare/Medicaid	Facility Number	06838

* 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)).

SILEX RESIDENTIAL HOME, LLC

145 DUNCAN MANSION RD
 SILEX MO 63377-2229
Mailing Address 145 DUNCAN MANSION RD
 SILEX MO 63377-2229

Telephone (573) 384-5213
Level of Care RCF*
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed Yes
Facility Number 20982

SUGAR CREEK - ASSISTED LIVING BY AMERICARE

161 PROFESSIONAL PARKWAY
 TROY MO 63379-2829
Mailing Address 161 PROFESSIONAL PRKWY
 TROY MO 63379-2829

Telephone (636) 528-3136
Level of Care ALF**
County LINCOLN
Region 5

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 26349

SUNSHINE HOME CARE - WINFIELD

499 WALNUT ST
 WINFIELD MO 63389-1138
Mailing Address PO BOX 185
 WINFIELD MO 63389-0185

Telephone (636) 668-8500
Level of Care RCF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 49
DMH Licensed Yes
Facility Number 25266

TROY HOUSE RESCARE

350 CAP AU GRIS
 TROY MO 63379-1761
Mailing Address PO BOX 271
 TROY MO 63379-0271

Telephone (636) 462-4915
Level of Care RCF*
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 23
DMH Licensed No
Facility Number 08129

TROY MANOR

200 THOMPSON DR
 TROY MO 63379-2308
Mailing Address 200 THOMPSON DR
 TROY MO 63379-2308

Telephone (636) 528-8446
Level of Care SNF
County LINCOLN
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 05397

TROY MANOR

200 THOMPSON DR
 TROY MO 63379-2308
Mailing Address 200 THOMPSON DR
 TROY MO 63379-2308

Telephone (636) 528-8446
Level of Care ALF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 05397

WINFIELD RESIDENTIAL CARE FACILITY

220 WEST WALNUT ST
 WINFIELD MO 63389-1122
Mailing Address 220 WEST WALNUT ST
 WINFIELD MO 63389-1122

Telephone (636) 668-8110
Level of Care RCF
County LINCOLN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 08729

LINN**BRISTOL MANOR OF BROOKFIELD**

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

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

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

BRISTOL MANOR OF MARCELINE

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

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

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

* 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)).

LIFE CARE CENTER OF BROOKFIELD

315 HUNT ST
 BROOKFIELD MO 64628-2412
Mailing Address 315 HUNT ST
 BROOKFIELD MO 64628-2412

Telephone (660) 258-3367
Level of Care SNF
County LINN
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 00822

MCLARNEY MANOR

215 EAST PRATT
 BROOKFIELD MO 64628-1300
Mailing Address PO BOX 129
 BROOKFIELD MO 64628-0129

Telephone (660) 258-7402
Level of Care SNF
County LINN
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05220

LIVINGSTON**ASHBURY HEIGHTS OF CHILLICOTHE**

603 ST LOUIS ST
 CHILLICOTHE MO 64601-2438
Mailing Address 603 ST LOUIS ST
 CHILLICOTHE MO 64601-2438

Telephone (660) 707-1270
Level of Care RCF
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 23909

BAPTIST HOME, THE

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

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

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

BAPTIST HOME, THE

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

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

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

BARNABAS HOME, THE

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

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

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

GRAND RIVER HEALTH CARE

118 TRENTON RD
 CHILLICOTHE MO 64601-4002
Mailing Address 118 TRENTON RD
 CHILLICOTHE MO 64601-4002

Telephone (660) 646-0353
Level of Care SNF
County LIVINGSTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 16939

INDIAN HILLS - A STONEBRIDGE COMMUNITY

2601 FAIR ST
 CHILLICOTHE MO 64601-3525
Mailing Address 2601 FAIR ST
 CHILLICOTHE MO 64601-3525

Telephone (660) 646-1230
Level of Care SNF
County LIVINGSTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 75
DMH Licensed No
Facility Number 03833

INDIAN HILLS - A STONEBRIDGE COMMUNITY

2601 FAIR ST
 CHILLICOTHE MO 64601-3525
Mailing Address 2601 FAIR ST
 CHILLICOTHE MO 64601-3525

Telephone (660) 646-1230
Level of Care RCF*
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 03833

* 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)).

LIVINGSTON MANOR CARE CENTER

939 E BIRCH DR
 CHILLICOTHE MO 64601-2189
Mailing Address 939 E BIRCH DR
 CHILLICOTHE MO 64601-2189

Telephone (660) 646-5177
Level of Care SNF
County LIVINGSTON
Region 4 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 94
DMH Licensed No
Facility Number 20099

MORNINGSIDE CENTER

1700 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545
Mailing Address 1700 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545

Telephone (660) 646-0170
Level of Care SNF
County LIVINGSTON
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05557

MORNINGSIDE CENTER ASSISTED LIVING APARTMENTS

1702 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545
Mailing Address 1702 MORNINGSIDE DR
 CHILLICOTHE MO 64601-1545

Telephone (660) 646-0170
Level of Care ALF
County LIVINGSTON
Region 4

Alzheimer's Unit No
Bed Capacity 31
DMH Licensed No
Facility Number 05557

MACON**BRISTOL MANOR OF MACON**

707 RANGLAND DR
 MACON MO 63552-1994
Mailing Address 707 RANGLAND DR
 MACON MO 63552-1994

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

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

LA PLATA NURSING HOME

100 OLD STAGECOACH RD
 LA PLATA MO 63549-1362
Mailing Address 100 OLD STAGECOACH RD
 LA PLATA MO 63549-1362

Telephone (660) 332-4315
Level of Care SNF
County MACON
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 52
DMH Licensed No
Facility Number 04395

LOCH HAVEN

701 SUNSET HILLS DR
 MACON MO 63552-2165
Mailing Address PO BOX 187
 MACON MO 63552-0187

Telephone (660) 385-3113
Level of Care RCF*
County MACON
Region 5

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 04739

LOCH HAVEN

701 SUNSET HILLS DR
 MACON MO 63552-2165
Mailing Address PO BOX 187
 MACON MO 63552-0187

Telephone (660) 385-3113
Level of Care SNF
County MACON
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 180
DMH Licensed No
Facility Number 04739

MACON HEALTH CARE CENTER

29612 KELLOGG AVE
 MACON MO 63552-3702
Mailing Address PO BOX 465
 MACON MO 63552-0465

Telephone (660) 385-5797
Level of Care SNF
County MACON
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 04914

MADISON**CLARU DEVILLE NURSING CENTER**

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

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

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

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

** 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 MANOR

1013 HIGHWAY Z
 FREDERICKTOWN MO 63645-8035
Mailing Address 1013 HIGHWAY Z
 FREDERICKTOWN MO 63645-8035

Telephone (573) 783-8338
Level of Care ALF**
County MADISON
Region 2

Alzheimer's Unit No
Bed Capacity 55
DMH Licensed No
Facility Number 22947

WAGNER RESIDENTIAL CARE, INC

320 N CHAMBER DR
 FREDERICKTOWN MO 63645-7947
Mailing Address 320 CHAMBER DR
 FREDERICKTOWN MO 63645-7947

Telephone (573) 783-4511
Level of Care RCF
County MADISON
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 28451

MARIES**MARIES MANOR**

174 BALLPARK RD
 VIENNA MO 65582-8043
Mailing Address 174 BALLPARK RD
 VIENNA 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

VICTORIAN PLACE OF VIENNA, RESIDENTIAL CARE BY AMERICARE

112 PARKWAY DR
 VIENNA MO 65582-8003
Mailing Address 112 PARKWAY DR
 VIENNA MO 65582-8003

Telephone (573) 422-3230
Level of Care RCF
County MARIES
Region 6

Alzheimer's Unit No
Bed Capacity 48
DMH Licensed No
Facility Number 23333

MARION**BETH HAVEN NURSING HOME**

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

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

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

BRISTOL MANOR OF PALMYRA

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

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

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

HAROLD AND LOUISE ASSISTED LIVING

135 COMMUNICATION DR
 HANNIBAL MO 63401-3670
Mailing Address 135 COMMUNICATION DR
 HANNIBAL MO 63401-3670

Telephone (573) 221-1189
Level of Care ALF**
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 43
DMH Licensed Yes
Facility Number 29639

HILLSIDE CARE CENTER

321 NORTH SECTION
 HANNIBAL MO 63401-3460
Mailing Address PO BOX 308
 HANNIBAL MO 63401-0308

Telephone (573) 221-1439
Level of Care RCF*
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 14879

LEVERING REGIONAL HEALTH CARE CENTER

1734 MARKET ST
 HANNIBAL MO 63401-4025
Mailing Address 1734 MARKET ST
 HANNIBAL MO 63401-4025

Telephone (573) 221-2930
Level of Care SNF
County MARION
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 179
DMH Licensed No
Facility Number 15954

* 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)).

LEVERING REGIONAL HEALTH CARE CENTER

1734 MARKET ST
 HANNIBAL MO 63401-4025
Mailing Address 1734 MARKET ST
 HANNIBAL MO 63401-4025

Telephone (573) 221-2930
Level of Care RCF*
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 35
DMH Licensed Yes
Facility Number 15954

LUTHER MANOR RETIREMENT & NURSING CENTER

3170 HIGHWAY 61 NORTH
 HANNIBAL MO 63401-6571
Mailing Address 3170 HWY 61 NORTH
 HANNIBAL MO 63401-6571

Telephone (573) 221-5533
Level of Care SNF
County MARION
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed No
Facility Number 04673

MAPLE LAWN NURSING HOME

1410 WEST LINE ST
 PALMYRA MO 63461-1831
Mailing Address PO BOX 232
 PALMYRA MO 63461-0232

Telephone (573) 769-2213
Level of Care SNF
County MARION
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 140
DMH Licensed No
Facility Number 09961

MONROE CITY MANOR CARE CENTER

1010 HIGHWAY 24 & 36 EAST
 MONROE CITY MO 63456-1116
Mailing Address 1010 HWY 24 & 36 EAST
 MONROE CITY MO 63456-1116

Telephone (573) 735-4850
Level of Care SNF
County MARION
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 05473

OMEGA HOUSE I, LLC

500 NORTH ST
 HANNIBAL MO 63401-3333
Mailing Address PO BOX 387
 HANNIBAL MO 63401-0387

Telephone (573) 221-9103
Level of Care RCF
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 11118

OMEGA HOUSE II, LLC

510 NORTH ST
 HANNIBAL MO 63401-3333
Mailing Address PO BOX 387
 HANNIBAL MO 63401-0387

Telephone (573) 221-3898
Level of Care RCF
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 10
DMH Licensed Yes
Facility Number 15400

PLEASANT VIEW

641 EUCLID AVE
 HANNIBAL MO 63401-2959
Mailing Address 641 EUCLID AVE
 HANNIBAL MO 63401-2959

Telephone (573) 406-1090
Level of Care ALF**
County MARION
Region 5

Alzheimer's Unit No
Bed Capacity 41
DMH Licensed No
Facility Number 25358

WILLOW CARE REHABILITATION & HEALTH CARE CENTER

328 MUNGER LN
 HANNIBAL MO 63401-2361
Mailing Address 328 MUNGER LN
 HANNIBAL MO 63401-2361

Telephone (573) 221-9122
Level of Care SNF
County MARION
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 111
DMH Licensed No
Facility Number 03340

MCDONALD**MCDONALD COUNTY LIVING CENTER**

1000 PATTERSON ST
 ANDERSON MO 64831-7327
Mailing Address 1000 PATTERSON ST
 ANDERSON MO 64831-7327

Telephone (417) 845-3351
Level of Care SNF
County MCDONALD
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 96
DMH Licensed No
Facility Number 05183

* 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)).

MERCER

BRISTOL MANOR OF PRINCETON

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

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

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

PEARL'S II EDEN FOR ELDERS

611 NORTH COLLEGE
 PRINCETON MO 64673-1051
Mailing Address 611 NORTH COLLEGE
 PRINCETON MO 64673-1051

Telephone (660) 748-4407
Level of Care SNF
County MERCER
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06453

PEARL'S RESIDENTIAL CARE

308 SOUTH BROADWAY
 PRINCETON MO 64673-1111
Mailing Address 308 S BROADWAY
 PRINCETON MO 64673-1111

Telephone (660) 748-3307
Level of Care RCF*
County MERCER
Region 4

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed Yes
Facility Number 20643

MILLER

BRISTOL MANOR OF ELDON

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

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

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

ELDON NURSING & REHAB

1001 E NORTH ST
 ELDON MO 65026-2634
Mailing Address 1001 E NORTH ST
 ELDON MO 65026-2634

Telephone (573) 392-3164
Level of Care SNF
County MILLER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 06139

LAKESIDE MEADOWS - A STONEBRIDGE COMMUNITY

872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408
Mailing Address 872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408

Telephone (573) 302-0900
Level of Care SNF
County MILLER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 20926

LAKESIDE MEADOWS - A STONEBRIDGE COMMUNITY

872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408
Mailing Address 872 COLLEGE BLVD
 OSAGE BEACH MO 65065-8408

Telephone (573) 302-0900
Level of Care RCF*
County MILLER
Region 6

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 20926

LEE HOUSE OF ELDON

105 NORTH MILL ST
 ELDON MO 65026-1728
Mailing Address 105 N MILL ST
 ELDON MO 65026-1728

Telephone (573) 392-5558
Level of Care RCF
County MILLER
Region 6

Alzheimer's Unit No
Bed Capacity 53
DMH Licensed No
Facility Number 13089

MILLER COUNTY CARE AND REHABILITATION CENTER

1157 HIGHWAY 17
 TUSCUMBIA MO 65082-2100
Mailing Address 1157 HWY 17
 TUSCUMBIA MO 65082-2100

Telephone (573) 369-2318
Level of Care SNF
County MILLER
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 86
DMH Licensed No
Facility Number 05422

* 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)).

ST ELIZABETH CARE CENTER

649 SOUTH WALNUT ST
 SAINT ELIZABETH MO 65075-2440
Mailing Address 649 SOUTH WALNUT ST
 SAINT ELIZABETH MO 65075-2440

Telephone (573) 493-2215 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 63
County MILLER **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 07523

MISSISSIPPI**BERTRAND NURSING AND REHAB CENTER**

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

Telephone (573) 683-4290 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 64
County MISSISSIPPI **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 00440

CHARLESTON MANOR

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

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

EAST PRAIRIE NURSING CENTER

186 MILLAR RD
 EAST PRAIRIE MO 63845-1180
Mailing Address PO BOX 299
 EAST PRAIRIE MO 63845-0299

Telephone (573) 649-3551 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 70
County MISSISSIPPI **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 12083

MONITEAU**ASHBURY HEIGHTS OF TIPTON**

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

Telephone (660) 433-6496 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County MONITEAU **DMH Licensed** No
Region 6 **Facility Number** 16506

BRISTOL MANOR OF CALIFORNIA

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

Telephone (573) 796-4342 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County MONITEAU **DMH Licensed** No
Region 6 **Facility Number** 17401

CALIFORNIA CARE CENTER

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

Telephone (573) 796-3127 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County MONITEAU **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 10437

MONITEAU CARE CENTER

200 SOUTH GERHART
 CALIFORNIA MO 65018-2433
Mailing Address 200 S GERHART
 CALIFORNIA MO 65018-2433

Telephone (573) 796-3822 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County MONITEAU **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 20884

MONITEAU CARE CENTER

200 SOUTH GERHART
 CALIFORNIA MO 65018-2433
Mailing Address 200 S GERHART
 CALIFORNIA MO 65018-2433

Telephone (573) 796-3822 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 6
County MONITEAU **DMH Licensed** No
Region 6 **Facility Number** 20884

* 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)).

TIPTON OAK MANOR

601 WEST MORGAN ST
 TIPTON MO 65081-8214
Mailing Address 601 WEST MORGAN ST
 TIPTON MO 65081-8214

Telephone (660) 433-5574
Level of Care SNF
County MONITEAU
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 66
DMH Licensed No
Facility Number 08036

VALLEY PARK WEST

678 WINDMILL RIDGE
 CALIFORNIA MO 65018-
Mailing Address 678 WINDMILL RIDGE
 CALIFORNIA MO 65018-

Telephone 573-796-2520
Level of Care RCF
County MONITEAU
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 30595

MONROE**BRISTOL MANOR OF MONROE CITY**

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

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

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

JONES' WILDWOOD CARE CENTER

12806 HWY 151
 MADISON MO 65263-3114
Mailing Address PO BOX 69
 MADISON MO 65263-0069

Telephone (660) 291-8636
Level of Care RCF
County MONROE
Region 5

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 08573

MILLER RESIDENT CARE, INC

210 ROCK RD
 PARIS MO 65275-1282
Mailing Address 210 ROCK RD
 PARIS MO 65275-1282

Telephone (660) 327-5680
Level of Care RCF*
County MONROE
Region 5

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 18026

MONROE MANOR

200 SOUTH ST
 PARIS MO 65275-1165
Mailing Address 200 SOUTH ST
 PARIS MO 65275-1165

Telephone (660) 327-4125
Level of Care SNF
County MONROE
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 119
DMH Licensed No
Facility Number 05484

MONTGOMERY**ASHBURY HEIGHTS OF MONTGOMERY CITY**

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

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

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

GAMMA ROAD LODGE

250 E LOCUST
 WELLSVILLE MO 63384-1422
Mailing Address 250 E LOCUST
 WELLSVILLE MO 63384-1422

Telephone (573) 684-2002
Level of Care SNF
County MONTGOMERY
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 112
DMH Licensed No
Facility Number 02740

JONESBURG NURSING & REHAB

308 CEDAR AVE
 JONESBURG MO 63351-1126
Mailing Address PO BOX 218
 JONESBURG MO 63351-0218

Telephone (636) 488-5400
Level of Care SNF
County MONTGOMERY
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 13265

* 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)).

NEW FLORENCE NURSING AND CARE CENTER

515 PICNIC ST
 NEW FLORENCE MO 63363-2223
Mailing Address 515 PICNIC ST
 NEW FLORENCE MO 63363-2223

Telephone (573) 415-9333
Level of Care RCF*
County MONTGOMERY
Region 6

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed No
Facility Number 05723

NEW FLORENCE NURSING AND CARE CENTER

515 PICNIC ST
 NEW FLORENCE MO 63363-2223
Mailing Address 515 PICNIC ST
 NEW FLORENCE MO 63363-2223

Telephone (573) 415-9333
Level of Care SNF
County MONTGOMERY
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 87
DMH Licensed No
Facility Number 05723

MORGAN**ASHBURY HEIGHTS OF LAURIE**

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

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

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

BRISTOL MANOR OF STOVER

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

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

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

GOLDEN AGE LIVING CENTER

404 E THIRD ST
 STOVER MO 65078-0947
Mailing Address PO BOX 307
 STOVER MO 65078-0307

Telephone (573) 377-4521
Level of Care SNF
County MORGAN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 61
DMH Licensed No
Facility Number 02949

GOOD SHEPHERD CARE CENTER

1101 WEST CLAY RD
 VERSAILLES MO 65084-1177
Mailing Address 1101 WEST CLAY RD
 VERSAILLES MO 65084-1177

Telephone (573) 378-5411
Level of Care SNF
County MORGAN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 21631

KIDWELL HOME

1000 KIDWELL DR
 VERSAILLES MO 65084-1177
Mailing Address 1000 KIDWELL DR
 VERSAILLES MO 65084-1177

Telephone (573) 378-5175
Level of Care RCF*
County MORGAN
Region 6

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 21631

LAURIE CARE CENTER

610 HWY O
 LAURIE MO 65038-1068
Mailing Address PO BOX 1068
 LAURIE MO 65038-1068

Telephone (573) 374-8263
Level of Care SNF
County MORGAN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 110
DMH Licensed No
Facility Number 04449

LAURIE KNOLLS

610 HIGHWAY O
 LAURIE MO 65038-
Mailing Address PO BOX 1068
 LAURIE MO 65038-1068

Telephone (573) 374-8263
Level of Care RCF*
County MORGAN
Region 6

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 13765

* 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)).

NEW MADRID

COTTON POINT LIVING CENTER

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

Telephone (573) 471-7861 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 98
County NEW MADRID **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 07057

GIDEON CARE CENTER

300 LUNBECK
 GIDEON MO 63848-9211
Mailing Address PO BOX 197
 GIDEON MO 63848-0197

Telephone (573) 448-3505 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 72
County NEW MADRID **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 15538

NEW MADRID LIVING CENTER

1050 DAWSON RD
 NEW MADRID MO 63869-1116
Mailing Address 1050 DAWSON RD
 NEW MADRID MO 63869-1116

Telephone (573) 748-5622 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 112
County NEW MADRID **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 04952

PORTAGEVILLE HEALTH CARE CENTER

290 WEST STATE HWY 162
 PORTAGEVILLE MO 63873-9397
Mailing Address PO BOX 408
 PORTAGEVILLE MO 63873-0408

Telephone (573) 379-2017 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County NEW MADRID **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 17119

WESTFIELD NURSING CENTER, INC

3144 STATE HIGHWAY FF
 SIKESTON MO 63801-8580
Mailing Address PO BOX 489
 SIKESTON MO 63801-0489

Telephone (573) 471-1174 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 100
County NEW MADRID **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 07306

NEWTON

GRAN VILLAS NEOSHO

420 LYON DR
 NEOSHO MO 64850-9194
Mailing Address 420 LYON DR
 NEOSHO MO 64850-9194

Telephone (417) 451-7071 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 30
County NEWTON **DMH Licensed** No
Region 1 **Facility Number** 20156

GRANBY HOUSE

301 SOUTH MAIN
 GRANBY MO 64844-8336
Mailing Address 301 SOUTH MAIN
 GRANBY MO 64844-8336

Telephone (417) 472-6271 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County NEWTON **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 16481

JOPLIN HEALTH AND REHABILITATION CENTER

2218 WEST 32ND ST
 JOPLIN MO 64804-3514
Mailing Address 2218 WEST 32ND ST
 JOPLIN MO 64804-3514

Telephone (417) 623-5264 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County NEWTON **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 12583

MEDICALODGES NEOSHO

400 LYON DR
 NEOSHO MO 64850-9194
Mailing Address 400 LYON DR
 NEOSHO MO 64850-9194

Telephone (417) 451-2544 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 114
County NEWTON **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 05383

* 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)).

NHC HEALTHCARE, JOPLIN

2700 EAST 34TH ST
 JOPLIN MO 64804-4310
Mailing Address PO BOX 2877
 JOPLIN MO 64803-2877

Telephone (417) 781-1737
Level of Care SNF
County NEWTON
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 126
DMH Licensed No
Facility Number 04044

OAK POINTE OF NEOSHO

2601 OAK RIDGE EXTENSION
 NEOSHO MO 64850-7765
Mailing Address 2601 OAK RIDGE EXTENSION
 NEOSHO MO 64850-7765

Telephone (417) 451-8872
Level of Care ALF**
County NEWTON
Region 1

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 29972

OZARK CENTER RESIDENTIAL CARE FACILITY II

3405 S SCHIFFERDECKER
 JOPLIN MO 64804-1388
Mailing Address PO BOX 2526
 JOPLIN MO 64803-2526

Telephone (417) 347-7760
Level of Care RCF*
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 13636

SENECA HOME PLACE

2400 SOUTH CHEROKEE AVE
 SENECA MO 64865-9323
Mailing Address 2400 S CHEROKEE AVE
 SENECA MO 64865-9323

Telephone (417) 776-8053
Level of Care RCF*
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 17571

SENECA HOUSE

914 CHICKESAW ST
 SENECA MO 64865-9281
Mailing Address 914 CHICKESAW ST
 SENECA MO 64865-9281

Telephone (417) 776-8041
Level of Care SNF
County NEWTON
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 80
DMH Licensed No
Facility Number 17090

SILVER CREEK - ASSISTED LIVING BY AMERICARE

3325 TEXAS AVE
 JOPLIN MO 64804-4343
Mailing Address 3325 TEXAS AVE
 JOPLIN MO 64804-4343

Telephone (417) 626-8100
Level of Care ALF**
County NEWTON
Region 1

Alzheimer's Unit Yes
Bed Capacity 62
DMH Licensed No
Facility Number 20541

SPRINGHILL - ASSISTED LIVING BY AMERICARE

1105 VILLAGE RD
 NEOSHO MO 64850-9076
Mailing Address 1105 VILLAGE RD
 NEOSHO MO 64850-9076

Telephone (417) 451-1000
Level of Care ALF**
County NEWTON
Region 1

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 20193

NODAWAY**BRISTOL MANOR OF MARYVILLE**

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

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

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

MARYVILLE CHATEAU

1101 E 5TH STREET
 MARYVILLE MO 64468-1955
Mailing Address 1101 E 5TH STREET
 MARYVILLE MO 64468-1955

Telephone (660) 582-7447
Level of Care RCF
County NODAWAY
Region 4

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 05149

* 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)).

MARYVILLE LIVING CENTER

524 NORTH LAURA
 MARYVILLE MO 64468-1955
Mailing Address 524 NORTH LAURA
 MARYVILLE MO 64468-1955

Telephone (660) 582-7447 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 105
County NODAWAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 05149

NODAWAY NURSING HOME

22371 STATE HIGHWAY 46
 MARYVILLE MO 64468-8157
Mailing Address PO BOX 307
 MARYVILLE MO 64468-0307

Telephone (660) 562-2876 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County NODAWAY **DMH Licensed** Yes
Region 4 **Medicare/Medicaid** **Facility Number** 05766

OAK POINTE OF MARYVILLE

817 SOUTH COUNTRY CLUB DR
 MARYVILLE MO 64468-1477
Mailing Address 817 SOUTH COUNTRY CLUB DR
 MARYVILLE MO 64468-1477

Telephone (660) 562-2799 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 50
County NODAWAY **DMH Licensed** No
Region 4 **Facility Number** 29544

PARKDALE MANOR CARE CENTER

814 WEST SOUTH AVE
 MARYVILLE MO 64468-2772
Mailing Address 814 W SOUTH AVE
 MARYVILLE MO 64468-2772

Telephone (660) 582-8161 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 92
County NODAWAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 06308

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917
Mailing Address 810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917

Telephone (660) 562-3515 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 46
County NODAWAY **DMH Licensed** No
Region 4 **Medicare/Medicaid** **Facility Number** 20361

VILLAGE CARE CENTER, INC

810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917
Mailing Address 810 EAST EDWARDS ST
 MARYVILLE MO 64468-2917

Telephone (660) 562-3515 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 18
County NODAWAY **DMH Licensed** No
Region 4 **Facility Number** 20361

OREGON**SHADY OAKS HEALTHCARE CENTER**

715 S STATE ROUTE 19
 THAYER MO 65791-1415
Mailing Address 715 S STATE ROUTE 19
 THAYER MO 65791-1415

Telephone (417) 264-7256 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County OREGON **DMH Licensed** No
Region 2 **Medicare/Medicaid** **Facility Number** 01364

SHEPHERD'S VIEW ASSISTED LIVING

100 SHEPHERDS LN
 ALTON MO 65606-0429
Mailing Address PO BOX 429
 ALTON MO 65606-0429

Telephone (417) 778-7959 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 39
County OREGON **DMH Licensed** No
Region 2 **Facility Number** 23135

OSAGE**LINN LIVING & REHAB CENTER**

196 HIGHWAY CC
 LINN MO 65051-3500
Mailing Address 196 HIGHWAY CC
 LINN MO 65051-3500

Telephone (573) 897-0700 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 132
County OSAGE **DMH Licensed** No
Region 6 **Medicare/Medicaid** **Facility Number** 14130

* 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)).

WESTPHALIA HILLS - A STONEBRIDGE COMMUNITY

1899 HIGHWAY 63
 WESTPHALIA MO 65085-2215
Mailing Address 1899 HWY 63
 WESTPHALIA MO 65085-2215

Telephone (573) 455-2280
Level of Care RCF*
County OSAGE
Region 6

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed No
Facility Number 18653

WESTPHALIA HILLS - A STONEBRIDGE COMMUNITY

1899 HIGHWAY 63
 WESTPHALIA MO 65085-2215
Mailing Address 1899 HWY 63
 WESTPHALIA MO 65085-2215

Telephone (573) 455-2280
Level of Care SNF
County OSAGE
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 64
DMH Licensed No
Facility Number 18653

OZARK**GAINESVILLE HEALTH CARE CENTER**

77 MEDICAL DR
 GAINESVILLE MO 65655-
Mailing Address PO BOX 628
 GAINESVILLE MO 65655-0628

Telephone (417) 679-4921
Level of Care SNF
County OZARK
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed No
Facility Number 12868

PEMISCOT**RIVER OAKS CARE CENTER**

1001 NORTH WALNUT
 STEELE MO 63877-1355
Mailing Address 1001 N WALNUT
 STEELE MO 63877-1355

Telephone (573) 695-2121
Level of Care SNF
County PEMISCOT
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 06672

SOUTHGATE LIVING CENTER

500 TRUMAN BLVD
 CARUTHERSVILLE MO 63830-1261
Mailing Address 500 TRUMAN BLVD
 CARUTHERSVILLE MO 63830-1261

Telephone (573) 333-5150
Level of Care SNF
County PEMISCOT
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 94
DMH Licensed No
Facility Number 01081

PERRY**ESTATES OF PERRYVILLE, LLC, THE**

430 NORTH WEST ST
 PERRYVILLE MO 63775-1359
Mailing Address 430 N WEST ST
 PERRYVILLE MO 63775-1359

Telephone (573) 547-1011
Level of Care SNF
County PERRY
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 156
DMH Licensed No
Facility Number 00137

HOLIDAY RESIDENTIAL CARE

1019 OLD ST MARY'S RD
 PERRYVILLE MO 63775-1298
Mailing Address 1019 OLD ST MARY'S RD
 PERRYVILLE MO 63775-1298

Telephone (573) 547-7398
Level of Care RCF*
County PERRY
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 19872

INDEPENDENCE CARE CENTER OF PERRY COUNTY

800 SOUTH KINGSHIGHWAY
 PERRYVILLE MO 63775-2106
Mailing Address 800 SOUTH KINGSHWY
 PERRYVILLE MO 63775-2106

Telephone (573) 547-6546
Level of Care SNF
County PERRY
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 133
DMH Licensed No
Facility Number 06393

INDEPENDENCE COURT

121 INDEPENDENCE DR
 PERRYVILLE MO 63775-1496
Mailing Address 121 INDEPENDENCE DR
 PERRYVILLE MO 63775-1496

Telephone (573) 547-1499
Level of Care RCF*
County PERRY
Region 2

Alzheimer's Unit No
Bed Capacity 75
DMH Licensed No
Facility Number 06393

* 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)).

INDEPENDENCE SQUARE RESIDENTIAL CARE CENTER

1136 SOUTH MAIN ST		Telephone (573) 547-8600	Alzheimer's Unit	No
PERRYVILLE	MO 63775-8802	Level of Care RCF*	Bed Capacity	20
Mailing Address 1136 S MAIN ST		County PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-8802	Region 2	Facility Number	14309

PETTIS**BRISTOL MANOR OF LA MONTE**

910 SOUTH MAIN ST		Telephone (660) 347-5757	Alzheimer's Unit	No
LA MONTE	MO 65337-1250	Level of Care RCF	Bed Capacity	12
Mailing Address 910 SOUTH MAIN ST		County PETTIS	DMH Licensed	No
LA MONTE	MO 65337-1250	Region 6	Facility Number	21011

BRISTOL MANOR OF SEDALIA

1208 EAST 24TH ST		Telephone (660) 827-2028	Alzheimer's Unit	No
SEDALIA	MO 65301-8231	Level of Care RCF	Bed Capacity	12
Mailing Address 1208 EAST 24TH ST		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8231	Region 6	Facility Number	15808

E W THOMPSON HEALTH & REHABILITATION CENTER

975 MITCHELL ROAD		Telephone (660) 851-0668	Alzheimer's Unit	Yes
SEDALIA	MO 65301-2133	Level of Care SNF	Bed Capacity	60
Mailing Address 975 MITCHELL ROAD		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2133	Region 6 Medicare/Medicaid	Facility Number	30182

ESSEX BY BRISTOL, THE

301 EAST 3RD		Telephone (660) 829-1758	Alzheimer's Unit	No
SEDALIA	MO 65301-4335	Level of Care RCF	Bed Capacity	24
Mailing Address 301 EAST 3RD		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-4335	Region 6	Facility Number	23020

FAIR VIEW NURSING HOME

1714 WEST 16TH ST		Telephone (660) 827-1594	Alzheimer's Unit	No
SEDALIA	MO 65301-5273	Level of Care SNF	Bed Capacity	63
Mailing Address 1714 WEST 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		Telephone (660) 826-8803	Alzheimer's Unit	Yes
SEDALIA	MO 65301-1410	Level of Care SNF	Bed Capacity	239
Mailing Address 2800 HIGHWAY TT		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-1410	Region 6 Medicare/Medicaid	Facility Number	00836

PARKVIEW ESTATES

1300 EAST 24TH ST		Telephone (660) 827-3313	Alzheimer's Unit	No
SEDALIA	MO 65301-8233	Level of Care RCF*	Bed Capacity	26
Mailing Address 1300 EAST 24TH ST		County PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-8233	Region 6	Facility Number	15971

PETTIS COUNTY ASSISTED LIVING, LLC

3017 BROOKING PARK AVENUE		Telephone (660) 827-3222	Alzheimer's Unit	No
SEDALIA	MO 65301-9327	Level of Care ALF**	Bed Capacity	80
Mailing Address 3017 BROOKING PARK AVE		County PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-9327	Region 6	Facility Number	30112

* 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)).

PLEASANT VIEW ESTATES

1401 WEST 3RD
 SEDALIA MO 65301-3603
Mailing Address 1401 WEST 3RD
 SEDALIA MO 65301-3603

Telephone (660) 827-1088
Level of Care RCF*
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 20727

REST HAVEN CONVALESCENT & RETIREMENT HOME

1800 SOUTH INGRAM
 SEDALIA MO 65301-7538
Mailing Address 1800 S INGRAM
 SEDALIA MO 65301-7538

Telephone (660) 827-0845
Level of Care SNF
County PETTIS
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 86
DMH Licensed No
Facility Number 06582

SUNNY MEADOWS LIVING CENTER

419 NORTH PROSPECT AVE
 SEDALIA MO 65301-2729
Mailing Address 419 N PROSPECT AVE
 SEDALIA MO 65301-2729

Telephone (660) 826-5353
Level of Care RCF
County PETTIS
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 06527

SYLVIA G THOMPSON RESIDENCE CENTER, INC

3333 WEST TENTH ST
 SEDALIA MO 65301-2113
Mailing Address 3333 WEST TENTH ST
 SEDALIA MO 65301-2113

Telephone (660) 826-2118
Level of Care SNF
County PETTIS
Region 6 Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 17278

WINCHESTER MEADOWS ASSISTED LIVING

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

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

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

WINCHESTER MEADOWS ENHANCED ASSISTED LIVING

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

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

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed No
Facility Number 25967

PHELPS**AUTUMN HOUSE ASSISTED LIVING**

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

Telephone (573) 364-3638
Level of Care ALF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed No
Facility Number 11080

CEDAR KNOLL

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

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

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

COUNTRY VALLEY HOME

15750 COUNTY RD 2430
 SAINT JAMES MO 65559-8211
Mailing Address 15750 COUNTY RD 2430
 SAINT JAMES MO 65559-8211

Telephone (573) 265-8250
Level of Care RCF*
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 23
DMH Licensed Yes
Facility Number 01852

* 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)).

FERNDALE, INC

15677 COUNTY RD 2430
 SAINT JAMES MO 65559-8210
Mailing Address 15677 COUNTY RD 2430
 SAINT JAMES MO 65559-8210

Telephone (573) 265-3344
Level of Care ALF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 02526

PARKSIDE - ASSISTED LIVING BY AMERICARE

1700 EAST 10TH ST
 ROLLA MO 65401-4600
Mailing Address 1700 E 10TH ST
 ROLLA MO 65401-4600

Telephone (573) 364-2602
Level of Care ALF**
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed No
Facility Number 13589

PRESBYTERIAN MANOR OF ROLLA

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336
Level of Care SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 18727

PRESBYTERIAN MANOR OF ROLLA

1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512
Mailing Address 1200 HOMELIFE PLAZA
 ROLLA MO 65401-2512

Telephone (573) 364-7336
Level of Care ALF**
County PHELPS
Region 6

Alzheimer's Unit Yes
Bed Capacity 37
DMH Licensed No
Facility Number 18727

ROLLA HEALTH & REHABILITATION SUITES

1200 MCCUTCHEN RD
 ROLLA MO 65401-2615
Mailing Address 1200 MCCUTCHEN RD
 ROLLA MO 65401-2615

Telephone (573) 364-2311
Level of Care SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 08862

ROLLA MANOR CARE CENTER

1800 WHITE COLUMNS DR
 ROLLA MO 65401-2044
Mailing Address 1800 WHITE COLUMNS DR
 ROLLA MO 65401-2044

Telephone (573) 364-7766
Level of Care SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 102
DMH Licensed No
Facility Number 06801

ROSEWOOD RESIDENTIAL CARE

13450 COUNTY RD 7040
 ROLLA MO 65401-8122
Mailing Address 13450 COUNTY RD 7040
 ROLLA MO 65401-8122

Telephone (573) 341-8000
Level of Care RCF
County PHELPS
Region 6

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed No
Facility Number 21083

SILVERSTONE PLACE

2735 EAGLESON DR
 ROLLA MO 65401-8384
Mailing Address 2735 EAGLESON DR
 ROLLA MO 65401-8384

Telephone (573) 426-6200
Level of Care SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 110
DMH Licensed No
Facility Number 29351

ST JAMES LIVING CENTER

415 SIDNEY ST
 SAINT JAMES MO 65559-1070
Mailing Address PO BOX 69
 SAINT JAMES MO 65559-0069

Telephone (573) 265-8921
Level of Care SNF
County PHELPS
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 05238

* 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)).

PIKE

BOWLING GREEN RESIDENTIAL CARE

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

Telephone (573) 324-5560
Level of Care RCF*
County PIKE
Region 5

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed Yes
Facility Number 07712

COUNTRY VIEW NURSING FACILITY, INC

2106 WEST MAIN ST
 BOWLING GREEN MO 63334-1049
Mailing Address PO BOX 330
 BOWLING GREEN MO 63334-0330

Telephone (573) 324-2216
Level of Care SNF
County PIKE
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 14926

LYNN'S HERITAGE HOUSE, INC

800 KELLY LN
 LOUISIANA MO 63353-2415
Mailing Address 800 KELLY LN
 LOUISIANA MO 63353-2415

Telephone (573) 754-4020
Level of Care ALF**
County PIKE
Region 5

Alzheimer's Unit Yes
Bed Capacity 44
DMH Licensed No
Facility Number 21055

MAPLE GROVE LODGE

2407 KENTUCKY ST
 LOUISIANA MO 63353-2503
Mailing Address 2407 KENTUCKY ST
 LOUISIANA MO 63353-2503

Telephone (573) 754-5456
Level of Care SNF
County PIKE
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 05002

MOORE-PIKE NURSING HOME

300 S SAINT CHARLES ST
 BOWLING GREEN MO 63334-2221
Mailing Address 300 S SAINT CHARLES ST
 BOWLING GREEN MO 63334-2221

Telephone (573) 324-5281
Level of Care SNF
County PIKE
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 55
DMH Licensed No
Facility Number 05511

PLATTE

AUTUMN WOODS, INC

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

Telephone (816) 587-2263
Level of Care RCF*
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed Yes
Facility Number 10857

BENTON HOUSE OF TIFFANY SPRINGS

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

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

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

BRISTOL MANOR OF WESTON

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

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

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

GARDEN VALLEY HEALTHCARE CENTER

8575 NORTH GRANBY AVE
 KANSAS CITY MO 64154-1235
Mailing Address 8575 NORTH GRANBY AVE
 KANSAS CITY MO 64154-1235

Telephone (816) 436-8575
Level of Care SNF
County PLATTE
Region 4 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 156
DMH Licensed No
Facility Number 10213

* 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)).

GARDENS AT BARRY ROAD, THE

8300 NW BARRY ROAD
 KANSAS CITY MO 64153-1634
Mailing Address 8300 NW BARRY RD
 KANSAS CITY MO 64153-1634

Telephone (816) 584-3200
Level of Care ALF
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 23774

GARDENS AT BARRY ROAD, THE

8300 NW BARRY RD
 KANSAS CITY MO 64153-1634
Mailing Address 8300 NW BARRY RD
 KANSAS CITY MO 64153-1634

Telephone (813) 584-3200
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 40
DMH Licensed No
Facility Number 23774

HERITAGE VILLAGE OF PLATTE CITY

15 WALLINGFORD DR
 PLATTE CITY MO 64079-9604
Mailing Address 15 WALLINGFORD DR
 PLATTE CITY MO 64079-9604

Telephone (816) 858-2182
Level of Care RCF*
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed No
Facility Number 13182

HILLVIEW NURSING & REHAB

220 O'ROURKE
 PLATTE CITY MO 64079-9360
Mailing Address PO BOX 1310
 PLATTE CITY MO 64079-1310

Telephone (816) 858-5222
Level of Care SNF
County PLATTE
Region 4 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 12655

LEONA HOUSE

5000 NW OLD TRAIL ROAD
 KANSAS CITY MO 64151-1946
Mailing Address 5000 NW OLD TRAIL RD
 KANSAS CITY MO 64151-1946

Telephone (816) 584-1033
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 7
DMH Licensed No
Facility Number 24748

PRIMROSE RETIREMENT COMMUNITY OF KANSAS CITY

8559 NORTH LINE CREEK PARKWAY
 KANSAS CITY MO 64154-2100
Mailing Address 8559 NORTH LINE CREEK PARKWAY
 KANSAS CITY MO 64154-2100

Telephone (816) 468-8282
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed No
Facility Number 29020

RIVERSIDE NURSING & REHABILITATION CENTER, LLC

4700 NW CLIFFVIEW DR
 RIVERSIDE MO 64150-1237
Mailing Address 4700 NW CLIFFVIEW DR
 RIVERSIDE MO 64150-1237

Telephone (816) 741-5105
Level of Care SNF
County PLATTE
Region 4 Medicare/Medicaid

Alzheimer's Unit NO
Bed Capacity 180
DMH Licensed No
Facility Number 01532

STONECREST AT BURLINGTON CREEK

6311 NORTH COSBY AVENUE
 KANSAS CITY MO 64151-2344
Mailing Address 6311 N COSBY AVENUE
 KANSAS CITY MO 64151-2344

Telephone (816) 505-3030
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 110
DMH Licensed No
Facility Number 30198

WEXFORD PLACE ASSISTED LIVING AND MEMORY SUPPORT BY SENIOR STAR

6460 NORTH COSBY AVE
 KANSAS CITY MO 64151-2377
Mailing Address 6460 NORTH COSBY AVE
 KANSAS CITY MO 64151-2377

Telephone (816) 587-5400
Level of Care ALF**
County PLATTE
Region 4

Alzheimer's Unit Yes
Bed Capacity 98
DMH Licensed No
Facility Number 28861

WINDEMERE RESIDENTIAL CARE

3100 NORTH WEST VIVION RD
 RIVERSIDE MO 64150-9436
Mailing Address 3100 NORTH WEST VIVION RD
 RIVERSIDE MO 64150-9436

Telephone (816) 741-0753
Level of Care RCF
County PLATTE
Region 4

Alzheimer's Unit No
Bed Capacity 65
DMH Licensed No
Facility Number 08668

* 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)).

POLK

ALBANY PLACE

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

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

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

BIG SPRING CARE CENTER FOR REHAB AND HEALTHCARE

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

Telephone (417) 754-8711
Level of Care SNF
County POLK
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 18672

BLUE CASTLE OF THE OZARKS

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

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

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

BOLIVAR MANOR HOUSE

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

Telephone (417) 326-7873
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 04529

BUTTERFIELD RESIDENTIAL CARE CENTER

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

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

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

BUTTERFIELD RESIDENTIAL CARE CENTER

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

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

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

CASABLANCA CARE CENTER

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

Telephone (417) 777-7247
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 21150

CITIZENS MEMORIAL HEALTH CARE FACILITY

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

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

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

LAKESHORES RESIDENTIAL CARE FACILITY

102 SOUTH BOLIVAR RD
 HUMANSVILLE MO 65674-8553
Mailing Address PO BOX 221
 HUMANSVILLE MO 65674-0221

Telephone (417) 754-2272
Level of Care RCF*
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 15309

* 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)).

NORTHWOOD HILLS CARE CENTER

800 NORTH ARTHUR ST
 HUMANSVILLE MO 65674-8655
Mailing Address PO BOX 187
 HUMANSVILLE MO 65674-0187

Telephone (417) 754-2208
Level of Care SNF
County POLK
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 10607

PARKVIEW HEALTH CARE FACILITY

119 WEST FOREST
 BOLIVAR MO 65613-1316
Mailing Address 119 WEST FOREST
 BOLIVAR MO 65613-1316

Telephone (417) 326-3000
Level of Care SNF
County POLK
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 78
DMH Licensed No
Facility Number 17638

PLANTATION MANOR

342 EAST BROADWAY
 BOLIVAR MO 65613-1680
Mailing Address 342 EAST BROADWAY
 BOLIVAR MO 65613-1680

Telephone (417) 777-2844
Level of Care RCF
County POLK
Region 1

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 19780

PULASKI**DIXON NURSING & REHAB**

403 EAST 10TH ST
 DIXON MO 65459-6049
Mailing Address 403 EAST 10TH ST
 DIXON MO 65459-6049

Telephone (573) 759-2135
Level of Care SNF
County PULASKI
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 15510

LIFE CARE CENTER OF WAYNESVILLE

700 BIRCH LN
 WAYNESVILLE MO 65583-2275
Mailing Address 700 BIRCH LN
 WAYNESVILLE MO 65583-2275

Telephone (573) 774-6456
Level of Care SNF
County PULASKI
Region 6 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 04592

RICHLAND CARE CENTER, INC

400 TRI-COUNTY LN
 RICHLAND MO 65556-
Mailing Address PO BOX 756
 RICHLAND MO 65556-0756

Telephone (573) 765-3243
Level of Care SNF
County PULASKI
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 86
DMH Licensed No
Facility Number 08100

ROSEWOOD MANOR

101 EAST PULASKI ST
 RICHLAND MO 65556-7404
Mailing Address 101 EAST PULASKI ST
 RICHLAND MO 65556-7404

Telephone (573) 765-4200
Level of Care RCF
County PULASKI
Region 6

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed No
Facility Number 26939

SUNSET VILLAGE OF THE OZARKS, INC

14275 HIGHWAY Z
 SAINT ROBERT MO 65584-3255
Mailing Address 14275 HWY Z
 SAINT ROBERT MO 65584-3255

Telephone (573) 336-4322
Level of Care SNF
County PULASKI
Region 6 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 07849

PUTNAM**BRISTOL MANOR OF UNIONVILLE**

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

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

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

* 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)).

PUTNAM COUNTY CARE CENTER

1814 OAK ST
 UNIONVILLE MO 63565-1275
Mailing Address 1814 OAK ST
 UNIONVILLE MO 63565-1275

Telephone (660) 947-2492
Level of Care SNF
County PUTNAM
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06516

RALLS**COUNTRY AIRE ESTATES, LLC**

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

Telephone (573) 221-5400
Level of Care RCF*
County RALLS
Region 5

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 14270

WESTVIEW NURSING HOME

301 WEST DUNLOP ST
 CENTER MO 63436-2267
Mailing Address 301 WEST DUNLOP ST
 CENTER MO 63436-2267

Telephone (573) 267-3920
Level of Care SNF
County RALLS
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 15634

RANDOLPH**BROOK CHERITH ASSISTED LIVING**

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

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

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

COATES STREET COMFORT HOUSE

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

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

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

MARK TWAIN ASSISTED LIVING, INC

901 UNION AVE
 MOBERLY MO 65270-2456
Mailing Address PO BOX 489
 MOBERLY MO 65270-0489

Telephone (660) 263-6515
Level of Care ALF**
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 42
DMH Licensed No
Facility Number 16369

MEADOW RIDGE ESTATES ASSISTED LIVING

521 MEADOW RIDGE LN
 MOBERLY MO 65270-4550
Mailing Address 521 MEADOW RIDGE LANE
 MOBERLY MO 65270-4550

Telephone (660) 263-0550
Level of Care ALF**
County RANDOLPH
Region 5

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed No
Facility Number 28019

MOBERLY NURSING & REHAB

700 EAST URBANDALE DR
 MOBERLY MO 65270-1966
Mailing Address 700 EAST URBANDALE DR
 MOBERLY MO 65270-1966

Telephone (660) 263-9060
Level of Care SNF
County RANDOLPH
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 12523

NORTH VILLAGE PARK

2041 SILVA LN
 MOBERLY MO 65270-3658
Mailing Address 2041 SILVA LN
 MOBERLY MO 65270-3658

Telephone (660) 263-1894
Level of Care SNF
County RANDOLPH
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 184
DMH Licensed No
Facility Number 06481

* 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)).

RAVENWOOD TERRACE - ASSISTED LIVING BY AMERICARE

1830 RAVENWOOD
 MOBERLY MO 65270-3002
Mailing Address 1830 RAVENWOOD
 MOBERLY MO 65270-3002

Telephone (660) 263-8004
Level of Care ALF**
County RANDOLPH
Region 5

Alzheimer's Unit Yes
Bed Capacity 55
DMH Licensed No
Facility Number 16411

VALLEY VIEW HEALTH & REHABILITATION

1600 EAST ROLLINS
 MOBERLY MO 65270-2478
Mailing Address 1600 EAST ROLLINS
 MOBERLY MO 65270-2478

Telephone (660) 263-6887
Level of Care SNF
County RANDOLPH
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 13167

RAY**LAWSON MANOR & REHAB**

210 WEST 8TH TERRACE
 LAWSON MO 64062-9357
Mailing Address 210 WEST 8TH TERRACE
 LAWSON MO 64062-9357

Telephone (816) 580-3269
Level of Care SNF
County RAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 07395

OAK POINTE OF RICHMOND

403 CRISPIN ST
 RICHMOND MO 64085-1212
Mailing Address 403 CRISPIN ST
 RICHMOND MO 64085-1212

Telephone (816) 776-3877
Level of Care ALF**
County RAY
Region 4

Alzheimer's Unit Yes
Bed Capacity 50
DMH Licensed No
Facility Number 29711

SHIRKEY NURSING & REHABILITATION CENTER

804 WOLLARD BLVD
 RICHMOND MO 64085-2227
Mailing Address 804 WOLLARD BLVD
 RICHMOND MO 64085-2227

Telephone (816) 776-5403
Level of Care SNF
County RAY
Region 4 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 187
DMH Licensed No
Facility Number 07289

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

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

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

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

BRENT B TINNIN MANOR

220 EUEL POLK DR
 ELLINGTON MO 63638-7967
Mailing Address 220 EUEL POLK DR
 ELLINGTON MO 63638-7967

Telephone (573) 663-2545
Level of Care SNF
County REYNOLDS
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 08027

RIPLEY**COLONIAL HOME, THE**

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

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

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

CURRENT RIVER NURSING CENTER, INC

1015 NORTH GRAND AVE
 DONIPHAN MO 63935-1779
Mailing Address 1015 N GRAND AVE
 DONIPHAN MO 63935-1779

Telephone (573) 996-4239
Level of Care SNF
County RIPLEY
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 17125

* 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)).

WALNUT STREET ASSISTED LIVING

404 WALNUT ST		Telephone (573) 996-4316	Alzheimer's Unit	No
DONIPHAN	MO 63935-1420	Level of Care ALF	Bed Capacity	35
Mailing Address 404 WALNUT ST		County RIPLEY	DMH Licensed	Yes
DONIPHAN	MO 63935-1420	Region 2	Facility Number	08354

SAINT CHARLES**ARBORS AT MOUNT CARMEL, THE**

723 FIRST CAPITOL DR		Telephone (636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care ALF**	Bed Capacity	30
Mailing Address 723 FIRST CAPITOL DR		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region 5	Facility Number	29396

ASSISTED LIVING AT THE MEADOWLANDS

135 MEADOWLANDS ESTATES LN		Telephone (636) 978-3600	Alzheimer's Unit	Yes
O'FALLON	MO 63366-4591	Level of Care ALF**	Bed Capacity	86
Mailing Address 135 MEADOWLANDS ESTATES LN		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-4591	Region 5	Facility Number	26475

BARATHAVEN ALZHEIMER'S SPECIAL CARE CENTER

1030 BARATHAVEN DR		Telephone (636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care ALF**	Bed Capacity	66
Mailing Address 1030 BARATHAVEN DR		County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-8606	Region 5	Facility Number	26902

BRISTOL MANOR OF WENTZVILLE

840 WEST NORTHVIEW		Telephone (636) 639-6777	Alzheimer's Unit	No
WENTZVILLE	MO 63385-1036	Level of Care RCF	Bed Capacity	12
Mailing Address 840 W NORTHVIEW		County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-1036	Region 5	Facility Number	20397

CAREGIVERS INN

1297 FEISE RD		Telephone (636) 240-7979	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-6710	Level of Care ALF**	Bed Capacity	30
Mailing Address 1297 FEISE RD		County SAINT CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-6710	Region 5	Facility Number	15342

CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY CARE

1800 FIRST CAPITOL DRIVE		Telephone (636) 442-4500	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63301-	Level of Care ALF**	Bed Capacity	99
Mailing Address 1800 FIRST CAPITOL DRIVE		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-	Region 5	Facility Number	30676

CHESTNUT GLENN - ASSISTED LIVING 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 CROSSING		County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-5394	Region 5	Facility Number	25446

COTTAGES OF LAKE ST LOUIS

2885 TECHNOLOGY DRIVE		Telephone 636-614-3510	Alzheimer's Unit	No
LAKE SAINT LOUIS	MO 63367-4123	Level of Care SNF	Bed Capacity	60
Mailing Address 2885 TECHNOLOGY DRIVE		County SAINT CHARLES	DMH Licensed	No
LAKE SAINT LOUIS	MO 63367-4123	Region 5 Medicare	Facility Number	30318

* 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)).

DELMAR GARDENS OF O'FALLON

7068 SOUTH OUTER 364
 O'FALLON MO 63368-7757
Mailing Address 7068 SOUTH OUTER 364
 O'FALLON MO 63368-7757

Telephone (636) 240-6100 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 240
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 24291

FRONTIER HEALTH & REHABILITATION

2840 WEST CLAY
 SAINT CHARLES MO 63301-2536
Mailing Address 2840 WEST CLAY
 SAINT CHARLES MO 63301-2536

Telephone (636) 946-6100 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 180
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01521

GABLES OF COTTLEVILLE MEMORY CARE HOME, THE

118 OHMES ROAD
 COTTLEVILLE MO 63376-7649
Mailing Address 118 OHMES RD
 COTTLEVILLE MO 63376-7649

Telephone (636) 447-4449 **Alzheimer's Unit** YES
Level of Care ALF** **Bed Capacity** 12
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 30372

GARDEN VIEW CARE CENTER

700 GARDEN PATH
 O'FALLON MO 63366-3052
Mailing Address 700 GARDEN PATH
 O'FALLON MO 63366-3052

Telephone (636) 240-2840 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 13963

GARDEN VILLAS OF O'FALLON

7092 SOUTH OUTER 364 ROAD
 O'FALLON MO 63368-7757
Mailing Address 7092 SOUTH OUTER 364 RD
 O'FALLON MO 63368-7757

Telephone (636) 240-5560 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 95
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 27793

HARVESTER RESIDENTIAL CARE

35 LILLIAN DR
 SAINT CHARLES MO 63304-7032
Mailing Address 35 LILLIAN DR
 SAINT CHARLES MO 63304-7032

Telephone (636) 939-3833 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 38
County SAINT CHARLES **DMH Licensed** Yes
Region 5 **Facility Number** 03411

LAKE ST CHARLES ASSISTED LIVING APARTMENTS

45 HONEY LOCUST LN
 SAINT CHARLES MO 63303-5711
Mailing Address 45 HONEY LOCUST LN
 SAINT CHARLES MO 63303-5711

Telephone (636) 947-1100 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 50
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 18030

LEWIS & CLARK GARDENS

1221 BOONSLICK RD
 SAINT CHARLES MO 63301-2328
Mailing Address 1221 BOONSLICK RD
 SAINT CHARLES MO 63301-2328

Telephone (636) 946-6140 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 142
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 01266

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 23
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 20704

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 56
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 20704

* 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)).

LUTHERAN SENIOR SERVICES AT BREEZE PARK

600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139
Mailing Address 600 BREEZE PARK DR
 SAINT CHARLES MO 63304-9139

Telephone (636) 939-5223 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 81
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 20704

MOUNT CARMEL SENIOR LIVING - ST CHARLES, LLC

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

Telephone (636) 946-4140 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 110
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07560

MOUNT CARMEL SENIOR LIVING-O'FALLON, LLC

206 NORTH MAIN ST
 O'FALLON MO 63366-2299
Mailing Address 206 NORTH MAIN ST
 O'FALLON MO 63366-2299

Telephone (636) 240-5754 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 55
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 27367

NHC HEALTHCARE, ST CHARLES

35 SUGAR MAPLE LN
 SAINT CHARLES MO 63303-5740
Mailing Address 35 SUGAR MAPLE LN
 SAINT CHARLES MO 63303-5740

Telephone (636) 946-8887 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07503

PARK PLACE

2004 BOARDWALK PLACE DR
 O'FALLON MO 63368-3900
Mailing Address 2004 BOARDWALK PLACE DR
 O'FALLON MO 63368-3900

Telephone (636) 561-7275 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 44
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 25379

PARK PLACE II

2000 BOARDWALK PLACE DR
 O'FALLON MO 63368-3901
Mailing Address 2000 BOARDWALK PLACE DR
 O'FALLON MO 63368-3901

Telephone (636) 561-7275 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 80
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 29016

PARKLANE CARE AND REHABILITATION CENTER

401 MAR-LE DR
 WENTZVILLE MO 63385-1647
Mailing Address 401 MAR-LE DR
 WENTZVILLE MO 63385-1647

Telephone (636) 332-9580 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 240
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 04883

PATHWAYS PROGRAM, THE

161 PIEPER RD
 O'FALLON MO 63366-
Mailing Address PO BOX 815
 O'FALLON MO 63366-0815

Telephone (636) 978-3132 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 18
County SAINT CHARLES **DMH Licensed** Yes
Region 5 **Facility Number** 10934

SPENCER PLACE - ASSISTED LIVING BY AMERICARE

265 SPENCER RD
 SAINT PETERS MO 63376-2430
Mailing Address 265 SPENCER RD
 SAINT PETERS MO 63376-2430

Telephone (636) 441-6662 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 68
County SAINT CHARLES **DMH Licensed** No
Region 5 **Facility Number** 13294

ST PETERS MANOR CARE CENTER

230 SPENCER RD
 SAINT PETERS MO 63376-2425
Mailing Address 230 SPENCER RD
 SAINT PETERS MO 63376-2425

Telephone (636) 441-2750 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 94
County SAINT CHARLES **DMH Licensed** No
Region 5 **Medicare/Medicaid** **Facility Number** 07613

* 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)).

SUNSHINE HOME CARE - ST CHARLES

618 HEMSATH RD
 SAINT CHARLES MO 63303-5919
Mailing Address 618 HEMSATH RD
 SAINT CHARLES MO 63303-5919

Telephone (636) 947-7799
Level of Care RCF
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed Yes
Facility Number 08653

TWIN OAKS AT HERITAGE POINTE

228 SAVANNAH TERRACE
 WENTZVILLE MO 63385-3741
Mailing Address 228 SAVANNAH TER
 WENTZVILLE MO 63385-3741

Telephone (636) 542-5400
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 70
DMH Licensed No
Facility Number 26877

TWIN OAKS ESTATE, INC

707 EMGE RD
 O'FALLON MO 63366-2118
Mailing Address 707 EMGE RD
 O'FALLON MO 63366-2118

Telephone (636) 240-6152
Level of Care RCF*
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 149
DMH Licensed No
Facility Number 08209

VILLAGE CENTER CARE OF WENTZVILLE

909 E PITMAN AVE
 WENTZVILLE MO 63385-1818
Mailing Address 909 E PITMAN AVE
 WENTZVILLE MO 63385-1818

Telephone (636) 219-3114
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 22
DMH Licensed No
Facility Number 28026

VILLAGES OF ST PETERS MEMORY CARE

5300 EXECUTIVE CENTER PARKWAY
 SAINT PETERS MO 63376-3182
Mailing Address 5300 EXECUTIVE CENTER PARKWAY
 SAINT PETERS MO 63376-3182

Telephone (636) 477-6955
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 29889

VILLAGES OF ST PETERS, THE

5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594
Mailing Address 5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594

Telephone (636) 922-7600
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 26014

VILLAGES OF ST PETERS, THE

5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594
Mailing Address 5400 EXECUTIVE CENTRE PKWY
 SAINT PETERS MO 63376-2594

Telephone (636) 922-7600
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit No
Bed Capacity 62
DMH Licensed No
Facility Number 26014

WINDSOR ESTATES OF ST CHARLES SNAL, LLC

2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894
Mailing Address 2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894

Telephone (636) 946-4966
Level of Care ALF**
County SAINT CHARLES
Region 5

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 06316

WINDSOR ESTATES OF ST CHARLES SNAL, LLC

2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894
Mailing Address 2150 WEST RANDOLPH ST
 SAINT CHARLES MO 63301-0894

Telephone (636) 946-4966
Level of Care SNF
County SAINT CHARLES
Region 5 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 66
DMH Licensed No
Facility Number 06316

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

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

SAINT CLAIR

APPLETON CITY MANOR

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

Telephone (660) 476-2128 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County SAINT CLAIR **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 01637

COUNTRYSIDE ESTATES

500 NORTH OHIO
 APPLETON CITY MO 64724-1625
Mailing Address PO BOX 98
 APPLETON CITY MO 64724-0098

Telephone (660) 476-2128 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 24
County SAINT CLAIR **DMH Licensed** No
Region 1 **Facility Number** 15005

TRUMAN LAKE MANOR, INC

600 EAST 7TH ST
 LOWRY CITY MO 64763-9671
Mailing Address PO BOX 415
 LOWRY CITY MO 64763-0415

Telephone (417) 644-2248 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT CLAIR **DMH Licensed** No
Region 1 Medicare/Medicaid **Facility Number** 08140

SAINT FRANCOIS

ANNA DODSON HOME

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

Telephone (573) 756-5530 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 20
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 02160

ANNA DODSON HOME

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

Telephone (573) 756-5530 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 17
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 02160

ANNS PLACE

351 KEITH ST
 PARK HILLS MO 63601-2049
Mailing Address PO BOX 481
 PARK HILLS MO 63601-0481

Telephone (573) 518-0444 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 10
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 17813

ASHBROOK - ASSISTED LIVING BY AMERICARE

500 ASHBROOK DR
 FARMINGTON MO 63640-9235
Mailing Address 500 ASHBROOK DR
 FARMINGTON MO 63640-9235

Telephone (573) 756-5544 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 72
County SAINT FRANCOIS **DMH Licensed** No
Region 2 **Facility Number** 18138

BAILEY STREET RESIDENTIAL CARE I

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

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

BAYLESS BOARDING HOME

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

Telephone (573) 747-0889 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County SAINT FRANCOIS **DMH Licensed** Yes
Region 2 **Facility Number** 17300

* 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)).

BROOKSIDE MANOR RESIDENTIAL CARE, LLC

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

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

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

CAMELOT NURSING AND REHABILITATION CENTER

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

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

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

CARRIAGE MANOR CARE CENTER

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

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

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

COLONIAL RESIDENTIAL CARE FACILITY II

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

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

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

COLUMBIA STREET MANOR

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

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

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

COMMUNITY MANOR

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

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

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

COUNTRY MEADOWS

1301 N ST JOE DR
 PARK HILLS MO 63601-1965
Mailing Address 1301 N ST JOE DR
 PARK HILLS MO 63601-1965

Telephone (573) 431-2889
Level of Care SNF
County SAINT FRANCOIS
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 14443

COUNTRY MEADOWS

1301 N ST JOE DR
 PARK HILLS MO 63601-1965
Mailing Address 1301 N ST JOE DR
 PARK HILLS MO 63601-1965

Telephone (573) 431-2889
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed No
Facility Number 14443

CRAWFORD RANCH BOARDING HOME, LLC

2200 VARVERA RD
 DOE RUN MO 63637-3121
Mailing Address 2200 VARVERA RD
 DOE RUN MO 63637-3121

Telephone (573) 756-4656
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 32
DMH Licensed Yes
Facility Number 13193

FARMINGTON MANOR

2879 US HIGHWAY 67
 FARMINGTON MO 63640-9168
Mailing Address 2879 US HWY 67
 FARMINGTON MO 63640-9168

Telephone (573) 756-7566
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed Yes
Facility Number 15140

* 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)).

FARMINGTON MANOR

2879 US HIGHWAY 67
 FARMINGTON MO 63640-9168
Mailing Address 2879 US HWY 67
 FARMINGTON MO 63640-9168

Telephone (573) 756-7566
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 15140

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06181

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care SNF
County SAINT FRANCOIS
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 06181

FARMINGTON PRESBYTERIAN MANOR

500 CAYCE ST
 FARMINGTON MO 63640-2910
Mailing Address 500 CAYCE ST
 FARMINGTON MO 63640-2910

Telephone (573) 756-6768
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 06181

GREATER HEIGHTS RCF, LLC

600 NORTH FRONT ST
 PARK HILLS MO 63601-3804
Mailing Address PO BOX 603
 PARK HILLS MO 63601-0603

Telephone (573) 431-0344
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 07181

GREEN ACRES RESIDENTIAL CARE FACILITY, LLC

3688 SAND CREEK ROAD
 FARMINGTON MO 63640-7350
Mailing Address 3688 SAND CREEK RD
 FARMINGTON MO 63640-7350

Telephone (573) 756-2917
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 17289

HARRIS MANOR CARE CENTER

401 SOUTH HENRY
 FARMINGTON MO 63640-1823
Mailing Address PO BOX 675
 FARMINGTON MO 63640-0675

Telephone (573) 756-5376
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 37
DMH Licensed Yes
Facility Number 02256

MAPLE RIDGE RESIDENTIAL CARE

1034 DORIS DR
 FARMINGTON MO 63640-1954
Mailing Address 1034 DORIS DR
 FARMINGTON MO 63640-1954

Telephone (573) 760-0155
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 19808

MAPLEBROOK-ASSISTED LIVING BY AMERICARE

520 MAPLE VALLEY DR
 FARMINGTON MO 63640-1981
Mailing Address 520 MAPLE VALLEY DR
 FARMINGTON MO 63640-1981

Telephone (573) 756-2777
Level of Care ALF**
County SAINT FRANCOIS
Region 2

Alzheimer's Unit Yes
Bed Capacity 56
DMH Licensed No
Facility Number 28635

NEW HORIZONS RCF II

5858 BUSIEK ROAD
 FARMINGTON MO 63640-7325
Mailing Address PO BOX 510
 FARMINGTON MO 63640-0510

Telephone (573) 756-2426
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 15
DMH Licensed Yes
Facility Number 14868

* 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)).

NHC HEALTHCARE, DESLOGE

801 BRIM ST
 DESLOGE MO 63601-3441
Mailing Address PO BOX AA
 DESLOGE MO 63601-0568

Telephone (573) 431-0223
Level of Care SNF
County SAINT FRANCOIS
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 02143

PEACHS, INC

301 WATTS ST
 PARK HILLS MO 63601-1839
Mailing Address 301 WATTS ST
 PARK HILLS MO 63601-1839

Telephone (573) 431-4874
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 16
DMH Licensed Yes
Facility Number 06579

PINE VALLEY

3381 1st ST
 DOE RUN MO 63637-3155
Mailing Address PO BOX 237
 DOE RUN MO 63637-0237

Telephone (573) 760-8601
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 12
DMH Licensed Yes
Facility Number 08379

SOUTHBROOK - SKILLED NURSING BY AMERICARE

1108 WEST LIBERTY
 FARMINGTON MO 63640-1922
Mailing Address 1108 WEST LIBERTY
 FARMINGTON MO 63640-1922

Telephone (573) 756-6658
Level of Care SNF
County SAINT FRANCOIS
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 104
DMH Licensed No
Facility Number 02577

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care SNF
County SAINT FRANCOIS
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 118
DMH Licensed No
Facility Number 21512

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care RCF*
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 29
DMH Licensed Yes
Facility Number 21512

ST FRANCOIS MANOR

1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428
Mailing Address 1180 OLD JACKSON RD
 FARMINGTON MO 63640-3428

Telephone (573) 760-1700
Level of Care RCF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 11
DMH Licensed Yes
Facility Number 21512

ST JOE MANOR

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care SNF
County SAINT FRANCOIS
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 146
DMH Licensed No
Facility Number 22664

ST JOE MANOR

10 LAKE DR
 BONNE TERRE MO 63628-1820
Mailing Address 10 LAKE DR
 BONNE TERRE MO 63628-1820

Telephone (573) 358-2800
Level of Care ALF
County SAINT FRANCOIS
Region 2

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 22664

* 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)).

SAINT LOUIS

AVALON MEMORY CARE

5342 BUTLER HILL ROAD		Telephone	(314) 899-5050	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-4152	Level of Care	ALF**	Bed Capacity	30
Mailing Address 5342 BUTLER HILL ROAD		County	SAINT LOUIS	DMH Licensed	No
SAINT LOUIS	MO 63128-4152	Region	7	Facility Number	30425

SAINT LOUIS CITY

AKINS HEALTH CARE, INC

4432 WEST BELLE PL		Telephone	(314) 652-8908	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2617	Level of Care	RCF	Bed Capacity	20
Mailing Address 4432 WEST BELLE PL		County	SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2617	Region	7	Facility Number	00078

ALEXIAN BROTHERS LANSDOWNE VILLAGE

4624 LANSDOWNE AVE		Telephone	(314) 351-6888	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63116-1523	Level of Care	SNF	Bed Capacity	145
Mailing Address 4624 LANSDOWNE AVE		County	SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1523	Region	7 Medicare/Medicaid	Facility Number	14557

ALLWAYS KARE RESIDENTIAL FACILITY, INC

5076 WATERMAN		Telephone	(314) 367-9516	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-1102	Level of Care	RCF	Bed Capacity	20
Mailing Address 5076 WATERMAN		County	SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-1102	Region	7	Facility Number	05212

AMANDA LUCKETT MURPHY HOPEWELL CENTER RESIDENTIAL CARE FACILITY

5117 WATERMAN BLVD		Telephone	(314) 361-4059	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-1103	Level of Care	RCF	Bed Capacity	12
Mailing Address 5117 WATERMAN BLVD		County	SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-1103	Region	7	Facility Number	10664

AVALON GARDEN

4359 TAFT AVE		Telephone	(314) 752-2022	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1533	Level of Care	SNF	Bed Capacity	77
Mailing Address 4359 TAFT AVE		County	SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1533	Region	7 Medicare/Medicaid	Facility Number	00244

BEAUVAIS MANOR HEALTHCARE & REHAB CENTER

3625 MAGNOLIA AVE		Telephone	(314) 771-2990	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63110-4048	Level of Care	SNF	Bed Capacity	184
Mailing Address 3625 MAGNOLIA AVE		County	SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63110-4048	Region	7 Medicare/Medicaid	Facility Number	09528

BENEDICT JOSEPH LABRE CENTER

3863 CLEVELAND		Telephone	(314) 664-3927	Alzheimer's Unit	No
SAINT LOUIS	MO 63110-4009	Level of Care	RCF	Bed Capacity	15
Mailing Address 3863 CLEVELAND		County	SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63110-4009	Region	7	Facility Number	21163

BERNARD CARE CENTER

4335 WEST PINE BLVD		Telephone	(314) 371-0200	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2205	Level of Care	SNF	Bed Capacity	141
Mailing Address 4335 WEST PINE BLVD		County	SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63108-2205	Region	7 Medicare/Medicaid	Facility Number	00436

* 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)).

CARONDELET RETIREMENT MANOR

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

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

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

CARRIE ELLIGSON GIETNER HOME

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

Telephone (314) 752-0000
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 130
DMH Licensed No
Facility Number 02877

CENTRAL RESIDENCE, THE

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

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

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

CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC

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

Telephone (314) 771-8360
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 30
DMH Licensed Yes
Facility Number 14047

COOPER HOUSE

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

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

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

DELHAVEN MANOR

5460 DELMAR BLVD
 SAINT LOUIS MO 63112-3104
Mailing Address 5460 DELMAR BLVD
 SAINT LOUIS MO 63112-3104

Telephone (314) 361-2902
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 156
DMH Licensed No
Facility Number 02089

DOLAN MEMORY CARE AT CALAIS

1225 TENNANT RD
 SAINT LOUIS MO 63146-5523
Mailing Address 1225 TENNANT RD
 SAINT LOUIS MO 63146-5523

Telephone (314) 569-9060
Level of Care ALF***
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit Yes
Bed Capacity 44
DMH Licensed No
Facility Number 27755

DUBOURG HOUSE

5890 EICHELBERGER ST
 SAINT LOUIS MO 63109-3454
Mailing Address 5890 EICHELBERGER ST
 SAINT LOUIS MO 63109-3454

Telephone (314) 752-1901
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 69
DMH Licensed Yes
Facility Number 12349

DUTCHTOWN CARE CENTER

3421 GASCONADE ST
 SAINT LOUIS MO 63118-4201
Mailing Address 3421 GASCONADE ST
 SAINT LOUIS MO 63118-4201

Telephone (314) 832-4700
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 21455

GARRISON CARE CENTER

2939 MAGAZINE AVE
 SAINT LOUIS MO 63106-1245
Mailing Address 2939 MAGAZINE AVE
 SAINT LOUIS MO 63106-1245

Telephone (314) 531-0500
Level of Care SNF
County SAINT LOUIS CITY
Region 7 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 15258

* 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)).

GRAND MANOR NURSING & REHABILITATION CENTER

3645 COOK AVE		Telephone (314) 531-2352	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-3801	Level of Care SNF	Bed Capacity	120
Mailing Address 3645 COOK AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63113-3801	Region 7 Medicare/Medicaid	Facility Number	13324

HILLSIDE MANOR HEALTHCARE AND REHAB CENTER

1265 MCLARAN AVE		Telephone (314) 388-4121	Alzheimer's Unit	Yes
SAINT LOUIS	MO 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		Telephone (314) 351-0767	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2808	Level of Care RCF*	Bed Capacity	15
Mailing Address 6421 MINNESOTA		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63111-2808	Region 7	Facility Number	03678

KASEY PAIGE ASSISTED LIVING

3715 JAMIESON AVE		Telephone (314) 781-0222	Alzheimer's Unit	No
SAINT LOUIS	MO 63109-1109	Level of Care ALF	Bed Capacity	111
Mailing Address 3715 JAMIESON AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63109-1109	Region 7	Facility Number	04650

LIFE CARE CENTER OF ST LOUIS

3520 CHOUTEAU AVE		Telephone (314) 771-2100	Alzheimer's Unit	No
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

LINDELL MANOR

4336 LINDELL BLVD		Telephone (314) 652-4828	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2702	Level of Care RCF*	Bed Capacity	24
Mailing Address PO BOX 525		County SAINT LOUIS CITY	DMH Licensed	Yes
CUBA	MO 65453-	Region 7	Facility Number	10470

LITTLE SISTERS OF THE POOR

3225 NORTH FLORISSANT AVE		Telephone (314) 421-6022	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-3521	Level of Care ICF	Bed Capacity	67
Mailing Address 3225 N FLORISSANT AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63107-3521	Region 7 Medicaid	Facility Number	04563

MARY RYDER HOME

4361 OLIVE ST		Telephone (314) 531-2981	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2621	Level of Care RCF*	Bed Capacity	80
Mailing Address 4361 OLIVE ST		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2621	Region 7	Facility Number	20972

MS B'S BLESSINGS

4739 COTE BRILLIANTE AVE		Telephone (314) 533-1922	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1813	Level of Care RCF	Bed Capacity	6
Mailing Address 4739 COTE BRILLIANTE AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-1813	Region 7	Facility Number	10889

NEWSTEAD PLACE

19 NORTH NEWSTEAD		Telephone (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

* 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)).

NORTHVIEW VILLAGE

2415 NORTH KINGSHIGHWAY
 SAINT LOUIS MO 63113-1109
Mailing Address 2415 NORTH KINGSHIGHWAY
 SAINT LOUIS MO 63113-1109

Telephone (314) 361-1300 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 320
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 08058

OAK PARK CARE CENTER

6637 BERTHOLD AVE
 SAINT LOUIS MO 63139-3318
Mailing Address 6637 BERTHOLD AVE
 SAINT LOUIS MO 63139-3318

Telephone (314) 781-3444 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 05914

OASIS RESIDENTIAL CARE FACILITY

3508 PRAIRIE AVE
 SAINT LOUIS MO 63107-2214
Mailing Address 3508 PRAIRIE AVE
 SAINT LOUIS MO 63107-2214

Telephone (314) 534-3355 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 15415

PROVISION LIVING AT ST LOUIS HILLS

6543 CHIPPEWA ST
 SAINT LOUIS MO 63109-4100
Mailing Address 6543 CHIPPEWA ST
 SAINT LOUIS MO 63109-4100

Telephone (314) 647-6600 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 210
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 07594

PROVISION OF PROMISE

4528 NORTH MARKET ST
 SAINT LOUIS MO 63113-2113
Mailing Address 4528 NORTH MARKET ST
 SAINT LOUIS MO 63113-2113

Telephone (314) 535-5509 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 17937

RIVERVIEW, THE

5500 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2025
Mailing Address 5500 S BROADWAY
 SAINT LOUIS MO 63111-2025

Telephone (314) 353-5900 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 11
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 **Facility Number** 02273

RIVERVIEW, THE

5500 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2025
Mailing Address 5500 S BROADWAY
 SAINT LOUIS MO 63111-2025

Telephone (314) 353-5900 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 130
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02273

ROSATI GROUP HOME

4218 NORTH GRAND BLVD
 SAINT LOUIS MO 63107-1806
Mailing Address 4218 N GRAND BLVD
 SAINT LOUIS MO 63107-1806

Telephone (314) 534-6624 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 15
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 21218

ROYAL OAK NURSING AND REHAB, LLC

4960 LACLEDE AVE
 SAINT LOUIS MO 63108-1404
Mailing Address 4960 LACLEDE AVE
 SAINT LOUIS MO 63108-1404

Telephone (314) 361-6240 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 168
County SAINT LOUIS CITY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 06322

SADDLER RESIDENTIAL CARE FACILITY INC

730 HODIAMONT AVE
 SAINT LOUIS MO 63112-2002
Mailing Address 730 HODIAMONT AVE
 SAINT LOUIS MO 63112-2002

Telephone (314) 725-3709 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 20
County SAINT LOUIS CITY **DMH Licensed** Yes
Region 7 **Facility Number** 16828

* 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)).

SILVER SPUR

3300 TEXAS AVE
 SAINT LOUIS MO 63118-3111
Mailing Address 3300 TEXAS AVE
 SAINT LOUIS MO 63118-3111

Telephone (314) 773-3408
Level of Care ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed Yes
Facility Number 00185

SMILEY MANOR LLC

5415 THEKLA AVE
 SAINT LOUIS MO 63120-2513
Mailing Address 5415 THEKLA AVE
 SAINT LOUIS MO 63120-2513

Telephone (314) 932-1360
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 04078

SPRING MANOR

3610 PALM ST
 SAINT LOUIS MO 63107-2505
Mailing Address 3610 PALM ST
 SAINT LOUIS MO 63107-2505

Telephone (314) 533-3111
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 94
DMH Licensed Yes
Facility Number 28552

ST ELIZABETH HALL

325 NORTH NEWSTEAD AVE
 SAINT LOUIS MO 63108-2707
Mailing Address 325 N NEWSTEAD AVE
 SAINT LOUIS MO 63108-2707

Telephone (314) 652-9525
Level of Care ALF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed Yes
Facility Number 07516

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 S BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225
Level of Care ICF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 07585

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225
Level of Care ALF**
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit Yes
Bed Capacity 23
DMH Licensed No
Facility Number 07585

ST LOUIS ALTENHEIM

5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023
Mailing Address 5408 SOUTH BROADWAY
 SAINT LOUIS MO 63111-2023

Telephone (314) 353-7225
Level of Care SNF
County SAINT LOUIS CITY
Region 7 **Medicaid**

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 07585

UNION MANOR, LLC

2711 NORTH UNION BLVD
 SAINT LOUIS MO 63113-1003
Mailing Address 2711 UNION BLVD
 SAINT LOUIS MO 63113-1003

Telephone (314) 383-7310
Level of Care RCF*
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 50
DMH Licensed Yes
Facility Number 11002

WEST PINE GROUP HOME

4232 WEST PINE BLVD
 SAINT LOUIS MO 63108-2840
Mailing Address 4232 WEST PINE BLVD
 SAINT LOUIS MO 63108-2840

Telephone (314) 531-9450
Level of Care RCF
County SAINT LOUIS CITY
Region 7

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed Yes
Facility Number 05948

* 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)).

SAINT LOUIS COUNTY

ABERDEEN HEIGHTS

505 COUCH AVE		Telephone	(314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care	ALF**	Bed Capacity	36
Mailing Address 505 COUCH AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region	7	Facility Number	27570

ABERDEEN HEIGHTS

505 COUCH AVE		Telephone	(314) 909-6000	Alzheimer's Unit	Yes
KIRKWOOD	MO 63122-5536	Level of Care	ICF	Bed Capacity	16
Mailing Address 505 COUCH AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region	7	Facility Number	27570

ABERDEEN HEIGHTS

505 COUCH AVE		Telephone	(314) 909-6000	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5536	Level of Care	SNF	Bed Capacity	38
Mailing Address 505 COUCH AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-5536	Region	7 Medicare	Facility Number	27570

ACKERT PARK SKILLED NURSING & REHABILITATION CENTER

894 LELAND AVE		Telephone	(314) 726-4767	Alzheimer's Unit	No
UNIVERSITY CITY	MO 63130-3239	Level of Care	SNF	Bed Capacity	130
Mailing Address 894 LELAND AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
UNIVERSITY CITY	MO 63130-3239	Region	7 Medicare/Medicaid	Facility Number	02100

ALEXIAN BROTHERS SHERBROOKE VILLAGE

4005 RIPA AVE		Telephone	(314) 544-1111	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-2378	Level of Care	ALF**	Bed Capacity	88
Mailing Address 4005 RIPA AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region	7	Facility Number	15436

ALEXIAN BROTHERS SHERBROOKE VILLAGE

4005 RIPA AVE		Telephone	(314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63125-2378	Level of Care	SNF	Bed Capacity	167
Mailing Address 4005 RIPA AVE		County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63125-2378	Region	7 Medicare/Medicaid	Facility Number	15436

APERION CARE HIDDEN LAKE

11728 HIDDEN LAKE DR		Telephone	(314) 355-8833	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63138-1757	Level of Care	ALF**	Bed Capacity	34
Mailing Address 11728 HIDDEN LAKE DR		County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63138-1757	Region	7	Facility Number	18442

APERION CARE HIDDEN LAKE

11728 HIDDEN LAKE DR		Telephone	(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

APERION CARE HIDDEN LAKE

11728 HIDDEN LAKE DR		Telephone	(314) 355-8833	Alzheimer's Unit	No
SAINT LOUIS	MO 63138-1757	Level of Care	ALF	Bed Capacity	42
Mailing Address 11728 HIDDEN LAKE DR		County	SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63138-1757	Region	7	Facility Number	18442

* 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)).

APPLEGATE RETIREMENT HOME

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

Telephone (314) 631-2003 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 38
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 14409

ARBOR HEALTH, LLC

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

Telephone (314) 240-5613 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 45
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 11784

ASSISTED LIVING AT CHARLESS VILLAGE

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

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

AUTUMN VIEW GARDENS

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

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

AUTUMN VIEW GARDENS AT SCHUETZ ROAD

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

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

BALLWIN RIDGE HEALTH & REHABILITATION

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

Telephone (636) 394-2522 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 66
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 17887

BARNES-JEWISH EXTENDED CARE

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

Telephone (314) 725-7447 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15878

BELLEFONTAINE GARDENS NURSING & REHAB

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

Telephone (314) 388-0796 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 96
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02598

BENTLEYS EXTENDED CARE

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

Telephone (314) 426-0433 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 72
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 22613

BENTWOOD NURSING & REHAB

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

Telephone (314) 921-2700 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 76
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 14817

* 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)).

BETHESDA DILWORTH

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

Telephone (314) 968-5460 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 400
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 00508

BETHESDA HAWTHORNE PLACE

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

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

BETHESDA MEADOW

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

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

BETHESDA SOUTHGATE

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

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

BIG BEND WOODS HEALTHCARE CENTER

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

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

BOARDING INN, THE

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

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

BRENTMOOR RETIREMENT COMMUNITY

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

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

BRIDGE AT FLORISSANT, THE

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

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

BROOKDALE CREVE COEUR

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

Telephone (314) 432-5200 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 46
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 26178

BROOKDALE WEST COUNTY

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

Telephone (636) 527-5700 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 98
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28149

* 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)).

BROOKING PARK

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

Telephone (314) 576-5545 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 97
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare** **Facility Number** 14661

BROOKING PARK

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

Telephone (314) 576-5545 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 14661

CAPE ALBEON

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

Telephone (636) 861-3200 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22838

CHESTERFIELD VILLAS

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

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

CHRISTIAN CARE HOME

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

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

CHRISTIAN CARE HOME

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

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

COMMUNITY CARE CENTER OF LEMAY, INC

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

Telephone (314) 631-0540 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 01732

CONVERSE HOME

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

Telephone (314) 355-8041 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 12
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 01777

CRESTWOOD HEALTH CARE CENTER, LLC

11400 MEHL AVE
 FLORISSANT MO 63033-7204
Mailing Address 11400 MEHL AVE
 FLORISSANT MO 63033-7204

Telephone (314) 741-3525 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 14296

CREVE COEUR ASSISTED LIVING AND MEMORY CARE

693 DECKER LN
 CREVE COEUR MO 63141-7127
Mailing Address 693 DECKER LANE
 CREVE COEUR MO 63141-7127

Telephone (314)997-4532 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 110
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 29440

* 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)).

CREVE COEUR MANOR

1127 TIMBER RUN DR
 SAINT LOUIS MO 63146-4482
Mailing Address 1127 TIMBER RUN DR
 SAINT LOUIS MO 63146-4482

Telephone (314) 434-8361 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 149
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02417

CRYSTAL CREEK HEALTH AND REHABILITATION CENTER

250 NEW FLORISSANT RD SOUTH
 FLORISSANT MO 63031-6716
Mailing Address 250 NEW FLORISSANT RD SOUTH
 FLORISSANT MO 63031-6716

Telephone (314) 838-2211 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 158
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 05782

DELMAR GARDENS NORTH

4401 PARKER ROAD
 BLACK JACK MO 63033-4266
Mailing Address 4401 PARKER RD
 BLACK JACK MO 63033-4266

Telephone (314) 355-1516 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 240
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 14093

DELMAR GARDENS OF CHESTERFIELD

14855 NORTH OUTER 40 RD
 CHESTERFIELD MO 63017-2026
Mailing Address 14855 NORTH OUTER 40 RD
 CHESTERFIELD MO 63017-2026

Telephone (636) 532-0150 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 237
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02111

DELMAR GARDENS OF CREVE COEUR

850 COUNTRY MANOR LN
 CREVE COEUR MO 63141-6651
Mailing Address 850 COUNTRY MANOR LN
 CREVE COEUR MO 63141-6651

Telephone (314) 434-5900 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 152
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01830

DELMAR GARDENS OF MERAMEC VALLEY

1 ARBOR TERRACE
 FENTON MO 63026-3900
Mailing Address 1 ARBOR TERRACE
 FENTON MO 63026-3900

Telephone (636) 343-0016 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 190
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 13468

DELMAR GARDENS ON THE GREEN

15197 CLAYTON RD
 CHESTERFIELD MO 63017-7048
Mailing Address 15197 CLAYTON RD
 CHESTERFIELD MO 63017-7048

Telephone (636) 394-7515 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 180
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01515

DELMAR GARDENS SOUTH

5300 BUTLER HILL ROAD
 SAINT LOUIS MO 63128-4152
Mailing Address 5300 BUTLER HILL RD
 SAINT LOUIS MO 63128-4152

Telephone (314) 842-0588 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 250
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 12909

DELMAR GARDENS WEST

13550 SOUTH OUTER 40 RD
 TOWN AND COUNTRY MO 63017-5812
Mailing Address 13550 SOUTH OUTER 40 RD
 TOWN AND COUNTRY MO 63017-5812

Telephone (314) 878-1330 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 321
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02120

DESMET RETIREMENT COMMUNITY

1425 NORTH NEW FLORISSANT RD
 FLORISSANT MO 63033-2154
Mailing Address 1425 N NEW FLORISSANT RD
 FLORISSANT MO 63033-2154

Telephone (314) 838-3811 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 88
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 20664

* 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)).

DOLAN MEMORY CARE AT CONWAY

12550 CONWAY RD
 CREVE COEUR MO 63141-8613
Mailing Address 12550 CONWAY RD
 CREVE COEUR MO 63141-8613

Telephone (314) 576-3998 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 9
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22648

DOLAN MEMORY CARE AT FRONTIER

11566 FRONTIER DR
 SAINT LOUIS MO 63146-4873
Mailing Address PO BOX 4082
 CHESTERFIELD MO 63006-4082

Telephone (314) 995-5331 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 20
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 25162

DOLAN MEMORY CARE AT MASON MANOR

12740 MASON MANOR
 SAINT LOUIS MO 63141-7350
Mailing Address 12740 MASON MANOR
 SAINT LOUIS MO 63141-7350

Telephone (314) 576-6200 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 8
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 19861

DOLAN MEMORY CARE AT SCHUETZ

1706 SCHUETZ RD
 SAINT LOUIS MO 63146-4931
Mailing Address 1706 SCHUETZ RD
 SAINT LOUIS MO 63146-4931

Telephone (314) 989-1762 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 10
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23805

DOUGHERTY FERRY ASSISTED LIVING & MEMORY CARE

2929 DOUGHERTY FERRY RD
 SAINT LOUIS MO 63122-3368
Mailing Address 2929 DOUGHERTY FERRY RD
 SAINT LOUIS MO 63122-3368

Telephone (636) 825-6665 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30034

DUNN-DUNN HOUSE LLC

2133 JANNETTE DR
 SAINT LOUIS MO 63136-4020
Mailing Address 2133 JANNETTE DR
 SAINT LOUIS MO 63136-4020

Telephone (314) 869-2431 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 10
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 14694

ELIZABETH HOUSE

12284 DE PAUL DR
 BRIDGETON MO 63044-2508
Mailing Address 12284 DE PAUL DR
 BRIDGETON MO 63044-2508

Telephone (314) 209-8814 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 54
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22316

ESTATES OF SPANISH LAKE, THE

610 PRIGGE ROAD
 SAINT LOUIS MO 63138-3543
Mailing Address 610 PRIGGE RD
 SAINT LOUIS MO 63138-3543

Telephone (314) 741-9393 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15265

ESTATES OF ST LOUIS, LLC, THE

2115 KAPPEL DR
 SAINT LOUIS MO 63136-4115
Mailing Address 2115 KAPPEL DR
 SAINT LOUIS MO 63136-4115

Telephone (314) 867-7474 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 94
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05340

FAMILY PARTNERS HOME LLC

232 CREVE COEUR AVE
 SAINT LOUIS MO 63011-4040
Mailing Address 12880 MANCHESTER ROAD
 SAINT LOUIS MO 63131-1803

Telephone (314) 686-4444 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 8
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30492

* 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)).

FIESER NURSING CENTER

404 MAIN ST
 FENTON MO 63026-4107
Mailing Address 404 MAIN ST
 FENTON MO 63026-4107

Telephone (636) 343-4344 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicaid** **Facility Number** 02569

FOUNTAIN VIEW AT FRIENDSHIP VILLAGE SUNSET HILLS

12777 POINTE DR
 SAINT LOUIS MO 63127-1757
Mailing Address 12777 POINTE DR
 SAINT LOUIS MO 63127-1757

Telephone (314) 270-7111 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 78
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 02703

FOUNTAINS OF WEST COUNTY AL, LLC THE

15822 CLAYTON RD
 ELLISVILLE MO 63011-2240
Mailing Address 15822 CLAYTON RD
 ELLISVILLE MO 63011-2240

Telephone (636) 220-1660 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 80
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 29435

FRIENDSHIP VILLAGE CHESTERFIELD

15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810
Mailing Address 15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810

Telephone (636) 532-1515 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 99
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02715

FRIENDSHIP VILLAGE CHESTERFIELD

15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810
Mailing Address 15201 OLIVE BLVD
 CHESTERFIELD MO 63017-1810

Telephone (636) 532-1515 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 22
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 02715

FRIENDSHIP VILLAGE SUNSET HILLS

12509 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1701
Mailing Address 12509 VILLAGE CIRCLE DR
 SAINT LOUIS MO 63127-1701

Telephone (314) 842-6840 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 118
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 02703

GABLES AT BRADY CIRCLE, LLC THE

11 BRADY CIRCLE
 SAINT LOUIS MO 63114-1110
Mailing Address 11 BRADY CIRCLE
 SAINT LOUIS MO 63114-1110

Telephone (314) 890-2230 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 16
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30048

GARDEN VIEW CARE CENTER AT DOUGHERTY FERRY

13612 BIG BEND RD
 VALLEY PARK MO 63088-1447
Mailing Address 13612 BIG BEND RD
 VALLEY PARK MO 63088-1447

Telephone (636) 861-0500 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 23101

GARDEN VIEW CARE CENTER OF CHESTERFIELD

1025 CHESTERFIELD POINTE PRKWY
 CHESTERFIELD MO 63017-1957
Mailing Address 1025 CHESTERFIELD POINTE PRKWY
 CHESTERFIELD MO 63017-1957

Telephone (636) 537-3333 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 130
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 16409

GARDEN VILLAS

13590 SOUTH OUTER 40 RD
 TOWN AND COUNTRY MO 63017-5823
Mailing Address 13590 SOUTH OUTER 40 RD
 TOWN AND COUNTRY MO 63017-5823

Telephone (314) 434-2520 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 46
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28978

* 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)).

GARDEN VILLAS NORTH

4505 PARKER ROAD
 BLACK JACK MO 63033-4268
Mailing Address 4505 PARKER RD
 BLACK JACK MO 63033-4268

Telephone (314) 355-6100 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 70
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28930

GARDEN VILLAS SOUTH

13457 TESSON FERRY RD
 SAINT LOUIS MO 63128-4010
Mailing Address 13457 TESSON FERRY RD
 SAINT LOUIS MO 63128-4010

Telephone (314) 843-7788 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 76
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28964

GREEN PARK SENIOR LIVING COMMUNITY

9350 GREEN PARK ROAD
 SAINT LOUIS MO 63123-7211
Mailing Address 9350 GREEN PARK RD
 SAINT LOUIS MO 63123-7211

Telephone (314) 845-0900 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 188
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 17565

HERITAGE CARE CENTER

4401 NORTH HANLEY RD
 SAINT LOUIS MO 63134-2710
Mailing Address 4401 NORTH HANLEY RD
 SAINT LOUIS MO 63134-2710

Telephone (314) 521-7471 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 00411

IVY TERRACE AT GAMBRILL GARDENS

1 STRECKER RD
 ELLISVILLE MO 63011-1998
Mailing Address 1 STRECKER RD
 ELLISVILLE MO 63011-1998

Telephone (636) 394-2992 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 32
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 27903

JANE HOWELL STUPP APARTMENTS

2443 PROUHET AVE
 OVERLAND MO 63114-1946
Mailing Address 2443 PROUHET AVE
 OVERLAND MO 63114-1946

Telephone (314) 890-7100 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 30
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 18369

LACLEDE COMMONS

727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911
Mailing Address 727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911

Telephone (314) 968-5570 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 172
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 17713

LACLEDE COMMONS

727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911
Mailing Address 727 S LACLEDE STATION RD
 SAINT LOUIS MO 63119-4911

Telephone (314) 968-5570 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 70
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 17713

LIFE CARE CENTER OF BRIDGETON

12145 BRIDGETON SQUARE DR
 BRIDGETON MO 63044-2616
Mailing Address 12145 BRIDGETON SQUARE DR
 BRIDGETON MO 63044-2616

Telephone (314) 298-7444 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 91
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 12141

LIFE CARE CENTER OF FLORISSANT

1201 GARDEN PLAZA DR
 FLORISSANT MO 63033-2230
Mailing Address 1201 GARDEN PLAZA DR
 FLORISSANT MO 63033-2230

Telephone (314) 831-3752 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 27146

* 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)).

LUTHERAN CONVALESCENT HOME

723 SOUTH LACLEDE STATION RD
 WEBSTER GROVES MO 63119-4911
Mailing Address 723 SOUTH LACLEDE STATION RD
 WEBSTER GROVES MO 63119-4911

Telephone (314) 968-5570 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 262
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 04695

LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303
Mailing Address 50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303

Telephone (636) 861-0600 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23643

LUTHERAN SENIOR SERVICES AT MERAMEC BLUFFS

50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303
Mailing Address 50 MERAMEC TRAIL DR
 BALLWIN MO 63021-3303

Telephone (636) 861-0600 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 128
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 23643

MANOR GROVE, INCORPORATED

711 SOUTH KIRKWOOD RD
 KIRKWOOD MO 63122-5928
Mailing Address 711 SOUTH KIRKWOOD RD
 KIRKWOOD MO 63122-5928

Telephone (314) 965-0864 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 117
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 06038

MANORCARE HEALTH SERVICES

1200 GRAHAM RD
 FLORISSANT MO 63031-8015
Mailing Address 1200 GRAHAM RD
 FLORISSANT MO 63031-8015

Telephone (314) 838-6555 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 98
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 00154

MARI DE VILLA RETIREMENT CENTER, INC

13900 CLAYTON RD
 TOWN AND COUNTRY MO 63017-8406
Mailing Address 13900 CLAYTON RD
 TOWN AND COUNTRY MO 63017-8406

Telephone (636) 227-5347 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 224
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 05047

MARK TWAIN MANOR

11988 MARK TWAIN LN
 BRIDGETON MO 63044-2825
Mailing Address 11988 MARK TWAIN LN
 BRIDGETON MO 63044-2825

Telephone (314) 291-8240 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08188

MARY CULVER HOME, THE

221 WEST WASHINGTON AVE
 KIRKWOOD MO 63122-3916
Mailing Address 221 W WASHINGTON AVE
 KIRKWOOD MO 63122-3916

Telephone (314) 966-6034 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 28
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 00592

MARY, QUEEN AND MOTHER CENTER

7601 WATSON RD
 SHREWSBURY MO 63119-5001
Mailing Address 7601 WATSON RD
 SHREWSBURY MO 63119-5001

Telephone (314) 961-8000 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 230
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05103

MARYMOUNT MANOR

313 AUGUSTINE RD
 EUREKA MO 63025-1935
Mailing Address PO BOX 600
 EUREKA MO 63025-0600

Telephone (636) 938-6770 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 05117

* 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)).

MARYMOUNT MANOR

313 AUGUSTINE RD
 EUREKA MO 63025-1935
Mailing Address PO BOX 600
 EUREKA MO 63025-0600

Telephone (636) 938-6770 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 174
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 05117

MASON POINTE CARE CENTER

13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917
Mailing Address 13190 S OUTER 40 RD
 CHESTERFIELD MO 63017-5917

Telephone (314) 434-3330 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 46
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 03957

MASON POINTE CARE CENTER

13190 SOUTH OUTER 40 RD
 CHESTERFIELD MO 63017-5917
Mailing Address 13190 S OUTER 40 RD
 CHESTERFIELD MO 63017-5917

Telephone (314) 434-3330 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 304
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 03957

MCKNIGHT PLACE ASSISTED LIVING

THREE MCKNIGHT PL
 SAINT LOUIS MO 63124-1900
Mailing Address THREE MCKNIGHT PL
 SAINT LOUIS MO 63124-1900

Telephone (314) 997-5333 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 23542

MCKNIGHT PLACE EXTENDED CARE

TWO MCKNIGHT PL
 SAINT LOUIS MO 63124-1900
Mailing Address TWO MCKNIGHT PL
 SAINT LOUIS MO 63124-1900

Telephone (314) 993-2221 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 125
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare** **Facility Number** 18914

MOTHER OF GOOD COUNSEL HOME

6825 NATURAL BRIDGE RD
 SAINT LOUIS MO 63121-5314
Mailing Address 6825 NATURAL BRIDGE RD
 SAINT LOUIS MO 63121-5314

Telephone (314) 383-4765 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 114
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 05568

MOTHER OF PERPETUAL HELP RESIDENCE, INC

7609 WATSON ROAD
 SAINT LOUIS MO 63119-5001
Mailing Address 7609 WATSON RD
 SAINT LOUIS MO 63119-5001

Telephone (314) 918-2260 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 160
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 21111

NAZARETH LIVING CENTER

2 NAZARETH LN
 SAINT LOUIS MO 63129-7600
Mailing Address 2 NAZARETH LN
 SAINT LOUIS MO 63129-7600

Telephone (314) 487-3950 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 17458

NAZARETH LIVING CENTER

2 NAZARETH LN
 SAINT LOUIS MO 63129-7600
Mailing Address 2 NAZARETH LN
 SAINT LOUIS MO 63129-7600

Telephone (314) 487-3950 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 121
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 17458

NHC HEALTHCARE, MARYLAND HEIGHTS

2920 FEE FEE RD
 MARYLAND HEIGHTS MO 63043-1915
Mailing Address 2920 FEE FEE RD
 MARYLAND HEIGHTS MO 63043-1915

Telephone (314) 291-0121 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 220
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08272

* 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)).

NHC HEALTHCARE, TOWN & COUNTRY

13995 CLAYTON RD
TOWN AND COUNTRY MO 63017-8400
Mailing Address 13995 CLAYTON RD
TOWN AND COUNTRY MO 63017-8400

Telephone (636) 227-5070 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 282
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01508

NORMANDY NURSING CENTER

7301 SAINT CHARLES ROCK RD
SAINT LOUIS MO 63133-1737
Mailing Address 7301 SAINT CHARLES ROCK RD
SAINT LOUIS MO 63133-1737

Telephone (314) 862-0555 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 116
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01118

OAK KNOLL SKILLED NURSING & REHABILITATION CENTER

37 N CLARK AVE
FERGUSON MO 63135-2323
Mailing Address 37 N CLARK AVE
FERGUSON MO 63135-2323

Telephone (314) 521-7419 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 72
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 05864

OAKWOOD ESTATE NURSING AND REHABILITATION CENTER

5303 BERMUDA DR
NORMANDY MO 63121-1407
Mailing Address 5303 BERMUDA DR
NORMANDY MO 63121-1407

Telephone (314) 385-0910 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 126
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 01238

OASIS WEST

1916 NEW JAMESTOWN RD
SAINT LOUIS MO 63138-1508
Mailing Address 1916 NEW JAMESTOWN RD
SAINT LOUIS MO 63138-1508

Telephone (314) 741-3500 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 8
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 Facility Number 26362

PARC PROVENCE

605 COEUR DE VILLE DR
SAINT LOUIS MO 63141-6603
Mailing Address 605 COEUR DE VILLE DR
SAINT LOUIS MO 63141-6603

Telephone (314) 542-2500 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 140
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 24122

PARKWOOD SKILLED NURSING AND REHABILITATION CENTER

3201 PARKWOOD LN
MARYLAND HEIGHTS MO 63043-1334
Mailing Address 3201 PARKWOOD LN
MARYLAND HEIGHTS MO 63043-1334

Telephone (314) 291-5911 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 130
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 02471

PEACE HAVEN ASSOCIATION

12630 ROTT RD
SAINT LOUIS MO 63127-1214
Mailing Address 12630 ROTT RD
SAINT LOUIS MO 63127-1214

Telephone (314) 965-3833 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 42
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 06369

PILLARS OF NORTH COUNTY HEALTH & REHABILITATION CENTER, THE

13700 OLD HALLS FERRY RD
FLORISSANT MO 63033-4109
Mailing Address 13700 OLD HALLS FERRY RD
FLORISSANT MO 63033-4109

Telephone (314) 355-0760 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 07440

PROVISION LIVING AT WEST COUNTY

12826 DAYLIGHT CIRCLE
SAINT LOUIS MO 63131-1890
Mailing Address 12826 DAYLIGHT CIRCLE
SAINT LOUIS MO 63131-1890

Telephone (314) 384-3654 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 30351

* 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)).

QUARTERS AT DES PERES, THE

13230 MANCHESTER RD
 DES PERES MO 63131-1706
Mailing Address 13230 MANCHESTER RD
 DES PERES MO 63131-1706

Telephone (314) 821-2886 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 147
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 26726

RANCHO MANOR HEALTHCARE & REHABILITATION CENTER

615 RANCHO LN
 FLORISSANT MO 63031-1717
Mailing Address 615 RANCHO LN
 FLORISSANT MO 63031-1717

Telephone (314) 839-2150 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 02585

RICHMOND TERRACE ASSISTED LIVING

1633 LACLEDE STATION RD
 SAINT LOUIS MO 63117-2038
Mailing Address 1633 LACLEDE STATION RD
 SAINT LOUIS MO 63117-2038

Telephone (314) 646-8000 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 99
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 22269

ROSEWOOD CARE CENTER OF ST LOUIS

11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957
Mailing Address 11278 SCHUETZ RD
 SAINT LOUIS MO 63146-4957

Telephone (314) 991-4066 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid **Facility Number** 16378

SHERIDAN AT CREVE COEUR, THE

450 SOUTH LINDBERGH BLVD
 CREVE COEUR MO 63141-
Mailing Address 450 S LINDBERGH BLVD
 CREVE COEUR MO 63141-

Telephone (314) 393-4040 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 53
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30479

SHERIDAN AT LAUMEIER PARK, THE

12422 ROTT ROAD
 SUNSET HILLS MO 63127-0000
Mailing Address 12422 ROTT ROAD
 SUNSET HILLS MO 63127-0000

Telephone 314-219-5232 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 88
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30466

SIENNA HOUSE, INC

1322 LEROY AVE
 SAINT LOUIS MO 63133-1504
Mailing Address 1322 LEROY AVE
 SAINT LOUIS MO 63133-1504

Telephone (314) 721-1389 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 16
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 07310

SOUTHVIEW ASSISTED LIVING

9916 REAVIS ROAD
 AFFTON MO 63123-5314
Mailing Address 9916 REAVIS RD
 AFFTON MO 63123-5314

Telephone (314) 544-4440 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 116
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28446

ST AGNES HOME

10341 MANCHESTER RD
 KIRKWOOD MO 63122-1520
Mailing Address 10341 MANCHESTER RD
 KIRKWOOD MO 63122-1520

Telephone (314) 965-7616 **Alzheimer's Unit** No
Level of Care ICF **Bed Capacity** 150
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 07481

ST ANDREW'S ASSISTED LIVING OF BRIDGETON

11325 ST CHARLES ROCK RD
 BRIDGETON MO 63044-2722
Mailing Address 11325 ST CHARLES ROCK RD
 BRIDGETON MO 63044-2722

Telephone (314) 209-1177 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 35
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22810

* 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)).

ST ANDREW'S AT FRANCIS PLACE

300 FORBY RD
 EUREKA MO 63025-2321
Mailing Address 300 FORBY RD
 EUREKA MO 63025-2321

Telephone (636) 938-5151 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 06430

ST ANN ASSISTED LIVING CENTER

10441 INTERNATIONAL PLAZA DR
 SAINT ANN MO 63074-1805
Mailing Address 10441 INTERNATIONAL PLAZA DR
 SAINT ANN MO 63074-1805

Telephone (314) 423-1254 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 21994

ST JOHNS PLACE

3333 BROWN ROAD
 SAINT LOUIS MO 63114-4327
Mailing Address 3333 BROWN RD
 SAINT LOUIS MO 63114-4327

Telephone (314) 426-2211 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 94
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 18454

ST LOUIS PLACE HEALTH & REHABILITATION

2600 REDMAN RD
 SAINT LOUIS MO 63136-5863
Mailing Address 2600 REDMAN RD
 SAINT LOUIS MO 63136-5863

Telephone (314) 355-8585 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 18697

ST SOPHIA HEALTH & REHABILITATION CENTER

936 CHARBONIER RD
 FLORISSANT MO 63031-5220
Mailing Address 936 CHARBONIER RD
 FLORISSANT MO 63031-5220

Telephone (314) 831-4800 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 240
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 07631

STONEBRIDGE MARYLAND HEIGHTS

2963 DODDRIDGE AVE
 MARYLAND HEIGHTS MO 63043-1736
Mailing Address 2963 DODDRIDGE AVE
 MARYLAND HEIGHTS MO 63043-1736

Telephone (314) 291-4557 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 223
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Medicare/Medicaid Facility Number 00855

STONECREST AT CLAYTON VIEW

8825 EAGER ROAD
 SAINT LOUIS MO 63144-1205
Mailing Address 8825 EAGER ROAD
 SAINT LOUIS MO 63144-1205

Telephone (314) 961-1700 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 30363

STONECREST OF TOWN & COUNTRY

1020 WOODS MILL ROAD
 TOWN & COUNTRY MO 63017-
Mailing Address 1020 WOODS MILL ROAD
 TOWN & COUNTRY MO 63017-

Telephone (636) 527-4444 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 95
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 30612

SUNRISE OF CHESTERFIELD

1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000
Mailing Address 1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000

Telephone (636) 536-3800 **Alzheimer's Unit** Yes
Level of Care ICF **Bed Capacity** 95
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 23767

SUNRISE OF CHESTERFIELD

1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000
Mailing Address 1880 CLARKSON RD
 CHESTERFIELD MO 63017-5000

Telephone (636) 536-3800 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 3
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 Facility Number 23767

* 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)).

SUNRISE OF DES PERES

13460 MANCHESTER RD
 DES PERES MO 63131-1734
Mailing Address 13460 MANCHESTER RD
 DES PERES MO 63131-1734

Telephone (314) 965-3800 **Alzheimer's Unit** Yes
Level of Care ICF **Bed Capacity** 102
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 24242

SUNRISE OF WEBSTER GROVES

45 EAST LOCKWOOD
 SAINT LOUIS MO 63119-3050
Mailing Address 45 EAST LOCKWOOD
 SAINT LOUIS MO 63119-3050

Telephone (314) 918-7300 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28242

SUNRISE ON CLAYTON

7920 CLAYTON ROAD
 RICHMOND HEIGHTS MO 63117-1327
Mailing Address 7920 CLAYTON RD
 RICHMOND HEIGHTS MO 63117-1327

Telephone (314) 646-7600 **Alzheimer's Unit** Yes
Level of Care ICF **Bed Capacity** 90
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 24149

SUNSET HILLS HEALTH AND REHABILITATION CENTER

10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018
Mailing Address 10954 KENNERLY RD
 SAINT LOUIS MO 63128-2018

Telephone (314) 843-4242 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 167
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 03182

SUPERIOR MANOR OF DOWNTOWN, LLC

1501 CLINTON STREET
 SAINT LOUIS MO 63106-
Mailing Address 1501 CLINTON STREET
 SAINT LOUIS MO 63106-

Telephone (314) 498-9102 **Alzheimer's Unit** NO
Level of Care RCF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 30136

SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING AND RCF

14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221
Mailing Address 14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221

Telephone (314) 542-3300 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15467

SURREY PLACE ST LUKE'S HOSPITAL SKILLED NURSING AND RCF

14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221
Mailing Address 14701 OLIVE BLVD
 CHESTERFIELD MO 63017-2221

Telephone (314) 542-3300 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 20
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 15467

SYLVAN HOUSE

30 SHERMAN RD
 SAINT LOUIS MO 63125-4125
Mailing Address 30 SHERMAN RD
 SAINT LOUIS MO 63125-4125

Telephone (314) 892-2212 **Alzheimer's Unit** No
Level of Care RCF **Bed Capacity** 40
County SAINT LOUIS COUNTY **DMH Licensed** Yes
Region 7 **Facility Number** 15078

TESSON HEIGHTS

12335 WEST BEND DR
 SAINT LOUIS MO 63128-2160
Mailing Address 12335 WEST BEND DR
 SAINT LOUIS MO 63128-2160

Telephone (314) 849-1366 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 79
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 13663

U-CITY FOREST MANOR

1301 PARTRIDGE AVE
 SAINT LOUIS MO 63130-1944
Mailing Address 1301 PARTRIDGE AVE
 SAINT LOUIS MO 63130-1944

Telephone (314) 862-5556 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 15454

* 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)).

VALLEY - A STONEBRIDGE COMMUNITY, THE

6768 NORTH HIGHWAY 67
 FLORISSANT MO 63034-2742
Mailing Address 6768 NORTH HWY 67
 FLORISSANT MO 63034-2742

Telephone (314) 741-9101 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 120
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 14200

VERONICA HOUSE

12284 DEPAUL DR
 BRIDGETON MO 63044-2508
Mailing Address 12284 DEPAUL DR
 BRIDGETON MO 63044-2508

Telephone (314) 209-8814 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 100
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 22460

VILLAGE NORTH RETIREMENT AND HEALTH CENTER

11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159
Mailing Address 11160 VILLAGE NORTH DR
 SAINT LOUIS MO 63136-6159

Telephone (314) 355-8010 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 60
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08300

WEST COUNTY CARE CENTER

312 SOLLEY DR
 BALLWIN MO 63021-5248
Mailing Address 312 SOLLEY DR
 BALLWIN MO 63021-5248

Telephone (636) 391-0666 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 137
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 04970

WESTCHESTER HOUSE, THE

550 WHITE RD
 CHESTERFIELD MO 63017-2316
Mailing Address 550 WHITE RD
 CHESTERFIELD MO 63017-2316

Telephone (314) 469-1200 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 159
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Medicare/Medicaid** **Facility Number** 08474

WESTVIEW AT ELLISVILLE ASSISTED LIVING

27 REINKE RD
 ELLISVILLE MO 63021-4734
Mailing Address 27 REINKE RD
 ELLISVILLE MO 63021-4734

Telephone (636) 527-5554 **Alzheimer's Unit** Yes
Level of Care ALF** **Bed Capacity** 99
County SAINT LOUIS COUNTY **DMH Licensed** No
Region 7 **Facility Number** 28184

SAINTE GENEVIEVE**COUNTRY HAVEN BOARDING HOME - BUILDING I**

19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213
Mailing Address 19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213

Telephone (573) 756-8141 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 18
County SAINTE GENEVIEVE **DMH Licensed** Yes
Region 2 **Facility Number** 11134

COUNTRY HAVEN BOARDING HOME - BUILDING II

19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213
Mailing Address 19235 STATE ROUTE EE
 SAINTE GENEVIEVE MO 63670-8213

Telephone (573) 756-8141 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 18
County SAINTE GENEVIEVE **DMH Licensed** Yes
Region 2 **Facility Number** 19721

MARIAN CLIFF MANOR

381 ELM ST
 SAINT MARY MO 63673-9330
Mailing Address 381 ELM ST
 SAINT MARY MO 63673-9330

Telephone (573) 543-2218 **Alzheimer's Unit** No
Level of Care RCF* **Bed Capacity** 66
County SAINTE GENEVIEVE **DMH Licensed** Yes
Region 2 **Facility Number** 05058

* 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)).

PARKWOOD MEADOWS - ASSISTED LIVING BY AMERICARE

805 PARKWOOD DR		Telephone (573) 883-3883	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-1858	Level of Care ALF**	Bed Capacity	66
Mailing Address 805 PARKWOOD DR		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-1858	Region 2	Facility Number	23234

RIVERVIEW AT THE PARK CARE AND REHABILITATION CENTER

1100 PROGRESS PARKWAY		Telephone (573) 883-3454	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-9232	Level of Care SNF	Bed Capacity	120
Mailing Address 1100 PROGRESS PARKWAY		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-9232	Region 2	Facility Number	06729

ST GENEVIEVE CARE CENTER, INC

1010 STE GENEVIEVE DR		Telephone (573) 883-5725	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-1447	Level of Care SNF	Bed Capacity	90
Mailing Address PO BOX 426		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-0426	Region 2	Facility Number	03254

SALINE**BIG BEND RETREAT**

620 NORTH EMMERSON		Telephone (660) 529-2237	Alzheimer's Unit	No
SLATER	MO 65349-1157	Level of Care ICF	Bed Capacity	60
Mailing Address 620 NORTH EMMERSON		County SALINE	DMH Licensed	No
SLATER	MO 65349-1157	Region 5	Facility Number	00546

BIG BEND RETREAT

620 NORTH EMMERSON		Telephone (660) 529-2237	Alzheimer's Unit	No
SLATER	MO 65349-1157	Level of Care RCF*	Bed Capacity	10
Mailing Address 620 NORTH EMMERSON		County SALINE	DMH Licensed	No
SLATER	MO 65349-1157	Region 5	Facility Number	00546

GEORGIA BROWN BLOSSER HOME FOR THE AGED

1210 EAST EASTWOOD ST		Telephone (660) 886-5020	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

GOLDEN OAKS, LLC

27882 HIGHWAY H		Telephone (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		Telephone (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

HIGHLAND HOME

1325 SOUTH HIGHLAND COURT		Telephone (660) 886-8675	Alzheimer's Unit	No
MARSHALL	MO 65340-3058	Level of Care RCF	Bed Capacity	18
Mailing Address PO BOX 974		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-0974	Region 5	Facility Number	03558

* 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)).

LIVING CENTER, THE

2506 LINDEN TREE PARKWAY
 MARSHALL MO 65340-0017
Mailing Address PO BOX 370
 MARSHALL MO 65340-0370

Telephone (660) 886-9676
Level of Care SNF
County SALINE
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 99
DMH Licensed No
Facility Number 21791

MAR-SALINE MANOR CARE CENTER

809 EAST GORDON ST
 MARSHALL MO 65340-2811
Mailing Address 809 EAST GORDON ST
 MARSHALL MO 65340-2811

Telephone (660) 886-2247
Level of Care SNF
County SALINE
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 92
DMH Licensed No
Facility Number 04895

ROYAL OAKS RESIDENCE

507 EAST MARSHALL
 SWEET SPRINGS MO 65351-9759
Mailing Address PO BOX 204
 SWEET SPRINGS MO 65351-0204

Telephone (660) 335-6500
Level of Care ALF
County SALINE
Region 5

Alzheimer's Unit No
Bed Capacity 51
DMH Licensed Yes
Facility Number 14953

SWEET SPRINGS VILLA

518 E MARSHALL
 SWEET SPRINGS MO 65351-9756
Mailing Address 518 E MARSHALL
 SWEET SPRINGS MO 65351-9756

Telephone (660) 335-6391
Level of Care SNF
County SALINE
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 05378

WESTPORT ESTATES - ASSISTED LIVING BY AMERICARE

904 APACHE DR
 MARSHALL MO 65340-2900
Mailing Address 904 APACHE DR
 MARSHALL MO 65340-2900

Telephone (660) 886-5500
Level of Care ALF**
County SALINE
Region 5

Alzheimer's Unit Yes
Bed Capacity 57
DMH Licensed No
Facility Number 16202

SCHUYLER**SCHUYLER COUNTY NURSING HOME**

1306 US HIGHWAY 63
 QUEEN CITY MO 63561-2003
Mailing Address 1306 US HIGHWAY 63
 QUEEN CITY MO 63561-2003

Telephone (660) 766-2291
Level of Care SNF
County SCHUYLER
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07004

SCOTLAND**SCOTLAND COUNTY CARE CENTER**

434 E SIGLER AVE
 MEMPHIS MO 63555-1714
Mailing Address 434 E SIGLER AVE
 MEMPHIS MO 63555-1714

Telephone (660) 465-7221
Level of Care SNF
County SCOTLAND
Region 5 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 96
DMH Licensed No
Facility Number 07013

SCOTLAND COUNTY RESIDENTIAL TERRACE

434 E SIGLER AVE
 MEMPHIS MO 63555-1718
Mailing Address 434 E SIGLER AVE
 MEMPHIS MO 63555-1718

Telephone (660) 465-7221
Level of Care RCF*
County SCOTLAND
Region 5

Alzheimer's Unit No
Bed Capacity 28
DMH Licensed No
Facility Number 07013

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

539 NORTH WEST ST
 SIKESTON MO 63801-5443
Mailing Address 539 NORTH WEST ST
 SIKESTON MO 63801-5443

Telephone (573) 471-6484
Level of Care ALF**
County SCOTT
Region 2

Alzheimer's Unit Yes
Bed Capacity 28
DMH Licensed No
Facility Number 12693

* 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)).

CHAFFEE NURSING CENTER

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

Telephone (573) 887-3615 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 71
County SCOTT **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 13652

CLEARVIEW NURSING CENTER

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

Telephone (573) 471-2565 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 98
County SCOTT **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 19913

COLONIAL MANOR, LLC

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

Telephone (573) 471-5541 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 20
County SCOTT **DMH Licensed** Yes
Region 2 **Facility Number** 13255

COUNTRY PLACE

28601 US HIGHWAY 61
 SCOTT CITY MO 63780-9143
Mailing Address 28601 US HWY 61
 SCOTT CITY MO 63780-9143

Telephone (573) 264-1555 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 24
County SCOTT **DMH Licensed** No
Region 2 **Facility Number** 25934

GREEN MEADOWS RETIREMENT HOME

411 NORTH KINGSHIGHWAY
 SIKESTON MO 63801-
Mailing Address PO BOX 909
 SIKESTON MO 63801-0909

Telephone (573) 471-5503 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 66
County SCOTT **DMH Licensed** Yes
Region 2 **Facility Number** 03229

HUNTER ACRES CARING CENTER

628 NORTH WEST ST
 SIKESTON MO 63801-4738
Mailing Address 628 NORTH WEST ST
 SIKESTON MO 63801-4738

Telephone (573) 471-7130 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County SCOTT **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 07345

LA BONNE MAISON-ASSISTED LIVING BY AMERICARE

226 PLAZA DR
 SIKESTON MO 63801-5105
Mailing Address 226 PLAZA DR
 SIKESTON MO 63801-5105

Telephone (573) 472-2546 **Alzheimer's Unit** No
Level of Care ALF** **Bed Capacity** 28
County SCOTT **DMH Licensed** No
Region 2 **Facility Number** 28804

MINER NURSING CENTER

410 H ROAD
 SIKESTON MO 63801-5350
Mailing Address PO BOX 430
 SIKESTON MO 63801-0430

Telephone (573) 471-7683 **Alzheimer's Unit** No
Level of Care SNF **Bed Capacity** 70
County SCOTT **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 11496

SIKESTON CONVALESCENT CENTER

103 KENNEDY DR
 SIKESTON MO 63801-5126
Mailing Address 103 KENNEDY DR
 SIKESTON MO 63801-5126

Telephone (573) 471-6900 **Alzheimer's Unit** Yes
Level of Care SNF **Bed Capacity** 120
County SCOTT **DMH Licensed** No
Region 2 Medicare/Medicaid **Facility Number** 07331

SUNSHINE VILLA HOMES LLC

2520 JAMES ST
 SCOTT CITY MO 63780-1219
Mailing Address 2520 JAMES ST
 SCOTT CITY MO 63780-1219

Telephone (573) 264-2424 **Alzheimer's Unit** No
Level of Care ALF **Bed Capacity** 20
County SCOTT **DMH Licensed** Yes
Region 2 **Facility Number** 07039

* 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)).

SHANNON

BIRCH VIEW NURSING CENTER

RR 2, BOX 2215		Telephone (573) 292-3212	Alzheimer's Unit	No
BIRCH TREE	MO 65438-9215	Level of Care SNF	Bed Capacity	90
Mailing Address RR 2, BOX 2215		County SHANNON	DMH Licensed	No
BIRCH TREE	MO 65438-9215	Region 2 Medicare/Medicaid	Facility Number	00560

HILLTOP HAVEN

18941 CR 305A		Telephone (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	Yes
EMINENCE	MO 65466-9702	Region 2	Facility Number	03615

SHELBY

CLARENCE CARE CENTER

111 EAST ST		Telephone (660) 699-2118	Alzheimer's Unit	No
CLARENCE	MO 63437-1902	Level of Care SNF	Bed Capacity	60
Mailing Address 111 EAST ST		County SHELBY	DMH Licensed	No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number	01475

SALT RIVER COMMUNITY CARE

142 SHELBY PLAZA RD		Telephone (573) 588-4175	Alzheimer's Unit	Yes
SHELBYNA	MO 63468-1065	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 529		County SHELBY	DMH Licensed	No
SHELBYNA	MO 63468-0529	Region 5 Medicare/Medicaid	Facility Number	06934

SHELBYNA VILLA LIFECARE

218 EAST SHELBYNA AVE		Telephone (573) 588-4115	Alzheimer's Unit	No
SHELBYNA	MO 63468-4328	Level of Care ALF**	Bed Capacity	68
Mailing Address 218 EAST SHELBYNA AVE		County SHELBY	DMH Licensed	No
SHELBYNA	MO 63468-4328	Region 5	Facility Number	18584

STODDARD

ADVANCE ASSISTED LIVING

252 PAYTON PLACE		Telephone (573) 722-5200	Alzheimer's Unit	No
ADVANCE	MO 63730-7251	Level of Care ALF	Bed Capacity	44
Mailing Address PO BOX 790		County STODDARD	DMH Licensed	No
ADVANCE	MO 63730-0790	Region 2	Facility Number	28426

ADVANCE NURSING CENTER

315 SOUTH TILLEY ST		Telephone (573) 722-3440	Alzheimer's Unit	No
ADVANCE	MO 63730-7230	Level of Care SNF	Bed Capacity	70
Mailing Address 315 S TILLEY ST		County STODDARD	DMH Licensed	No
ADVANCE	MO 63730-7230	Region 2 Medicare/Medicaid	Facility Number	11722

BLOOMFIELD LIVING CENTER

606 WEST MISSOURI ST		Telephone (573) 568-2137	Alzheimer's Unit	No
BLOOMFIELD	MO 63825-9706	Level of Care SNF	Bed Capacity	60
Mailing Address 606 WEST MISSOURI ST		County STODDARD	DMH Licensed	No
BLOOMFIELD	MO 63825-9706	Region 2 Medicare/Medicaid	Facility Number	00629

CENTRAL GARDENS

302 NORTH ELM ST		Telephone (573) 624-0011	Alzheimer's Unit	No
DEXTER	MO 63841-1773	Level of Care RCF*	Bed Capacity	83
Mailing Address 302 N ELM ST		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-1773	Region 2	Facility Number	18858

* 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)).

CROWLEY RIDGE CARE CENTER

1204 NORTH OUTER RD
DEXTER MO 63841-8684
Mailing Address PO BOX 668
DEXTER MO 63841-0668

Telephone (573) 624-5557
Level of Care SNF
County STODDARD
Region 2 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 90
DMH Licensed No
Facility Number 12667

CYPRESS POINT - SKILLED NURSING BY AMERICARE

801 BAILIFF DR
DEXTER MO 63841-9500
Mailing Address 801 BAILIFF DR
DEXTER MO 63841-9500

Telephone (573) 624-8908
Level of Care SNF
County STODDARD
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 72
DMH Licensed No
Facility Number 08315

DEXTER LIVING CENTER

415 S CATALPA STREET
DEXTER MO 63841-2017
Mailing Address 415 S CATALPA ST
DEXTER MO 63841-2017

Telephone (573) 624-7491
Level of Care SNF
County STODDARD
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 73
DMH Licensed No
Facility Number 02156

HILDA FUWELL'S RESIDENTIAL CARE FACILITY

17382 STATE HIGHWAY 25
DEXTER MO 63841-9710
Mailing Address 17382 STATE HWY 25
DEXTER MO 63841-9710

Telephone (573) 568-2056
Level of Care RCF
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07863

MINGO RESIDENTIAL CARE FACILITY

24080 STATE HWY 51
PUXICO MO 63960-8114
Mailing Address 24080 STATE HWY 51
PUXICO MO 63960-8114

Telephone (573) 222-3086
Level of Care RCF*
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed Yes
Facility Number 24959

PUXICO NURSING & REHABILITATION CENTER

540 NORTH HIGHWAY 51
PUXICO MO 63960-9117
Mailing Address 540 NORTH HWY 51
PUXICO MO 63960-9117

Telephone (573) 222-3125
Level of Care SNF
County STODDARD
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 03163

RIDGEVIEW ASSISTED LIVING CENTER

13134 STATE HIGHWAY 25
DEXTER MO 63841-9740
Mailing Address 13134 STATE HIGHWAY 25
DEXTER MO 63841-9740

Telephone (573) 624-4433
Level of Care ALF**
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 10128

WINCHESTER RESIDENTIAL CARE, INC

400 WINCHESTER DR
BERNIE MO 63822-0000
Mailing Address PO BOX 760
BERNIE MO 63822-0760

Telephone (573) 293-6705
Level of Care RCF*
County STODDARD
Region 2

Alzheimer's Unit No
Bed Capacity 26
DMH Licensed No
Facility Number 24912

STONE**CRANE RESIDENTIAL CARE HOME**

102 LILLIAN
CRANE MO 65633-9103
Mailing Address 102 LILLIAN
CRANE MO 65633-9103

Telephone (417) 723-5900
Level of Care RCF
County STONE
Region 1

Alzheimer's Unit No
Bed Capacity 33
DMH Licensed Yes
Facility Number 01898

* 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)).

OZARK MOUNTAIN REGIONAL HEALTHCARE CENTER

509 MEADOWLARK AVE
 CRANE MO 65633-9317
Mailing Address 509 MEADOWLARK AVE
 CRANE MO 65633-9317

Telephone (417) 723-5281
Level of Care SNF
County STONE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 100
DMH Licensed No
Facility Number 09900

OZARK MOUNTAIN REGIONAL HEALTHCARE CENTER

509 MEADOWLARK AVE
 CRANE MO 65633-9317
Mailing Address 509 MEADOWLARK AVE
 CRANE MO 65633-9317

Telephone (417) 723-5281
Level of Care RCF*
County STONE
Region 1

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed No
Facility Number 09900

TABLEROCK HEALTHCARE

276 FOUNTAIN LN
 KIMBERLING CITY MO 65686-9356
Mailing Address 276 FOUNTAIN LANE
 KIMBERLING CITY MO 65686-9356

Telephone (417) 739-2481
Level of Care SNF
County STONE
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 07911

WEDGEWOOD GARDENS

17996 BUSINESS 13
 REEDS SPRING MO 65737-9663
Mailing Address 17996 BUSINESS 13
 REEDS SPRING MO 65737-9663

Telephone (417) 272-6666
Level of Care ALF**
County STONE
Region 1

Alzheimer's Unit Yes
Bed Capacity 46
DMH Licensed No
Facility Number 20615

SULLIVAN**MILAN HEALTH CARE CENTER**

52435 INFIRMARY RD
 MILAN MO 63556-2874
Mailing Address 52435 INFIRMARY RD
 MILAN MO 63556-2874

Telephone (660) 265-4032
Level of Care SNF
County SULLIVAN
Region 5 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 05418

ROLLING HILLS CARE FACILITY, LLC

24583 HIGHWAY 5
 MILAN MO 63556-2809
Mailing Address 24583 HWY 5
 MILAN MO 63556-2809

Telephone (660) 265-4391
Level of Care RCF
County SULLIVAN
Region 5

Alzheimer's Unit No
Bed Capacity 9
DMH Licensed Yes
Facility Number 19990

STOVER'S RESIDENTIAL CARE FACILITY

520 EAST 5TH ST
 MILAN MO 63556-1222
Mailing Address 520 EAST 5TH ST
 MILAN MO 63556-1222

Telephone (660) 265-3262
Level of Care RCF
County SULLIVAN
Region 5

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 07709

TANEY**FORSYTH CARE CENTER**

477 COY BLVD
 FORSYTH MO 65653-5132
Mailing Address PO BOX 640
 FORSYTH MO 65653-0640

Telephone (417) 546-6337
Level of Care SNF
County TANEY
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 18870

LAKESIDE MOUNTAIN MANOR

238 HARMONY HEIGHTS
 FORSYTH MO 65653-5533
Mailing Address 238 HARMONY HEIGHTS
 FORSYTH MO 65653-5533

Telephone (417) 546-5595
Level of Care RCF
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 06232

* 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)).

LIFE ENHANCEMENT VILLAGE OF BRANSON

421 OAKRIDGE ROAD
 WALNUT SHADE MO 65771-9173
Mailing Address 421 OAKRIDGE RD
 WALNUT SHADE MO 65771-9173

Telephone (417) 561-5395
Level of Care RCF*
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 18
DMH Licensed Yes
Facility Number 21270

MORNINGSIDE OF BRANSON

5351 GRETNA ROAD
 BRANSON MO 65616-7298
Mailing Address 5351 GRETNA RD
 BRANSON MO 65616-7298

Telephone (417) 334-3336
Level of Care RCF
County TANEY
Region 1

Alzheimer's Unit No
Bed Capacity 104
DMH Licensed No
Facility Number 23683

POINT LOOKOUT NURSING & REHAB

11103 HISTORIC HIGHWAY 165
 HOLLISTER MO 65672-6239
Mailing Address 11103 HISTORIC HWY 165
 HOLLISTER MO 65672-6239

Telephone (417) 334-4105
Level of Care SNF
County TANEY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 130
DMH Licensed No
Facility Number 12716

SHEPHERD OF THE HILLS LIVING CENTER

996 STATE HIGHWAY 248
 BRANSON MO 65616-8154
Mailing Address 996 STATE HWY 248
 BRANSON MO 65616-8154

Telephone (417) 334-6431
Level of Care SNF
County TANEY
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 100
DMH Licensed No
Facility Number 06810

TEXAS**HOUSTON HOUSE**

1000 NORTH INDUSTRIAL DR
 HOUSTON MO 65483-9400
Mailing Address PO BOX 199
 HOUSTON MO 65483-0199

Telephone (417) 967-2527
Level of Care SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 96
DMH Licensed No
Facility Number 10626

KABUL NURSING HOMES, INC

1000 MAIN ST
 CABOOL MO 65689-9125
Mailing Address 1000 MAIN ST
 CABOOL MO 65689-9125

Telephone (417) 962-3713
Level of Care SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 99
DMH Licensed No
Facility Number 04085

LANDMARK VILLA ALF

1101 OZARK AVE
 CABOOL MO 65689-7362
Mailing Address 1101 OZARK AVE
 CABOOL MO 65689-7362

Telephone (417) 962-3700
Level of Care ALF
County TEXAS
Region 1

Alzheimer's Unit No
Bed Capacity 44
DMH Licensed Yes
Facility Number 04085

LICKING PARK MANOR

209 HICKORY ST
 LICKING MO 65542-9847
Mailing Address 209 HICKORY ST
 LICKING MO 65542-9847

Telephone (573) 674-2111
Level of Care SNF
County TEXAS
Region 1 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 07929

LICKING RESIDENTIAL CARE

225 WEST HIGHWAY 32
 LICKING MO 65542-9832
Mailing Address 225 WEST HIGHWAY 32
 LICKING MO 65542-9832

Telephone (573) 674-2207
Level of Care RCF*
County TEXAS
Region 1

Alzheimer's Unit No
Bed Capacity 34
DMH Licensed No
Facility Number 24302

* 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)).

PINEVIEW HEIGHTS ALF

515 GARST		Telephone (417) 962-3713	Alzheimer's Unit	No
CABOOL	MO 65689-9139	Level of Care ALF	Bed Capacity	16
Mailing Address 515 GARST		County TEXAS	DMH Licensed	Yes
CABOOL	MO 65689-9139	Region 1	Facility Number	24668

VERNON**BRISTOL MANOR OF NEVADA**

401 EAST WALNUT		Telephone (417) 667-5700	Alzheimer's Unit	No
NEVADA	MO 64772-2457	Level of Care RCF	Bed Capacity	12
Mailing Address 401 EAST WALNUT		County VERNON	DMH Licensed	Yes
NEVADA	MO 64772-2457	Region 1	Facility Number	18471

CLARK CARE CENTER - ONE

1505 EAST ASHLAND ST		Telephone (417) 667-3900	Alzheimer's Unit	No
NEVADA	MO 64772-4025	Level of Care RCF*	Bed Capacity	38
Mailing Address PO BOX 246		County VERNON	DMH Licensed	Yes
NEVADA	MO 64772-0246	Region 1	Facility Number	20206

JOE CLARK RESIDENTIAL CARE HOME

1495 EAST ASHLAND ST		Telephone (417) 667-5000	Alzheimer's Unit	No
NEVADA	MO 64772-4016	Level of Care ALF**	Bed Capacity	34
Mailing Address PO BOX 246		County VERNON	DMH Licensed	No
NEVADA	MO 64772-0246	Region 1	Facility Number	23419

MEDICALODGES NEVADA

1210 W ASHLAND ST		Telephone (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	Facility Number	05717

MOORE-FEW CARE CENTER

901 SOUTH ADAMS		Telephone (417) 448-3841	Alzheimer's Unit	No
NEVADA	MO 64772-3209	Level of Care SNF	Bed Capacity	108
Mailing Address 901 SOUTH ADAMS		County VERNON	DMH Licensed	No
NEVADA	MO 64772-3209	Region 1 Medicare/Medicaid	Facility Number	05703

MORNINGSIDE OF NEVADA

640 EAST HIGHLAND		Telephone (417) 667-3883	Alzheimer's Unit	No
NEVADA	MO 64772-1091	Level of Care RCF	Bed Capacity	37
Mailing Address 640 EAST HIGHLAND		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1091	Region 1	Facility Number	23732

NEVADA NURSING & REHAB

700 EAST HIGHLAND AVE		Telephone (417) 667-8889	Alzheimer's Unit	No
NEVADA	MO 64772-1025	Level of Care SNF	Bed Capacity	68
Mailing Address 700 EAST HIGHLAND AVE		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1025	Region 1 Medicare/Medicaid	Facility Number	18210

PAUL L & MARTHA BARONE CARE CENTER

2101 NORTH ASH ST		Telephone (417) 448-3999	Alzheimer's Unit	Yes
NEVADA	MO 64772-1082	Level of Care SNF	Bed Capacity	40
Mailing Address 2101 N ASH ST		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1082	Region 1 Medicaid	Facility Number	16917

* 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)).

WARREN

BRISTOL MANOR OF WARRENTON

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

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

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

HARBOR PLACE ESTATES, LLC

1054 SOUTH HWY 47
 WARRENTON MO 63383-
Mailing Address 1054 SOUTH HWY 47
 WARRENTON MO 63383-

Telephone (636) 377-4444
Level of Care RCF
County WARREN
Region 6

Alzheimer's Unit No
Bed Capacity 36
DMH Licensed No
Facility Number 30144

OAK POINTE OF WARRENTON

700 FORREST AVE
 WARRENTON MO 63383-7040
Mailing Address 700 FORREST AVE
 WARRENTON MO 63383-7040

Telephone (636) 456-6464
Level of Care ALF**
County WARREN
Region 6

Alzheimer's Unit Yes
Bed Capacity 65
DMH Licensed No
Facility Number 25045

WARRENTON MANOR

65 STATE HIGHWAY AA
 WRIGHT CITY MO 63383-3301
Mailing Address 65 STATE HIGHWAY AA
 WRIGHT CITY MO 63390-3301

Telephone (636) 456-8700
Level of Care SNF
County WARREN
Region 6 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 02505

WASHINGTON

GEORGIAN GARDENS CENTER FOR REHAB AND HEALTHCARE

1 GEORGIAN GARDENS DR
 POTOSI MO 63664-1436
Mailing Address 1 GEORGIAN GARDENS DR
 POTOSI MO 63664-1436

Telephone (573) 438-6261
Level of Care SNF
County WASHINGTON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit Yes
Bed Capacity 120
DMH Licensed No
Facility Number 02830

HILLSIDE LIVING CENTER

10109 RESTORATION CIRCLE
 MINERAL POINT MO 63660-8538
Mailing Address PO BOX 534
 PARK HILLS MO 63601-0534

Telephone (573) 562-0303
Level of Care ALF**
County WASHINGTON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 09270

POTOSI MANOR, INC

307 SOUTH HIGHWAY 21
 POTOSI MO 63664-9317
Mailing Address 307 S HWY 21
 POTOSI MO 63664-9317

Telephone (573) 438-3225
Level of Care SNF
County WASHINGTON
Region 2 **Medicare/Medicaid**

Alzheimer's Unit No
Bed Capacity 90
DMH Licensed No
Facility Number 21648

SOUTH HAVEN RESIDENTIAL CARE, LLC

10462 AIRPORT RD
 MINERAL POINT MO 63660-9325
Mailing Address 10462 AIRPORT RD
 MINERAL POINT MO 63660-9325

Telephone (573) 438-4150
Level of Care RCF*
County WASHINGTON
Region 2

Alzheimer's Unit No
Bed Capacity 20
DMH Licensed Yes
Facility Number 10529

WAYNE

CLARK'S MOUNTAIN NURSING CENTER

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

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

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

* 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)).

GREENVILLE HEALTH CARE CENTER

117 SYCAMORE ST
 GREENVILLE MO 63944-0000
Mailing Address PO BOX 108
 GREENVILLE MO 63944-0108

Telephone (573) 224-3298
Level of Care SNF
County WAYNE
Region 2 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 60
DMH Licensed No
Facility Number 15550

LAKE VIEW RESIDENTIAL CARE, LLC

HC 2, BOX 2070
 WAPPAELLO MO 63966-9508
Mailing Address HC 2, BOX 2070
 WAPPAELLO MO 63966-9508

Telephone (573) 222-8676
Level of Care RCF*
County WAYNE
Region 2

Alzheimer's Unit No
Bed Capacity 27
DMH Licensed Yes
Facility Number 23584

SHELTON'S RCF

1610 BARNES ST
 PIEDMONT MO 63957-1003
Mailing Address 1610 BARNES ST
 PIEDMONT MO 63957-1003

Telephone (573) 223-2032
Level of Care RCF
County WAYNE
Region 2

Alzheimer's Unit No
Bed Capacity 6
DMH Licensed Yes
Facility Number 28535

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

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

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

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

GLENWOOD HEALTHCARE

851 THOROUGHFARE
 SEYMOUR MO 65746-8767
Mailing Address 851 THOROUGHFARE
 SEYMOUR MO 65746-8767

Telephone (417) 935-2992
Level of Care SNF
County WEBSTER
Region 1 Medicare/Medicaid

Alzheimer's Unit Yes
Bed Capacity 60
DMH Licensed No
Facility Number 16944

MARSHFIELD CARE CENTER FOR REHAB AND HEALTHCARE

800 SOUTH WHITE OAK
 MARSHFIELD MO 65706-2231
Mailing Address 800 SOUTH WHITE OAK
 MARSHFIELD MO 65706-2231

Telephone (417) 859-3701
Level of Care SNF
County WEBSTER
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 77
DMH Licensed No
Facility Number 18481

MARSHFIELD PLACE, LLC

820 SOUTH WHITE OAK ST
 MARSHFIELD MO 65706-2231
Mailing Address 820 SOUTH WHITE OAK ST
 MARSHFIELD MO 65706-2231

Telephone (417) 859-3462
Level of Care RCF*
County WEBSTER
Region 1

Alzheimer's Unit No
Bed Capacity 40
DMH Licensed Yes
Facility Number 20500

WEBCO EAST

1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325
Mailing Address 1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325

Telephone (417) 859-5144
Level of Care RCF*
County WEBSTER
Region 1

Alzheimer's Unit No
Bed Capacity 24
DMH Licensed No
Facility Number 08405

WEBCO MANOR

1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325
Mailing Address 1687 W WASHINGTON ST
 MARSHFIELD MO 65706-2325

Telephone (417) 859-5144
Level of Care SNF
County WEBSTER
Region 1 Medicare/Medicaid

Alzheimer's Unit No
Bed Capacity 120
DMH Licensed No
Facility Number 08405

* 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)).

WORTH

ORILLA'S WAY

1209 SOUTH HIGH ST		Telephone	(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

WORTH COUNTY CONVALESCENT CENTER

503 E 4TH ST		Telephone	(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	Facility Number	08779
			Medicare/Medicaid		

WRIGHT

AUTUMN OAKS CARING CENTER

1310 HOVIS ST		Telephone	(417) 926-5128	Alzheimer's Unit	Yes
MOUNTAIN GROVE	MO 65711-1219	Level of Care	SNF	Bed Capacity	120
Mailing Address 1310 HOVIS ST		County	WRIGHT	DMH Licensed	No
MOUNTAIN GROVE	MO 65711-1219	Region	1	Facility Number	07970
			Medicare/Medicaid		

COUNTRY LIVING ASSISTED LIVING

2820 NORTH MAIN ST		Telephone	(417) 926-1955	Alzheimer's Unit	No
MOUNTAIN GROVE	MO 65711-1403	Level of Care	ALF	Bed Capacity	40
Mailing Address 2820 NORTH MAIN ST		County	WRIGHT	DMH Licensed	No
MOUNTAIN GROVE	MO 65711-1403	Region	1	Facility Number	27548

HARTVILLE CARE CENTER

649 WEST ROLLA ST		Telephone	(417) 741-6192	Alzheimer's Unit	No
HARTVILLE	MO 65667-8221	Level of Care	SNF	Bed Capacity	60
Mailing Address 649 WEST ROLLA ST		County	WRIGHT	DMH Licensed	No
HARTVILLE	MO 65667-8221	Region	1	Facility Number	17946
			Medicare/Medicaid		

ROCKY RIDGE MANOR

3111 HIGHWAY A		Telephone	(417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care	SNF	Bed Capacity	65
Mailing Address 3111 HWY A		County	WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region	1	Facility Number	04996
			Medicare/Medicaid		

* 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)).