## Missouri Long Term Care Facilities Directory

## Region: 1

ADAIR VILLAGE					
1801 N GAINES DR		Telephone	(660) 885-8196	Alzheimer's Unit	Yes
CLINTON MO 6	54735-1127	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 1801 N GAINES DR		County HEN	NRY	DMH Licensed	No
CLINTON MO 6	54735-1127	Region 1	Medicare/Medicaid	Facility Number	08521
ANEW HEALTHCARE OPERATIONS-SARG	COXIE, LLC				
1505 MINER	,	Telephone	(417) 548-3434	Alzheimer's Unit	No
SARCOXIE MO 6	54862-9211	Level of Care	SNF	<b>Bed Capacity</b>	40
Mailing Address 1505 MINER		County JAS	PER	DMH Licensed	No
SARCOXIE MO 6	54862-0248	Region 1	Medicare/Medicaid	<b>Facility Number</b>	06864
ANNA'S HOUSE ASSISTED LIVING FACIL	ITV				
25466 NORTH HWY 5	1111	Telephone	(417) 839-7637	Alzheimer's Unit	No
LEBANON MO 6	55536-	Level of Care	ALF	Bed Capacity	80
Mailing Address PO BOX 969		County LAC		DMH Licensed	No
	65536-0969	Region 1		Facility Number	08791
		G			
ANNAIG MONGE PEGIPENTIAL GAPE FAG					
ANNA'S HOUSE RESIDENTIAL CARE FAC	CILITY LLC	T-1	(417) 472 6000	Alzheimer's Unit	No
194 STATE HIGHWAY MM NIANGUA MO 6	55713-8411	Telephone Level of Care	(417) 473-6000 RCF	Bed Capacity	No 11
Mailing Address 194 STATE HWY MM	05/15-0411		BSTER	DMH Licensed	No
	55713-8411	Region 1	DSTER	Facility Number	13487
THE TOTAL PROPERTY OF	55713 0111	region 1		Tuenty Tumber	15407
APPLETON CITY MANOR		<b></b>	(660) 476 2120		
600 NORTH OHIO ST	54704 1600	Telephone	(660) 476-2128	Alzheimer's Unit	No
	54724-1609	Level of Care	SNF NT CLAIR	Bed Capacity DMH Licensed	60 No
Mailing Address PO BOX 98  APPLETON CITY MO 6	54724-0098	County SAI Region 1	Medicare/Medicaid	Facility Number	01637
ALLETON CITT MO 0	7-12-1-00/0	Kegion 1	Wieulcai e/Wieulcaiu	racinty Number	01037
ARBORS AT GLENDALE GARDENS - MEM	MORY CARE BY AMERICARE,		(660) 005 2252		3.7
1300 SOUTH MAIN	(4725, 2729	Telephone	(660) 885-2272	Alzheimer's Unit	Yes
CLINTON MO 6  Mailing Address 1300 S MAIN	54735-2728	Level of Care County HEN	ALF**	Bed Capacity	42 No
	54735-2728	Region 1	NK I	DMH Licensed Facility Number	No 17054
CENTON	7-133 2120	Region 1		racinty Number	17054
ASH GROVE HEALTHCARE FACILITY		m. 1 1	(417) 751 2575	A1 1	**
401 NORTH MEDICAL DR	55.604.1004	Telephone	(417) 751-2575	Alzheimer's Unit	Yes
	55604-1004	Level of Care	SNF EENE	Bed Capacity DMH Licensed	82 No
Mailing Address PO BOX 247 ASH GROVE MO 6	55604-0247	•			
ASIT ONO VE MO 0	JJ 00+*04+1	Region 1	Medicare/Medicaid	Facility Number	00200
AURORA NURSING CENTER		T-lh	(417) (79 2165	Alebeirout II 's	37
1700 SOUTH HUDSON AVE	55605 2717	Telephone	(417) 678-2165	Alzheimer's Unit	Yes
AURORA MO 6  Mailing Address 1700 S HUDSON AVE	55605-2717	Level of Care County LAV	SNF VRENCE	Bed Capacity DMH Licensed	125 No
	55605-2717	Region 1	Medicare/Medicaid	Facility Number	00234
MO 0	J3003-2111	region 1	iviculcai e/ivieulcaiu	racinty Muniber	00234

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AUTUMN OAKS CARING CENTER			
1310 HOVIS ST	•	<b>Telephone</b> (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 Medicare/Medicaid	Facility Number 07970
WOOTTHET OROTE	MO 03711 121)	Region 1 Medical e/Medicalu	Tacinty Number 07770
AUTUMN PLACE RESIDENTIAL C	ARE OF JOPLIN		
2030 E ZORA ST		<b>Telephone</b> (417) 626-8900	Alzheimer's Unit No
JOPLIN	MO 64801-1170	Level of Care RCF*	Bed Capacity 38
Mailing Address 2030 E ZORA ST		County JASPER	DMH Licensed No
JOPLIN	MO 64801-1170	Region 1	Facility Number 20779
AVA PLACE			
1101 LYLE STREET		<b>Telephone</b> (417) 683-6999	Alzheimer's Unit No
AVA	MO 65608-1269	Level of Care RCF*	Bed Capacity 40
Mailing Address PO BOX 1269		County DOUGLAS	DMH Licensed Yes
AVA	MO 65608-1269	Region 1	Facility Number 20718
		8	• ======
BAPTIST HOME, THE			
1625 WEST GARTON RD		<b>Telephone</b> (417) 581-2101	Alzheimer's Unit No
OZARK	MO 65721-6637	Level of Care ICF	<b>Bed Capacity</b> 33
Mailing Address PO BOX 1040		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-1040	Region 1	Facility Number 21509
BAPTIST HOME, THE			
1625 WEST GARTON RD		<b>Telephone</b> (417) 581-2101	Alzheimer's Unit No
OZARK	MO 65721-6637	Level of Care ALF**	<b>Bed Capacity</b> 30
Mailing Address PO BOX 1040		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-1040	Region 1	Facility Number 21509
BIG SPRING CARE CENTER FOR I	REHAB AND HEALTHCARE		
202 EAST MILL ST		<b>Telephone</b> (417) 754-8711	Alzheimer's Unit No
HUMANSVILLE	MO 65674-8507	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 202 EAST MILL ST		County POLK	DMH Licensed No
HUMANSVILLE	MO 65674-8507	Region 1 Medicare/Medicaid	Facility Number 18672
BIRCH POINTE HEALTH AND REI	HABILITATION		
3705 S JEFFERSON AVE		<b>Telephone</b> (417) 889-0773	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-5880	Level of Care SNF	Bed Capacity 120
Mailing Address 3705 S JEFFERSON		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-5880	Region 1 Medicare/Medicaid	Facility Number 31013
	03007 3000	Wellon 1 Medical Chiedicald	racing number 51015
BLUE CASTLE BOLIVAR LLC			
1830 E LAVERNE ST		<b>Telephone</b> (417) 777-2583	Alzheimer's Unit No
BOLIVAR	MO 65613-1488	Level of Care RCF*	<b>Bed Capacity</b> 30
Mailing Address 1830 E LAVERNE S'		County POLK	<b>DMH Licensed</b> Yes
BOLIVAR	MO 65613-1488	Region 1	Facility Number 24698

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BOLIVAR MANOR HOUSE			
404 EAST BROADWAY		<b>Telephone</b> (417) 327-5790	Alzheimer's Unit No
BOLIVAR	MO 65613-2019	Level of Care RCF*	<b>Bed Capacity</b> 20
Mailing Address PO BOX 175		County POLK	DMH Licensed Yes
BOLIVAR	MO 65613-0175	Region 1	Facility Number 04529
BRADFORD COURT - ASSISTED L	IVING BY AMERICARE		
902 NORTH MAIN		<b>Telephone</b> (417) 725-0177	Alzheimer's Unit No
NIXA	MO 65714-9384	Level of Care ALF**	<b>Bed Capacity</b> 50
Mailing Address 902 NORTH MAIN		County CHRISTIAN	<b>DMH Licensed</b> No
NIXA	MO 65714-9384	Region 1	Facility Number 17732
BRISTOL MANOR OF AURORA			
740 SOUTH HUDSON		<b>Telephone</b> (417) 678-7535	Alzheimer's Unit No
AURORA	MO 65605-2512	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 740 SOUTH HUDSO	N	County LAWRENCE	DMH Licensed No
AURORA	MO 65605-2512	Region 1	Facility Number 20352
BRISTOL MANOR OF BUFFALO			
1002 SOUTH BIRCH		<b>Telephone</b> (417) 345-5500	Alzheimer's Unit No
BUFFALO	MO 65622-9455	Level of Care RCF	Bed Capacity 12
Mailing Address 1002 SOUTH BIRCH		County DALLAS	DMH Licensed No
BUFFALO	MO 65622-9455	Region 1	Facility Number 18142
		11081011	101.2
BRISTOL MANOR OF CARTHAGE			
2131 SOUTH RIVER AVE		<b>Telephone</b> (417) 358-9788	Alzheimer's Unit No
CARTHAGE	MO 64836-3350	Level of Care RCF	Bed Capacity 12
Mailing Address 2131 S RIVER AVE	160 (100 (200)	County JASPER	DMH Licensed Yes
CARTHAGE	MO 64836-3350	Region 1	Facility Number 20858
BRISTOL MANOR OF CLINTON			
1402 EAST FRANKLIN		<b>Telephone</b> (660) 885-8391	Alzheimer's Unit No
CLINTON	MO 64735-1768	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 1402 EAST FRANKL	IN	County HENRY	<b>DMH Licensed</b> No
CLINTON	MO 64735-1768	Region 1	Facility Number 16656
BRISTOL MANOR OF LAMAR			
603 EAST 17TH ST		<b>Telephone</b> (417) 682-6762	Alzheimer's Unit No
LAMAR	MO 64759-2303	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 603 EAST 17TH ST		County BARTON	<b>DMH Licensed</b> No
LAMAR	MO 64759-2303	Region 1	Facility Number 18951
BRISTOL MANOR OF NEVADA			
401 EAST WALNUT		<b>Telephone</b> (417) 667-5700	Alzheimer's Unit No
NEVADA	MO 64772-2457	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 401 EAST WALNUT		County VERNON	DMH Licensed Yes
NEVADA	MO 64772-2457	Region 1	Facility Number 18471

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BRISTOL MANOR OF REPUBLIC			
634 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-8998	Alzheimer's Unit No
REPUBLIC	MO 65738-1124	Level of Care RCF	Bed Capacity 12
Mailing Address 634 EAST HWY 174	110 03/30 1124	County GREENE	DMH Licensed No
REPUBLIC	MO 65738-1124	Region 1	Facility Number 20841
ALL COLLC		Region 1	20011
BRISTOL MANOR OF WEBB CITY			
1803 NORTH MAIN, HIGHWAY D		<b>Telephone</b> (417) 673-4231	Alzheimer's Unit No
WEBB CITY	MO 64870-1193	Level of Care RCF	Bed Capacity 12
Mailing Address 1803 NORTH MAIN,	HIGHWAY D	County JASPER	DMH Licensed No
WEBB CITY	MO 64870-1193	Region 1	Facility Number 20537
DDICTOL MANOD OF WILLARD			
BRISTOL MANOR OF WILLARD 511 WATSON		<b>Telephone</b> (417) 742-0090	Alzheimer's Unit No
WILLARD	MO 65781-8314	Level of Care RCF	Bed Capacity 12
Mailing Address 511 WATSON	WIO 03/01-0314	County GREENE	DMH Licensed No
WILLARD	MO 65781-8314	Region 1	Facility Number 20838
WILLARD	WO 03781-6314	Region 1	Facility Number 20838
BROOKHAVEN NURSING & REHA	В		
3405 WEST MT VERNON		<b>Telephone</b> (417) 874-9600	Alzheimer's Unit No
SPRINGFIELD	MO 65802-5241	Level of Care SNF	Bed Capacity 90
Mailing Address 3405 WEST MT VER	NON	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65802-5241	Region 1 Medicare/Medicaid	Facility Number 09512
BUFFALO PRAIRIE CENTER FOR	DEHAR AND HEAT WHICH BE		
	REHAB AND HEALTHCARE	Telephone (417) 345-5422	Alzheimer's Unit NO
631 WEST MAIN ST		Telephone (417) 345-5422 Level of Care SNE	Alzheimer's Unit NO Red Canacity 60
631 WEST MAIN ST BUFFALO	MO 65622-7496	Level of Care SNF	<b>Bed Capacity</b> 60
631 WEST MAIN ST		• '	
631 WEST MAIN ST BUFFALO <b>Mailing Address</b> 631 WEST MAIN ST	MO 65622-7496	Level of Care SNF County DALLAS	Bed Capacity60DMH LicensedNo
631 WEST MAIN ST BUFFALO Mailing Address 631 WEST MAIN ST BUFFALO BUNGALOWS AT BRANSON MEAI	MO 65622-7496 MO 65622-7496	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid	Bed Capacity60DMH LicensedNoFacility Number16700
631 WEST MAIN ST BUFFALO Mailing Address 631 WEST MAIN ST BUFFALO BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD	MO 65622-7496  MO 65622-7496  DOWS, THE	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No
631 WEST MAIN ST BUFFALO Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON	MO 65622-7496 MO 65622-7496	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF	Bed Capacity 60  DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104
631 WEST MAIN ST BUFFALO Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON Mailing Address 5351 GRETNA RD	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No
631 WEST MAIN ST BUFFALO Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON	MO 65622-7496  MO 65622-7496  DOWS, THE	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF	Bed Capacity 60  DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104
631 WEST MAIN ST BUFFALO Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON Mailing Address 5351 GRETNA RD	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAN 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD SPRINGFIELD	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  WILLAGE, THE  MO 65807-8631	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAN 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  WILLAGE, THE  MO 65807-8631	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000 Level of Care RCF	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No Bed Capacity 92
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD SPRINGFIELD  Mailing Address 2410 W CHESTERFIE SPRINGFIELD	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298  VILLAGE, THE  MO 65807-8631  ELD BLVD	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000 Level of Care RCF County GREENE	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No Bed Capacity 92 DMH Licensed No
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAI 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD SPRINGFIELD  Mailing Address 2410 W CHESTERFIE SPRINGFIELD  BUNGALOWS AT NEVADA, THE	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298  VILLAGE, THE  MO 65807-8631  ELD BLVD	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000 Level of Care RCF County GREENE Region 1	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No Bed Capacity 92 DMH Licensed No Facility Number 22584
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAN 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD SPRINGFIELD  Mailing Address 2410 W CHESTERFI SPRINGFIELD  BUNGALOWS AT NEVADA, THE 640 EAST HIGHLAND	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298  VILLAGE, THE  MO 65807-8631  ELD BLVD  MO 65807-8631	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000 Level of Care RCF County GREENE Region 1	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No Bed Capacity 92 DMH Licensed No Facility Number 22584  Alzheimer's Unit No
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAN 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD SPRINGFIELD  Mailing Address 2410 W CHESTERFIELD SPRINGFIELD  BUNGALOWS AT NEVADA, THE 640 EAST HIGHLAND NEVADA	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298  VILLAGE, THE  MO 65807-8631  ELD BLVD  MO 65807-8631	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000 Level of Care RCF County GREENE Region 1  Telephone (417) 667-3883 Level of Care RCF	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No Bed Capacity 92 DMH Licensed No Facility Number 22584  Alzheimer's Unit No Bed Capacity 32
631 WEST MAIN ST BUFFALO  Mailing Address 631 WEST MAIN ST BUFFALO  BUNGALOWS AT BRANSON MEAN 5351 GRETNA ROAD BRANSON  Mailing Address 5351 GRETNA RD BRANSON  BUNGALOWS AT CHESTERFIELD 2410 WEST CHESTERFIELD BLVD SPRINGFIELD  Mailing Address 2410 W CHESTERFI SPRINGFIELD  BUNGALOWS AT NEVADA, THE 640 EAST HIGHLAND	MO 65622-7496  MO 65622-7496  DOWS, THE  MO 65616-7298  MO 65616-7298  VILLAGE, THE  MO 65807-8631  ELD BLVD  MO 65807-8631	Level of Care SNF County DALLAS Region 1 Medicare/Medicaid  Telephone (417) 334-3336 Level of Care RCF County TANEY Region 1  Telephone (417) 886-4000 Level of Care RCF County GREENE Region 1	Bed Capacity 60 DMH Licensed No Facility Number 16700  Alzheimer's Unit No Bed Capacity 104 DMH Licensed No Facility Number 23683  Alzheimer's Unit No Bed Capacity 92 DMH Licensed No Facility Number 22584  Alzheimer's Unit No

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BUNGALOWS AT SPRINGFIELD I	EAST, THE		
3540 EAST CHEROKEE		<b>Telephone</b> (417) 889-2222	Alzheimer's Unit No
SPRINGFIELD	MO 65809-2828	Level of Care RCF	<b>Bed Capacity</b> 67
Mailing Address 3540 EAST CHERO	KEE	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65809-2828	Region 1	Facility Number 21025
BUTTERFIELD RESIDENTIAL CA	DE CENTED		
1120 NORTH BUTTERFIELD RD	THE CENTER	<b>Telephone</b> (417) 326-5200	Alzheimer's Unit No
BOLIVAR	MO 65613-1000	Level of Care RCF*	Bed Capacity 66
Mailing Address 1120 N BUTTERFI		County POLK	DMH Licensed No
BOLIVAR	MO 65613-1000	Region 1	Facility Number 14436
BOLIVAK	MO 03013-1000	Region 1	Facility Number 14430
BUTTERFIELD RESIDENTIAL CA	RE CENTER		
1120 NORTH BUTTERFIELD RD		<b>Telephone</b> (417) 326-5200	Alzheimer's Unit No
BOLIVAR	MO 65613-1000	Level of Care RCF	<b>Bed Capacity</b> 24
Mailing Address 1120 N BUTTERFI	ELD RD	County POLK	<b>DMH Licensed</b> No
BOLIVAR	MO 65613-1000	Region 1	Facility Number 14436
CARL JUNCTION RESIDENTIAL	CARE		
201 FIR RD		<b>Telephone</b> (417) 782-5659	Alzheimer's Unit No
CARL JUNCTION	MO 64834-9222	Level of Care RCF*	Bed Capacity 37
Mailing Address 201 FIR RD		County JASPER	DMH Licensed No
CARL JUNCTION	MO 64834-9222	Region 1	Facility Number 20550
		8	
CARTHAGE HEALTH AND REHA	BILITATION CENTER		
1901 BUENA VISTA AVE		<b>Telephone</b> (417) 358-1937	Alzheimer's Unit Yes
CARTHAGE	MO 64836-3178	Level of Care SNF	Bed Capacity 120
Mailing Address 1901 BUENA VISTA		County JASPER	DMH Licensed No
CARTHAGE	MO 64836-3178	Region 1 Medicare/Medicaid	Facility Number 12472
CASSVILLE HEALTH CENTER FO	OR REHAB AND HEALTHCARE		
1300 COUNTY FARM RD		<b>Telephone</b> (417) 847-3386	Alzheimer's Unit No
CASSVILLE	MO 65625-1726	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1300 COUNTY FAR	RM RD	County BARRY	DMH Licensed No
CASSVILLE	MO 65625-1726	Region 1 Medicare/Medicaid	Facility Number 01097
CASTI EWOOD SENIOD I IVING T	гие		
CASTLEWOOD SENIOR LIVING T 1538 N OLD CASTLE ROAD	ITE	Tolonhone (417) 724 9199	Alzheimer's Unit Yes
NIXA	MO 65714 0002	Telephone (417) 724-8188 Level of Care ALF**	
	MO 65714-9902		
Mailing Address 1538 N OLD CASTI		County CHRISTIAN	
NIXA	MO 65714-9902	Region 1	Facility Number 30722
CEDAR RIDGE CARE CENTER, L	LC		
71 SYCAMORE		<b>Telephone</b> (417) 847-5546	Alzheimer's Unit No
CASSVILLE	MO 65625-1755	Level of Care RCF*	<b>Bed Capacity</b> 30
Mailing Address PO BOX 633		County BARRY	<b>DMH Licensed</b> Yes
CASSVILLE	MO 65625-0633	Region 1	Facility Number 15295

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	SISTED LIVING & MEMORY CARE			
842 LYNN STREET		<b>Telephone</b> (417) 815-0122	Alzheimer's Unit	Yes
LEBANON	MO 65536-3832	Level of Care ALF**	Bed Capacity	90
Mailing Address 842 LYNN STREET		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-3832	Region 1	Facility Number 3	1890
CED A DITTIDCT OF CODINCEIEI D				
CEDARHURST OF SPRINGFIELD 1146 EAST LAKEWOOD ST	•	<b>Telephone</b> (417) 885-9050	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2614	Level of Care ALF**	Bed Capacity	66
Mailing Address 1146 E LAKEWOO		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2614			
SFRINGPIELD	WIO 03810-2014	Region 1	racinty Number 20	8295
CENTURY PINES ASSISTED LIVI	NG			
709 EAST MCCRACKEN RD		<b>Telephone</b> (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care ALF**	Bed Capacity	23
Mailing Address 709 EAST MCCRA	CKEN RD	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1	Facility Number 0	1200
			•	
CENTURY PINES ASSISTED LIVI	NG			
709 EAST MCCRACKEN RD		<b>Telephone</b> (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care ALF	Bed Capacity	80
Mailing Address 709 EAST MCCRA	CKEN RD	County CHRISTIAN	DMH Licensed	Yes
OZARK	MO 65721-9499	Region 1	Facility Number 0	1200
CITIZENS MEMORIAL HEALTH	CARE FACILITY			
1218 W LOCUST ST	CARLET ACIDITI	<b>Telephone</b> (417) 326-7648	Alzheimer's Unit	No
BOLIVAR	MO 65613-1312	Level of Care SNF	Bed Capacity	111
Mailing Address PO BOX 590		County POLK	DMH Licensed	No
BOLIVAR	MO 65613-0590	Region 1 Medicare/Medicaid		0710
			•	
CLARK CARE CENTER - ONE				
1505 EAST ASHLAND ST		<b>Telephone</b> (417) 667-3900	Alzheimer's Unit	No
NEVADA	MO 64772-4025	Level of Care RCF*	Bed Capacity	38
Mailing Address PO BOX 246		County VERNON	DMH Licensed	Yes
NEVADA	MO 64772-0246	Region 1	Facility Number 20	0206
CLINTON HEALTHCARE AND R	FHARILITATION CENTED			
1009 EAST OHIO	EHADILITATION CENTER	<b>Telephone</b> (660) 885-5571	Alzheimer's Unit	No
CLINTON	MO 64735-2455	Level of Care SNF	Bed Capacity	120
Mailing Address 1009 EAST OHIO	1410 04733-2433	County HENRY	DMH Licensed	No
CLINTON	MO 64735-2455			1318
CUINTOIN	1410 U4/33-2433	Region 1 Medicare/Medicaid	racinty Number 0	1318
COLONIAL SPRINGS HEALTHCA	ARE CENTER			
750 W COOPER ST		<b>Telephone</b> (417) 345-2228	Alzheimer's Unit	Yes
BUFFALO	MO 65622-8662	Level of Care SNF	Bed Capacity	134
Mailing Address PO BOX 978		County DALLAS	DMH Licensed	No
BUFFALO	MO 65622-0978	Region 1 Medicare/Medicaid	Facility Number 0	1302

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COMMUNITIES OF WILDWOOD R	RANCH		
3222 SOUTH JOHN DUFFY DR		<b>Telephone</b> (417) 621-0175	Alzheimer's Unit No
JOPLIN	MO 64804-1569	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 3222 SOUTH JOHN		County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number 29077
COMMUNITAL OF A LITTIAN COLUM	TO A TO MITO AVED NIONI TELLE		
COMMUNITY OF AUTUMN COUR 1421 S LANDRUM ST	T AT MT VERNON, THE	TD 1 1 (417) 466 2540	AN A. S.
MOUNT VERNON	MO 65712-1912	<b>Telephone</b> (417) 466-3549	Alzheimer's Unit No
		Level of Care ALF**	Bed Capacity 34  DMH Licensed No
Mailing Address 1421 S LANDRUM S MOUNT VERNON		County LAWRENCE	
MOUNT VERNON	MO 65712-1912	Region 1	Facility Number 20809
COMMUNITY SPRINGS HEALTHO	CARE FACILITY		
400 EAST HOSPITAL RD		<b>Telephone</b> (417) 876-2531	Alzheimer's Unit Yes
EL DORADO SPRINGS	MO 64744-2024	Level of Care SNF	Bed Capacity 120
Mailing Address 400 EAST HOSPITA	L RD	County CEDAR	DMH Licensed No
EL DORADO SPRINGS	MO 64744-2024	Region 1 Medicare/Medicaid	Facility Number 01740
		Tregion - Manual of Manual	01,10
COPPER ROCK HEALTHCARE			
712 COPPER ROCK DRIVE		<b>Telephone</b> (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 560		County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851
COTTAGE AT CENTURY PINES, T	THE		
707 EAST MCCRACKEN ROAD	THE .	<b>Telephone</b> (417) 581-7278	Alzheimer's Unit Yes
OZARK	MO 65721-9499	Level of Care ALF**	Bed Capacity 24
Mailing Address 709 EAST MCCRAC		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-9499	Region 1	Facility Number 30579
			•
COUNTRY LIVING ASSISTED LIV	ING		
2820 NORTH MAIN ST		<b>Telephone</b> (417) 926-1955	Alzheimer's Unit No
MOUNTAIN GROVE	MO 65711-1403	Level of Care ALF	<b>Bed Capacity</b> 40
Mailing Address 2820 NORTH MAIN	ST	County WRIGHT	<b>DMH Licensed</b> No
MOUNTAIN GROVE	MO 65711-1403	Region 1	Facility Number 27548
COUNTRYSIDE CARE CENTER, L	LC		
385 SOUTH EISENHOWER		<b>Telephone</b> (417) 235-4040	Alzheimer's Unit No
MONETT	MO 65708-8266	Level of Care RCF*	Bed Capacity 33
Mailing Address PO BOX 434	05700 0200	County BARRY	DMH Licensed Yes
MONETT	MO 65708-0434	Region 1	Facility Number 12737
MONDII	03/00 0434	wegion 1	12/3/
COUNTRYSIDE ESTATES			
500 NORTH OHIO		<b>Telephone</b> (660) 476-2128	Alzheimer's Unit No
APPLETON CITY	MO 64724-1625	Level of Care RCF*	<b>Bed Capacity</b> 24
Mailing Address PO BOX 98		County SAINT CLAIR	<b>DMH Licensed</b> No
APPLETON CITY	MO 64724-0098	Region 1	Facility Number 15005

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COUNTRYSIDE HOME, LLC			
24499 PARK DR		<b>Telephone</b> (417) 532-7418	Alzheimer's Unit No
LEBANON	MO 65536-5843	Level of Care RCF	<b>Bed Capacity</b> 20
Mailing Address 24499 PARK DR		County LACLEDE	<b>DMH Licensed</b> Yes
LEBANON	MO 65536-5843	Region 1	Facility Number 15052
CDANE DECIDENTIAL CADE HON	ATC		
CRANE RESIDENTIAL CARE HON 102 LILLIAN	1E	T-1	Al-la-i
CRANE	MO 65633-9103	<b>Telephone</b> (417) 723-5900	Alzheimer's Unit No Bed Canacity 36
	MO 63633-9103	Level of Care RCF	=
Mailing Address 102 LILLIAN	MO (5/22 0102	County STONE	DMH Licensed Yes
CRANE	MO 65633-9103	Region 1	Facility Number 01898
EL DORADO SPRINGS RESIDENTI	IAL CARE		
805 NORTH JACKSON ST		<b>Telephone</b> (417) 876-4278	Alzheimer's Unit No
EL DORADO SPRINGS	MO 64744-2912	Level of Care RCF	Bed Capacity 60
Mailing Address 805 NORTH JACKS	ON ST	County CEDAR	DMH Licensed Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number 12621
			12021
ESSEX OF LEBANON, THE			
1316 DEADRA DR		<b>Telephone</b> (417) 532-4863	Alzheimer's Unit No
LEBANON	MO 65536-4609	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 1316 DEADRA DR		County LACLEDE	<b>DMH Licensed</b> No
LEBANON	MO 65536-4609	Region 1	Facility Number 24257
ESSEX OF OZARK, THE			
5173 NORTH 22ND		<b>Telephone</b> (417) 485-4185	Alzheimer's Unit No
OZARK	MO 65721-7637	Level of Care RCF	Bed Capacity 12
Mailing Address 5173 NORTH 22ND	110 03721 7037	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-7637	Region 1	Facility Number 24318
OZAKK	WIO 03721-7037	Region 1	Facility Number 24318
FORSYTH CARE CENTER			
477 COY BLVD		<b>Telephone</b> (417) 546-6337	Alzheimer's Unit No
FORSYTH	MO 65653-5132	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX 640		County TANEY	<b>DMH Licensed</b> No
FORSYTH	MO 65653-0640	Region 1 Medicare/Medicaid	Facility Number 18870
FOXBERRY TERRACE - ASSISTED	LIVING BY AMERICARE		
4316 NORTH ST LOUIS AVE		<b>Telephone</b> (417) 625-1000	Alzheimer's Unit Yes
WEBB CITY	MO 64870-9550	Level of Care ALF**	<b>Bed Capacity</b> 46
Mailing Address 4316 NORTH ST LO		County JASPER	DMH Licensed No
WEBB CITY	MO 64870-9550	Region 1	Facility Number 25428
200 (111		ACCEPTED A	2 ucincy 1 univer 25420
FREMONT SENIOR LIVING, THE		<b>.</b>	
1520 EAST BATES ST		<b>Telephone</b> (417) 881-0500	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-8401	Level of Care ALF**	<b>Bed Capacity</b> 72
Mailing Address 1520 EAST BATES S		County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65804-8401	Region 1	Facility Number 28782

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GAINESVILLE NURSING				
77 MEDICAL DR		<b>Telephone</b> (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care SNF	Bed Capacity	99
Mailing Address PO BOX 628	MO (5555 0600	County OZARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1 Medicare/Medicaid	Facility Number	12868
GARDENS, THE				
1302 WEST SUNSET		<b>Telephone</b> (417) 889-7600	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-5943	Level of Care ALF**	Bed Capacity	148
Mailing Address 1302 WEST SUNSET		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5943	Region 1		20288
GLENDALE GARDENS NURSING &	& REHAB	T. 1. 1. (417) 000 0055	A11	N.T.
3535 EAST CHEROKEE	MO (5900 2020	<b>Telephone</b> (417) 889-9955	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2829	Level of Care SNF	Bed Capacity	120
Mailing Address 3535 EAST CHEROL		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2829	Region 1 Medicare/Medicaid	Facility Number	16735
GLENWOOD HEALTHCARE				
851 THOROUGHFARE		<b>Telephone</b> (417) 935-2992	Alzheimer's Unit	Yes
SEYMOUR	MO 65746-8767	Level of Care SNF	Bed Capacity	60
Mailing Address 851 THOROUGHFA	RE	County WEBSTER	DMH Licensed	No
SEYMOUR	MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number	6944
GOLDEN ESTATE RESIDENTIAL O	CARE			
GOLDEN ESTATE RESIDENTIAL O	CARE	<b>Telephone</b> (417) 833-4440	Alzheimer's Unit	No
	CARE  MO 65803-1070	Telephone (417) 833-4440 Level of Care RCF*	Alzheimer's Unit Bed Capacity	No 31
1134 WEST NORTON RD	MO 65803-1070	• '		
1134 WEST NORTON RD SPRINGFIELD	MO 65803-1070	Level of Care RCF*	Bed Capacity DMH Licensed	31
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD	MO 65803-1070 N RD MO 65803-1070	Level of Care RCF* County GREENE	Bed Capacity DMH Licensed	31 Yes
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD GOOD SHEPHERD COMMUNITY OF	MO 65803-1070 N RD MO 65803-1070	Level of Care RCF* County GREENE Region 1	Bed Capacity DMH Licensed Facility Number (	31 Yes 02984
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD GOOD SHEPHERD COMMUNITY O 200 WEST 12TH ST	MO 65803-1070 N RD MO 65803-1070 CARE AND REHABILITATION	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571	Bed Capacity DMH Licensed Facility Number (  Alzheimer's Unit	31 Yes )2984 Yes
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD	MO 65803-1070 N RD MO 65803-1070	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	31 Yes )2984 Yes 69
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY C 200 WEST 12TH ST LOCKWOOD Mailing Address 200 WEST 12TH ST	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	31 Yes 02984 Yes 69 No
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD	MO 65803-1070 N RD MO 65803-1070 CARE AND REHABILITATION	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	31 Yes )2984 Yes 69
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY C 200 WEST 12TH ST LOCKWOOD Mailing Address 200 WEST 12TH ST	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION  MO 65682-8337  MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	31 Yes 02984 Yes 69 No
1134 WEST NORTON RD SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY ( 200 WEST 12TH ST LOCKWOOD  Mailing Address 200 WEST 12TH ST LOCKWOOD	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION  MO 65682-8337  MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	31 Yes 02984 Yes 69 No
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD Mailing Address 200 WEST 12TH ST LOCKWOOD GOOD SHEPHERD RESIDENTIAL	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION  MO 65682-8337  MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  (Capacity Number)  (Capacity Number)	31 Yes )2984 Yes 69 No )3051
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION MO 65682-8337 MO 65682-8337  CARE FACILITY	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	31 Yes 02984 Yes 69 No 03051
SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD  Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION MO 65682-8337 MO 65682-8337  CARE FACILITY	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	31 Yes 02984 Yes 69 No 03051
1134 WEST NORTON RD SPRINGFIELD Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD Mailing Address 200 WEST 12TH	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION MO 65682-8337 MO 65682-8337  CARE FACILITY MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care RCF* County DADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	31 Yes 02984 Yes 69 No 03051
SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF SPRINGFIELD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GRAN VILLAS NEOSHO	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION MO 65682-8337 MO 65682-8337  CARE FACILITY MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care RCF* County DADE Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	31 Yes 02984 Yes 69 No 03051 No 20 No
SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD  Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GRAN VILLAS NEOSHO 420 LYON DR	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION  MO 65682-8337  MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care RCF* County DADE Region 1  Telephone (417) 451-7071	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  (Alzheimer's Unit Capacity Ca	31 Yes 02984 Yes 69 No 03051 No 03051
SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD  Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GRAN VILLAS NEOSHO 420 LYON DR NEOSHO	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION MO 65682-8337 MO 65682-8337  CARE FACILITY MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care RCF* County DADE Region 1  Telephone (417) 451-7071 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  (Capacity Capacity C	31 Yes 02984 Yes 69 No 03051 No 03051
SPRINGFIELD  Mailing Address 1134 WEST NORTO SPRINGFIELD  GOOD SHEPHERD COMMUNITY OF 200 WEST 12TH ST LOCKWOOD  Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GRAN VILLAS NEOSHO 420 LYON DR	MO 65803-1070 N RD MO 65803-1070  CARE AND REHABILITATION  MO 65682-8337  MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337	Level of Care RCF* County GREENE Region 1  Telephone (417) 232-4571 Level of Care SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care RCF* County DADE Region 1  Telephone (417) 451-7071	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  (Capacity Capacity C	31 Yes 02984 Yes 69 No 03051 No 03051

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GRANBY HOUSE			
301 SOUTH MAIN		<b>Telephone</b> (417) 472-6271	Alzheimer's Unit No
GRANBY	MO 64844-8336	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 301 SOUTH MAIN		County NEWTON	<b>DMH Licensed</b> No
GRANBY	MO 64844-8336	Region 1 Medicare/Medicaid	Facility Number 16481
HARTVILLE CARE CENTER			
649 WEST ROLLA ST		<b>Telephone</b> (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 Medicare/Medicaid	Facility Number 17946
HEART OF THE OZARKS HEALTH	CARE CENTER		
2004 CRESTVIEW ST		<b>Telephone</b> (417) 683-4129	Alzheimer's Unit No
AVA	MO 65608-8903	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX 727		County DOUGLAS	<b>DMH Licensed</b> No
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number 01290
HENLEY DI ACE OF MEOCHO, A CE	ENIOR RESIDENCE BY AMERICARE		
1105 VILLAGE RD	ENIOR RESIDENCE DI AMERICARE	<b>Telephone</b> (417) 451-1000	Alzheimer's Unit No
NEOSHO	MO 64850-9076	Level of Care RCF	Bed Capacity 50
Mailing Address 1105 VILLAGE RD	1410 04030 7070	County NEWTON	DMH Licensed No
NEOSHO	MO 64850-9076	Region 1	Facility Number 20193
NEODIIO	110 04030 7070	Kegion 1	Facility Number 20193
HERMITAGE NURSING & REHAB			
18599 FIRST STREET		<b>Telephone</b> (417) 745-2111	Alzheimer's Unit Yes
HERMITAGE	MO 65668-9129	Level of Care SNF	Bed Capacity 120
Mailing Address PO BOX 325		County HICKORY	DMH Licensed No
HERMITAGE	MO 65668-0325	Region 1 Medicare/Medicaid	Facility Number 10240
HOPEDALE COTTAGE ASSISTED I	LIVING THE	T	
1314 W SCHOOL STREET	MO (57701 (610	<b>Telephone</b> (417) 581-1308	Alzheimer's Unit Yes
OZARK	MO 65721-6618	Level of Care ALF**	Bed Capacity 14
Mailing Address 1314 W SCHOOL STI		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-6618	Region 1	Facility Number 30302
HUDSON HOUSE			
1700-B SOUTH HUDSON AVE		<b>Telephone</b> (417) 678-2169	Alzheimer's Unit No
AURORA	MO 65605-2717	Level of Care RCF*	Bed Capacity 41
Mailing Address 1700-B S HUDSON A	VE	County LAWRENCE	DMH Licensed No
AURORA	MO 65605-2717	Region 1	Facility Number 10444
IACODE CADE CENTEED II C			
JACOBS CARE CENTER, LLC 932 WEST STATE		Tolonhono (417) 965 6140	Alzheimer's Unit No
SPRINGFIELD	MO 65806-2846	Telephone (417) 865-6140  Level of Care RCF	Bed Capacity 12
Mailing Address 932 WEST STATE	WIO 0J000-20 <del>4</del> 0	County GREENE	DMH Licensed Yes
CDD DIGGERS D		County OREENE	Divili Licenseu 1 es

Region 1

**Facility Number** 

06229

MO 65806-2846

SPRINGFIELD

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JAMES RIVER NURSING AND REH	IABILITATION		
3550 EAST BATTLEFIELD		<b>Telephone</b> (417) 889-9500	Alzheimer's Unit No
SPRINGFIELD	MO 65809-3400	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 3550 EAST BATTLE	FIELD	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65809-3400	Region 1 Medicare/Medicaid	Facility Number 17645
JEFFERSON GARDENS - ASSISTEI	LIVING BY AMERICARE	m 1 1 (660) 005 0770	
509 WEST ROGERS ST	1.0 (1.70.7.0.7.10)	<b>Telephone</b> (660) 885-9770	Alzheimer's Unit No
CLINTON	MO 64735-2548	Level of Care ALF**	Bed Capacity 42
Mailing Address 509 WEST ROGERS		County HENRY	<b>DMH Licensed</b> No
CLINTON	MO 64735-2548	Region 1	Facility Number 20603
JOE CLARK RESIDENTIAL CARE	HOME		
1495 EAST ASHLAND ST	HOME	<b>Telephone</b> (417) 667-5000	Alzheimer's Unit No
NEVADA	MO 64772-4016	Level of Care ALF**	Bed Capacity 34
	WO 04//2-4010		
Mailing Address PO BOX 246	NO. (4772.024)		
NEVADA	MO 64772-0246	Region 1	Facility Number 23419
JOPLIN GARDENS			
2810 SOUTH JACKSON AVE		<b>Telephone</b> (417) 572-0041	Alzheimer's Unit No
JOPLIN	MO 64804-2524	Level of Care SNF	<b>Bed Capacity</b> 92
Mailing Address 2810 SOUTH JACKS	ON AVE	County JASPER	DMH Licensed No
JOPLIN	MO 64804-2524	Region 1 Medicare/Medicaid	Facility Number 01373
001211	110 01001 2021	region 1 Medicare/Medicard	ruenty rumser 01373
JOPLIN HEALTH AND REHABILIT	TATION CENTER		
2218 WEST 32ND ST		<b>Telephone</b> (417) 623-5264	Alzheimer's Unit Yes
JOPLIN	MO 64804-3514	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 2218 WEST 32ND ST	Γ	County NEWTON	<b>DMH Licensed</b> No
JOPLIN	MO 64804-3514	Region 1 Medicare/Medicaid	Facility Number 12583
JOY ADULT CARE CENTER			
614 SOUTH MAIN		<b>Telephone</b> (660) 885-8328	Alzheimer's Unit No
CLINTON	MO 64735-2620	Level of Care RCF*	Bed Capacity 42
Mailing Address PO BOX 8	110 04733 2020	County HENRY	DMH Licensed Yes
CLINTON	MO 64735-0008	Region 1	Facility Number 07268
CLINTON	WO 04/33-0008	Kegion 1	Facility Number 0/208
JOY ASSISTED LIVING FOR SENIO	ORS		
2030 W MOUNT VERNON ST		<b>Telephone</b> (417) 864-8805	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4846	Level of Care ALF	<b>Bed Capacity</b> 74
Mailing Address PO BOX 9655		County GREENE	<b>DMH Licensed</b> Yes
SPRINGFIELD	MO 65801-9655	Region 1	Facility Number 19668
LACOBA HOMES, INC			
850 HIGHWAY 60		<b>Telephone</b> (417) 235-7895	Alzheimer's Unit No
MONETT	MO 65708-9376	Level of Care SNF	Bed Capacity 79
	1410 03/00-93/0	County BARRY	
Mailing Address PO BOX 885	MO 65709 0995		
MONETT	MO 65708-0885	Region 1 Medicare/Medicaid	Facility Number 04315

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I A VER COMO CIVERON ME A I EMICA DE	The CAN Alba		
LAKE STOCKTON HEALTHCARE 1523 3RD ROAD	FACILITY	<b>Telephone</b> (417) 276-5126	Alzheimer's Unit Yes
STOCKTON	MO 65785-9608	Telephone (417) 276-5126 Level of Care SNF	Alzheimer's Unit Yes Bed Capacity 90
Mailing Address PO BOX 945	WIO 03783-9008	County CEDAR	DMH Licensed No
STOCKTON	MO 65785-0945	•	Facility Number 07680
STOCKTON	MO 03783-0943	Region 1 Medicare/Medicaid	racinty Number 0/080
LAKESHORES RESIDENTIAL CA	RE FACILITY		
102 SOUTH BOLIVAR RD		<b>Telephone</b> (417) 754-2272	Alzheimer's Unit No
HUMANSVILLE	MO 65674-8553	Level of Care RCF*	Bed Capacity 30
Mailing Address PO BOX 221		County POLK	DMH Licensed Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number 15309
LAKESIDE MOUNTAIN MANOR			
238 HARMONY HEIGHTS		<b>Telephone</b> (417) 546-5595	Alzheimer's Unit No
FORSYTH	MO 65653-5533	Level of Care RCF	Bed Capacity 40
Mailing Address 238 HARMONY HE		County TANEY	DMH Licensed Yes
FORSYTH	MO 65653-5533	Region 1	Facility Number 06232
TOROTTI	110 03033 3333	Region 1	1 delity 1 dailed 00232
LAKEWOOD - ASSISTED LIVING	BY AMERICARE		
4685 ROBBERSON AVE		<b>Telephone</b> (417) 881-1411	Alzheimer's Unit Yes
SPRINGFIELD	MO 65810-1785	Level of Care ALF**	Bed Capacity 67
Mailing Address 4685 ROBBERSON	AVE	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65810-1785	Region 1	Facility Number 23613
LAWRENCE COUNTY MANOR			
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit Yes
MT VERNON	MO 65712-1612	Level of Care SNF	Bed Capacity 90
Mailing Address 915 CARL ALLEN S		County LAWRENCE	DMH Licensed No
MT VERNON	MO 65712-1612	Region 1 Medicare/Medicaid	Facility Number 04349
LAWRENCE COUNTY RESIDENT	IAL CARE CENTER		
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit No
MT VERNON	MO 65712-1612	Level of Care RCF*	Bed Capacity 30
Mailing Address 915 CARL ALLEN S	T	County LAWRENCE	DMH Licensed No
MT VERNON	MO 65712-1612	Region 1	Facility Number 04349
I EDANON MODERI MUDEIMO A DE	EHAD		
LEBANON NORTH NURSING & RI 596 MORTON RD	LПAD	Telephone (417) 522 0172	Alzheimer's Unit Yes
	MO 65526 2649	<b>Telephone</b> (417) 532-9173	
LEBANON  Moiling Address 506 MORTON PD	MO 65536-3648	Level of Care SNF	Bed Capacity 180
Mailing Address 596 MORTON RD	MO 65526 2649	County LACLEDE	DMH Licensed No Facility Number 04260
LEBANON	MO 65536-3648	Region 1 Medicare/Medicaid	Facility Number 04369
LEBANON SOUTH NURSING & RI	ЕНАВ		
514 WEST FREMONT RD		<b>Telephone</b> (417) 532-5351	Alzheimer's Unit No
LEBANON	MO 65536-4244	Level of Care RCF	<b>Bed Capacity</b> 68
Mailing Address 514 WEST FREMON	NT ROAD	County LACLEDE	<b>DMH Licensed</b> No
LEBANON	MO 65536-4244	Region 1	Facility Number 15650

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A FRANCIS COMPANY NAMED IC A DE	WAR.		
LEBANON SOUTH NURSING & RE	нав	T-l-nh (417) 522 5251	Alabaiaaaala Tiraid
514 WEST FREMONT ROAD	MO (552( 4244	Telephone (417) 532-5351 Level of Care SNF	Alzheimer's Unit No
LEBANON Mailing Address 514 WEST EDEMON	MO 65536-4244		Bed Capacity 116  DMH Licensed No
Mailing Address 514 WEST FREMON LEBANON	MO 65536-4244	•	
LEBANON	MO 03330-4244	Region 1 Medicare/Medicaid	Facility Number 15650
LEISURE LIVING			
305 5TH ST		<b>Telephone</b> (417) 235-5959	Alzheimer's Unit No
MONETT	MO 65708-2312	Level of Care RCF	Bed Capacity 20
Mailing Address 305 5TH ST		County BARRY	DMH Licensed Yes
MONETT	MO 65708-2312	Region 1	Facility Number 18227
LIFE ENHANCEMENT VILLAGE O	OF THE OZARKS INC		
732 SOUTH GREGG ROAD		<b>Telephone</b> (417) 725-5166	Alzheimer's Unit No
NIXA	MO 65714-7419	Level of Care RCF*	Bed Capacity 44
Mailing Address 732 SOUTH GREGG		County CHRISTIAN	DMH Licensed Yes
NIXA	MO 65714-7419	Region 1	Facility Number 14190
T.M.M.	1410 03711 7117	Region 1	141)0
LODGES, THE			
2401 W GRAND ST		<b>Telephone</b> (417) 864-4545	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4967	Level of Care RCF*	<b>Bed Capacity</b> 99
Mailing Address 2401 W GRAND ST		County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65802-4967	Region 1	Facility Number 09756
MAGNOLIA SQUARE NURSING AN	NIN DELLAD		
1502 WEST EDGEWOOD	ND REHAD	<b>Telephone</b> (417) 877-7545	Alzheimer's Unit No
SPRINGFIELD	MO 65807-3567	Level of Care SNF	Bed Capacity 120
Mailing Address 1502 WEST EDGEW		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-3567	Region 1 Medicare/Medicaid	Facility Number 23400
MANOR AT ELFINDALE, THE			
1707 WEST ELFINDALE ST		<b>Telephone</b> (417) 831-2273	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-1246	Level of Care SNF	Bed Capacity 100
Mailing Address 1707 WEST ELFIND		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-1246	Region 1 Medicare	Facility Number 17371
MAPLE SENIOR LIVING LLC			
3 SOUTHWEST FIRST LANE		<b>Telephone</b> (417) 682-6184	Alzheimer's Unit No
LAMAR	MO 64759-8313	Level of Care RCF*	<b>Bed Capacity</b> 56
Mailing Address 3 SOUTHWEST FIRS	ST LANE	County BARTON	DMH Licensed No
LAMAR	MO 64759-8313	Region 1	Facility Number 20869
MADI E TDEE TEDDACE ASSISTA	ED LIVING DV AMEDICADE		
MAPLE TREE TERRACE - ASSISTI 2510 CLINTON ST	ED LIVING DI AMERICARE	<b>Telephone</b> (417) 358-7201	Alzheimer's Unit No
CARTHAGE	MO 64836-3427	Level of Care ALF**	Bed Capacity 50
Mailing Address 2510 CLINTON ST	110 01000 0127	County JASPER	DMH Licensed No
CARTHAGE	MO 64836-3427	Region 1	Facility Number 17660
·	1.10 01000 0721	region -	- ucincj 1 dinoci 1 / 000

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MAPLES HEALTH AND REHABII	LITATION, THE		
610 WEST SUNSET ST		<b>Telephone</b> (417) 891-1700	Alzheimer's Unit No
SPRINGFIELD	MO 65807-3696	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 610 WEST SUNSET	ΓST	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-3696	Region 1 Medicare/Medicaid	Facility Number 06441
MARANATHA VILLAGE, INC			
233 EAST NORTON RD		<b>Telephone</b> (417) 833-0016	Alzheimer's Unit No
SPRINGFIELD	MO 65803-3633	Level of Care RCF	<b>Bed Capacity</b> 29
Mailing Address 233 EAST NORTON	N RD	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65803-3633	Region 1	Facility Number 04907
			•
MARANARYA WILLAGE DIG			
MARANATHA VILLAGE, INC		Tolonbono (417) 922 0016	Alghaiman's Unit
233 EAST NORTON RD	MO (5902-2622	Telephone (417) 833-0016 Level of Care SNF	Alzheimer's Unit No
SPRINGFIELD	MO 65803-3633		Bed Capacity 120
Mailing Address 233 EAST NORTON		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65803-3633	Region 1 Medicare/Medicaid	Facility Number 04907
MARSHFIELD CARE CENTER FO	OR REHAB AND HEALTHCARE		
800 SOUTH WHITE OAK		<b>Telephone</b> (417) 859-3701	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care SNF	<b>Bed Capacity</b> 74
Mailing Address 800 SOUTH WHITE	E OAK	County WEBSTER	<b>DMH Licensed</b> No
MARSHFIELD	MO 65706-2231	Region 1 Medicare/Medicaid	Facility Number 18481
MARSHFIELD PLACE			
820 SOUTH WHITE OAK STREET		<b>Telephone</b> (417) 859-6133	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care RCF*	Bed Capacity 40
Mailing Address 820 SOUTH WHITE	E OAK STREET	County WEBSTER	DMH Licensed Yes
MARSHFIELD	MO 65706-2231	Region 1	Facility Number 20500
MCDONALD COUNTY LIVING CI	FNTER		
1000 PATTERSON ST		<b>Telephone</b> (417) 845-3351	Alzheimer's Unit Yes
ANDERSON	MO 64831-7327	Level of Care SNF	Bed Capacity 96
Mailing Address 1000 PATTERSON		County MCDONALD	DMH Licensed No
ANDERSON	MO 64831-7327	Region 1 Medicare/Medicaid	Facility Number 05183
		nacute of the cure	•
MEDICALODGES NEOSHO			
400 LYON DR	100 01070 0101	<b>Telephone</b> (417) 451-2544	Alzheimer's Unit Yes
NEOSHO	MO 64850-9194	Level of Care SNF	Bed Capacity 114
Mailing Address 400 LYON DR		County NEWTON	DMH Licensed No
NEOSHO	MO 64850-9194	Region 1 Medicare/Medicaid	Facility Number 05383
MEDICALODGES NEVADA			
1210 W ASHLAND ST		<b>Telephone</b> (417) 667-5064	Alzheimer's Unit No
NEVADA	MO 64772-1906	Level of Care SNF	Bed Capacity 100
Mailing Address 1210 W ASHLAND		County VERNON	<b>DMH Licensed</b> No
NEVADA	MO 64772-1906	Region 1 Medicare/Medicaid	Facility Number 05717

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MISSION RIDGE			(445) 500 5000		
4349 S KANSAS AVE	50 - 57040 4 440	Telephone	(417) 520-7020	Alzheimer's Unit	NO
	IO 65810-1413	Level of Care	ALF**	Bed Capacity	60
Mailing Address 4349 S KANSAS AVE	50 - 57040 4440	County GREE	ENE	DMH Licensed	No
SPRINGFIELD M.	IO 65810-1413	Region 1		Facility Number	33342
MOORE-FEW CARE CENTER					
901 SOUTH ADAMS		Telephone	(417) 448-3841	Alzheimer's Unit	No
	IO 64772-3209	Level of Care	SNF	Bed Capacity	108
Mailing Address 901 SOUTH ADAMS	10 04772-3207	County VERN		DMH Licensed	No
	IO 64772-3209	·	Medicare/Medicaid	Facility Number	05703
THE TIME	011/12/320)	Region 1	vieuicai e/ivieuicaiu	Taciney Number	03703
MT VERNON NURSING					
1425 SOUTH LANDRUM		Telephone	(417) 466-2260	Alzheimer's Unit	NO
MT VERNON M	IO 65712-1912	Level of Care	SNF	Bed Capacity	60
Mailing Address 1425 S LANDRUM		County LAW	RENCE	DMH Licensed	No
MT VERNON M	IO 65712-1912	Region 1 M	Medicare/Medicaid	Facility Number	16304
NATIVAN DIQUADD HEALTH CADE C	(ENVOICE)				
NATHAN RICHARD HEALTH CARE C 700 EAST HIGHLAND AVE	ENIER	7D 1 1	(417) (67, 9990	A11	NI.
	IO 64772-1025	Telephone	(417) 667-8889	Alzheimer's Unit	No
		Level of Care County VERN	SNF	Bed Capacity	68 No
Mailing Address 700 EAST HIGHLAND A NEVADA M	IO 64772-1025			DMH Licensed	
NEVADA IV.	10 04//2-1023	Region 1 N	Medicare/Medicaid	Facility Number	18210
NEIGHBORHOODS AT QUAIL CREEK	K, THE				
1514 WEST LARK		Telephone	(417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD M	IO 65810-2270	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 1514 WEST LARK		County GREE	ENE	DMH Licensed	No
SPRINGFIELD M	IO 65810-2270	Region 1 M	Medicare/Medicaid	Facility Number	24701
NHC HEALTHCARE, JOPLIN					
2700 EAST 34TH ST		Telephone	(417) 781-1737	Alzheimer's Unit	No
	IO 64804-4310	Level of Care	SNF	Bed Capacity	126
Mailing Address 2700 EAST 34TH ST	10 01001 1310	County NEW		DMH Licensed	No
	IO 64803-2877		Medicare/Medicaid	Facility Number	04044
	10 0.000 <u>2</u> 077	Region 1	vicultur (/ Wiculturu	Tuesday Transpor	01011
NIXA NURSING & REHAB					
1104 NORTH MAIN ST		Telephone	(417) 725-1777	Alzheimer's Unit	No
NIXA M	IO 65714-9316	Level of Care	SNF	Bed Capacity	82
	10 03/14 /310				
Mailing Address 1104 N MAIN ST	03/14/310	County CHRI	STIAN	DMH Licensed	No
Mailing Address 1104 N MAIN ST	10 65714-9316	County CHRI	STIAN Medicare/Medicaid	DMH Licensed Facility Number	No 13840
Mailing Address 1104 N MAIN ST	1O 65714-9316	County CHRI			
Mailing Address 1104 N MAIN ST NIXA M	1O 65714-9316	County CHRI			
Mailing Address 1104 N MAIN ST NIXA M  NORTHPARK VILLAGE - ASSISTED L 4449 N STATE HIGHWAY NN	1O 65714-9316	County CHRI Region 1 N	Medicare/Medicaid	Facility Number	13840
Mailing Address 1104 N MAIN ST NIXA M  NORTHPARK VILLAGE - ASSISTED L 4449 N STATE HIGHWAY NN	IO 65714-9316  IVING BY AMERICARE  IO 65721-7221	County CHRI Region 1 N Telephone Level of Care	Medicare/Medicaid (417) 581-3200	Facility Number  Alzheimer's Unit	13840 No
Mailing Address 1104 N MAIN ST NIXA M  NORTHPARK VILLAGE - ASSISTED L  4449 N STATE HIGHWAY NN OZARK M  Mailing Address 4449 N STATE HIGHWA	IO 65714-9316  IVING BY AMERICARE  IO 65721-7221	County CHRI Region 1 M Telephone Level of Care	Medicare/Medicaid (417) 581-3200 ALF**	Facility Number  Alzheimer's Unit Bed Capacity	13840 No 52

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

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

NORTHINDOE PLACE - ASSISTED LIVING BY AMERICARE   Telephone   (417) 532-9793   Alzheimer's Unit   Yes				
Leval of Care   ALF**   Bed Capacity   50		LIVING BY AMERICARE		
Mailing Address 1300 LYNN ST		110 (777) (110)	• ' '	
LEBANON		MO 65536-4409		
NORTHWOOD HILLS CARE CENTER	_	MO (5526 4400	·	
SOLORTH ARTHUR ST	LEBANON	MO 65536-4409	Region 1	Facility Number 20525
SOLORTH ARTHUR ST	NODEWINGOD WILL G GADE GENERAL			
HUMANSVILLE		IER	T-l-nh (417) 754 2209	Alabainanta IInita Voc
Mailling Address PO BOX 187   County   PO   K   DMII Licensed   No HUMANSVILLE   MO 65674-0187   Region 1   Medicare/Medicald   Facility Number   106070		MO 65674 9655	. ,	
HUMANSVILLE		MO 03074-8033		
OAK POINTE OF CARTHAGE   Telephone   (417) 358-3355   Alzheimer's Unit   Yes   CARTHAGE   MO 64836-3511   Level of Care   ALF**   Bed Capacity   55   Mailing Address 300 W AIRPORT DR   County   JASPER   DMH Licensed   No   CARTHAGE   MO 64836-3511   Region   Facility Number   30168	_	MO 65674 0197	•	
SOUN AIRPORT DR	HUMANS VILLE	MO 03074-0187	Region 1 Medicare/Medicaid	racinty Number 1060/
SOUN AIRPORT DR	OAK POINTE OF CARTHAGE			
CARTHAGE			<b>Telephone</b> (417) 358-3355	Alzheimer's Unit Yes
CARTHAGE   MO 64836-3511   Region 1   Facility Number   30168	CARTHAGE	MO 64836-3511	• '	Bed Capacity 55
CARTHAGE   MO 64836-3511   Region 1   Facility Number   30168	Mailing Address 300 W AIRPORT DE	2	County JASPER	DMH Licensed No
OAK POINTE OF MONETT			·	Facility Number 30168
1011 OLD AIRPORT ROAD			g	50100
MONETT	OAK POINTE OF MONETT			
Mailing Address 1011 OLD AIRPORT ROAD         County LAWRENCE         DMH Licensed         No           MONETT         MO 65708-1375         Region 1         Facility Number         30206           OAK POINTE OF NEOSHO         2601 OAK RIDGE EXTENSION         Telephone (417) 451-8872         Alzheimer's Unit Yes           NEOSHO         MO 64850-7765         Level of Care ALF**         Bed Capacity         55           Mailing Address 2601 OAK RIDGE EXTENSION         County NEWTON         DMH Licensed         No           NEOSHO         MO 64850-7765         Region 1         Facility Number         29972           OAKS COTTAGE ASSISTED LIVING, THE         Telephone (417) 581-0330         Alzheimer's Unit Yes         Yes           OZARK         MO 65721-6210         Level of Care ALF**         Bed Capacity         12           Mailing Address 5448 N 2ND AVENUE         County CHRISTIAN         DMH Licensed         No           OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY, THE         Telephone (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care ALF**         Bed Capacity         30           Mailin	1011 OLD AIRPORT ROAD		<b>Telephone</b> (417) 235-3500	Alzheimer's Unit Yes
MONETT   MO 65708-1375   Region 1   Facility Number   30206	MONETT	MO 65708-1375	Level of Care ALF**	<b>Bed Capacity</b> 55
OAK POINTE OF NEOSHO           2601 OAK RIDGE EXTENSION         Telephone         (417) 451-8872         Alzheimer's Unit         Yes           NEOSHO         MO 64850-7765         Level of Care         ALF**         Bed Capacity         55           Mailing Address 2601 OAK RIDGE EXTENSION         County         NEWTON         DMH Licensed         No           NEOSHO         MO 64850-7765         Region 1         Facility Number         29972           OAKS COTTAGE ASSISTED LIVING, THE           5448 N 2ND AVENUE         Telephone         (417) 581-0330         Alzheimer's Unit         Yes           OZARK         MO 65721-6210         Level of Care         ALF**         Bed Capacity         12           Mailing Address 5448 N 2ND AVENUE         County         CHRISTIAN         DMH Licensed         No           OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         273	Mailing Address 1011 OLD AIRPORT	ROAD	County LAWRENCE	DMH Licensed No
Telephone	MONETT	MO 65708-1375	Region 1	Facility Number 30206
Telephone				
NEOSHO	OAK POINTE OF NEOSHO			
Mailing Address 2601 OAK RIDGE EXTENSION NEOSHO MO 64850-7765 Region 1 Facility Number 29972  OAKS COTTAGE ASSISTED LIVING, THE 5448 N 2ND AVENUE OZARK MO 65721-6210 Level of Care ALF** Bed Capacity 12 Mailing Address 5448 N 2ND AVENUE County CHRISTIAN OXARK MO 65721-6210 Region 1 Facility Number 31804  OAKS RETIREMENT COMMUNITY, THE 127 HAMLET ROAD RABINSON MO 65616-7746 Level of Care ALF** Bed Capacity 30 Mailing Address 127 HAMLET ROAD Region 1 Facility Number 10 County TANEY DMH Licensed No Region 1 Facility Number 27358  OZARK NURSING & CARE CENTER 1486 NORTH RIVERSIDE RD Telephone (417) 581-7126 Alzheimer's Unit No OZARK NO 65721-7688 Level of Care SNF Bed Capacity 93 Mailing Address 1486 NORTH RIVERSIDE RD County CHRISTIAN DMH Licensed No	2601 OAK RIDGE EXTENSION		<b>Telephone</b> (417) 451-8872	Alzheimer's Unit Yes
NEOSHO         MO 64850-7765         Region 1         Facility Number         29972           OAKS COTTAGE ASSISTED LIVING, THE         Telephone (417) 581-0330         Alzheimer's Unit Yes         Yes           5448 N 2ND AVENUE         Telephone (417) 581-0330         Alzheimer's Unit Yes         Yes           0ZARK         MO 65721-6210         Level of Care ALF**         Bed Capacity 12           Mailing Address 5448 N 2ND AVENUE         County CHRISTIAN         DMH Licensed No           0ZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone (417) 239-1112         Alzheimer's Unit No         No           BRANSON         MO 65616-7746         Level of Care ALF**         Bed Capacity 30           Mailing Address 127 HAMLET ROAD         County TANEY         DMH Licensed No           BRANSON         MO 65616-7746         Region 1         Facility Number 27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone (417) 581-7126         Alzheimer's Unit No         No           OZARK         MO 65721-7688         Level of Care SNF         Bed Capacity 93           Mailing Address 1486 NORTH RIVERSIDE RD         County CHRISTIAN	NEOSHO	MO 64850-7765	Level of Care ALF**	<b>Bed Capacity</b> 55
OAKS COTTAGE ASSISTED LIVING, THE           5448 N 2ND AVENUE         Telephone         (417) 581-0330         Alzheimer's Unit         Yes           OZARK         MO 65721-6210         Level of Care         ALF**         Bed Capacity         12           Mailing Address 5448 N 2ND AVENUE         County         CHRISTIAN         DMH Licensed         No           OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHRISTIAN	Mailing Address 2601 OAK RIDGE E	XTENSION	County NEWTON	<b>DMH Licensed</b> No
5448 N 2ND AVENUE         Telephone         (417) 581-0330         Alzheimer's Unit         Yes           OZARK         MO 65721-6210         Level of Care         ALF**         Bed Capacity         12           Mailing Address 5448 N 2ND AVENUE         County         CHRISTIAN         DMH Licensed         No           OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHISTIAN         DMH Licensed         No	NEOSHO	MO 64850-7765	Region 1	Facility Number 29972
5448 N 2ND AVENUE         Telephone         (417) 581-0330         Alzheimer's Unit         Yes           OZARK         MO 65721-6210         Level of Care         ALF**         Bed Capacity         12           Mailing Address 5448 N 2ND AVENUE         County         CHRISTIAN         DMH Licensed         No           OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHISTIAN         DMH Licensed         No	OAKS COMMACE ASSISTED LIVIN	IC WITE		
OZARK         MO 65721-6210         Level of Care Maling Address ALF**         Bed Capacity         12           Mailing Address 5448 N 2ND AVENUE         County CHRISTIAN         DMH Licensed         No           OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County CHRISTIAN         DMH Licensed         No		IG, THE	T-11 (417) 591 0220	Al-beimente Tinia Ver
Mailing Address 5448 N 2ND AVENUE         County of CHRISTIAN         DMH Licensed No Pacifity Number         No 31804           OZARK         MO 65721-6210         Region I         Facility Number         31804           COAKS RETIREMENT COMMUNITY, THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region I         Facility Number         27358           COZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHRISTIAN         DMH Licensed         No		MO (5721 (210	• '	
OZARK         MO 65721-6210         Region 1         Facility Number         31804           OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHRISTIAN         DMH Licensed         No				- ·
OAKS RETIREMENT COMMUNITY,THE           127 HAMLET ROAD         Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHISTIAN         DMH Licensed         No	8		·	
Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care of C	OZAKK	WIO 03/21-0210	Kegion 1	Facility Number 31804
Telephone         (417) 239-1112         Alzheimer's Unit         No           BRANSON         MO 65616-7746         Level of Care         ALF**         Bed Capacity         30           Mailing Address 127 HAMLET ROAD         County         TANEY         DMH Licensed         No           BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephone         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHRISTIAN         DMH Licensed         No	OAKS RETIREMENT COMMUNIT	<b>Y,ТНЕ</b>		
Mailing Address 127 HAMLET ROAD       County       TANEY       DMH Licensed       No         BRANSON       MO 65616-7746       Telephore       (417) 581-7126       Alzheimer's Unit       No         OZARK NURSING & CARE CENTER         1486 NORTH RIVERSIDE RD       Telephore       (417) 581-7126       Alzheimer's Unit       No         OZARK       MO 65721-7688       Level of Care       SNF       Bed Capacity       93         Mailing Address 1486 NORTH RIVERSIDE RD       County       CHRISTIAN       DMH Licensed       No		,	<b>Telephone</b> (417) 239-1112	Alzheimer's Unit No
Mailing Address 127 HAMLET ROAD       County       TANEY       DMH Licensed       No         BRANSON       MO 65616-7746       Region 1       Facility Number       27358         OZARK NURSING & CARE CENTER         1486 NORTH RIVERSIDE RD       Telephore       (417) 581-7126       Alzheimer's Unit       No         OZARK       MO 65721-7688       Level of Care       SNF       Bed Capacity       93         Mailing Address 1486 NORTH RIVERSIDE RD       County       CHRISTIAN       DMH Licensed       No	BRANSON	MO 65616-7746	Level of Care ALF**	Bed Capacity 30
BRANSON         MO 65616-7746         Region 1         Facility Number         27358           OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephore         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHISTIAN         DMH Licensed         No	Mailing Address 127 HAMLET ROAL	)	County TANEY	
OZARK NURSING & CARE CENTER           1486 NORTH RIVERSIDE RD         Telephore         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHISTIAN         DMH Licensed         No	BRANSON	MO 65616-7746		Facility Number 27358
1486 NORTH RIVERSIDE RD         Telephore         (417) 581-7126         Alzheimer's Unit         No           OZARK         MO 65721-7688         Level of Care         SNF         Bed Capacity         93           Mailing Address 1486 NORTH RIVERSIDE RD         County         CHRISTIAN         DMH Licensed         No				
OZARK MO 65721-7688 <b>Level of Care</b> SNF <b>Bed Capacity</b> 93  Mailing Address 1486 NORTH RIVERSIDE RD County CHRISTIAN DMH Licensed No	OZARK NURSING & CARE CENTI	ER		
Mailing Address    1486 NORTH RIVERSIDE RD    County    CHRISTIAN    DMH Licensed    No				
•				
OZARK MO 65721-7688 Region 1 Medicare/Medicaid Facility Number 06240	_		·	
	OZARK	MO 65721-7688	Region 1 Medicare/Medicaid	Facility Number 06240

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

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OZARK OAKS RESIDENTIAL CAR	RE FACILITY II		
3405 S SCHIFFERDECKER		<b>Telephone</b> (417) 347-7760	Alzheimer's Unit No
JOPLIN	MO 64804-1388	Level of Care RCF*	<b>Bed Capacity</b> 30
Mailing Address PO BOX 2526		County NEWTON	DMH Licensed Yes
JOPLIN	MO 64803-2526	Region 1	Facility Number 13636
JOI LIN	WIO 04803-2320	Region 1	Facility Number 13030
OZARK RIVERVIEW MANOR			
1200 WEST HALL ST		<b>Telephone</b> (417) 581-6025	Alzheimer's Unit No
OZARK	MO 65721-9103	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-0157	Region 1 Medicare/Medicaid	Facility Number 01426
OZARKS METHODIST MANOR, T	не		
205 SOUTH COLLEGE	<del></del>	<b>Telephone</b> (417) 258-2573	Alzheimer's Unit No
MARIONVILLE	MO 65705-9340	Level of Care RCF	Bed Capacity 76
Mailing Address PO BOX 403	1110 03703 7340	County LAWRENCE	DMH Licensed No
MARIONVILLE	MO 65705-0403	•	Facility Number 06273
WARIONVILLE	WO 03703-0403	Region 1	Facility Number 06273
OZARKS METHODIST MANOR, T	не		
205 SOUTH COLLEGE		<b>Telephone</b> (417) 258-2573	Alzheimer's Unit Yes
MARIONVILLE	MO 65705-9340	Level of Care SNF	<b>Bed Capacity</b> 78
Mailing Address PO BOX 403		County LAWRENCE	DMH Licensed No
MARIONVILLE	MO 65705-0403	Region 1 Medicare/Medicaid	Facility Number 06273
PARKVIEW HEALTH CARE FACII	LITY		
119 WEST FOREST		<b>Telephone</b> (417) 326-3000	Alzheimer's Unit Yes
BOLIVAR	MO 65613-1316	Level of Care SNF	<b>Bed Capacity</b> 78
Mailing Address 119 WEST FOREST		County POLK	DMH Licensed No
BOLIVAR	MO 65613-1316	Region 1 Medicare/Medicaid	Facility Number 17638
DAME I GAMADEWA DADONE GAA	NE CENTER	TEMPORA DV. CL.C.	ACTURE CITA PENAC
PAUL L & MARTHA BARONE CAR	RE CENTER		OSURE - STAFFING
2101 NORTH ASH ST		<b>Telephone</b> (417) 448-3841	Alzheimer's Unit Yes
NEVADA	MO 64772-1082	Level of Care SNF	Bed Capacity 40
Mailing Address 2101 NORTH ASH S		County VERNON	<b>DMH Licensed</b> No
NEVADA	MO 64772-1082	Region 1 Medicaid	Facility Number 16917
PINE LODGE RESIDENTIAL CARI	${f \Xi}$		
967 N MAPLE ST		<b>Telephone</b> (417) 345-0310	Alzheimer's Unit No
BUFFALO	MO 65622-7568	Level of Care RCF	Bed Capacity 22
Mailing Address 967 N MAPLE ST		County DALLAS	DMH Licensed No
BUFFALO	MO 65622-7568	Region 1	Facility Number 25563
POINT LOOKOUT NURSING & RE	HAR		
11103 HISTORIC HIGHWAY 165	THE STATE OF THE S	<b>Telephone</b> (417) 334-4105	Alzheimer's Unit Yes
HOLLISTER	MO 65672-6239	Level of Care SNF	Bed Capacity 130
Mailing Address 11103 HISTORIC HI		County TANEY	DMH Licensed No
HOLLISTER		· ·	
HOLLISTER	MO 65672-6239	Region 1 Medicare/Medicaid	Facility Number 12716

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POPA GOOD SAMARITAN SERVIO	CES, LLC			
16979 HWY 39	525, 220	<b>Telephone</b> (417) 353-4448	Alzheimer's Unit	Yes
VERONA	MO 65769-6319	Level of Care ALF**	Bed Capacity	8
Mailing Address 16979 HWY 39	332 33707 3317	County LAWRENCE	DMH Licensed	No
VERONA	MO 65769-6319	Region 1		30440
VEROTAT	110 03/07 0317	Acgion 1	Tuelliej Tulliper	30440
PROMISE CARE CENTER, LLC				
1111 CARE AVE		<b>Telephone</b> (417) 494-5037	Alzheimer's Unit	No
NIXA	MO 65714-9679	Level of Care RCF	Bed Capacity	126
Mailing Address 1111 CARE AVE		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9679	Region 1	Facility Number	15935
OVALVEN DEGENERAL GADE				
QUALITY RESIDENTIAL CARE		T-1	A 1-1	NI-
2034 WEST COLLEGE	MO (590) 1524	Telephone (417) 831-6466 Level of Care RCF*	Alzheimer's Unit	No 42
SPRINGFIELD	MO 65806-1524		Bed Capacity	
Mailing Address PO BOX 8127	MO (5901 9127	County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65801-8127	Region 1	Facility Number	13150
RAVENWOOD - ASSISTED LIVING	G BY AMERICARE			
1950 EAST REPUBLIC RD		<b>Telephone</b> (417) 890-6000	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-6763	Level of Care ALF**	Bed Capacity	66
Mailing Address 1950 E REPUBLIC B		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-6763	Region 1		20791
		region 1	Tuestey Tuestey	20/)1
REPUBLIC NURSING & REHAB				
901 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-1822	Alzheimer's Unit	Yes
REPUBLIC	MO 65738-1155	Level of Care SNF	Bed Capacity	127
Mailing Address 901 EAST HIGHWA	Y 174	County GREENE	DMH Licensed	No
REPUBLIC	MO 65738-1155	Region 1 Medicare/Medicaid	Facility Number	13684
RIVERVIEW RESIDENTIAL PLAC	T.			
1200 WEST HALL ST	E	<b>Telephone</b> (417) 581-2510	Alzheimer's Unit	No
OZARK	MO 65721-9103	Level of Care RCF*	Bed Capacity	40
Mailing Address PO BOX 157	WO 03721-7103	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-0157	Region 1		01426
OLI IKK	N10 03721 0137	Region 1	racinty runner	01420
ROARING RIVER HEALTH AND R	EHABILITATION			
<b>ROARING RIVER HEALTH AND R</b> 812 OLD EXETER RD	EHABILITATION	<b>Telephone</b> (417) 847-2184	Alzheimer's Unit	Yes
	EHABILITATION  MO 65625-1704	Telephone (417) 847-2184 Level of Care SNF	Alzheimer's Unit Bed Capacity	Yes 90
812 OLD EXETER RD	MO 65625-1704	•		
812 OLD EXETER RD CASSVILLE	MO 65625-1704	Level of Care SNF	Bed Capacity  DMH Licensed	90
812 OLD EXETER RD CASSVILLE <b>Mailing Address</b> 812 OLD EXETER R CASSVILLE	MO 65625-1704	Level of Care SNF County BARRY	Bed Capacity DMH Licensed	90 No
812 OLD EXETER RD CASSVILLE Mailing Address 812 OLD EXETER R CASSVILLE ROCKY RIDGE MANOR	MO 65625-1704	Level of Care SNF County BARRY Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 10644
812 OLD EXETER RD CASSVILLE Mailing Address 812 OLD EXETER R CASSVILLE  ROCKY RIDGE MANOR 3111 HIGHWAY A	MO 65625-1704 2D MO 65625-1704	Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 924-8116	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 10644 No
812 OLD EXETER RD CASSVILLE Mailing Address 812 OLD EXETER R CASSVILLE  ROCKY RIDGE MANOR 3111 HIGHWAY A MANSFIELD	MO 65625-1704	Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 924-8116 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 10644 No 65
812 OLD EXETER RD CASSVILLE Mailing Address 812 OLD EXETER R CASSVILLE  ROCKY RIDGE MANOR 3111 HIGHWAY A	MO 65625-1704 2D MO 65625-1704	Level of Care SNF County BARRY Region 1 Medicare/Medicaid  Telephone (417) 924-8116	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 10644 No

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SENECA HOME PLACE		<b></b>	
2400 SOUTH CHEROKEE AVE		<b>Telephone</b> (417) 776-8053	Alzheimer's Unit No
SENECA	MO 64865-9323	Level of Care RCF*	Bed Capacity 30
Mailing Address 2400 SOUTH CHERO		County NEWTON	<b>DMH Licensed</b> No
SENECA	MO 64865-9323	Region 1	Facility Number 17571
SENECA NURSING			
914 CHICKESAW ST		T-11 (417) 776 9041	Alzheimer's Unit No
	MO 64865-9281	<b>Telephone</b> (417) 776-8041	
SENECA		Level of Care SNF	
Mailing Address 914 CHICKESAW ST		County NEWTON	DMH Licensed No
SENECA	MO 64865-9281	Region 1 Medicare/Medicaid	Facility Number 17090
SHEPHERD OF THE HILLS LIVING	G CENTER		
996 STATE HIGHWAY 248		<b>Telephone</b> (417) 334-6431	Alzheimer's Unit No
BRANSON	MO 65616-8154	Level of Care SNF	Bed Capacity 100
Mailing Address 996 STATE HWY 24	8	County TANEY	DMH Licensed No
BRANSON	MO 65616-8154	Region 1 Medicare/Medicaid	Facility Number 06810
		Region 1 Medicaro Medicara	- us-ang - vanasa - 00010
SILVER CREEK - ASSISTED LIVIN	G BY AMERICARE		
3325 TEXAS AVE		<b>Telephone</b> (417) 626-8100	Alzheimer's Unit Yes
JOPLIN	MO 64804-4343	Level of Care ALF**	<b>Bed Capacity</b> 68
Mailing Address 3325 TEXAS AVE		County NEWTON	DMH Licensed No
JOPLIN	MO 64804-4343	Region 1	Facility Number 20541
CONCHINE MANOR			
SONSHINE MANOR		Telephone (417) 722 2020	Alabaiman'a Unit No
300 SOUTH COTTONWOOD AVE	MO (5729 2002	<b>Telephone</b> (417) 732-2929	Alzheimer's Unit No
REPUBLIC	MO 65738-2093	Level of Care SNF	Bed Capacity 69
Mailing Address 300 SOUTH COTTO		County GREENE	DMH Licensed No
REPUBLIC	MO 65738-2093	Region 1 Medicare/Medicaid	Facility Number 16723
SPECIAL FORCE FAMILY MINIST	RIES		
428 SOUTH HARRISON ST		<b>Telephone</b> (417) 725-7917	Alzheimer's Unit No
NIXA	MO 65714-7809	Level of Care RCF	Bed Capacity 12
Mailing Address PO BOX 882		County CHRISTIAN	DMH Licensed Yes
NIXA	MO 65714-0882	Region 1	Facility Number 18764
appring programmer a second	C DV AMERICA DE		
SPRING RIDGE - ASSISTED LIVING	G BY AMERICARE	m	
2828 SOUTH MEADOWBROOK		<b>Telephone</b> (417) 889-7100	Alzheimer's Unit No
SPRINGFIELD	MO 65807-5925	Level of Care ALF**	Bed Capacity 44
Mailing Address 2828 SOUTH MEAD		County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-5925	Region 1	Facility Number 19713
SPRING RIVER CHRISTIAN VILLA	AGE, INC		
201 S NORTHPARK LN		<b>Telephone</b> (417) 623-4313	Alzheimer's Unit No
JOPLIN	MO 64801-8426	Level of Care ALF**	<b>Bed Capacity</b> 93
Mailing Address 201 S NORTHPARK		County JASPER	DMH Licensed No
JOPLIN	MO 64801-8426	Region 1	Facility Number 14251
		8	

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SPRING VALLEY ASSISTED LIVIN	NG			
2915 SOUTH FREMONT AVE		<b>Telephone</b> (417) 883-4022	Alzheimer's Unit	No
SPRINGFIELD	MO 65804-3608	Level of Care ALF	<b>Bed Capacity</b>	40
Mailing Address 2915 SOUTH FREM	ONT AVE	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-3608	Region 1	<b>Facility Number</b>	00144
SPRING VALLEY HEALTH & REH	ADH ITATION CENTED			
2915 SOUTH FREMONT AVE	ABILITATION CENTER	<b>Telephone</b> (417) 883-4022	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-3608	Level of Care SNF	Bed Capacity	194
Mailing Address 2915 SOUTH FREM		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-3608		Facility Number	
SEKINGFIELD	WIO 03804-3008	Region 1 Medicare/Medicaid	Facility Number	00144
SPRINGFIELD REHABILITATION	& HEALTH CARE CENTER			
2800 S FORT AVE		<b>Telephone</b> (417) 882-0035	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-3480	Level of Care SNF	Bed Capacity	146
Mailing Address PO BOX 3438 GS		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65808-3438	Region 1 Medicare/Medicaid	Facility Number	07460
SPRINGFIELD SKILLED CARE CE	ENTER			
2401 W GRAND ST		<b>Telephone</b> (417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4967	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 2401 W GRAND ST		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-4967	Region 1 Medicare/Medicaid	Facility Number	09756
SPRINGFIELD VILLA				
1100 EAST MONTCLAIR		<b>Telephone</b> (417) 820-8500	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-5076	Level of Care SNF	Bed Capacity	146
Mailing Address 1100 EAST MONTC		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5076	Region 1 Medicare/Medicaid	Facility Number	05280
571411(071222)		Region 1 Medicare/Medicard	Tuesday Tumber	03200
SPRINGHOUSE VILLAGE EAST, L	LC			
3877 EAST FARM ROAD 132	110	<b>Telephone</b> (417) 877-1717	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65802-	Level of Care ALF**	Bed Capacity	100
Mailing Address 3877 EAST FARM R		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-	Region 1	Facility Number	32469
ST LUKE'S CARE CENTER, INC				
1220 EAST FAIRVIEW AVE		<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	No
CARTHAGE	MO 64836-3122	Level of Care ALF**	<b>Bed Capacity</b>	41
Mailing Address 1220 EAST FAIRVIE	EW AVE	County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3122	Region 1	Facility Number	07606
ST LUKE'S NURSING CENTER, IN	C			
1220 EAST FAIRVIEW AVE	-	<b>Telephone</b> (417) 358-9084	Alzheimer's Unit	Yes
CARTHAGE	MO 64836-3122	Level of Care SNF	Bed Capacity	95
Mailing Address 1220 EAST FAIRVIE		County JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3122	Region 1 Medicare/Medicaid	Facility Number	07606
		- Medical Ciricalcalu		0.000

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STRAFFORD CARE CENTER					
505 WEST EVERGREEN		Telephone	(417) 736-9332	Alzheimer's Unit	Yes
	0 65757-8625	Level of Care	SNF	Bed Capacity	78
Mailing Address 505 WEST EVERGREEN		County GREE		DMH Licensed	No
STRAFFORD MC	0 65757-8625	Region 1 N	Medicare/Medicaid	Facility Number	21285
	~~~				
SUNNY HILLS RESIDENTIAL CARE FA	CILITY		(417) 250 (122		
17562 IMPERIAL RD		Telephone	(417) 358-6122	Alzheimer's Unit	No
	0 64836-8753	Level of Care	RCF	Bed Capacity	18
Mailing Address 17562 IMPERIAL RD		County JASPI	EK	DMH Licensed	No
CARTHAGE MC	0 64836-8753	Region 1		Facility Number	13351
SUNTERRA SPRINGS SPRINGFIELD					
4935 S NATIONAL AVE		Telephone	(417) 720-8050	Alzheimer's Unit	No
	0 65810-2989	Level of Care	SNF	Bed Capacity	38
Mailing Address 4935 S NATIONAL AVE		County GREE		DMH Licensed	No
_	0 65810-2989	•	Medicare	Facility Number	31273
577417071555	00010 2505	Region 1	viculcui c	1 ucy 1 (u)	31273
TOWNSHIP SENIOR LIVING, THE					
4150 WEST REPUBLIC ROAD		Telephone	(417) 881-7800	Alzheimer's Unit	Yes
BATTLEFIELD MC	0 65619-7111	Level of Care	ALF**	Bed Capacity	66
Mailing Address 4150 WEST REPUBLIC RO	OAD	County GREE	ENE	DMH Licensed	No
BATTLEFIELD MC	0 65619-7111	Region 1		Facility Number	31903
TERVINA NAME ANTENIO A DEL O DELLA DALLA	EA THON CENTED				
TRUMAN HEALTHCARE & REHABILIT	TATION CENTER	T-1	(417) (92 5719	A 1-1	V
206 WEST FIRST ST	C4750 1201	Telephone	(417) 682-5718	Alzheimer's Unit	Yes
	0 64759-1291	Level of Care	SNF	Bed Capacity DMH Licensed	123
Mailing Address 206 WEST FIRST ST LAMAR MC	) 64759-1291	County BART			No
LAMAR	04/39-1291	Region 1 N	Medicare/Medicaid	Facility Number	01346
TRUMAN LAKE MANOR, INC					
600 EAST 7TH ST		Telephone	(417) 644-2248	Alzheimer's Unit	No
LOWRY CITY MC	0 64763-9671	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 415		County SAIN	T CLAIR	DMH Licensed	No
LOWRY CITY MC	0 64763-0415	Region 1	Medicare/Medicaid	Facility Number	08140
TURNERS ROCK					
3911 EAST HIGHWAY D		Telephone	(417) 459-4070	Alzheimer's Unit	Yes
	) 65809-	Level of Care	ALF**	Bed Capacity	70
Mailing Address 3911 EAST HIGHWAY D		County GREE	ENE	DMH Licensed	No
SPRINGFEILD MC	0 65809-	Region 1		Facility Number	32441
URBANA GROUP HOME					
310 WALNUT ST		Telephone	(800) 993-5141	Alzheimer's Unit	No
URBANA MC	0 65767-9208	Level of Care	RCF	Bed Capacity	20
Mailing Address 310 WALNUT ST		County DALL	_AS	DMH Licensed	Yes
	65767-9208	Region 1		Facility Number	08242

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VSL SPRINGFIELD ASSISTED LIVI	ING, LLC		
1401 WEST ELFINDALE STREET		<b>Telephone</b> (417) 831-3828	Alzheimer's Unit No
SPRINGFIELD	MO 65807-1295	Level of Care ALF	Bed Capacity 50
Mailing Address 1401 WEST ELFIND		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-1295	Region 1	Facility Number 32492
WEBB CITY HEALTH AND REHAB	BILITATION CENTER		
2077 STADIUM DR		<b>Telephone</b> (417) 673-1933	Alzheimer's Unit Yes
WEBB CITY	MO 64870-9743	Level of Care SNF	Bed Capacity 120
Mailing Address 2077 STADIUM DR		County JASPER	DMH Licensed No
WEBB CITY	MO 64870-9743	Region 1 Medicare/Medicaid	Facility Number 12286
WEBCO MANOR			
1687 W WASHINGTON ST		<b>Telephone</b> (417) 859-5144	Alzheimer's Unit No
MARSHFIELD	MO 65706-2325	Level of Care SNF	Bed Capacity 90
Mailing Address 1687 W WASHINGTO		County WEBSTER	DMH Licensed No
MARSHFIELD	MO 65706-2325	Region 1 Medicare/Medicaid	Facility Number 08405
MAKSIII ILLD	WO 03700-2323	Region 1 Medicale/Medicald	Facility Number 08403
WEBWOOD ASSISTED LIVING, LL	c		
1640 WALDO HATLER DRIVE		<b>Telephone</b> (417) 451-2997	Alzheimer's Unit NO
NEOSHO	MO 64850-8059	Level of Care ALF	<b>Bed Capacity</b> 31
Mailing Address 1640 WALDO HATL		County NEWTON	<b>DMH Licensed</b> No
NEOSHO	MO 64850-8059	Region 1	Facility Number 31265
WEDGEWOOD GARDENS			
17996 BUSINESS 13		<b>Telephone</b> (417) 272-6666	Alzheimer's Unit Yes
REEDS SPRING	MO 65737-9663	Level of Care ALF**	<b>Bed Capacity</b> 46
Mailing Address 17996 BUSINESS 13		County STONE	DMH Licensed No
REEDS SPRING	MO 65737-9663	Region 1	Facility Number 20615
WESTGATE			
3130 JOHN DUFFY DR		<b>Telephone</b> (417) 553-3688	Alzheimer's Unit Yes
JOPLIN	MO 64804-1569	Level of Care SNF	Bed Capacity 120
Mailing Address 3130 JOHN DUFFY I	OR	County JASPER	DMH Licensed No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number 31754
WHISPERING PINES SENIOR LIVE	NG		
4904 EAST WELLRIDGE LN		<b>Telephone</b> (417) 781-0099	Alzheimer's Unit No
JOPLIN	MO 64801-8793	Level of Care RCF*	Bed Capacity 20
Mailing Address 4904 EAST WELLRII		County JASPER	DMH Licensed No
JOPLIN	MO 64801-8793	Region 1	Facility Number 09477
	3 0.002 0.70		
WILDWOOD SENIOR LIVING THE		TI 1 1 (417) (22 2222	ALL COLLECTIVE
3002 SOUTH JOHN DUFFY DRIVE	MO (4904 1656	<b>Telephone</b> (417) 623-2233	Alzheimer's Unit Yes
JOPLIN	MO 64804-1656	Level of Care ALF**	Bed Capacity 74
Mailing Address 3002 SOUTH JOHN I		County JASPER	DMH Licensed No
JOPLIN	MO 64804-1656	Region 1	Facility Number 31370

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WILL ADD CADE CENTEED				
WILLARD CARE CENTER		Telephone (417) 742 2502	Alahaiman'a Unit	Vac
400 WEST WALNUT LN	MO (5791 0422	<b>Telephone</b> (417) 742-3593	Alzheimer's Unit	Yes
WILLARD	MO 65781-9432	Level of Care SNF	Bed Capacity	66 N-
Mailing Address 400 W WALNUT LI		County GREENE	DMH Licensed	No
WILLARD	MO 65781-9432	Region 1 Medicare/Medicaid	Facility Number	16393
WILSON'S CREEK NURSING & R	ЕНАВ			
3403 WEST MT VERNON		<b>Telephone</b> (417) 864-5600	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65802-5241	Level of Care SNF	Bed Capacity	172
Mailing Address 3403 WEST MT VE	RNON	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-5241	Region 1 Medicare/Medicaid	Facility Number	05579
WINDSOR HEALTHCARE & REH	AB CENTER	m		
809 WEST BENTON		<b>Telephone</b> (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
WOODLAND MANOR				
1347 EAST VALLEY WATERMILL F	RD.	<b>Telephone</b> (417) 833-1220	Alzheimer's Unit	No
SPRINGFIELD	MO 65803-3739	Level of Care SNF	Bed Capacity	94
Mailing Address 1347 EAST VALLE	Y WATERMILL RD	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65803-3739	Region 1 Medicare/Medicaid	Facility Number	05794
- · ·				
Region: 2				
Region: 2  ADVANCE ASSISTED LIVING				
		<b>Telephone</b> (573) 722-5200	Alzheimer's Unit	No
ADVANCE ASSISTED LIVING	MO 63730-7251	Telephone (573) 722-5200 Level of Care ALF	Alzheimer's Unit Bed Capacity	No 44
ADVANCE ASSISTED LIVING 252 PAYTON PLACE	MO 63730-7251	- · · · · · · · · · · · · · · · · · · ·		
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE	MO 63730-7251 MO 63730-0790	Level of Care ALF	<b>Bed Capacity</b>	44
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE		Level of Care ALF County STODDARD	Bed Capacity DMH Licensed	44 No
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE ANNA DODSON HOME		Level of Care ALF County STODDARD Region 2	Bed Capacity DMH Licensed Facility Number	44 No 28426
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D	MO 63730-0790	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	44 No 28426
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON		Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	44 No 28426 No 20
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D	MO 63730-0790 MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	44 No 28426 No 20 Yes
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON	MO 63730-0790	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	44 No 28426 No 20
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON ANNA DODSON HOME	MO 63730-0790 MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	44 No 28426 No 20 Yes 02160
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D	MO 63730-0790  MO 63640-7241  MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	44 No 28426 No 20 Yes 02160
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON	MO 63730-0790 MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	44 No 28426 No 20 Yes 02160
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D	MO 63730-0790  MO 63640-7241  MO 63640-7241  MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	44 No 28426 No 20 Yes 02160 No 17
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON	MO 63730-0790  MO 63640-7241  MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	44 No 28426 No 20 Yes 02160
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D	MO 63730-0790  MO 63640-7241  MO 63640-7241  MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	44 No 28426 No 20 Yes 02160 No 17
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON	MO 63730-0790  MO 63640-7241  MO 63640-7241  MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF County SAINT FRANCOIS	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	44 No 28426 No 20 Yes 02160 No 17
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON ANNIE'S HOUSE INC	MO 63730-0790  MO 63640-7241  MO 63640-7241  MO 63640-7241	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF County SAINT FRANCOIS Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	44 No 28426 No 20 Yes 02160 No 17 Yes 02160
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNIE'S HOUSE INC 25228 BUZZARD DRIVE	MO 63730-0790  MO 63640-7241  MO 63640-7241  MO 63640-7241  MO 63764-9408	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF County SAINT FRANCOIS Region 2  Telephone (573) 238-1300 Level of Care RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	44 No 28426 No 20 Yes 02160 No 17 Yes 02160
ADVANCE ASSISTED LIVING 252 PAYTON PLACE ADVANCE Mailing Address PO BOX 790 ADVANCE  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNA DODSON HOME 4616 HIGHWAY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON Mailing Address 4616 HWY D FARMINGTON  ANNIE'S HOUSE INC 25228 BUZZARD DRIVE MARBLE HILL	MO 63730-0790  MO 63640-7241  MO 63640-7241  MO 63640-7241  MO 63764-9408	Level of Care ALF County STODDARD Region 2  Telephone (573) 756-5530 Level of Care RCF* County SAINT FRANCOIS Region 2  Telephone (573) 756-5530 Level of Care RCF County SAINT FRANCOIS Region 2  Telephone (573) 238-1300	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	144 No 28426 No 20 Yes 02160 No 17 Yes 02160

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ARBOR VIEW NURSING AND REHABILITATION			
6400 THE CEDARS COURT	<b>Telephone</b> (636) 274-1777	Alzheimer's Unit	NO
CEDAR HILL MO 63016-2220	Level of Care SNF	Bed Capacity	150
Mailing Address 6400 THE CEDARS CT	County JEFFERSON	DMH Licensed	No
CEDAR HILL MO 63016-2220	Region 2 Medicare/Medicaid	Facility Number	12647
ARBORS AT WESTRIDGE PLACE - MEMORY CARE BY AMI	EDICADE THE		
539 NORTH WEST ST		Alzheimer's Unit	Yes
SIKESTON MO 63801-5443	Telephone (573) 471-6484  Level of Care ALF**		28
		Bed Capacity	Zo No
Mailing Address 539 NORTH WEST ST	•	DMH Licensed	
SIKESTON MO 63801-5443	Region 2	Facility Number	12693
ASHBROOK - ASSISTED LIVING BY AMERICARE			
500 ASHBROOK DR	<b>Telephone</b> (573) 756-5544	Alzheimer's Unit	No
FARMINGTON MO 63640-9235	Level of Care ALF**	Bed Capacity	72
Mailing Address 500 ASHBROOK DR	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-9235	Region 2	Facility Number	18138
	-		10100
ASPIRE SENIOR LIVING ADVANCE			
315 SOUTH TILLEY ST	<b>Telephone</b> (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
ASPIRE SENIOR LIVING EAST PRAIRIE			
186 MILLAR RD	<b>Telephone</b> (573) 649-3551	Alzheimer's Unit	No
EAST PRAIRIE MO 63845-1180	Level of Care SNF	Bed Capacity	70
Mailing Address PO BOX 299	County MISSISSIPPI	DMH Licensed	No
EAST PRAIRIE MO 63845-0299	Region 2 Medicare/Medicaid	Facility Number	12083
EAST TRUME	Region 2 Medical C/Medicald	ruemty rumber	12003
ASPIRE SENIOR LIVING MALDEN			
1209 STOKELAN	<b>Telephone</b> (573) 276-5115	Alzheimer's Unit	Yes
MALDEN MO 63863-1335	Level of Care SNF	Bed Capacity	70
Mailing Address 1209 STOKELAN	County DUNKLIN	DMH Licensed	No
MALDEN MO 63863-1335	Region 2 Medicare/Medicaid	Facility Number	12465
AUBURN CREEK - ASSISTED LIVING BY AMERICARE			
2910 BEAVER CREEK DR	<b>Telephone</b> (573) 651-0199	Alzheimer's Unit	Yes
CAPE GIRARDEAU MO 63701-1732	Level of Care ALF	Bed Capacity	53
Mailing Address 2910 BEAVER CREEK DR	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU MO 63701-1732	Region 2	Facility Number	19892
03/01-1/32	regivii 2	racinty Number	17074
AUTUMN RIDGE RESIDENCES			
300 AUTUMN RIDGE DR	<b>Telephone</b> (636) 931-8400	Alzheimer's Unit	No
HERCULANEUM MO 63048-1506	Level of Care RCF*	Bed Capacity	81
Mailing Address 300 AUTUMN RIDGE DR	County JEFFERSON	DMH Licensed	Yes
HERCULANEUM MO 63048-1506	Region 2	Facility Number	15845

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DAILEN HOUSE			
BAILEY HOUSE 102 BAILEY ST		<b>Telephone</b> (573) 756-6374	Alzheimer's Unit No
FARMINGTON	MO 63640-1819	Level of Care RCF	Bed Capacity 12
Mailing Address 102 BAILEY ST	WIO 03040-1619	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-1819	Region 2	Facility Number 00256
TARMINOTOR	1410 03040-1017	Region 2	Facility Number 00230
BAISCH NURSING CENTER			
3260 BAISCH DR		<b>Telephone</b> (636) 586-2291	Alzheimer's Unit No
DE SOTO	MO 63020-5046	Level of Care RCF*	Bed Capacity 18
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-5046	Region 2	Facility Number 00910
BAISCH NURSING CENTER 3260 BAISCH DR		<b>Telephone</b> (636) 586-2291	Alzheimer's Unit No
DE SOTO	MO 63020-5046	Level of Care SNF	Bed Capacity 61
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-5046	Region 2 Medicare/Medicaid	Facility Number 00910
			•
BAPTIST HOME, THE			
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit No
IRONTON	MO 63650-4338	Level of Care ALF	<b>Bed Capacity</b> 56
Mailing Address PO BOX 87		County IRON	<b>DMH Licensed</b> No
IRONTON	MO 63650-0087	Region 2	Facility Number 00274
BAPTIST HOME, THE			
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit No
IRONTON	MO 63650-4338	Level of Care ICF	Bed Capacity 49
Mailing Address PO BOX 87	1120 00000 1000	County IRON	DMH Licensed No
IRONTON	MO 63650-0087	Region 2 Medicaid	Facility Number 00274
		C .	
BARNABAS ACRES			
210 FRANKS LN		<b>Telephone</b> (573) 803-8887	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-8439	Level of Care ALF	Bed Capacity 56
Mailing Address 210 FRANKS LN		County CAPE GIRARDEAU	DMH Licensed Yes
CAPE GIRARDEAU	MO 63701-8439	Region 2	Facility Number 05130
BAYLESS BOARDING HOME			
3719 SAND CREEK ROAD		<b>Telephone</b> (573) 747-0889	Alzheimer's Unit No
FARMINGTON	MO 63640-7349	Level of Care RCF	Bed Capacity 12
Mailing Address 3719 SAND CREEK	RD	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7349	Region 2	Facility Number 17300
BELLEVIEW VALLEY NURSING H	IOME	m 1 1 (550) 505 504 5	
23144 HIGHWAY 32	MO 62622 (246	<b>Telephone</b> (573) 697-5311	Alzheimer's Unit No
BELLEVIEW  Moiling Address 22144 HIGHWAY 22	MO 63623-6346	Level of Care SNF	Bed Capacity 122 DMH Licensed No
Mailing Address 23144 HIGHWAY 32		County IRON	<b>DMH Licensed</b> No

Region 2

Medicare/Medicaid

**Facility Number** 

00382

MO 63623-6346

BELLEVIEW

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BERTRAND NURSING AND REHA	B CENTER		
603 WEST HIGHWAY 62		<b>Telephone</b> (573) 683-4290	Alzheimer's Unit No
BERTRAND	MO 63823-9738	Level of Care SNF	Bed Capacity 60
Mailing Address 603 WEST HIGHWA		County MISSISSIPPI	DMH Licensed No
BERTRAND	MO 63823-9738	Region 2 Medicare/Medicaid	Facility Number 00440
BRENT B TINNIN MANOR			
220 EUEL POLK DR	N. C. CO. CO. T. C. C.	<b>Telephone</b> (573) 663-2545	Alzheimer's Unit No
ELLINGTON	MO 63638-7967	Level of Care SNF	Bed Capacity 60
Mailing Address 220 EUEL POLK DR		County REYNOLDS	DMH Licensed No
ELLINGTON	MO 63638-7967	Region 2 Medicare/Medicaid	Facility Number 08027
BROOKE HAVEN HEALTHCARE			
1410 NORTH KENTUCKY AVE		<b>Telephone</b> (417) 256-7975	Alzheimer's Unit Yes
WEST PLAINS	MO 65775-1822	Level of Care SNF	Bed Capacity 120
Mailing Address 1410 NORTH KENT		County HOWELL	DMH Licensed No
WEST PLAINS	MO 65775-1822	•	Facility Number 06253
WESTTEAMS	WIO 03773-1022	Region 2 Medicare/Medicaid	racinty Number 00233
BROOKSIDE MANOR RESIDENTI	AL CARE, LLC		
2434 HIGHWAY H		<b>Telephone</b> (573) 756-6434	Alzheimer's Unit No
FARMINGTON	MO 63640-7033	Level of Care RCF*	Bed Capacity 20
Mailing Address 2434 HIGHWAY H		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7033	Region 2	Facility Number 20034
		C	
BUNKER RESIDENTIAL HOME			
500 CULLER AVE		<b>Telephone</b> (573) 689-1392	Alzheimer's Unit No
BUNKER	MO 63629-	Level of Care RCF	Bed Capacity 12
Mailing Address PO BOX 276		County REYNOLDS	DMH Licensed Yes
BUNKER	MO 63629-0276	Region 2	Facility Number 16882
CAMELOT NUDGING AND DELLAR	NA TO A DIVON CHENIDLE D		
CAMELOT NURSING AND REHAE	BILITATION CENTER	T-1	Al-b-i
705 GRAND CANYON DRIVE	MO (2640 2161	<b>Telephone</b> (573) 756-8911	Alzheimer's Unit NO
FARMINGTON  A 11 705 CD AND CANYO	MO 63640-2161	Level of Care SNF	Bed Capacity 97
Mailing Address 705 GRAND CANYO		County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-2161	Region 2 Medicare/Medicaid	Facility Number 00978
CAMPBELL HEALTHCARE & SEN	NIOR LIVING		
17108 US HIGHWAY 62		<b>Telephone</b> (573) 246-2155	Alzheimer's Unit Yes
CAMPBELL	MO 63933-6383	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 17108 US HWY 62		County DUNKLIN	DMH Licensed No
CAMPBELL	MO 63933-6383	Region 2 Medicare/Medicaid	Facility Number 02820
·			72020
CAPETOWN ASSISTED LIVING			
2857 CAPE LACROIX RD		<b>Telephone</b> (573) 334-4855	<b>Alzheimer's Unit</b> Yes
CAPE GIRARDEAU	MO 63701-8588	Level of Care ALF**	<b>Bed Capacity</b> 48
Mailing Address 2857 CAPE LACRO	IX RD	<b>County</b> CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63701-8588	Region 2	Facility Number 23989

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CARRIAGE RESIDENTIAL CARE (	CENTER LLC		
508 NORTH WASHINGTON ST		<b>Telephone</b> (573) 756-8140	Alzheimer's Unit No
FARMINGTON	MO 63640-1756	Level of Care RCF*	<b>Bed Capacity</b> 20
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number 07824
CEDARGATE HEALTHCARE			
2350 KANELL BLVD		<b>Telephone</b> (573) 785-0188	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4036	Level of Care ALF	Bed Capacity 16
Mailing Address 2350 KANELL BLVI		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-4036	•	Facility Number 01182
TOT LAK BLUTT	MO 03901-4030	Region 2	racinty Number 01182
CEDARGATE HEALTHCARE			
2350 KANELL BLVD		<b>Telephone</b> (573) 785-0188	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4036	Level of Care SNF	Bed Capacity 108
Mailing Address 2350 KANELL BLVI		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number 01182
CEDARHURST OF ARNOLD			
2069 MISSOURI STATE ROAD		<b>Telephone</b> (636) 333-2715	Alzheimer's Unit Yes
ARNOLD	MO 63010-4809	Level of Care ALF**	<b>Bed Capacity</b> 94
Mailing Address 2069 MISSOURI STA	ATE ROAD	County JEFFERSON	<b>DMH Licensed</b> No
ARNOLD	MO 63010-4809	Region 2	Facility Number 32428
CEDARHURST OF FARMINGTON			
200 MAPLE VALLEY DRIVE		T. I. I. (572) 712 0150	A11.1
		<b>Telephone</b> (573) 713-9150	Alzheimer's Unit Yes
FARMINGTON	MO 63640-7331	Level of Care ALF**	Bed Capacity 84
FARMINGTON  Mailing Address 200 MAPLE VALLE		• '	
		Level of Care ALF**	<b>Bed Capacity</b> 84
Mailing Address 200 MAPLE VALLE	Y DRIVE	Level of Care ALF** County SAINT FRANCOIS	<b>Bed Capacity</b> 84 <b>DMH Licensed</b> No
Mailing Address 200 MAPLE VALLEY FARMINGTON	Y DRIVE	Level of Care ALF** County SAINT FRANCOIS	<b>Bed Capacity</b> 84 <b>DMH Licensed</b> No
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS	Y DRIVE	Level of Care ALF** County SAINT FRANCOIS Region 2	Bed Capacity84DMH LicensedNoFacility Number32159
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63	Y DRIVE MO 63640-7331	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940	Bed Capacity 84  DMH Licensed No  Facility Number 32159  Alzheimer's Unit YES
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS	Y DRIVE MO 63640-7331 MO 65775-9809	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF**	Bed Capacity 84  DMH Licensed No  Facility Number 32159  Alzheimer's Unit YES  Bed Capacity 84
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY	Y DRIVE MO 63640-7331 MO 65775-9809	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS	Y DRIVE MO 63640-7331 MO 65775-9809	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF**	Bed Capacity 84  DMH Licensed No  Facility Number 32159  Alzheimer's Unit YES  Bed Capacity 84
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS	Y DRIVE MO 63640-7331 MO 65775-9809	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC	Y DRIVE MO 63640-7331 MO 65775-9809	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST	Y DRIVE MO 63640-7331 MO 65775-9809 63 MO 65775-9809	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER	Y DRIVE  MO 63640-7331  MO 65775-9809  63  MO 65775-9809  MO 63841-1773	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF*	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER Mailing Address 302 NORTH ELM ST	Y DRIVE  MO 63640-7331  MO 65775-9809  63  MO 65775-9809  MO 63841-1773	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF* County STODDARD	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83 DMH Licensed No
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER	Y DRIVE  MO 63640-7331  MO 65775-9809  63  MO 65775-9809  MO 63841-1773	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF*	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER Mailing Address 302 NORTH ELM ST	Y DRIVE  MO 63640-7331  MO 65775-9809  63  MO 65775-9809  MO 63841-1773	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF* County STODDARD	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83 DMH Licensed No
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER Mailing Address 302 NORTH ELM ST DEXTER  CHAFFEE NURSING CENTER	Y DRIVE  MO 63640-7331  MO 65775-9809  63  MO 65775-9809  MO 63841-1773	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF* County STODDARD Region 2	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83 DMH Licensed No Facility Number 18858
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER Mailing Address 302 NORTH ELM ST DEXTER  CHAFFEE NURSING CENTER 12273 STATE HIGHWAY 77	MO 63640-7331  MO 65775-9809 63 MO 65775-9809  MO 63841-1773 MO 63841-1773	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF* County STODDARD Region 2  Telephone (573) 887-3615	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83 DMH Licensed No Facility Number 18858
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER Mailing Address 302 NORTH ELM ST DEXTER  CHAFFEE NURSING CENTER 12273 STATE HIGHWAY 77 CHAFFEE	MO 63740-8219	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF* County STODDARD Region 2  Telephone (573) 887-3615 Level of Care SNF	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83 DMH Licensed No Facility Number 18858  Alzheimer's Unit No Bed Capacity No Facility Number 18858
Mailing Address 200 MAPLE VALLEY FARMINGTON  CEDARHURST OF WEST PLAINS 1521 US HIGHWAY 63 WEST PLAINS Mailing Address 1521 US HIGHWAY WEST PLAINS  CENTRAL GARDENS INC 302 NORTH ELM ST DEXTER Mailing Address 302 NORTH ELM ST DEXTER  CHAFFEE NURSING CENTER 12273 STATE HIGHWAY 77	MO 63740-8219	Level of Care ALF** County SAINT FRANCOIS Region 2  Telephone (417) 372-8940 Level of Care ALF** County HOWELL Region 2  Telephone (573) 624-0011 Level of Care RCF* County STODDARD Region 2  Telephone (573) 887-3615	Bed Capacity 84 DMH Licensed No Facility Number 32159  Alzheimer's Unit YES Bed Capacity 84 DMH Licensed No Facility Number 32028  Alzheimer's Unit No Bed Capacity 83 DMH Licensed No Facility Number 18858

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CHADI ECTON MANOD				
CHARLESTON MANOR 1220 EAST MARSHALL	Telephone	(572) 692 2721	Alahaiman'a Unit	Yes
	•	(573) 683-3721	Alzheimer's Unit	
	834-1349 Level of Care		Bed Capacity	120
Mailing Address 1220 EAST MARSHALL	·	SSISSIPPI	DMH Licensed	No
CHARLESTON MO 638	834-1349 Region 2	Medicare/Medicaid	Facility Number	01251
CHATEAU GIRARDEAU				
3120 INDEPENDENCE ST	Telephone	(573) 335-1281	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63°	703-5043 Level of Care	* *	Bed Capacity	55
Mailing Address 3120 INDEPENDENCE ST		PE GIRARDEAU	DMH Licensed	No
_	703-5043 <b>Region 2</b>		Facility Number	01386
on Bonding Ene	Region 2		Tacinty Number	01300
CHATEAU GIRARDEAU				
3120 INDEPENDENCE ST	Telephone	(573) 335-1281	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63°	703-5043 Level of Care	SNF	Bed Capacity	75
Mailing Address 3120 INDEPENDENCE ST	County CA	PE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU MO 63	703-5043 <b>Region 2</b>	Medicare/Medicaid	Facility Number	01386
CLARK'S MOUNTAIN NURSING CENTER				
2100 BARNES	Telephone	(573) 223-4297	Alzheimer's Unit	No
	957-1008 Level of Care	* *	Bed Capacity	91
Mailing Address 2100 BARNES		AYNE	DMH Licensed	No
	957-1008 <b>Region 2</b>	Medicare/Medicaid	Facility Number	01496
TIEDMONT MO 03.	757-1000 Region 2	Medicare/Medicaid	racinty Number	01490
CLARU DEVILLE NURSING CENTER				
105 SPRUCE ST	Telephone	(573) 783-3993	Alzheimer's Unit	Yes
105 SPRUCE ST FREDERICKTOWN MO 636	645-1002 Level of Care	SNF	<b>Bed Capacity</b>	90
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST	645-1002 Level of Care County MA	` '	Bed Capacity DMH Licensed	
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST	645-1002 Level of Care	SNF	<b>Bed Capacity</b>	90
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST	645-1002 Level of Care County MA	SNF ADISON	Bed Capacity DMH Licensed	90 No
105 SPRUCE ST FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636	645-1002 Level of Care County MA	SNF ADISON	Bed Capacity DMH Licensed	90 No
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD	645-1002 Level of Care County MA Region 2	SNF ADISON Medicare/Medicaid (573) 471-2565	Bed Capacity DMH Licensed Facility Number	90 No 17527
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD	645-1002 Level of Care County MA Region 2  Telephone	SNF ADISON Medicare/Medicaid (573) 471-2565 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	90 No 17527
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638 Mailing Address PO BOX 707	645-1002 Level of Care County MA Region 2  Telephone 801-4802 Level of Care	SNF ADISON Medicare/Medicaid (573) 471-2565 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 17527 No 98
105 SPRUCE ST FREDERICKTOWN MO 636 Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638 Mailing Address PO BOX 707	645-1002 Level of Care County MA Region 2  Telephone Level of Care County SC	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 17527 No 98 No
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE	Level of Care County MA Region 2  Telephone Level of Care County SC Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 17527 No 98 No 19913
105 SPRUCE ST FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638	645-1002 Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Telephone	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 17527 No 98 No
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE 102 COLLINS RD FESTUS MO 636	645-1002 Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid  (314) 749-0986 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 17527 No 98 No 19913
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST  FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER  430 SALCEDO ROAD  SIKESTON MO 638  Mailing Address PO BOX 707  SIKESTON MO 638  COLLINS HOUSE, THE  102 COLLINS RD  FESTUS MO 636  Mailing Address 102 COLLINS RD	645-1002 Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 17527 No 98 No 19913
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE 102 COLLINS RD FESTUS MO 636	645-1002 Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid  (314) 749-0986 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 17527 No 98 No 19913
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER  430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE  102 COLLINS RD FESTUS MO 636  Mailing Address 102 COLLINS RD FESTUS MO 636  COLONIAL HOME, THE	Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid  (314) 749-0986 ALF** FFERSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 17527 No 98 No 19913 NO 8 No 33443
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE 102 COLLINS RD FESTUS MO 636  Mailing Address 102 COLLINS RD FESTUS MO 636  COLONIAL HOME, THE 102 SUMMIT ST	Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County JEI Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid  (314) 749-0986 ALF** FFERSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 17527 No 98 No 19913 NO 8 No 33443
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE 102 COLLINS RD FESTUS MO 636  Mailing Address 102 COLLINS RD FESTUS MO 636  COLONIAL HOME, THE 102 SUMMIT ST DONIPHAN MO 636	Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County JEI Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid  (314) 749-0986 ALF** FFERSON  (573) 996-4283 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 17527 No 98 No 19913 NO 8 No 33443
FREDERICKTOWN MO 636  Mailing Address 105 SPRUCE ST FREDERICKTOWN MO 636  CLEARVIEW NURSING CENTER 430 SALCEDO ROAD SIKESTON MO 638  Mailing Address PO BOX 707 SIKESTON MO 638  COLLINS HOUSE, THE 102 COLLINS RD FESTUS MO 636  Mailing Address 102 COLLINS RD FESTUS MO 636  COLONIAL HOME, THE 102 SUMMIT ST DONIPHAN MO 638  Mailing Address 102 SUMMIT ST	Level of Care County MA Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County SC Region 2  Telephone Level of Care County JEI Region 2	SNF ADISON Medicare/Medicaid  (573) 471-2565 SNF OTT Medicare/Medicaid  (314) 749-0986 ALF** FFERSON  (573) 996-4283 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 17527 No 98 No 19913 NO 8 No 33443

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COLONIAL HOUSE OF FESTUS II	<b>T</b>		
129 GRAY ST	<b>Telephone</b> (636) 465-0994	Alzheimer's Unit	No
FESTUS MO 63028-1950	Level of Care RCF	Bed Capacity DMH Licensed	20 N-
Mailing Address 129 GRAY ST FESTUS MO 63028-1950	County JEFFERSON		No
PESTUS MO 03028-1930	Region 2	Facility Number	07322
COLONIAL MANOR, LLC			
907 WEST MALONE ST	<b>Telephone</b> (573) 471-5541	Alzheimer's Unit	No
SIKESTON MO 63801-2425	Level of Care ALF	Bed Capacity	20
Mailing Address 907 WEST MALONE ST	County SCOTT	DMH Licensed	Yes
SIKESTON MO 63801-2425	Region 2	Facility Number	13255
COLONIAL RESIDENTIAL CARE FACILITY II			
1162 CEDAR ST	<b>Telephone</b> (573) 734-2846	Alzheimer's Unit	No
BISMARCK MO 63624-8920	Level of Care RCF*	Bed Capacity	48
Mailing Address PO BOX 134	County SAINT FRANCOIS	DMH Licensed	Yes
MOUNTAIN GROVE MO 65711-0134	Region 2	Facility Number	01693
COLUMBIA STREET RESIDENTIAL CARE CENTER LLC			
208 WEST COLUMBIA ST	<b>Telephone</b> (573) 756-7481	Alzheimer's Unit	No
FARMINGTON MO 63640-1705	Level of Care RCF	Bed Capacity	16
Mailing Address PO BOX 272	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO 63640-0675	Region 2	Facility Number	01729
	Region 2	Tuesday Transpor	01725
COMMUNITY MANOR			
783 WEBER ROAD	<b>Telephone</b> (573) 756-8998	Alzheimer's Unit	No
FARMINGTON MO 63640-3318	Level of Care SNF	Bed Capacity	99
Mailing Address 783 WEBER RD	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-3318	Region 2 Medicare/Medicaid	Facility Number	13887
CORI MANOR HEALTHCARE & REHABILITATION CENTER			
560 CORISANDE HILLS RD	<b>Telephone</b> (636) 343-2282	Alzheimer's Unit	No
FENTON MO 63026-5613	Level of Care SNF	Bed Capacity	144
Mailing Address 560 CORISANDE HILLS RD	County JEFFERSON	DMH Licensed	No
FENTON MO 63026-5613	Region 2 Medicare/Medicaid	Facility Number	01800
COTTON DOINT I WING CENTER			
COTTON POINT LIVING CENTER 609 SOUTH RAILROAD ST	<b>Telephone</b> (573) 471-7861	Alaboiment-TI-4	Vac
	-	Alzheimer's Unit	Yes 98
MATTHEWS MO 63867-9751	Level of Care SNF	Bed Capacity	
Mailing Address 609 SOUTH RAILROAD ST	County NEW MADRID	DMH Licensed	No
MATTHEWS MO 63867-9751	Region 2 Medicare/Medicaid	Facility Number	07057
COUNTRY MEADOWS			
1301 N ST JOE DR	<b>Telephone</b> (573) 431-2889	Alzheimer's Unit	No
PARK HILLS MO 63601-1965	Level of Care SNF	<b>Bed Capacity</b>	72
Mailing Address 1301 N ST JOE DR	County SAINT FRANCOIS	DMH Licensed	No
PARK HILLS MO 63601-1965	Region 2 Medicare/Medicaid	Facility Number	14443

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COUNTRY MEADOWS			
1301 N ST JOE DR		<b>Telephone</b> (573) 431-2889	Alzheimer's Unit No
PARK HILLS	MO 63601-1965	Level of Care ALF	Bed Capacity 15
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	DMH Licensed No
PARK HILLS	MO 63601-1965	Region 2	Facility Number 14443
		region -	
COUNTRY PLACE			
28601 US HIGHWAY 61		<b>Telephone</b> (573) 264-1555	Alzheimer's Unit No
SCOTT CITY	MO 63780-9143	Level of Care ALF	<b>Bed Capacity</b> 24
Mailing Address 28601 US HIGHWAY	Y 61	County SCOTT	DMH Licensed No
SCOTT CITY	MO 63780-9143	Region 2	Facility Number 25934
CRAWFORD RANCH BOARDING I	HOME, LLC		
2200 VARVERA RD	200.22, 220	<b>Telephone</b> (573) 756-4656	Alzheimer's Unit No
DOE RUN	MO 63637-3121	Level of Care RCF*	Bed Capacity 32
Mailing Address 2200 VARVERA RD		County SAINT FRANCOIS	DMH Licensed Yes
DOE RUN	MO 63637-3121	Region 2	Facility Number 13193
			10130
CROWLEY RIDGE CARE CENTER	1		
1204 NORTH OUTER RD		<b>Telephone</b> (573) 624-5557	Alzheimer's Unit Yes
DEXTER	MO 63841-8684	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 668		County STODDARD	<b>DMH Licensed</b> No
DEXTER	MO 63841-0668	Region 2 Medicare/Medicaid	Facility Number 12667
CRYSTAL OAKS			
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit Yes
FESTUS	MO 63028-4125	Level of Care SNF	Bed Capacity 131
Mailing Address 1500 CALVARY CH	URCH RD	County JEFFERSON	DMH Licensed No
FESTUS	MO 63028-4125	Region 2 Medicare/Medicaid	Facility Number 99932
CRYSTAL OAKS			
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit Yes
FESTUS	MO 63028-4125	Level of Care ALF**	<b>Bed Capacity</b> 60
Mailing Address 1500 CALVARY CH	URCH RD	County JEFFERSON	DMH Licensed No
FESTUS	MO 63028-4125	Region 2	Facility Number 99932
CHIDDENIE DIVIED MUDONIO CONTE	CED INC		
CURRENT RIVER NURSING CENT	EK, INC	T-1 (572) 007 4220	Alabata and Th. 4
1015 NORTH GRAND AVE	MO 62025 1770	<b>Telephone</b> (573) 996-4239	Alzheimer's Unit Yes
DONIPHAN  Mailing Address 1015 NORTH CRAN	MO 63935-1779	Level of Care SNF	Bed Capacity 120
Mailing Address 1015 NORTH GRAN		County RIPLEY	DMH Licensed No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number 17125
CYPRESS POINT - SKILLED NURS	ING BY AMERICARE		
801 BAILIFF DR		<b>Telephone</b> (573) 624-8908	Alzheimer's Unit No
DEXTER	MO 63841-9500	Level of Care SNF	<b>Bed Capacity</b> 79
Mailing Address 801 BAILIFF DR		County STODDARD	<b>DMH Licensed</b> No
DEXTER	MO 63841-9500	Region 2 Medicare/Medicaid	Facility Number 08315

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DAYBREAK NURSING CENTER			
410 H ROAD		<b>Telephone</b> (573) 471-7683	Alzheimer's Unit No
SIKESTON	MO 63801-5350	Level of Care SNF	Bed Capacity 70
Mailing Address 410 H ROAD	MO (2001 0420	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-0430	Region 2 Medicare/Medicaid	Facility Number 11496
DELTA SOUTH NURSING & REHA	BILITATION		
640 COLONEL GEORGE E DAY PAR		<b>Telephone</b> (573) 471-3400	Alzheimer's Unit NO
SIKESTON	MO 63801-0624	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 640 COLONEL GEO	RGE E DAY PARKWAY	County NEW MADRID	DMH Licensed No
SIKESTON	MO 63801-0624	Region 2 Medicare/Medicaid	Facility Number 30584
DIANA'S BOARDING HOME 1, INC	•		
15432 STATE HIGHWAY M	,	<b>Telephone</b> (573) 866-2010	Alzheimer's Unit No
MARBLE HILL	MO 63764-7487	Level of Care RCF	Bed Capacity 20
Mailing Address 15431 STATE HIGH		County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-7487	Region 2	Facility Number 11123
WE KNOLD THEE	1410 03704 7407	Kegion 2	racinty Number 11125
DIANA'S BOARDING HOME 2			
25140 BUZZARD DR		<b>Telephone</b> (573) 238-3344	Alzheimer's Unit No
MARBLE HILL	MO 63764-9408	Level of Care RCF	Bed Capacity 40
Mailing Address HC 64, BOX 4677		County BOLLINGER	<b>DMH Licensed</b> Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number 23940
ESTATES OF PERRYVILLE, LLC,	ТНЕ		
430 NORTH WEST ST		<b>Telephone</b> (573) 547-1011	Alzheimer's Unit No
PERRYVILLE	MO 63775-1359	Level of Care SNF	<b>Bed Capacity</b> 156
Mailing Address 430 NORTH WEST S	ST	County PERRY	DMH Licensed No
PERRYVILLE	MO 63775-1359	Region 2 Medicare/Medicaid	Facility Number 00137
FAMILY COUNSELING CENTER I	NC		
18408 WAYNE ROUTE D		<b>Telephone</b> (573) 222-8676	Alzheimer's Unit No
WAPPAPELLO	MO 63966-	Level of Care RCF*	Bed Capacity 27
Mailing Address 18408 WAYNE ROU	TTE D	County WAYNE	DMH Licensed Yes
WAPPAPELLO	MO 63966-	Region 2	Facility Number 23584
FARMINGTON MANOR			
2879 US HIGHWAY 67		<b>Telephone</b> (573) 756-7566	Alzheimer's Unit No
FARMINGTON	MO 63640-9168	Level of Care ALF	Bed Capacity 70
Mailing Address 2879 US HWY 67	110 03040 7100	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-9168	Region 2	Facility Number 15140
17 MARIENO FOIN	030 <del>1</del> 0-7100	Acgivii 2	racincy runiber 15140
FARMINGTON PRESBYTERIAN M	IANOR		
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit No
FARMINGTON	MO 63640-2910	Level of Care RCF	<b>Bed Capacity</b> 60
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-2910	Region 2	Facility Number 06181

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FARMINGTON PRESBYTERIAN M	IANOR			
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	Yes
FARMINGTON	MO 63640-2910	Level of Care SNF	<b>Bed Capacity</b>	90
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2910	Region 2 Medicare/Medicaid	Facility Number	06181
EADAMNOWON DRECDY/FERMAN NA	LANOR			
FARMINGTON PRESBYTERIAN M	IANUK	TD 1 1 (572) 757 (770)	A1 1	NI.
500 CAYCE ST	MO 62640 2010	<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	No
FARMINGTON	MO 63640-2910	Level of Care ALF	Bed Capacity	60 N
Mailing Address 500 CAYCE ST	1.0	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2910	Region 2	Facility Number	06181
FESTUS MANOR				
627 WESTWOOD DR S		<b>Telephone</b> (636) 931-9066	Alzheimer's Unit	No
FESTUS	MO 63028-2062	Level of Care SNF	Bed Capacity	150
Mailing Address 627 WESTWOOD D	R S	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-2062	Region 2 Medicare/Medicaid	Facility Number	02546
FOUNTAINBLEAU LODGE				
2001 NORTH KINGSHIGHWAY		<b>Telephone</b> (573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2193	Level of Care ALF	Bed Capacity	56
Mailing Address 2001 NORTH KINGS	SHIGHWAY	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2193	Region 2	Facility Number	12751
0.11 Z 0111 11.02.110	11.5 05.701 21.55	Region 2	Tuellity I tulliper	12/31
EQUINTE A INDI E A LL LODGE				
FOUNTAINBLEAU LODGE		T-1 (572) 225 1000	A 1-1	NI.
2001 NORTH KINGSHIGHWAY	MO (2701 2102	<b>Telephone</b> (573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2193	Level of Care SNF	Bed Capacity	33
Mailing Address 2001 NORTH KINGS		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2193	Region 2 Medicare/Medicaid	Facility Number	12751
FOUNTAINBLEAU NURSING CEN	TER	F. I. I. (625) 925 2599	411	
1349 HIGHWAY 61	NO 50000 4405	<b>Telephone</b> (636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 63028-4107	Level of Care SNF	Bed Capacity	106
Mailing Address PO BOX 700		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-0700	Region 2 Medicare/Medicaid	Facility Number	17080
FREDERICK STREET MANOR				
429 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-4834	Level of Care RCF*	Bed Capacity	32
Mailing Address 429 NORTH FREDE	RICK STREET	County CAPE GIRARDEAU	DMH Licensed	Yes
CAPE GIRARDEAU	MO 63701-4834	Region 2	Facility Number	02662
GEORGIAN GARDENS CENTER FO	OR REHAB AND HEALTHCARE			
1 GEORGIAN GARDENS DR		<b>Telephone</b> (573) 438-6261	Alzheimer's Unit	Yes
POTOSI	MO 63664-1436	Level of Care SNF	Bed Capacity	120
Mailing Address 1 GEORGIAN GARD	DENS DR	County WASHINGTON	DMH Licensed	No
POTOSI	MO 63664-1436	Region 2 Medicare/Medicaid	Facility Number	02830

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CANDON OF DE CENTER			
GIDEON CARE CENTER 300 LUNBECK		Tolonhono (572) 449 2505	Alzheimer's Unit Yes
GIDEON	MO 63848-9211	Telephone (573) 448-3505 Level of Care SNF	Alzheimer's Unit Yes Bed Capacity 72
Mailing Address PO BOX 197	1410 03646-9211	County NEW MADRID	DMH Licensed No
GIDEON	MO 63848-0197	Region 2 Medicare/Medicaid	Facility Number 15538
OIDEON	1410 03040-0177	Region 2 Medicare/Medicard	racinty Number 13336
GOGGIN BOARDING HOME LLC			
620 COUNTY ROAD 40		<b>Telephone</b> (573) 697-5894	Alzheimer's Unit No
CALEDONIA	MO 63631-9133	Level of Care RCF	Bed Capacity 12
Mailing Address 620 COUNTY RD 40		County IRON	DMH Licensed Yes
CALEDONIA	MO 63631-9133	Region 2	Facility Number 02937
GRANITE HOUSE RCF LLC		T. I. I. (572) 546 7002	All to the transfer of the same
321 SOUTH MAIN ST	MO (2(50.140)	<b>Telephone</b> (573) 546-7283	Alzheimer's Unit No
IRONTON	MO 63650-1406	Level of Care RCF	Bed Capacity 60
Mailing Address PO BOX 6	MO (2(50 00()	County IRON	DMH Licensed Yes
IRONTON	MO 63650-0066	Region 2	Facility Number 04628
GREEN ACRES RESIDENTIAL CAI	RE FACILITY, LLC		
3688 SAND CREEK ROAD	- , -	<b>Telephone</b> (573) 756-2917	Alzheimer's Unit No
FARMINGTON	MO 63640-7350	Level of Care RCF	Bed Capacity 12
Mailing Address 3688 SAND CREEK	RD	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7350	Region 2	Facility Number 17289
			•
GREENVILLE HEALTH CARE CEN	NTER		
117 SYCAMORE ST		<b>Telephone</b> (573) 224-3298	Alzheimer's Unit No
GREENVILLE	MO 63944-0000	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 108		County WAYNE	<b>DMH Licensed</b> No
GREENVILLE	MO 63944-0108	Region 2 Medicare/Medicaid	Facility Number 15550
HAMPTON HOUSE RESIDENTIAL	CARE		
201 N DECATUR STREET	CHAL	<b>Telephone</b> (573) 276-6054	Alzheimer's Unit No
MALDEN	MO 63863-2017	Level of Care RCF*	Bed Capacity 22
Mailing Address 201 N DECATUR ST		County DUNKLIN	DMH Licensed Yes
MALDEN	MO 63863-2017	Region 2	Facility Number 03331
			•
HARRIS RESIDENTIAL CARE CEN	TER LLC		
401 SOUTH HENRY		<b>Telephone</b> (573) 756-5376	Alzheimer's Unit No
FARMINGTON	MO 63640-1823	Level of Care RCF*	<b>Bed Capacity</b> 37
Mailing Address PO BOX 671		County SAINT FRANCOIS	<b>DMH Licensed</b> Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number 02256
HAVEN, THE			
614 SOUTH BY-PASS		<b>Telephone</b> (573) 888-1201	Alzheimer's Unit No
KENNETT	MO 63857-3240	Level of Care RCF*	Bed Capacity 64
Mailing Address 612 SOUTH BY-PAS		County DUNKLIN	DMH Licensed Yes
KENNETT	MO 63857-3240	Region 2	Facility Number 27620
		<del>-</del>	•

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HEARTLAND CARE AND REHABILI	ITATION CENTER		
2525 BOUTIN DR		<b>Telephone</b> (573) 334-5225	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8551	Level of Care SNF	<b>Bed Capacity</b> 102
Mailing Address 2525 BOUTIN DR		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-8551	Region 2 Medicare/Medicaid	Facility Number 01023
HERITAGE HILLS ASSISTED LIVIN	C EACH ITV		
ROUTE 5, BOX 68	GFACILITY	<b>Telephone</b> (573) 866-2003	Alzheimer's Unit No
PATTON	MO 63662-9760	Level of Care ALF	
Mailing Address PO BOX B	WO 03002-9700		Bed Capacity 24  DMH Licensed Yes
PATTON	MO 63662-0010	•	
FATION	WO 03002-0010	Region 2	Facility Number 18783
HEDVEL CE NUDCING CENTED GV	H I ED MUDGING DV AMEDICADE		
HERITAGE NURSING CENTER - SK	ILLED NURSING BY AMERICARE	T-1	Al-Laineaul-Tirit
1802 SAINT FRANCIS ST	MO (2057 1500	<b>Telephone</b> (573) 888-1044	Alzheimer's Unit No
KENNETT PO POY 227	MO 63857-1568	Level of Care SNF	Bed Capacity 72
Mailing Address PO BOX 827	MO 62057 0007	County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-0827	Region 2 Medicare/Medicaid	Facility Number 17533
HICKORYMANOR			
HICKORY MANOR		TD 1 (572) (74 0111	
209 HICKORY ST	MO 65542 0047	<b>Telephone</b> (573) 674-2111	Alzheimer's Unit No
LICKING	MO 65542-9847	Level of Care SNF	Bed Capacity 60
Mailing Address 209 HICKORY ST	1.00	County TEXAS	DMH Licensed No
LICKING	MO 65542-9847	Region 2 Medicare/Medicaid	Facility Number 07929
HIDDEN A ODEC ACCIOTED I MINO			
HIDDEN ACRES ASSISTED LIVING 19235 STATE ROUTE EE		Tolonhone (572) 756 9141	Alzheimer's Unit No
SAINTE GENEVIEVE	MO 63670-8213	Telephone (573) 756-8141 Level of Care ALF	
Mailing Address 19235 STATE ROUTE		County SAINTE GENEVIEVE	Bed Capacity 18 DMH Licensed Yes
SAINTE GENEVIEVE	MO 63670-8213	*	
SAINTE GENEVIEVE	WO 03070-8213	Region 2	Facility Number 19721
HIDDEN ACRES ASSISTED LIVING	шис		
19235 STATE ROUTE EE	H LLC	<b>Telephone</b> (573) 756-8141	Alzheimer's Unit No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care ALF	Bed Capacity 18
Mailing Address 19235 STATE ROUTE		County SAINTE GENEVIEVE	DMH Licensed Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number 11134
DAMATE GENEVIEVE	110 03070 0213	Region 2	racincy runiber 11134
HILLCREST CARE CENTER, INC			
1108 CLARKE ST		<b>Telephone</b> (636) 586-3022	Alzheimer's Unit No
DE SOTO	MO 63020-2706	Level of Care SNF	Bed Capacity 120
Mailing Address 1108 CLARKE ST	- 22 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	County JEFFERSON	DMH Licensed No
DE SOTO	MO 63020-2706	Region 2 Medicare/Medicaid	Facility Number 20084
223010		ricultai Civituitaiu	20004
HILLSIDE LIVING CENTER			
10160 RESTORATION CIRCLE ROAD		<b>Telephone</b> (573) 562-0303	Alzheimer's Unit No
MINERAL POINT	MO 63660-8538	Level of Care ALF**	<b>Bed Capacity</b> 60
Mailing Address PO BOX 534		County WASHINGTON	DMH Licensed Yes
PARK HILLS	MO 63601-0534	Region 2	Facility Number 09270
	*	· o	

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HILLTOP HAVEN RESIDENTIAL CAR	RE FACILITY		
18941 CR 305A		<b>Telephone</b> (573) 226-5426	Alzheimer's Unit No
EMINENCE M	4O 65466-9702	Level of Care RCF	<b>Bed Capacity</b> 20
Mailing Address 18941 CR 305A		County SHANNON	<b>DMH Licensed</b> Yes
EMINENCE M	AO 65466-9702	Region 2	Facility Number 03615
HOLIDAY RESIDENTIAL CARE			
1019 OLD ST MARY'S RD		<b>Telephone</b> (573) 547-7398	Alzheimer's Unit No
	4O 63775-1298	Level of Care RCF*	Bed Capacity 20
Mailing Address 1019 OLD ST MARY'S I		County PERRY	DMH Licensed No
_	4O 63775-1298	Region 2	Facility Number 19872
	10 00770 1270	Region 2	Tuelley Humber 19072
HOUSTON HOUSE			
1000 NORTH INDUSTRIAL DR		<b>Telephone</b> (417) 967-2527	Alzheimer's Unit No
	4O 65483-9400	Level of Care SNF	<b>Bed Capacity</b> 96
Mailing Address PO BOX 199		County TEXAS	<b>DMH Licensed</b> No
HOUSTON M	4O 65483-0199	Region 2 Medicare/Medicaid	Facility Number 10626
HUNTER ACRES CARING CENTER			
628 NORTH WEST ST		<b>Telephone</b> (573) 471-7130	Alzheimer's Unit Yes
SIKESTON M	4O 63801-4738	Level of Care SNF	Bed Capacity 120
Mailing Address 628 NORTH WEST ST		County SCOTT	DMH Licensed No
SIKESTON M	4O 63801-4738	Region 2 Medicare/Medicaid	Facility Number 07345
INDEPENDENCE CARE CENTER OF I	PERRY COUNTY	T. 1 . 1	
800 SOUTH KINGSHIGHWAY		<b>Telephone</b> (573) 547-6546	Alzheimer's Unit Yes
	AO 63775-2106	Level of Care SNF	Bed Capacity 133
Mailing Address 800 SOUTH KINGSHWY		County PERRY	DMH Licensed No
PERRYVILLE N	4O 63775-2106	Region 2 Medicare/Medicaid	Facility Number 06393
INDEPENDENCE COURT			
121 INDEPENDENCE DR		<b>Telephone</b> (573) 547-1499	Alzheimer's Unit No
PERRYVILLE M	AO 63775-1496	Level of Care RCF*	Bed Capacity 75
Mailing Address 121 INDEPENDENCE D	PR	County PERRY	DMH Licensed No
PERRYVILLE M	4O 63775-1496	Region 2	Facility Number 06393
J & J RESIDENTIAL CARE FACILITY	. 11		
104 WESBECHER	п	<b>Telephone</b> (573) 238-1008	Alzheimer's Unit No
	4O 63764-0378	Level of Care RCF*	
Mailing Address PO BOX 378	10 03/04-03/6	County BOLLINGER	Bed Capacity 12  DMH Licensed Yes
•	4O 63764-0378	Region 2	
WANDLE FILL IV	1O 03/04-03/0	Negiuli 2	Facility Number 07171
JACKSON MANOR			
710 BROADRIDGE DR		<b>Telephone</b> (573) 243-3101	Alzheimer's Unit No
	4O 63755-3042	Level of Care SNF	Bed Capacity 90
Mailing Address 710 BROADRIDGE DR		County CAPE GIRARDEAU	DMH Licensed No
JACKSON M	4O 63755-3042	Region 2 Medicare/Medicaid	Facility Number 03438

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KABUL NURSING HOMES, INC		m		
1000 MAIN ST	MO (5500 0125	<b>Telephone</b> (417) 962-3713	Alzheimer's Unit	No
CABOOL 1000 MAIN ST	MO 65689-9125	Level of Care SNF	Bed Capacity	99 N
Mailing Address 1000 MAIN ST CABOOL	MO (5(00 0125	County TEXAS	DMH Licensed	No
CABOOL	MO 65689-9125	Region 2 Medicare/Medicaid	Facility Number	04085
LA BONNE MAISON-ASSISTED LI	VINC DV AMEDICADE			
226 PLAZA DR	VING DI AMERICARE	<b>Telephone</b> (573) 472-2546	Alzheimer's Unit	No
SIKESTON	MO 63801-5105	Level of Care ALF**	Bed Capacity	30
Mailing Address 226 PLAZA DR	WO 03001 3103	County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5105	Region 2	Facility Number	28804
		riogion -		2000.
LAMPLIGHT VILLAGE				
309 LOCUST ST		<b>Telephone</b> (417) 256-2749	Alzheimer's Unit	No
WEST PLAINS	MO 65775-3906	Level of Care RCF*	<b>Bed Capacity</b>	32
Mailing Address PO BOX 166		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0166	Region 2	Facility Number	21563
LANDMARK VILLA ALF				
1101 OZARK AVE		<b>Telephone</b> (417) 962-3700	Alzheimer's Unit	No
CABOOL	MO 65689-7362	Level of Care ALF	Bed Capacity	44
Mailing Address 1101 OZARK AVE		County TEXAS	DMH Licensed	Yes
CABOOL	MO 65689-7362	Region 2	Facility Number	04085
LICKING RESIDENTIAL CARE				
225 WEST HIGHWAY 32		<b>Telephone</b> (573) 674-2207	Alzheimer's Unit	No
LICKING	MO 65542-9832	Level of Care RCF*	Bed Capacity	34
Mailing Address 225 WEST HIGHWA		County TEXAS	DMH Licensed	No.
LICKING	MO 65542-9832	Region 2	Facility Number	24302
LICKING	NIO 03342 7032	Region 2	racinty runner	24302
LIFE CARE CENTER OF CAPE GI	RARDEAU			
365 SOUTH BROADVIEW ST		<b>Telephone</b> (573) 335-2086	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63703-5725	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 365 SOUTH BROAD	OVIEW ST	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-5725	Region 2 Medicare/Medicaid	Facility Number	01032
	mva.			
LUTHERAN HOME ASSISTED LIV	ING	m 1 1 (550) 225 0150	411	
2825 BLOOMFIELD RD	NO 62502 6225	<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63703-6335	Level of Care ALF**	Bed Capacity	115
Mailing Address 2825 BLOOMFIELD		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6335	Region 2	Facility Number	13536
LUTHERAN HOME, THE				
2825 BLOOMFIELD RD		<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63703-6335	Level of Care SNF	Bed Capacity	274
Mailing Address 2825 BLOOMFIELD	RD	County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-6335	Region 2 Medicare/Medicaid	Facility Number	13536

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MAGNOLIA HOUSE 204 GRAND AVE		<b>Telephone</b> (636) 933-0662	Alzheimer's Unit No
FESTUS	MO 63028-1842	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 204 GRAND AVE		County JEFFERSON	DMH Licensed Yes
FESTUS	MO 63028-1842	Region 2	Facility Number 13697
MANOR, THE			
2071 BARRON RD		<b>Telephone</b> (573) 686-1147	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-1903	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 2071 BARRON RD		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-1903	Region 2 Medicare/Medicaid	Facility Number 00683
MAPLE CREST MANOR			
430 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4835	Level of Care RCF*	<b>Bed Capacity</b> 48
Mailing Address 430 NORTH FREDE		County CAPE GIRARDEAU	<b>DMH Licensed</b> Yes
CAPE GIRARDEAU	MO 63701-4835	Region 2	Facility Number 03628
MAPLE RIDGE RESIDENTIAL CA	RE CENTER LLC		
1034 DORIS DR		<b>Telephone</b> (573) 760-0155	Alzheimer's Unit No
FARMINGTON	MO 63640-1954	Level of Care RCF*	Bed Capacity 20
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number 19808
MAPLEBROOK-ASSISTED LIVING	G BY AMERICARE		
520 MAPLE VALLEY DR		<b>Telephone</b> (573) 756-2777	Alzheimer's Unit Yes
FARMINGTON	MO 63640-1981	Level of Care ALF**	<b>Bed Capacity</b> 61
Mailing Address 520 MAPLE VALLE	Y DR	County SAINT FRANCOIS	<b>DMH Licensed</b> No
FARMINGTON	MO 63640-1981	Region 2	Facility Number 28635
MARIAN CLIFF RESIDENTIAL CA	ARE CENTER LLC		
381 ELM ST		<b>Telephone</b> (573) 543-2218	Alzheimer's Unit No
SAINT MARY	MO 63673-9330	Level of Care RCF*	<b>Bed Capacity</b> 66
Mailing Address PO BOX 272		<b>County</b> SAINTE GENEVIEVE	<b>DMH Licensed</b> Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number 05058
MARK TWAIN CARING CENTER			
3001 MAY ST		<b>Telephone</b> (573) 686-6999	Alzheimer's Unit Yes
POPLAR BLUFF	MO 63901-1942	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 3001 MAY ST		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-1942	Region 2 Medicare/Medicaid	Facility Number 16013
MEADOWBROOK RESIDENTIAL	CARE, INC		
806 WEST MULBERRY		<b>Telephone</b> (573) 546-7065	Alzheimer's Unit No
		- · · · · · · · · · · · · · · · · · · ·	
PILOT KNOB	MO 63663-	Level of Care ALF**	<b>Bed Capacity</b> 36
PILOT KNOB  Mailing Address PO BOX 510  PILOT KNOB	MO 63663- MO 63663-0510	- · · · · · · · · · · · · · · · · · · ·	

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MEADOWVIEW MEMORY CARE			
555 WOODLAND VILLAS LANE		<b>Telephone</b> (636) 296-1400	Alzheimer's Unit Yes
ARNOLD	MO 63010-2011	Level of Care ALF**	Bed Capacity 24
Mailing Address 555 WOODLAND V		County JEFFERSON	<b>DMH Licensed</b> No
ARNOLD	MO 63010-2011	Region 2	Facility Number 12549
MEMORY LANE OF DEXTER			
415 S CATALPA STREET		<b>Telephone</b> (573) 624-7491	Alzheimer's Unit Yes
DEXTER	MO 63841-2017	Level of Care SNF	Bed Capacity 73
Mailing Address 415 S CATALPA ST		County STODDARD	DMH Licensed No
DEXTER	MO 63841-2017	Region 2 Medicare/Medicaid	Facility Number 02156
DEATER	WO 03041 2017	Region 2 Medicare/Medicard	racinty Number 02130
MINGO RESIDENTIAL CARE FAC	CILITY		
24080 STATE HWY 51		<b>Telephone</b> (573) 222-3086	Alzheimer's Unit No
PUXICO	MO 63960-8114	Level of Care RCF*	<b>Bed Capacity</b> 36
Mailing Address 24080 STATE HWY	51	County STODDARD	DMH Licensed Yes
PUXICO	MO 63960-8114	Region 2	Facility Number 24959
MONTICELLO HOUSE			
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit No
JACKSON	MO 63755-2588	Level of Care RCF*	Bed Capacity 32
Mailing Address PO BOX 740	WO 03733-2300	County CAPE GIRARDEAU	DMH Licensed No
JACKSON	MO 63755-0740	Region 2	Facility Number 14454
JACKSON	WO 03733-0740	Region 2	racinty Number 14454
MONTICELLO HOUSE			
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit Yes
JACKSON	MO 63755-2588	Level of Care SNF	<b>Bed Capacity</b> 105
Mailing Address PO BOX 740		County CAPE GIRARDEAU	<b>DMH Licensed</b> No
JACKSON	MO 63755-0740	Region 2 Medicare/Medicaid	Facility Number 14454
MOUNTAIN VIEW HEALTHCARE			
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit No
MOUNTAIN VIEW	MO 65548-7376	Level of Care SNF	<b>Bed Capacity</b> 105
Mailing Address PO BOX 879		County HOWELL	DMH Licensed No
MOUNTAIN VIEW	MO 65548-0879	Region 2 Medicare/Medicaid	Facility Number 15542
MV DI ACE DECIDENTIAL CARE	I.C.		
MY PLACE RESIDENTIAL CARE, 23 NORTH SIXTH ST	L.C.	T-l	Allahadan anta III. M
	MO (2029 1201	<b>Telephone</b> (636) 933-1793	Alzheimer's Unit No
FESTUS	MO 63028-1301	Level of Care ALF	Bed Capacity 44
Mailing Address 23 NORTH SIXTH S		County JEFFERSON	DMH Licensed Yes
FESTUS	MO 63028-1301	Region 2	Facility Number 10631
MY PLACE TOO, INC			
1107 CLARKE ST		<b>Telephone</b> (636) 586-7871	Alzheimer's Unit No
DE SOTO	MO 63020-2709	Level of Care RCF*	<b>Bed Capacity</b> 50
Mailing Address 1107 CLARKE ST		County JEFFERSON	<b>DMH Licensed</b> Yes
DE SOTO	MO 63020-2709	Region 2	Facility Number 16234

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NEW HOPE ASSISTED LIVING LL	C		
328 NORTH NEW HOPE DRIVE		<b>Telephone</b> (573) 300-4877	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4819	Level of Care ALF	<b>Bed Capacity</b> 15
Mailing Address 328 NORTH NEW H		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-4819	Region 2	Facility Number 32690
NEW HORIZONS RCF II			
5858 BUSIEK ROAD		<b>Telephone</b> (573) 756-2426	Alzheimer's Unit No
FARMINGTON	MO 63640-7325	Level of Care ALF	Bed Capacity 15
Mailing Address PO BOX 510		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-0510	Region 2	Facility Number 14868
NEW MADRID LIVING CENTER			
1050 DAWSON RD		<b>Telephone</b> (573) 748-5622	Alzheimer's Unit Yes
NEW MADRID	MO 63869-1116	Level of Care SNF	Bed Capacity 112
Mailing Address 1050 DAWSON RD	MO 03007 1110	County NEW MADRID	DMH Licensed No
NEW MADRID	MO 63869-1116	Region 2 Medicare/Medicaid	Facility Number 04952
NEW IMPRIE	NIO 03007 1110	Region 2 Medical e/Medicalu	1 demey (valide) 04932
NEWBRIDGE RETIREMENT COM	MUNITY		
1205 S. MOUNT AUBURN RD		<b>Telephone</b> (573) 803-1863	Alzheimer's Unit YES
CAPE GIRARDEAU	MO 63703-6581	Level of Care ALF**	Bed Capacity 94
Mailing Address 1205 S. MOUNT AU		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63703-6581	Region 2	Facility Number 33246
NHC HEALTHCARE, DESLOGE			
801 BRIM ST		<b>Telephone</b> (573) 431-0223	Alzheimer's Unit Yes
DESLOGE	MO 63601-3441	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX AA		County SAINT FRANCOIS	<b>DMH Licensed</b> No
DESLOGE	MO 63601-0568	Region 2 Medicare/Medicaid	Facility Number 02143
NHC HEALTHCARE, KENNETT			
1120 FALCON		<b>Telephone</b> (573) 888-1150	Alzheimer's Unit Yes
KENNETT	MO 63857-3825	Level of Care SNF	<b>Bed Capacity</b> 170
Mailing Address PO BOX 696		County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-0696	Region 2 Medicare/Medicaid	Facility Number 04268
NHC HEALTHCARE, WEST PLAIN	IS		
211 DAVIS DR		<b>Telephone</b> (417) 256-0798	Alzheimer's Unit Yes
WEST PLAINS	MO 65775-2242	Level of Care SNF	Bed Capacity 114
Mailing Address PO BOX 497		County HOWELL	DMH Licensed No
WEST PLAINS	MO 65775-0497	Region 2 Medicare/Medicaid	Facility Number 08434
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care RCF*	Bed Capacity 36
Mailing Address 2702 DEBBIE LN		County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number 18157

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OAKDALE CARE CENTER		T. 1		
2702 DEBBIE LN	MO (2001 2070	<b>Telephone</b> (573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2650	Level of Care SNF County BUTLER	Bed Capacity	70
Mailing Address 2702 DEBBIE LN POPLAR BLUFF	MO 63901-2650	•	DMH Licensed	No
POPLAR BLUFF	MO 03901-2030	Region 2 Medicare/Medicaid	Facility Number	18157
OAKDALE CARE CENTER				
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2650	Level of Care ALF	Bed Capacity	60
Mailing Address 2702 DEBBIE LN		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number	18157
OWEN ACRES RESIDENTIAL CAR	E FACILITY			
614 COUNTY ROAD 466		<b>Telephone</b> (573) 778-0497	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2964	Level of Care RCF	Bed Capacity	20
Mailing Address 614 COUNTY RD 46	6	County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-2964	Region 2	Facility Number	21093
OZARK MANOR				
1013 HIGHWAY Z	MO (2645 0025	<b>Telephone</b> (573) 783-8338	Alzheimer's Unit	No
FREDERICKTOWN	MO 63645-8035	Level of Care ALF**	Bed Capacity	55 N-
Mailing Address 1013 HIGHWAY Z FREDERICKTOWN	MO 63645-8035	County MADISON	DMH Licensed	No
PREDERICKTOWN	MO 03043-8033	Region 2	Facility Number	22947
PARK PLACE APARTMENTS				
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	No
		T 1 6 C ATE	Dad Consoits	1.0
MOUNTAIN VIEW	MO 65548-7376	Level of Care ALF	Bed Capacity	18
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
	MO 65548-7376 MO 65548-0879		= :	
Mailing Address PO BOX 879	MO 65548-0879	County HOWELL	DMH Licensed	No
Mailing Address PO BOX 879 MOUNTAIN VIEW	MO 65548-0879	County HOWELL	DMH Licensed	No
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI	MO 65548-0879	County HOWELL Region 2	DMH Licensed Facility Number	No 15542
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858	County HOWELL Region 2  Telephone (573) 883-3883	DMH Licensed Facility Number  Alzheimer's Unit	No 15542 Yes
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 15542 Yes 66
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 15542 Yes 66 No
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 15542 Yes 66 No 23234
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 15542 Yes 66 No
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS ARNOLD	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050 Level of Care ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 15542 Yes 66 No 23234 No 48
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 15542 Yes 66 No 23234
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS ARNOLD Mailing Address 620 WOODLAND MEADOLD	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030  EADOWS	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050 Level of Care ALF** County JEFFERSON	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 15542 Yes 66 No 23234 No 48 No
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS ARNOLD Mailing Address 620 WOODLAND MEADOLD  PINE VALLEY RCF	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030  EADOWS	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050 Level of Care ALF** County JEFFERSON Region 2	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 15542 Yes 66 No 23234 No 48 No 31974
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS ARNOLD Mailing Address 620 WOODLAND M ARNOLD  PINE VALLEY RCF 3381 1st STREET	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030  EADOWS  MO 63010-2030	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050 Level of Care ALF** County JEFFERSON Region 2  Telephone (573) 760-8601	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 15542 Yes 66 No 23234 No 48 No 31974
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS ARNOLD Mailing Address 620 WOODLAND M ARNOLD  PINE VALLEY RCF 3381 1st STREET DOE RUN	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030  EADOWS	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050 Level of Care ALF** County JEFFERSON Region 2  Telephone (573) 760-8601 Level of Care RCF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 15542 Yes 66 No 23234 No 31974
Mailing Address PO BOX 879 MOUNTAIN VIEW  PARKWOOD MEADOWS - ASSISTI 805 PARKWOOD DR SAINTE GENEVIEVE Mailing Address 805 PARKWOOD DE SAINTE GENEVIEVE  PINE VALLEY AT THE WOODLAN 620 WOODLAND MEADOWS ARNOLD Mailing Address 620 WOODLAND M ARNOLD  PINE VALLEY RCF 3381 1st STREET	MO 65548-0879  ED LIVING BY AMERICARE  MO 63670-1858  MO 63670-1858  IDS  MO 63010-2030  EADOWS  MO 63010-2030	County HOWELL Region 2  Telephone (573) 883-3883 Level of Care ALF** County SAINTE GENEVIEVE Region 2  Telephone (636) 202-1050 Level of Care ALF** County JEFFERSON Region 2  Telephone (573) 760-8601	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 15542 Yes 66 No 23234 No 48 No 31974

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PLEASANT VALLEY MANOR				
213 DAVIS DR	150	<b>Telephone</b> (417) 257-0179	Alzheimer's Unit	No
WEST PLAINS	MO 65775-2274	Level of Care RCF*	Bed Capacity	72
Mailing Address 213 DAVIS DR	1.0	County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2274	Region 2	Facility Number	13641
PORTAGEVILLE HEALTH CARE (	TENTED			
290 WEST STATE HWY 162	SENTER	<b>Telephone</b> (573) 379-2017	Alzheimer's Unit	No
PORTAGEVILLE	MO 63873-9397	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 408	WIO 03073-7377	County NEW MADRID	DMH Licensed	No
PORTAGEVILLE	MO 63873-0408	Region 2 Medicare/Medicaid	Facility Number	17119
TORTAGEVILLE	WO 03073-0400	Region 2 Medicare/Medicald	Pacinty Number	1/119
PORTIA'S RESIDENTIAL CARE				
307 NORTH BROADWAY		<b>Telephone</b> (573) 686-3446	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-5103	Level of Care RCF	Bed Capacity	20
Mailing Address 307 N BROADWAY		County BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5103	Region 2	Facility Number	03002
POTOSI MANOR				
307 SOUTH HIGHWAY 21		<b>Telephone</b> (573) 438-3225	Alzheimer's Unit	No
POTOSI	MO 63664-9317	Level of Care SNF	Bed Capacity	90
Mailing Address 307 SOUTH HIGHW.	AY 21	County WASHINGTON	DMH Licensed	No
POTOSI	MO 63664-9317	Region 2 Medicare/Medicaid	Facility Number	21648
PRAIRIE VIEW SKILLED NURSING	J.			
606 WEST MISSOURI ST		<b>Telephone</b> (573) 568-2137	Alzheimer's Unit	No
606 WEST MISSOURI ST BLOOMFIELD	MO 63825-9706	Level of Care SNF	Bed Capacity	60
606 WEST MISSOURI ST BLOOMFIELD <b>Mailing Address</b> 606 WEST MISSOUR	MO 63825-9706 RI ST	Level of Care SNF County STODDARD	Bed Capacity DMH Licensed	60 No
606 WEST MISSOURI ST BLOOMFIELD	MO 63825-9706	Level of Care SNF	Bed Capacity	60
606 WEST MISSOURI ST BLOOMFIELD <b>Mailing Address</b> 606 WEST MISSOUR BLOOMFIELD	MO 63825-9706 RIST MO 63825-9706	Level of Care SNF County STODDARD	Bed Capacity DMH Licensed	60 No
606 WEST MISSOURI ST BLOOMFIELD <b>Mailing Address</b> 606 WEST MISSOUR	MO 63825-9706 RIST MO 63825-9706	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed	60 No
606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT	MO 63825-9706 RIST MO 63825-9706	Level of Care SNF County STODDARD	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 00629
606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO	MO 63825-9706 RIST MO 63825-9706 CION CENTER MO 63960-9117	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00629 No 60
606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51	MO 63825-9706 RIST MO 63825-9706 CION CENTER MO 63960-9117	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 00629
606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO Mailing Address 540 NORTH HWY 55	MO 63825-9706 RIST MO 63825-9706 CION CENTER MO 63960-9117	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00629 No 60 No
606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO Mailing Address 540 NORTH HWY 55	MO 63825-9706 RIST MO 63825-9706 CION CENTER  MO 63960-9117 MO 63960-9117	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00629 No 60 No
606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO Mailing Address 540 NORTH HWY 55 PUXICO	MO 63825-9706 RIST MO 63825-9706 CION CENTER  MO 63960-9117 MO 63960-9117	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00629 No 60 No
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FAC	MO 63825-9706 RIST MO 63825-9706 CION CENTER  MO 63960-9117 MO 63960-9117	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00629 No 60 No 03163
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117 ILITY THE  MO 63764-9510	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00629 No 60 No 03163
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790 MARBLE HILL	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117 ILITY THE  MO 63764-9510	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253 Level of Care RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00629 No 60 No 03163
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790  MARBLE HILL  Mailing Address ROUTE 2, BOX 2790	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117  MO 63960-9117  ILITY THE  MO 63764-9510	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253 Level of Care RCF* County BOLLINGER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00629 No 60 No 03163
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790 MARBLE HILL  Mailing Address ROUTE 2, BOX 2790 MARBLE HILL  RATLIFF CARE CENTER	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117  MO 63960-9117  ILITY THE  MO 63764-9510	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253 Level of Care RCF* County BOLLINGER Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00629 No 60 No 03163
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790 MARBLE HILL  Mailing Address ROUTE 2, BOX 2790 MARBLE HILL  RATLIFF CARE CENTER 717 NORTH SPRIGG	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117  MO 63960-9117  ILITY THE  MO 63764-9510  MO 63764-9510	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253 Level of Care RCF* County BOLLINGER Region 2  Telephone (573) 335-5810	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00629 No 60 No 03163 No 32 Yes 08707
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790 MARBLE HILL  Mailing Address ROUTE 2, BOX 2790 MARBLE HILL  RATLIFF CARE CENTER 717 NORTH SPRIGG CAPE GIRARDEAU	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117 MO 63960-9117  ILITY THE  MO 63764-9510  MO 63764-9510  MO 63701-4815	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253 Level of Care RCF* County BOLLINGER Region 2  Telephone (573) 335-5810 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00629 No 60 No 03163 No 32 Yes 08707
606 WEST MISSOURI ST BLOOMFIELD  Mailing Address 606 WEST MISSOUR BLOOMFIELD  PUXICO NURSING & REHABILIAT 540 NORTH HIGHWAY 51 PUXICO  Mailing Address 540 NORTH HWY 55 PUXICO  RANCH RESIDENTIAL CARE FACT ROUTE 2, BOX 2790 MARBLE HILL  Mailing Address ROUTE 2, BOX 2790 MARBLE HILL  RATLIFF CARE CENTER 717 NORTH SPRIGG	MO 63825-9706 RIST MO 63825-9706  CION CENTER  MO 63960-9117 MO 63960-9117  ILITY THE  MO 63764-9510  MO 63764-9510  MO 63701-4815	Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 222-3125 Level of Care SNF County STODDARD Region 2 Medicare/Medicaid  Telephone (573) 238-4253 Level of Care RCF* County BOLLINGER Region 2  Telephone (573) 335-5810	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00629 No 60 No 03163 No 32 Yes 08707

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RIDGEVIEW ASSISTED LIVING C	ENTER			
13134 STATE HIGHWAY 25		<b>Telephone</b> (573) 624-4433	Alzheimer's Unit	No
DEXTER	MO 63841-9740	Level of Care ALF**	Bed Capacity	26
Mailing Address 13134 STATE HIGH	WAY 25	County STODDARD	DMH Licensed	No
DEXTER	MO 63841-9740	Region 2	Facility Number	10128
RIDGEVIEW LIVING COMMUNIT	Y			
500 BARRETT DRIVE		<b>Telephone</b> (573) 276-3843	Alzheimer's Unit	No
MALDEN	MO 63863-1204	Level of Care SNF	<b>Bed Capacity</b>	96
Mailing Address 500 BARRETT DRIV	VE	County DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1204	Region 2 Medicare/Medicaid	Facility Number	06656
RIVER MIST - ASSISTED LIVING I	BY AMERICARE	(572) (07.202	411	
2050 WEST MAUD	NO (2001 1000	<b>Telephone</b> (573) 686-2833	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4000	Level of Care ALF**	Bed Capacity	42
Mailing Address 2050 WEST MAUD	110 (0001 1000	County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4000	Region 2	Facility Number	20291
RIVER OAKS CARE CENTER				
1001 NORTH WALNUT		<b>Telephone</b> (573) 695-2121	Alzheimer's Unit	No
STEELE	MO 63877-1355	Level of Care SNF	Bed Capacity	90
Mailing Address 1001 N WALNUT		County PEMISCOT	DMH Licensed	No
STEELE	MO 63877-1355	Region 2 Medicare/Medicaid	Facility Number	06672
			·	
RIVERVIEW AT THE PARK CARE	AND REHABILITATION CENTER			
1100 PROGRESS PARKWAY		<b>Telephone</b> (573) 883-3454	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-9232	Level of Care SNF	Bed Capacity	120
Mailing Address 1100 PROGRESS PA	ARKWAY	County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-9232	Region 2 Medicare/Medicaid	Facility Number	06729
<b>D.V.</b> T. V.				
RIVERWAYS MANOR		T-1	A 1-1	NI.
403 WATERCRESS RD	MO (2005 0100	Telephone (573) 323-4282	Alzheimer's Unit	No
VAN BUREN Mailing Address DO BOV 060	MO 63965-9100	Level of Care SNF	Bed Capacity DMH Licensed	60 No
Mailing Address PO BOX 969 VAN BUREN	MO 63965-0969	County CARTER  Region 2 Medicare/Medicaid	Facility Number	No 06744
VAIN BUREIN	MO 03903-0909	Region 2 Medicare/Medicaid	Facinty Number	00744
ROCK POINT NURSING CENTER				
8477 NORTH STREET		<b>Telephone</b> (573) 292-3212	Alzheimer's Unit	Yes
BIRCH TREE	MO 65438-8887	Level of Care SNF	Bed Capacity	86
Mailing Address 8477 NORTH STREI	ET	County SHANNON	DMH Licensed	No
BIRCH TREE	MO 65438-8887	Region 2 Medicare/Medicaid	Facility Number	00560
SCENIC NURSING AND REHABILI	ITATION CENTED II C			
1333 SCENIC DR	IIIION CENTER, LLC	<b>Telephone</b> (636) 931-2995	Alzheimer's Unit	Yes
HERCULANEUM	MO 63048-1550	Level of Care SNF	Bed Capacity	189
Mailing Address 1333 SCENIC DR	1.10 000 10 1000	County JEFFERSON	DMH Licensed	No
HERCULANEUM	MO 63048-1550	Region 2 Medicare/Medicaid	Facility Number	09605
	000.0 1000	megion - medical contentalu	_ =====================================	0,000

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SECRET GARDENS			
351 KEITH ST		<b>Telephone</b> (573) 518-0444	Alzheimer's Unit No
PARK HILLS	MO 63601-2049	Level of Care RCF	Bed Capacity 10
Mailing Address PO BOX 481		County SAINT FRANCOIS	<b>DMH Licensed</b> Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number 17813
CENTATELL COLUMN THE AT THE CADE O	NENGDED		
SENATH SOUTH HEALTH CARE (	LENIER	TO 1 1 (572) 729 2627	ALL COLUMN TO THE STATE OF THE
300 EAST HORNBECK ST	MO (2077) 0225	<b>Telephone</b> (573) 738-2627	Alzheimer's Unit No
SENATH	MO 63876-9225	Level of Care SNF	Bed Capacity 150
Mailing Address PO BOX 940	MO (2077) 0040	County DUNKLIN	DMH Licensed No
SENATH	MO 63876-0940	Region 2 Medicare/Medicaid	Facility Number 16147
SHADY OAKS HEALTHCARE CEN	TER		
335 BUSINESS ROUTE 63		<b>Telephone</b> (417) 264-7256	Alzheimer's Unit No
THAYER	MO 65791-1415	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 335 BUSINESS ROU		County OREGON	DMH Licensed No
THAYER	MO 65791-1415	Region 2 Medicare/Medicaid	Facility Number 01364
THITEK	1110 03771 1113	Region 2 Medicare/Medicard	racinty (value)
SHEPHERD'S VIEW ASSISTED LIV	<b>VING</b>		
100 SHEPHERDS LN		<b>Telephone</b> (417) 778-7959	Alzheimer's Unit No
ALTON	MO 65606-0429	Level of Care ALF**	<b>Bed Capacity</b> 39
Mailing Address PO BOX 429		County OREGON	<b>DMH Licensed</b> No
ALTON	MO 65606-0429	Region 2	Facility Number 23135
SIKESTON CONVALESCENT CEN	red		
103 KENNEDY DR	ILK	<b>Telephone</b> (573) 471-6900	Alzheimer's Unit Yes
SIKESTON	MO 63801-5126	Level of Care SNF	Bed Capacity 120
Mailing Address 103 KENNEDY DR	WO 03001-3120	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-5126	Region 2 Medicare/Medicaid	Facility Number 07331
			•
SKYLINE ASSISTED LIVING LLC			
100 HARD ROCK RD		<b>Telephone</b> (573) 323-2108	Alzheimer's Unit No
VAN BUREN	MO 63965-7259	Level of Care ALF**	<b>Bed Capacity</b> 26
Mailing Address PO BOX 780		County CARTER	<b>DMH Licensed</b> Yes
VAN BUREN	MO 63965-0780	Region 2	Facility Number 29947
SOUTH COUNTY NURSING HOME	INC		
1101 WEST OUTER 21 RD	,	<b>Telephone</b> (636) 296-5455	Alzheimer's Unit No
ARNOLD	MO 63010-4644	Level of Care SNF	Bed Capacity 153
Mailing Address 1101 WEST OUTER		County JEFFERSON	DMH Licensed No
ARNOLD	MO 63010-4644	•	Facility Number 03650
AMIOLD	MO 03010-4044	Region 2 Medicare/Medicaid	Facility Number 03050
SOUTH HAVEN RESIDENTIAL CA	RE CENTER, LLC		
10462 AIRPORT RD		<b>Telephone</b> (573) 438-4150	Alzheimer's Unit No
MINERAL POINT	MO 63660-9325	Level of Care RCF*	<b>Bed Capacity</b> 20
Mailing Address 10462 AIRPORT RD		County WASHINGTON	<b>DMH Licensed</b> Yes
MINERAL POINT	MO 63660-9325	Region 2	Facility Number 10529

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SOUTH VIEW HEALTH CARE, LLC				
951 CREAMERY ROAD	Telephone	(417) 255-9322	Alzheimer's Unit	No
WEST PLAINS MO 65775-6		RCF*	Bed Capacity	32
Mailing Address PO BOX 88	County HOV	WELL	DMH Licensed	Yes
WEST PLAINS MO 65775-00	Region 2		Facility Number	23567
COLUMN AVIEW				
SOUTHAVEN 612 SOUTH BYPASS EAST	Talanhana	(573) 888-9213	Alzheimer's Unit	No
KENNETT MO 63857-3:	Telephone 240 Level of Care	RCF*		36
Mailing Address 612 SOUTH BYPASS EAST		NKLIN	Bed Capacity DMH Licensed	No
KENNETT MO 63857-3:	•	NKLIN		
KENNETT MO 03037-3.	Region 2		Facility Number	24336
SOUTHBROOK NURSING CENTER				
1101 HAZEL LANE	Telephone	(573) 756-6658	Alzheimer's Unit	No
FARMINGTON MO 63640-19	220 Level of Care	SNF	Bed Capacity	104
Mailing Address 1101 HAZEL LANE	County SAI	NT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-19	P20 Region 2	Medicare/Medicaid	Facility Number	02577
	8		•	
SOUTHGATE LIVING CENTER				
500 TRUMAN BLVD	Telephone	(573) 333-5150	Alzheimer's Unit	No
CARUTHERSVILLE MO 63830-13		SNF	Bed Capacity	94
Mailing Address 500 TRUMAN BLVD	•	IISCOT	DMH Licensed	No
CARUTHERSVILLE MO 63830-12	Region 2	Medicare/Medicaid	Facility Number	01081
ST FRANCIS PARK - ASSISTED LIVING BY AME	RICARE			
1806 SAINT FRANCIS ST	Telephone	(573) 888-1188	Alzheimer's Unit	No
KENNETT MO 63857-1:	Level of Care	ALF**	Bed Capacity	50
Mailing Address PO BOX 629	County DUN	NKLIN	DMH Licensed	No
KENNETT MO 63857-0	Region 2		Facility Number	18903
OF FRANCOIC MANOR				
ST FRANCOIS MANOR	Talankana	(572) 760 1700	41-1	NI-
1180 OLD JACKSON RD	Telephone	(573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3-		SNF	Bed Capacity	118
Mailing Address 1180 OLD JACKSON RD	•	NT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-3-	Region 2	Medicare/Medicaid	Facility Number	21512
ST FRANCOIS MANOR				
1180 OLD JACKSON RD	Telephone	(573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3	Level of Care	RCF	Bed Capacity	11
Mailing Address 1180 OLD JACKSON RD	County SAI	NT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO 63640-3-	Region 2		Facility Number	21512
ST FRANCOIS MANOR				
1180 OLD JACKSON RD	Telephone	(573) 760-1700	Alzheimer's Unit	No
FARMINGTON MO 63640-3-	•	RCF*	Bed Capacity	29
Mailing Address 1180 OLD JACKSON RD		NT FRANCOIS	DMH Licensed	Yes
FARMINGTON MO 63640-3-	•		Facility Number	21512
110 05040 5	Kegion 2			21312

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ST GENEVIEVE NURSING 1010 STE GENEVIEVE DR		<b>Telephone</b> (573) 883-5725	Alzheimer's Unit No
SAINTE GENEVIEVE  Mailing Address PO BOX 426	MO 63670-1447	Level of Care SNF County SAINTE GENEVIEVE	Bed Capacity 90 DMH Licensed No
SAINTE GENEVIEVE	MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number 03254
ST JOE MANOR 10 LAKE DR		T-11 (572) 259 2900	Alzheimer's Unit No
BONNE TERRE	MO 63628-1820	Telephone (573) 358-2800 Level of Care ALF	Alzheimer's Unit No Bed Capacity 10
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number 22664
ST JOE MANOR			
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit Yes
BONNE TERRE	MO 63628-1820	Level of Care SNF	Bed Capacity 145
Mailing Address 10 LAKE DR	MO 62620 1020	County SAINT FRANCOIS	DMH Licensed No
BONNE TERRE	MO 63628-1820	Region 2 Medicare/Medicaid	Facility Number 22664
ST JOE MANOR		(572) 250 2000	
10 LAKE DR	MO 63628-1820	Telephone (573) 358-2800 Level of Care ALF**	Alzheimer's Unit No
BONNE TERRE  Mailing Address 10 LAKE DR	MO 63628-1820		Bed Capacity 36  DMH Licensed No
BONNE TERRE	MO 63628-1820	County SAINT FRANCOIS  Region 2	Facility Number 22664
BOWNE TERRE	WIO 03028-1020	Region 2	Facility Number 22004
STONEBRIDGE DESOTO		T. 1. (505) 705 5770	
1550 VILLAS DR	NO 62020 2506	<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
DE SOTO	MO 63020-2586	Level of Care SNF County JEFFERSON	Bed Capacity 56  DMH Licensed No
Mailing Address 1550 VILLAS DR DE SOTO	MO 63020-2586	County JEFFERSON  Region 2 Medicare/Medicaid	Facility Number 13501
DESOTO	MO 03020-2380	Region 2 Medicare/Medicaid	Facility Number 13501
STONEBRIDGE DESOTO 1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
DE SOTO	MO 63020-2586	Level of Care RCF*	<b>Bed Capacity</b> 80
Mailing Address 1550 VILLAS DR		County JEFFERSON	<b>DMH Licensed</b> No
DE SOTO	MO 63020-2586	Region 2	Facility Number 13501
STONEBRIDGE MARBLE HILL			
702 HIGHWAY 34 WEST		<b>Telephone</b> (573) 238-2614	Alzheimer's Unit No
MARBLE HILL	MO 63764-4301	Level of Care SNF	Bed Capacity 98
Mailing Address 702 HWY 34 WEST	NO 2004 1004	County BOLLINGER	DMH Licensed No
MARBLE HILL	MO 63764-4301	Region 2 Medicare/Medicaid	Facility Number 10864
STONECREST HEALTHCARE			
2 HIGHWAY Y	MO (555() 0707	<b>Telephone</b> (573) 244-3171	Alzheimer's Unit No
VIBURNUM  Mailing Address DO POV 707	MO 65566-0707	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 707	1.0	County IRON	DMH Licensed No

Medicare/Medicaid

**Facility Number** 

16689

MO 65566-0707

VIBURNUM

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SUNNYHILL INDEPENDENCE CEN	TER		
3343 ARMBRUSTER ROAD		<b>Telephone</b> (636) 586-2188	Alzheimer's Unit No
DE SOTO	MO 63020-4506	Level of Care ALF**	<b>Bed Capacity</b> 32
Mailing Address 3343 ARMBRUSTER		County JEFFERSON	<b>DMH Licensed</b> Yes
DE SOTO	MO 63020-4506	Region 2	Facility Number 29674
avayavvv v			
SUNSHINE VILLA		T. 1 . (572) 264 2424	
2520 JAMES ST	MO (2700 1210	<b>Telephone</b> (573) 264-2424	Alzheimer's Unit No
SCOTT CITY	MO 63780-1219	Level of Care ALF	Bed Capacity 26
Mailing Address 2520 JAMES ST	MO (2700 1210	County SCOTT	DMH Licensed Yes
SCOTT CITY	MO 63780-1219	Region 2	Facility Number 07039
SUPERIOR MANOR OF FESTUS, LI	LC		
12827 HIGHWAY TT	-	<b>Telephone</b> (314) 624-5575	Alzheimer's Unit No
FESTUS	MO 63028-4351	Level of Care SNF	Bed Capacity 55
Mailing Address 12827 HWY TT		County JEFFERSON	DMH Licensed No
FESTUS	MO 63028-4351	Region 2 Medicare/Medicaid	Facility Number 06820
	110 00020 1001	Region 2 Medicare/Medicard	140111301 00020
SWIFT CREEK RESIDENTIAL CAR	RE CENTER		
1673 HIGHWAY 53		<b>Telephone</b> (573) 776-6501	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4132	Level of Care RCF*	<b>Bed Capacity</b> 12
Mailing Address 1673 HIGHWAY 53		County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-4132	Region 2	Facility Number 20386
SWITZER RESIDENTIAL CARE			
3260 MYSTIC LANE		<b>Telephone</b> (573) 785-9399	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-3067	Level of Care RCF*	<b>Bed Capacity</b> 20
Mailing Address 3260 MYSTIC LANE		County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-3067	Region 2	Facility Number 20739
VALLEY RESIDENTIAL CARE		TELL (572) 546 2000	All to the terms of the terms o
101 SOUTH KNOB ST	MO (2(50.1501	<b>Telephone</b> (573) 546-3080	Alzheimer's Unit No
IRONTON	MO 63650-1501	Level of Care RCF	Bed Capacity 12
Mailing Address 203 SOUTH WASHIN		County IRON	DMH Licensed Yes
FARMINGTON	MO 63640-1836	Region 2	Facility Number 01901
VILLAS OF JACKSON LLC THE			
670 BROADRIDGE DRIVE		<b>Telephone</b> (573) 986-8210	Alzheimer's Unit Yes
JACKSON	MO 63755-3044	Level of Care ALF**	<b>Bed Capacity</b> 84
Mailing Address 670 BROADRIDGE I	DRIVE	County CAPE GIRARDEAU	DMH Licensed No
JACKSON	MO 63755-3044	Region 2	Facility Number 30623
			_
WAGNER RESIDENTIAL CARE, IN	C		
320 N CHAMBER DR		<b>Telephone</b> (573) 783-4511	Alzheimer's Unit No
FREDERICKTOWN	MO 63645-7947	Level of Care RCF	<b>Bed Capacity</b> 40
Mailing Address 320 N CHAMBER DI		County MADISON	<b>DMH Licensed</b> Yes
FREDERICKTOWN	MO 63645-7947	Region 2	Facility Number 28451

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WALNUT STREET ASSISTED LIVE	NG		
404 WALNUT ST		<b>Telephone</b> (573) 996-4283	Alzheimer's Unit No
DONIPHAN	MO 63935-1420	Level of Care ALF	<b>Bed Capacity</b> 35
Mailing Address 404 WALNUT ST		County RIPLEY	<b>DMH Licensed</b> Yes
DONIPHAN	MO 63935-1420	Region 2	Facility Number 08354
WATER CEDETE MANOD			
WATTS STREET MANOR 301 WATTS ST		T-1 (572) 421 4874	Alzheimer's Unit No
PARK HILLS	MO 63601-1839	Telephone (573) 431-4874 Level of Care RCF*	
	MO 03001-1839		Bed Capacity 16
Mailing Address PO BOX 481	MO (2(01.0491	County SAINT FRANCOIS	DMH Licensed Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number 06579
WEST VUE NURSING AND REHAB	ILITATION CENTER		
210 DAVIS DR		<b>Telephone</b> (417) 256-2152	Alzheimer's Unit Yes
WEST PLAINS	MO 65775-2241	Level of Care SNF	Bed Capacity 130
Mailing Address 210 DAVIS DR		County HOWELL	DMH Licensed No
WEST PLAINS	MO 65775-2241	Region 2 Medicare/Medicaid	Facility Number 21733
WESTWOOD HILLS HEALTH & RI			
3100 WARRIOR LANE	ENABILITATION CENTER	<b>Telephone</b> (573) 785-0851	Al-L-i
	MO (2001 000)	. ,	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-8686	Level of Care SNF	Bed Capacity 132
Mailing Address 3100 WARRIOR LAN		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-8686	Region 2 Medicare/Medicaid	Facility Number 08512
WHISPERING OAKS RCF II, LLC			
203 NORTH B ST		<b>Telephone</b> (573) 686-4490	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-5413	Level of Care RCF*	<b>Bed Capacity</b> 45
Mailing Address 203 NORTH B ST		County BUTLER	<b>DMH Licensed</b> Yes
POPLAR BLUFF	MO 63901-5413	Region 2	Facility Number 16751
WHILE OW CARE MURCHYC HOME			
WILLOW CARE NURSING HOME		T. I. I. (417) 460 2152	A11.
2646 STATE ROUTE 76	MO (5500 0054	<b>Telephone</b> (417) 469-3152	Alzheimer's Unit Yes
WILLOW SPRINGS	MO 65793-8254	Level of Care SNF	Bed Capacity 105
Mailing Address PO BOX 309	1.50 (5.50.000)	County HOWELL	DMH Licensed No
WILLOW SPRINGS	MO 65793-0309	Region 2 Medicare/Medicaid	Facility Number 08614
WILLOW WEST APARTMENTS			
2644 STATE ROUTE 76		<b>Telephone</b> (417) 469-3152	Alzheimer's Unit No
WILLOW SPRINGS	MO 65793-8254	Level of Care ALF	<b>Bed Capacity</b> 36
Mailing Address PO BOX 309		County HOWELL	DMH Licensed No
WILLOW SPRINGS	MO 65793-0309	Region 2	Facility Number 08614
			•
WINDOWS OF THE STATE OF THE STA	nv.		
WINCHESTER NURSING CENTER,	, INC	T-lankana (572) 202 (702	Alabata and TT 14
400 WINCHESTER DRIVE	NO 62022 7500	<b>Telephone</b> (573) 293-6702	Alzheimer's Unit No
BERNIE	MO 63822-7500	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 760	150 5000 0750	County STODDARD	DMH Licensed No
BERNIE	MO 63822-0760	Region 2 Medicare/Medicaid	Facility Number 31391

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WINCHESTER PLACE ASSISTED LIVING	, LLC		(550) 200 5505		wa
404 WINCHESTER ROAD	62022 7500	Telephone	(573) 293-6705	Alzheimer's Unit	NO
	63822-7500	Level of Care		Bed Capacity	38 N-
Mailing Address 404 WINCHESTER ROAD	63822-7500	•	ODDARD	DMH Licensed Facility Number	No
BERNIE MO	03822-7300	Region 2		Facility Number	31391
WOODLAND MANOR NURSING CENTER					
100 WOODLAND COURT		Telephone	(636) 296-1400	Alzheimer's Unit	No
ARNOLD MO	63010-2030	Level of Care	SNF	Bed Capacity	178
Mailing Address 100 WOODLAND CT		County JEF	FERSON	DMH Licensed	No
ARNOLD MO	63010-2030	Region 2	Medicare/Medicaid	Facility Number	12549
Region: 3					
ADDINGTON PLACE OF LEE'S SUMMIT					
2160 SE BLUE PARKWAY		Telephone	(816) 554-0101	Alzheimer's Unit	Yes
LEE'S SUMMIT MO	64063-1007	Level of Care	ALF**	Bed Capacity	88
Mailing Address 2160 SE BLUE PARKWAY		County JAC	CKSON	DMH Licensed	No
LEE'S SUMMIT MO	64063-1007	Region 3		Facility Number	28136
ALPINE BREEZE HEALTH AND WELLNE	ESS				
6124 RAYTOWN RD		Telephone	(816) 358-8222	Alzheimer's Unit	Yes
RAYTOWN MO	64133-4007	Level of Care	SNF	Bed Capacity	154
Mailing Address 6124 RAYTOWN RD		County JAC	CKSON	DMH Licensed	No
RAYTOWN MO	64133-4007	Region 3	Medicare/Medicaid	<b>Facility Number</b>	00768
ANEW HEALTHCARE ODESSA					
609 GOLF ST		Telephone	(816) 230-7530	Alzheimer's Unit	No
ODESSA MO	64076-1462	Level of Care	SNF	Bed Capacity	60
Mailing Address 609 GOLF ST		County LAI	FAYETTE	DMH Licensed	No
ODESSA MO	64076-1462	Region 3	Medicare/Medicaid	Facility Number	05749
ANTHOLOGY OF THE PLAZA					
2 EMANUEL CLEAVER II BLVD		Telephone	(816) 505-3030	Alzheimer's Unit	Yes
KANSAS CITY MO	64112-1712	Level of Care	ALF**	Bed Capacity	96
Mailing Address 2 EMANUEL CLEAVER II B	BLVD	County JAC	CKSON	DMH Licensed	No
KANSAS CITY MO	64112-1712	Region 3		Facility Number	31791
APPLE RIDGE CARE CENTER					
100 WEST THOMAS AVE		Telephone	(660) 493-2232	Alzheimer's Unit	Yes
WAVERLY MO	64096-9143	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 188		County LAI	FAYETTE	DMH Licensed	No
WAVERLY MO	64096-0188	Region 3	Medicare/Medicaid	Facility Number	08823
ARBORS AT HARMONY GARDENS-MEMO	ORY CARE ASSISTED LIVING	BY AMERICA	RE THE		
539 EAST YOUNG AVENUE		Telephone	(660) 429-0034	Alzheimer's Unit	Yes
WARRENSBURG MO	64093-1228	Level of Care	ALF**	Bed Capacity	24
Mailing Address 539 EAST YOUNG AVENUE	Е	County JOH	INSON	DMH Licensed	No
WARRENSBURG MO	64093-1228	Region 3		Facility Number	31389

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ARMOUR OAKS SENIOR LIVING	COMMUNITY			
8100 WORNALL RD		<b>Telephone</b> (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	Level of Care ALF	<b>Bed Capacity</b>	47
Mailing Address 8100 WORNALL RD	)	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	Region 3	<b>Facility Number</b>	00199
ARMOUR OAKS SENIOR LIVING	COMMINITY			
8100 WORNALL RD	COMMUNITY	Tolonhous (816) 262 5141	Alahaiman'a Tinit	No
KANSAS CITY	MO 64114-5806	Telephone (816) 363-5141 Level of Care SNF	Alzheimer's Unit Bed Capacity	38
Mailing Address 8100 WORNALL RE		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	•	Facility Number	
RANSAS CITT	WO 04114-3800	Region 3 Medicare/Medicaid	racinty Number	00199
ASPIRE SENIOR LIVING OAK GRO	OVE			
2108 SW MITCHELL STREET		<b>Telephone</b> (816) 690-4118	Alzheimer's Unit	Yes
OAK GROVE	MO 64075-9472	Level of Care SNF	Bed Capacity	90
Mailing Address 2108 S MITCHELL		County JACKSON	DMH Licensed	No
OAK GROVE	MO 64075-9472	Region 3 Medicare/Medicaid	Facility Number	05849
BAPTIST HOMES OF ADRIAN				
402 WEST 1ST STREET		<b>Telephone</b> (816) 297-8901	Alzheimer's Unit	No
ADRIAN	MO 64720-9277	Level of Care SNF	<b>Bed Capacity</b>	38
Mailing Address 402 WEST 1ST STR	REET	County BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3	<b>Facility Number</b>	00032
BAPTIST HOMES OF INDEPENDE	NCE			
17451 MEDICAL CENTER PARKWA		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit	NO
INDEPENDENCE	MO 64057-1805	Level of Care RCF	Bed Capacity	20
Mailing Address 17451 MEDICAL CE		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3	Facility Number	03782
INDER ENDERNOE	WG 04037 1003	Region 3	racinty (tumber	03762
BAPTIST HOMES OF INDEPENDE	· -			
17451 MEDICAL CENTER PARKWA		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care SNF	Bed Capacity	118
Mailing Address 17451 MEDICAL CE		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3 Medicare/Medicaid	Facility Number	03782
BEACON HILL RESIDENTIAL CA	RE			
2905 CAMPBELL		<b>Telephone</b> (816) 531-6168	Alzheimer's Unit	No
KANSAS CITY	MO 64109-1417	Level of Care RCF*	<b>Bed Capacity</b>	37
Mailing Address 2905 CAMPBELL		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64109-1417	Region 3	<b>Facility Number</b>	00329
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		<b>Telephone</b> (816) 331-0781	Alzheimer's Unit	No
BELTON	MO 64012-3703	Level of Care SNF	Bed Capacity	126
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed	No
BELTON	MO 64012-3703	Region 3 Medicare/Medicaid	Facility Number	00342
		9 -	*	

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BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST		<b>Telephone</b> (816) 331-0781	Alzheimer's Unit	No
BELTON	MO 64012-3703	Level of Care ALF	Bed Capacity	55
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed	No
BELTON	MO 64012-3703	Region 3	Facility Number	00342
DEELINE HOMES OF CDAIN WAT	T 1237			
BEEHIVE HOMES OF GRAIN VAL	LEY	T-1	A 1-1	No
GRAIN VALLEY	MO 64029-9561	Telephone (816) 224-2700 Level of Care ALF**	Alzheimer's Unit	No 32
Mailing Address 101 CROSS CREEK			Bed Capacity DMH Licensed	No
GRAIN VALLEY	MO 64029-9561			
OKAIN VALLET	WIO 04029-9301	Region 3	Facility Number	24279
BENTON HOUSE OF BLUE SPRING	GS			
1701 NW JEFFERSON ST		<b>Telephone</b> (816) 224-2727	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64015-7229	Level of Care ALF**	Bed Capacity	95
Mailing Address 1701 NW JEFFERSO	N ST	County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64015-7229	Region 3	Facility Number	29729
BENTON HOUSE OF RAYMORE				
2100 JOHNSTON DR		<b>Telephone</b> (816) 322-2111	Alzheimer's Unit	Yes
RAYMORE	MO 64083-8122	Level of Care ALF**	Bed Capacity	95
Mailing Address 2100 JOHNSTON DE	₹	County CASS	DMH Licensed	No
RAYMORE	MO 64083-8122	Region 3	Facility Number	29896
BISHOP SPENCER PLACE, INC, TH	JE			
4301 MADISON AVE	IL.	<b>Telephone</b> (816) 931-4277	Alzheimer's Unit	No
KANSAS CITY	MO 64111-3491	Level of Care ALF**	Bed Capacity	40
Mailing Address 4301 MADISON AVI		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-3491	Region 3	Facility Number	20635
KANSAS CITT	WIO 04111-3491	Region 3	racinty Number	20033
BISHOP SPENCER PLACE, INC, TH	HE			
4301 MADISON AVE		<b>Telephone</b> (816) 931-4277	Alzheimer's Unit	No
KANSAS CITY	MO 64111-3491	Level of Care SNF	Bed Capacity	57
Mailing Address 4301 MADISON AVI		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-3491	Region 3 Medicare/Medicaid	Facility Number	20635
BLUE HILLS REST HOME, INC				
2207 NORTH BLUE MILLS RD		<b>Telephone</b> (816) 796-3376	Alzheimer's Unit	No
INDEPENDENCE	MO 64058-2022	Level of Care ALF**	Bed Capacity	63
Mailing Address 2207 N BLUE MILL	S RD	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64058-2022	Region 3	Facility Number	11146
BRIDGEWOOD HEALTH CARE CE	ENTER			
11515 TROOST		<b>Telephone</b> (816) 943-0101	Alzheimer's Unit	NO
KANSAS CITY	MO 64131-3769	Level of Care SNF	Bed Capacity	166
Mailing Address 11515 TROOST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-3769	Region 3 Medicare/Medicaid	Facility Number	06555

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BRISTOL MANOR OF BUTLER						
411 SOUTH DELAWARE			Telephone	(660) 679-3661	Alzheimer's Unit	No
BUTLER	MO 64730-2	2311	Level of Care	RCF	Bed Capacity	12
Mailing Address 411 S DELAWARE	160 (1700)		County BAT	ES	DMH Licensed	No
BUTLER	MO 64730-2	2311	Region 3		Facility Number	18817
BRISTOL MANOR OF HOLDEN						
501 WEST SECOND			Telephone	(816) 732-6789	Alzheimer's Unit	No
HOLDEN	MO 64040-1	205	Level of Care	RCF	Bed Capacity	12
Mailing Address 501 WEST SECOND				NSON	DMH Licensed	No
HOLDEN	MO 64040-1	205	Region 3		Facility Number	17951
BRISTOL MANOR OF LEXINGTON	Ī		Talanhana	(660) 250 6655	Alabaiman'a Unit	No
2615 MAIN ST	MO 64067 1	1074	Telephone Level of Care	(660) 259-6655 RCF	Alzheimer's Unit	No 12
LEXINGTON  Molling Address 2615 MAIN ST	MO 64067-1	1974	County LAFA		Bed Capacity DMH Licensed	
Mailing Address 2615 MAIN ST LEXINGTON	MO 64067-1	074	•	AIEIIE		No
LEAINGTON	MO 04007-1	1974	Region 3		Facility Number	17543
BRISTOL MANOR OF OAK GROVE	2					
300 NORTH AUSTIN			Telephone	(816) 625-8691	Alzheimer's Unit	No
OAK GROVE	MO 64075-8	3109	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 300 N AUSTIN			County JACE	KSON	DMH Licensed	No
OAK GROVE	MO 64075-8	3109	Region 3		Facility Number	16552
BRISTOL MANOR OF ODESSA						
115 SOUTH 5TH ST			Telephone	(816) 633-8692	Alzheimer's Unit	No
ODESSA	MO 64076-1	1330	Level of Care	RCF	Bed Capacity	12
Mailing Address 115 S 5TH ST			County LAFA		DMH Licensed	No
ODESSA	MO 64076-1	330	Region 3		Facility Number	16547
PRICEOU MANOR OF PURISANTE	*** *					
BRISTOL MANOR OF PLEASANT F	HLL		T-1	(017) 007 2572	A 1-1	NI-
2124 HIGHRIDGE PLEASANT HILL	MO 64080-1	012	Telephone Level of Care	(816) 987-2562 RCF	Alzheimer's Unit	No 12
Mailing Address 2124 HIGHRIDGE	MO 04080-1	1912			Bed Capacity	
PLEASANT HILL	MO 64080-1	012	County CASS	3	DMH Licensed Facility Number	No
FLEASANT HILL	WIO 04080-1	1912	Region 3		Facinity Number	16538
BRISTOL MANOR OF RAYMORE						
604 EAST SUNRISE DR			Telephone	(816) 322-6782	Alzheimer's Unit	No
RAYMORE	MO 64083-9	9037	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 604 EAST SUNRISE	DR		County CASS	S	DMH Licensed	No
RAYMORE	MO 64083-9	9037	Region 3		Facility Number	19730
BRISTOL MANOR OF WARRENSBI	URG					
603 CREACH	-		Telephone	(660) 747-8319	Alzheimer's Unit	No
WARRENSBURG	MO 64093-1	.994	Level of Care	RCF	Bed Capacity	12
Mailing Address 603 CREACH			County JOHN		DMH Licensed	No
-						

**Facility Number** 

16599

MO 64093-1994

WARRENSBURG

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BROOKDALE WORNALL PLACE			
501 WEST 107TH ST		<b>Telephone</b> (816) 941-7777	Alzheimer's Unit No
KANSAS CITY	MO 64114-5919	Level of Care ALF**	Bed Capacity 68
Mailing Address 501 WEST 107TH ST		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5919	Region 3	Facility Number 29304
BUTLER REHAB AND HEALTHCA	DE CENTED		
416 SOUTH HIGH ST	ARE CENTER	<b>Telephone</b> (660) 679-6158	Alzheimer's Unit No
BUTLER	MO 64730-1827	Level of Care SNF	Bed Capacity 98
Mailing Address 416 S HIGH ST	110 04730 1027	County BATES	DMH Licensed No
BUTLER	MO 64730-1827	Region 3 Medicare/Medicaid	Facility Number 08627
BUTTERFLY HAVEN			
11500 CAMPBELL ST	1.0	<b>Telephone</b> (816) 941-2836	Alzheimer's Unit No
KANSAS CITY	MO 64131-3829	Level of Care RCF	Bed Capacity 12
Mailing Address PO BOX 481578	NO 64140 1570	County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64148-1578	Region 3	Facility Number 18207
CARMEL HILLS WELLNESS & RE	HABILITATION		
810 EAST WALNUT ST		<b>Telephone</b> (816) 461-9600	Alzheimer's Unit Yes
INDEPENDENCE	MO 64050-4025	Level of Care SNF	Bed Capacity 194
Mailing Address 810 EAST WALNUT	ST	County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64050-4025	Region 3 Medicare/Medicaid	Facility Number 23422
	ATION & HEALTH CARE CENTER,		
105 BERNARD DRIVE		<b>Telephone</b> (816) 348-8815	Alzheimer's Unit No
BELTON	MO 64012-6181	Level of Care SNF	Bed Capacity 78
Mailing Address 105 BERNARD DRI		County CASS	DMH Licensed No
BELTON	MO 64012-6181	Region 3 Medicare/Medicaid	Facility Number 30531
CARNEGIE VILLAGE SENIOR LIV	ING COMMUNITY		
103 BERNARD DR		<b>Telephone</b> (816) 322-0844	Alzheimer's Unit No
BELTON	MO 64012-6182	Level of Care ALF**	<b>Bed Capacity</b> 85
Mailing Address 103 BERNARD DR		County CASS	DMH Licensed No
BELTON	MO 64012-6182	Region 3	Facility Number 25482
CARRIE DIRALGA ONO MORES CON	DE EACH WAY		
CARRIE DUMAS LONG TERM CA	RE FACILITY	m 1 1 (016) 024 5017	
2836 BENTON BLVD KANSAS CITY	MO (4120 1140	<b>Telephone</b> (816) 924-5017	Alzheimer's Unit No
	MO 64128-1140	Level of Care ALF	Bed Capacity 34
Mailing Address 2836 BENTON BLV		County JACKSON	DMH Licensed Yes  Facility Number 18550
KANSAS CITY	MO 64128-1140	Region 3	Facility Number 18550
CEDARHURST OF BLUE SPRINGS			
20551 E TRINITY PLACE		<b>Telephone</b> (816) 685-8863	Alzheimer's Unit Yes
BLUE SPRINGS	MO 64015-9501	Level of Care ALF**	<b>Bed Capacity</b> 89
Mailing Address 20551 E TRINITY PI	LACE	County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS	MO 64015-9501	Region 3	Facility Number 31581
		· ·	

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CLARA MANOR NURSING HOME			
3621 WARWICK BLVD		<b>Telephone</b> (816) 756-1593	Alzheimer's Unit No
KANSAS CITY	MO 64111-1403	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 3621 WARWICK BL	VD	County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64111-1403	Region 3 Medicaid	Facility Number 14102
COLLIER CARE HOME, INC			
3001 NW VESPER ST		<b>Telephone</b> (816) 225-9317	Alzheimer's Unit No
BLUE SPRINGS	MO 64015-3104	Level of Care RCF*	Bed Capacity 15
Mailing Address 3001 NW VESPER S		County JACKSON	DMH Licensed Yes
BLUE SPRINGS	MO 64015-3104	Region 3	Facility Number 01591
DDCD STALL (SS	1120 0.010 010.	ittgivii 2	Tuesting Training 1
COUNTRY CLUB REHAB AND HEA	ALTHCARE CENTER		
503 REGENT DR		<b>Telephone</b> (660) 429-4444	Alzheimer's Unit No
WARRENSBURG	MO 64093-3231	Level of Care RCF*	<b>Bed Capacity</b> 40
Mailing Address 503 REGENT DR		County JOHNSON	<b>DMH Licensed</b> No
WARRENSBURG	MO 64093-3231	Region 3	Facility Number 20892
COUNTRY CLUB REHAB AND HEA	ALTHCARE CENTER		
503 REGENT DR		<b>Telephone</b> (660) 429-4444	Alzheimer's Unit No
WARRENSBURG	MO 64093-3231	Level of Care SNF	<b>Bed Capacity</b> 73
Mailing Address 503 REGENT DR		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3231	Region 3 Medicare/Medicaid	Facility Number 20892
CDOSS CREEK AT LEEK SUMMIT			
CROSS CREEK AT LEE'S SUMMIT		Tolonhone (916) 607 5700	Alahaiman'a Unit Vas
3320 NE WILSHIRE DR	MO (40(4.2077	Telephone (816) 607-5700  Level of Care ALF**	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64064-2077		Bed Capacity 55  DMH Licensed No
Mailing Address 3320 NE WILSHIRE LEE'S SUMMIT	MO 64064-2077	County JACKSON	
LEES SUMMIT	WIO 04004-2077	Region 3	Facility Number 30996
CROWN REHAB AND HEALTHCA	RE CENTER		
3001 EAST ELM		<b>Telephone</b> (816) 380-6525	Alzheimer's Unit No
HARRISONVILLE	MO 64701-1196	Level of Care SNF	<b>Bed Capacity</b> 118
Mailing Address 3001 EAST ELM		County CASS	<b>DMH Licensed</b> No
HARRISONVILLE	MO 64701-1196	Region 3 Medicare/Medicaid	Facility Number 21031
EDGEWOOD MANOR HEALTH CA	ARE CENTER		
11900 JESSICA LN	CENTER	<b>Telephone</b> (816) 358-7858	Alzheimer's Unit No
RAYTOWN	MO 64138-2649	Level of Care SNF	Bed Capacity 91
Mailing Address 11900 JESSICA LN	110 01130 2019	County JACKSON	DMH Licensed No
RAYTOWN	MO 64138-2649	Region 3 Medicare/Medicaid	Facility Number 14119
	01130 2017	initial threatening	2 wenney 1 (united 1411)
ESSEX OF CONCORDIA, THE			
402 REDBUD		<b>Telephone</b> (660) 463-0200	Alzheimer's Unit No
CONCORDIA	MO 64020-8358	Level of Care RCF	Bed Capacity 12
Mailing Address 402 REDBUD	1.00 (1.000 (2.70)	County LAFAYETTE	DMH Licensed No
CONCORDIA	MO 64020-8358	Region 3	Facility Number 24461

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ESSEX OF GRAIN VALLEY, THE			
401 SOUTHWEST ROCK CREEK LN		<b>Telephone</b> (816) 443-3992	Alzheimer's Unit No
GRAIN VALLEY	MO 64029-8460	Level of Care RCF	<b>Bed Capacity</b> 12
Mailing Address 401 SOUTHWEST R		County JACKSON	<b>DMH Licensed</b> No
GRAIN VALLEY	MO 64029-8460	Region 3	Facility Number 24475
FOXWOOD SPRINGS LIVING CEN	TER		
1500 WEST FOXWOOD DR		<b>Telephone</b> (816) 331-3111	Alzheimer's Unit No
RAYMORE	MO 64083-9347	Level of Care ALF**	<b>Bed Capacity</b> 62
Mailing Address 1500 WEST FOXWO	OOD DR	County CASS	<b>DMH Licensed</b> No
RAYMORE	MO 64083-9347	Region 3	Facility Number 02649
FOXWOOD SPRINGS LIVING CEN	TER	(016) 221 2111	
1500 WEST FOXWOOD DR	NO. 64002.0245	<b>Telephone</b> (816) 331-3111	Alzheimer's Unit Yes
RAYMORE	MO 64083-9347	Level of Care SNF	Bed Capacity 108
Mailing Address 1500 WEST FOXWO		County CASS	DMH Licensed No
RAYMORE	MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number 02649
GOLDEN YEARS CENTER FOR RE	CHAR AND HEALTHCARE		
2001 JEFFERSON PARKWAY		<b>Telephone</b> (816) 380-4731	Alzheimer's Unit Yes
HARRISONVILLE	MO 64701-3714	Level of Care SNF	Bed Capacity 128
Mailing Address 2001 JEFFERSON PA	ARKWAY	County CASS	DMH Licensed No
HARRISONVILLE	MO 64701-3714	Region 3 Medicare/Medicaid	Facility Number 12458
GREGORY RIDGE HEALTH CARE	CENTER		
7001 CLEVELAND AVE		<b>Telephone</b> (816) 333-0700	Alzheimer's Unit No
KANSAS CITY	MO 64132-1622	Level of Care SNF	<b>Bed Capacity</b> 116
Mailing Address 7001 CLEVELAND A	AVE	County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64132-1622	Region 3 Medicare/Medicaid	Facility Number 04109
HARMONY GARDENS - ASSISTED	I IVING DV AMEDICADE		
503 BURKARTH ROAD	LIVING B1 AMERICARE	<b>Telephone</b> (660) 747-5411	Alzheimer's Unit No
WARRENSBURG	MO 64093-3145	Level of Care ALF**	Bed Capacity 44
Mailing Address 503 BURKARTH RD		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3145	Region 3	Facility Number 18615
WARRENSDURG	1410 04073-3143	Region 3	racinty (uniber 1801)
HARRIS HOUSE RESIDENTIAL CA	ARE FACILITY, THE		
3859 EAST 59TH TERRACE		<b>Telephone</b> (816) 599-5230	Alzheimer's Unit No
KANSAS CITY	MO 64130-4410	Level of Care RCF	Bed Capacity 7
Mailing Address 3859 EAST 59TH TE	RRACE	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64130-4410	Region 3	Facility Number 16225
HIDDEN LAKE CARE CENTER			
11400 HIDDEN LAKE DR		<b>Telephone</b> (816) 737-1010	Alzheimer's Unit No
RAYTOWN	MO 64133-7409	Level of Care RCF*	Bed Capacity 48
Mailing Address 11400 HIDDEN LAK		County JACKSON	DMH Licensed No
RAYTOWN	MO 64133-7409	Region 3	Facility Number 17146
1	110 01100 1707	Acgion C	_ ucincy _ taniber

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HIDDEN LAKE CARE CENTER			
11400 HIDDEN LAKE DR		<b>Telephone</b> (816) 737-1010	Alzheimer's Unit No
RAYTOWN	MO 64133-7409	Level of Care SNF	Bed Capacity 112
Mailing Address 11400 HIDDEN LAK		County JACKSON	<b>DMH Licensed</b> No
RAYTOWN	MO 64133-7409	Region 3 Medicare/Medicaid	Facility Number 17146
HIGHLAND REHABILITATION & I	HEALTH CARE CENTER		
904 EAST 68TH ST	TENETH CIRC CENTER	<b>Telephone</b> (816) 333-5485	Alzheimer's Unit NO
KANSAS CITY	MO 64131-1305	Level of Care SNF	Bed Capacity 162
Mailing Address 904 EAST 68TH ST	110 01131 1303	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64131-1305	Region 3 Medicare/Medicaid	Facility Number 06782
HILLTOP AT BLUE RIVER, THE			
10425 CHESTNUT DR		<b>Telephone</b> (816) 763-4444	Alzheimer's Unit Yes
KANSAS CITY	MO 64137-3201	Level of Care SNF	<b>Bed Capacity</b> 160
Mailing Address 10425 CHESTNUT D		County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64137-3201	Region 3 Medicare/Medicaid	Facility Number 19114
HOLDEN MANOR HEALTH & REH	IARILITATION		
2005 SOUTH LEXINGTON		<b>Telephone</b> (816) 732-4138	Alzheimer's Unit No
HOLDEN	MO 64040-1610	Level of Care SNF	Bed Capacity 52
Mailing Address 2005 SOUTH LEXING		County JOHNSON	DMH Licensed No
HOLDEN	MO 64040-1610	Region 3 Medicare/Medicaid	Facility Number 08334
		region o medical direction	240mg (44mod) 0033 (
HOPE CARE CENTER			
115 EAST 83RD ST		<b>Telephone</b> (816) 523-3988	Alzheimer's Unit No
KANSAS CITY	MO 64114-2537	Level of Care SNF	<b>Bed Capacity</b> 16
Mailing Address 115 EAST 83RD ST		County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64114-2537	Region 3 Medicaid	Facility Number 21370
HOUSE OF CARE CENTER			
3744 BENTON BLVD		<b>Telephone</b> (816) 921-6852	Alzheimer's Unit No
KANSAS CITY	MO 64128-2515	Level of Care RCF	Bed Capacity 8
Mailing Address 3744 BENTON BLVI		County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64128-7912	Region 3	Facility Number 17001
IGNITE MEDICAL RESORT BLUE	SPRINGS		
20511 E TRINITY PLACE		<b>Telephone</b> (816) 622-2900	Alzheimer's Unit NO
BLUE SPRINGS	MO 64015-9501	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 20511 E TRINITY PL	ACE	County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64015-9501	Region 3 Medicare/Medicaid	Facility Number 32246
ICHITE MEDICAL DECORE CAROL			
IGNITE MEDICAL RESORT CARO 621 CARONDELET DR	NDELET LLC	Tolophone (914) 041 1200	Alghaiman's This
	MO 64114 4670	Telephone (816) 941-1300	Alzheimer's Unit No
KANSAS CITY  Mailing Address 621 CARONDELET I	MO 64114-4670	Level of Care SNF	Bed Capacity 162
Mailing Address 621 CARONDELET I		County JACKSON	DMH Licensed No Facility Number 12195
KANSAS CITY	MO 64114-4670	Region 3 Medicare/Medicaid	Facility Number 12185

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IGNITE MEDICAL RESORT ST MARYS	LLC		
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit Yes
	O 64014-2504	Level of Care SNF	<b>Bed Capacity</b> 130
Mailing Address 111 MOCK AVE		County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS MC	O 64014-2504	Region 3 Medicare/Medicaid	Facility Number 13219
INDEPENDENCE MANOR CARE CENTI	ED.		
1600 SOUTH KINGS HIGHWAY	EX	<b>Telephone</b> (816) 833-4777	Alzheimer's Unit Yes
	O 64055-1853	Level of Care SNF	Bed Capacity 99
Mailing Address 1600 SOUTH KINGS HIGH		County JACKSON	DMH Licensed No
_	O 64055-1853	·	Facility Number 03807
INDEFENDENCE INC	9 04033-1833	Region 3 Medicare/Medicaid	Facility Number 03807
JACKSON CREEK MEMORY CARE			
19400 EAST 40TH ST COURT SOUTH		<b>Telephone</b> (816) 478-5689	Alzheimer's Unit Yes
INDEPENDENCE MC	O 64057-1548	Level of Care ICF	<b>Bed Capacity</b> 70
Mailing Address 19400 EAST 40TH ST CO	URT SOUTH	County JACKSON	DMH Licensed No
INDEPENDENCE MC	O 64057-1548	Region 3	Facility Number 25894
JACKSON CREEK POST ACUTE			
3980 SOUTH JACKSON DR		<b>Telephone</b> (816) 795-1433	Alzheimer's Unit No
INDEPENDENCE MC	O 64057-2205	Level of Care ALF**	<b>Bed Capacity</b> 62
Mailing Address 3980 S JACKSON DR		County JACKSON	DMH Licensed No
INDEPENDENCE MC	O 64057-2205	Region 3	Facility Number 25709
JACKSON CREEK POST ACUTE			
3980 SOUTH JACKSON DR		<b>Telephone</b> (816) 795-1433	Alzheimer's Unit No
INDEPENDENCE MC	O 64057-2205	Level of Care SNF	Bed Capacity 120
Mailing Address 3980 S JACKSON DR		County JACKSON	DMH Licensed No
INDEPENDENCE MC	O 64057-2205	Region 3 Medicare/Medicaid	Facility Number 25709
JEANNE JUGAN CENTER			
8745 JAMES A REED ROAD		<b>Telephone</b> (816) 761-4744	Alzheimer's Unit No
KANSAS CITY MO	O 64138-4414	Level of Care ICF	<b>Bed Capacity</b> 26
Mailing Address 8745 JAMES A REED RD		County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY MO	O 64138-4414	Region 3 Medicaid	Facility Number 12724
JEANNE JUGAN CENTER			
8745 JAMES A REED ROAD		<b>Telephone</b> (816) 761-4744	Alzheimer's Unit No
	O 64138-4414	Level of Care SNF	<b>Bed Capacity</b> 26
Mailing Address 8745 JAMES A REED RD		County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY MO	O 64138-4414	Region 3 Medicaid	Facility Number 12724
JEFFERSON HEALTH CARE			
615 SW OLDHAM PARKWAY		<b>Telephone</b> (816) 524-3328	Alzheimer's Unit No
	O 64081-2602	Level of Care SNF	Bed Capacity 120
Mailing Address 615 SW OLDHAM PKWY		County JACKSON	DMH Licensed No
_	O 64081-2602	Region 3 Medicare/Medicaid	Facility Number 04415
-	<del>-</del>		01713

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JOHN KNOX VILLAGE CARE CENT	ER		
600 NW PRYOR ROAD		<b>Telephone</b> (816) 347-2400	<b>Alzheimer's Unit</b> Yes
LEE'S SUMMIT	MO 64081-1104	Level of Care SNF	<b>Bed Capacity</b> 430
Mailing Address 600 NW PRYOR RD		County JACKSON	<b>DMH Licensed</b> No
LEE'S SUMMIT	MO 64081-1104	Region 3 Medicare/Medicaid	Facility Number 14529
JOHNSON COUNTY CARE CENTER			
122 EAST MARKET ST		<b>Telephone</b> (660) 747-8101	Alzheimer's Unit No
	MO 64093-1818	Level of Care ICF	Bed Capacity 87
Mailing Address 122 EAST MARKET S	Т	County JOHNSON	<b>DMH Licensed</b> No
WARRENSBURG	MO 64093-1818	Region 3 Medicaid	Facility Number 05309
JOLET HOME			
3920 FOREST		<b>Telephone</b> (816) 531-5308	Alzheimer's Unit No
	MO 64110-1220	Level of Care RCF	Bed Capacity 17
Mailing Address 3920 FOREST		County JACKSON	<b>DMH Licensed</b> Yes
KANSAS CITY	MO 64110-1220	Region 3	Facility Number 03982
KINGSHOOD			
KINGSWOOD		(016) 040 0004	
10000 WORNALL RD	NO. 64114 4050	<b>Telephone</b> (816) 942-0994	Alzheimer's Unit Yes
	MO 64114-4359	Level of Care SNF	Bed Capacity 86
Mailing Address 10000 WORNALL RD	MO (4114 4250	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number 04152
KINGSWOOD			
10000 WORNALL RD		<b>Telephone</b> (816) 942-0994	Alzheimer's Unit Yes
	MO 64114-4359	Level of Care ALF**	Bed Capacity 67
Mailing Address 10000 WORNALL RD		County JACKSON	DMH Licensed Yes
	MO 64114-4359	Region 3	Facility Number 04152
		Region 0	- 1152 (1152
LEE'S SUMMIT PLACE			
1501 SW 3RD ST		<b>Telephone</b> (816) 525-6300	Alzheimer's Unit No
LEE'S SUMMIT	MO 64081-2424	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1501 SW 3RD ST		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-2424	Region 3 Medicare/Medicaid	Facility Number 12484
LIFE CARE CENTER OF GRANDVIE	SW .	m	
6301 EAST 125TH ST		<b>Telephone</b> (816) 765-7714	Alzheimer's Unit Yes
	MO 64030-1884	Level of Care SNF	Bed Capacity 172
Mailing Address 6301 EAST 125TH ST	MO 54000 4004	County JACKSON	DMH Licensed No
GRANDVIEW	MO 64030-1884	Region 3 Medicare/Medicaid	Facility Number 11929
LODGE RESIDENTIAL CARE FACIL	JTY. THE		
3860 EAST 60TH ST		<b>Telephone</b> (816) 599-5235	Alzheimer's Unit No
	MO 64130-4418	Level of Care RCF	Bed Capacity 8
Mailing Address 3860 EAST 60TH ST		County JACKSON	DMH Licensed No
	MO 64130-4418	Region 3	Facility Number 16211
	31100 1110	region c	

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LUTHERAN GOOD SHEPHERD HO	OME		
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit NO
CONCORDIA	MO 64020-9643	Level of Care ALF**	<b>Bed Capacity</b> 53
Mailing Address PO BOX 849		County LAFAYETTE	<b>DMH Licensed</b> No
CONCORDIA	MO 64020-0849	Region 3	Facility Number 04705
LUTHERAN NURSING HOME			
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit Yes
CONCORDIA	MO 64020-9643	Level of Care SNF	Bed Capacity 113
Mailing Address PO BOX 849		County LAFAYETTE	DMH Licensed No
CONCORDIA	MO 64020-0849	Region 3 Medicare/Medicaid	Facility Number 04705
CONCORDA	MG 01020 0019	Region 5 Medicale/Medicald	Taciney (tamber 04703
LUXLIFE SENIOR LIVING			
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit No
BLUE SPRINGS	MO 64014-2504	Level of Care ALF**	<b>Bed Capacity</b> 57
Mailing Address 111 MOCK AVE		County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS	MO 64014-2504	Region 3	Facility Number 13219
MADISON SENIOR LIVING THE			
14001 MADISON AVENUE		<b>Telephone</b> 816-627-1726	<b>Alzheimer's Unit</b> Yes
KANSAS CITY	MO 64145-1613	Level of Care ALF**	<b>Bed Capacity</b> 66
Mailing Address 14001 MADISON AV	ENUE	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64145-1613	Region 3	Facility Number 32321
MANUACOD MANOR			
MAYWOOD MANOR		Talanhana (816) 254 6780	Algheimenta IInit No
1041 WEST TRUMAN RD INDEPENDENCE	MO 64050-3447	Telephone (816) 254-6789 Level of Care RCF*	Alzheimer's Unit No Bed Capacity 24
Mailing Address 1041 WEST TRUMA		County JACKSON	Bed Capacity 24  DMH Licensed Yes
INDEPENDENCE	MO 64050-3447	Region 3	Facility Number 03948
INDEI ENDENCE	WO 04030-3447	Region 5	racinty Number 03948
MAYWOOD TERRACE LIVING CE	NTER		
10300 EAST TRUMAN RD		<b>Telephone</b> (816) 836-1250	Alzheimer's Unit Yes
INDEPENDENCE	MO 64052-2258	Level of Care SNF	<b>Bed Capacity</b> 89
Mailing Address 10300 EAST TRUMA	AN RD	County JACKSON	<b>DMH Licensed</b> No
INDEPENDENCE	MO 64052-2258	Region 3 Medicare/Medicaid	Facility Number 08673
MEADOW VIEW HEALTH & REHA	BILITATION		
2203 EAST MECHANIC ST		<b>Telephone</b> (816) 380-2622	Alzheimer's Unit Yes
HARRISONVILLE	MO 64701-2060	Level of Care SNF	Bed Capacity 120
Mailing Address 2203 EAST MECHAN	NIC ST	County CASS	DMH Licensed No
HARRISONVILLE	MO 64701-2060	Region 3 Medicare/Medicaid	Facility Number 00968
		g	
MEDICALODGES BUTLER		m 1 1 (650) 550 0150	
103 EAST NURSERY	NO 64500 0001	<b>Telephone</b> (660) 679-3179	Alzheimer's Unit Yes
BUTLER	MO 64730-2331	Level of Care SNF	Bed Capacity 110
Mailing Address 103 EAST NURSERY		County BATES	DMH Licensed No
BUTLER	MO 64730-2331	Region 3 Medicare/Medicaid	Facility Number 05319

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MEYER CARE CENTER			
1201 WEST 19TH ST		<b>Telephone</b> (660) 584-7111	Alzheimer's Unit No
HIGGINSVILLE	MO 64037-1458	Level of Care SNF	<b>Bed Capacity</b> 56
Mailing Address 1201 WEST 19TH ST		County LAFAYETTE	<b>DMH Licensed</b> No
HIGGINSVILLE	MO 64037-1458	Region 3 Medicare/Medicaid	Facility Number 05326
MEYER CARE CENTER			
1201 WEST 19TH ST		<b>Telephone</b> (660) 584-7111	Alzheimer's Unit No
HIGGINSVILLE	MO 64037-1458	Level of Care ALF**	Bed Capacity 39
Mailing Address 1201 WEST 19TH ST	110 0.00, 1.00	County LAFAYETTE	DMH Licensed No
HIGGINSVILLE	MO 64037-1458	Region 3	Facility Number 05326
11661.16 (1222	110 0.007 1.00	Region 5	Tuelley Ivalliber 05520
MONTEREY PARK REHABILITATION	ON & HEALTH CARE CENTER		
4600 LITTLE BLUE PARKWAY		<b>Telephone</b> (816) 795-7888	Alzheimer's Unit No
INDEPENDENCE	MO 64057-8302	Level of Care SNF	Bed Capacity 122
Mailing Address 4600 LITTLE BLUE Pl		County JACKSON	<b>DMH Licensed</b> No
INDEPENDENCE	MO 64057-8302	Region 3 Medicare/Medicaid	Facility Number 15987
MOOREVIEW RESIDENTIAL			
130 WEST CULTON		<b>Telephone</b> (660) 429-1587	Alzheimer's Unit No
WARRENSBURG	MO 64093-1720	Level of Care RCF	Bed Capacity 20
Mailing Address 130 WEST CULTON		County JOHNSON	DMH Licensed Yes
WARRENSBURG	MO 64093-1720	Region 3	Facility Number 11225
MY DI ECCED HOME			
MY BLESSED HOME		Tolonhone (916) 679 9061	Alahaiman'a Unit No
305 E 63RD ST	MO (4112 2225	<b>Telephone</b> (816) 678-8061	Alzheimer's Unit No
KANSAS CITY	MO 64113-2225	Level of Care RCF	Bed Capacity 11
Mailing Address 305 E 63RD ST	MO 64112 2225	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64113-2225	Region 3	Facility Number 27175
MYERS NURSING & CONVALESCE	NT CENTER		
2315 WALROND AVE		<b>Telephone</b> (816) 231-3180	Alzheimer's Unit No
KANSAS CITY	MO 64127-4210	Level of Care ICF	<b>Bed Capacity</b> 84
Mailing Address 2315 WALROND AVE	Ε	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64127-4210	Region 3 Medicaid	Facility Number 05626
OAKS, THE			
5550 NOLAND ROAD		<b>Telephone</b> (816) 356-0200	Alzheimer's Unit No
KANSAS CITY	MO 64133-3685	Level of Care RCF	Bed Capacity 62
Mailing Address 5550 NOLAND RD	110 01100 0000	County JACKSON	DMH Licensed Yes
KANSAS CITY	MO 64133-3685	Region 3	Facility Number 13440
III I ISTAN CIT I	01133 3003	region o	2 13440
PARKVIEW HEALTHCARE			
128 NORTH HARDESTY		<b>Telephone</b> (816) 241-2020	Alzheimer's Unit No
KANSAS CITY	MO 64123-1404	Level of Care SNF	Bed Capacity 120
Mailing Address 128 NORTH HARDES		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64123-1404	Region 3 Medicare/Medicaid	Facility Number 02928

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

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PARKWAY HEALTH CARE CENTI	ER		
2323 SWOPE PARKWAY		<b>Telephone</b> (816) 924-1122	Alzheimer's Unit No
KANSAS CITY	MO 64130-2638	Level of Care SNF	<b>Bed Capacity</b> 97
Mailing Address 2323 SWOPE PARK	WAY	County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64130-2638	Region 3 Medicare/Medicaid	Facility Number 07092
PARKWAY SENIOR LIVING, THE			
550 NE NAPOLEON DR		<b>Telephone</b> (816) 228-8866	Alzheimer's Unit Yes
BLUE SPRINGS	MO 64014-5403	Level of Care ALF**	<b>Bed Capacity</b> 72
Mailing Address 550 NE NAPOLEON	DR	County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64014-5403	Region 3	Facility Number 29917
PLEASANT HILL HEALTH AND R	EHABILITATION CENTER	T. I	A11
1300 BROADWAY	MO (4000 1042	<b>Telephone</b> (816) 540-2116	Alzheimer's Unit Yes
PLEASANT HILL	MO 64080-1842	Level of Care SNF	Bed Capacity 90
Mailing Address 1300 BROADWAY	MO (4000 1042	County CASS	DMH Licensed No
PLEASANT HILL	MO 64080-1842	Region 3 Medicare/Medicaid	Facility Number 15101
PRINCETON SENIOR LIVING THE			
1701 S E OLDHAM PARKWAY	-	<b>Telephone</b> (816) 875-4950	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64081-	Level of Care ALF**	Bed Capacity 68
Mailing Address 1701 S E OLDHAM	PARKWAY	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-	Region 3	Facility Number 32762
		g	22702
REHAB OF KANSAS CITY SOUTH			
8033 HOLMES ROAD		<b>Telephone</b> (816) 363-6222	Alzheimer's Unit No
KANSAS CITY	MO 64131-2115	Level of Care SNF	Bed Capacity 100
Mailing Address 8033 HOLMES ROA	D	County JACKSON	DMH Licensed No
KANSAS CITY	MO 64131-2115	Region 3 Medicare/Medicaid	Facility Number 03680
REHABILITATION CENTER OF IN	NDEPENDENCE,THE		
1800 S SWOPE DR		<b>Telephone</b> (816) 257-2566	Alzheimer's Unit Yes
INDEPENDENCE	MO 64057-1084	Level of Care SNF	<b>Bed Capacity</b> 130
Mailing Address 1800 S SWOPE DR		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-1084	Region 3 Medicare/Medicaid	Facility Number 22063
RIDGE CREST NURSING CENTER			
706 SOUTH MITCHELL		<b>Telephone</b> (660) 429-2177	Alzheimer's Unit Yes
WARRENSBURG	MO 64093-2828	Level of Care SNF	Bed Capacity 120
Mailing Address 706 SOUTH MITCH		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number 06640
	***** = **-*		30040
RIVERBEND HEIGHTS HEALTH &	& REHABILITATION		
1221 HIGHWAY 13 SOUTH		<b>Telephone</b> (660) 259-4695	Alzheimer's Unit No
LEXINGTON	MO 64067-7187	Level of Care SNF	<b>Bed Capacity</b> 154
Mailing Address 1221 HIGHWAY 13		County LAFAYETTE	<b>DMH Licensed</b> No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number 04333

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	TTITALO			
ROCKHILL MANOR ASSISTED L	IVING	Tolonhous (816) 021 2225	Alahaiman'a Tinit	No
4235 LOCUST ST KANSAS CITY	MO 64110-1016	Telephone (816) 931-2225 Level of Care ALF	Alzheimer's Unit	No 154
	MO 04110-1016	County JACKSON	Bed Capacity DMH Licensed	Yes
Mailing Address PO BOX 5930 KANSAS CITY	MO 64171-0930	-	Facility Number	06794
KANSAS CITT	MO 641/1-0930	Region 3	Facility Number	06/94
ROCKHILL MANOR ASSISTED L	IVING			
4235 LOCUST ST	2,11,0	<b>Telephone</b> (816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care ALF**	Bed Capacity	36
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	Facility Number	06794
DOSEWOOD DEHAD AND HEAT	THC A DE CENTED			
ROSEWOOD REHAB AND HEAL' 1415 WEST WHITE OAK	IHCARE CENTER	<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64050-2590	Level of Care SNF	Bed Capacity	300
Mailing Address 1415 WEST WHITI		County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-2590	•	Facility Number	
INDEFENDENCE	WO 04030-2390	Region 3 Medicare/Medicaid	Facinty Number	06604
SEASONS REHAB AND HEALTH	CARE CENTER			
15600 WOODS CHAPEL RD		<b>Telephone</b> (816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care SNF	Bed Capacity	78
Mailing Address 15600 WOODS CH	APEL RD	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3 Medicare/Medicaid	Facility Number	23712
		<u> </u>		
SHANGRI-LA REHAB & LIVING	CENTER			
930 NORTH EAST DUNCAN RD		<b>Telephone</b> (816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2173	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 930 NORTH EAST	DUNCAN RD	<b>County</b> JACKSON	DMH Licensed	No
Mailing Address 930 NORTH EAST BLUE SPRINGS	DUNCAN RD MO 64014-2173	County JACKSON  Region 3 Medicare/Medicaid	DMH Licensed Facility Number	No 00677
BLUE SPRINGS				
BLUE SPRINGS SILVERADO LEE'S SUMMIT		Region 3 Medicare/Medicaid	Facility Number	00677
BLUE SPRINGS  SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET	MO 64014-2173	Region 3 Medicare/Medicaid  Telephone (816) 321-1648	Facility Number  Alzheimer's Unit	00677 Yes
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT	MO 64014-2173 MO 64081-4060	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF**	Facility Number  Alzheimer's Unit Bed Capacity	90677 Yes 54
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR	MO 64014-2173  MO 64081-4060 EET	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90677 Yes 54 No
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT	MO 64014-2173 MO 64081-4060	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF**	Facility Number  Alzheimer's Unit Bed Capacity	90677 Yes 54
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR	MO 64014-2173  MO 64081-4060 EET	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90677 Yes 54 No
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT	MO 64014-2173  MO 64081-4060 EET	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90677 Yes 54 No
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT ST ANTHONY'S	MO 64014-2173  MO 64081-4060 EET	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 54 No 31077
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT ST ANTHONY'S 1010 EAST 68TH STREET	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 54 No 31077
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT  ST ANTHONY'S 1010 EAST 68TH STREET KANSAS CITY	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF**	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 54 No 31077
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT  ST ANTHONY'S 1010 EAST 68TH STREET KANSAS CITY Mailing Address 1010 EAST 68TH S KANSAS CITY	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311	Region 3 Medicare/Medicaid  Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF** County JACKSON	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 54 No 31077  Yes 81 No
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT  ST ANTHONY'S 1010 EAST 68TH STREET KANSAS CITY Mailing Address 1010 EAST 68TH S	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311	Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF** County JACKSON Region 3	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 54 No 31077  Yes 81 No
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT  ST ANTHONY'S 1010 EAST 68TH STREET KANSAS CITY Mailing Address 1010 EAST 68TH S KANSAS CITY SUMMIT, THE	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311	Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF** County JACKSON Region 3	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 54 No 31077  Yes 81 No 32075
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT  ST ANTHONY'S 1010 EAST 68TH STREET KANSAS CITY Mailing Address 1010 EAST 68TH S KANSAS CITY  SUMMIT, THE 3660 SUMMIT KANSAS CITY	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311  STREET  MO 64131-1311	Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF** County JACKSON Region 3  Telephone (816) 931-1196 Level of Care SNF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 54 No 31077  Yes 81 No 32075
SILVERADO LEE'S SUMMIT 3101 SW 3RD STREET LEE'S SUMMIT Mailing Address 3101 SW 3RD STR LEE'S SUMMIT  ST ANTHONY'S 1010 EAST 68TH STREET KANSAS CITY Mailing Address 1010 EAST 68TH S KANSAS CITY  SUMMIT, THE 3660 SUMMIT	MO 64014-2173  MO 64081-4060  EET  MO 64081-4060  MO 64131-1311  STREET  MO 64131-1311	Telephone (816) 321-1648 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF** County JACKSON Region 3  Telephone (816) 846-0870 Level of Care ALF** County JACKSON Region 3	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 54 No 31077  Yes 81 No 32075

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SUMMITVIEW TERRACE ASSISTED LIVING BY AMERICANE   Telephone   (816) 763-6667   Abheimer's Unit   No RADSAS CITY   MO 64138-4913   Level of Care   ALP®*   Bed Capacity   7.6 km/ling Address 12010 FAST BANNISTER RD   County   JACKSO*   Pacifity Number   16311					
KANSAS CITY	SUMMITVIEW TERRACE ASSISTED LIVING	G BY AMERICARE			
Mailing Address   12101 FAST BANNISTER D   County   JACKSON   DMH Licensed   No   RANSA CITY   MO   64138-4913   Region   3   Facility Number   16311	12101 EAST BANNISTER RD	Telephone	(816) 763-6667	Alzheimer's Unit	No
Region   3   Reg	KANSAS CITY MO 641	138-4913 <b>Level of Car</b>	e ALF**	Bed Capacity	52
SUNRISE NURSING & MEMORY CARE	Mailing Address 12101 EAST BANNISTER RD	County JA	ACKSON	DMH Licensed	No
Collaboration   Collaborati	KANSAS CITY MO 641	138-4913 <b>Region 3</b>		Facility Number	16311
Collaboration   Collaborati					
RAYMORE					
Mailing Address 600 EAST SUNRISE DR   County   CASS   DMH Licensed   No RAYMORE   MO 64083-9037   Region 3   Medicare/Medicaid   Facility Number   16170	600 EAST SUNRISE DR	Telephone	(816) 322-1991	Alzheimer's Unit	Yes
RAYMORE   MO 64083-9037   Region 3   Medicare/Medicaid   Facility Number   16170	RAYMORE MO 640	083-9037 <b>Level of Car</b>	e SNF	Bed Capacity	152
SUNTERRA SPRINGS INDEPENDENCE   19200 E 37TH TERRACE S	Mailing Address 600 EAST SUNRISE DR	County C	ASS	DMH Licensed	No
19200 E 37TH TERRACE S	RAYMORE MO 640	083-9037 <b>Region 3</b>	Medicare/Medicaid	Facility Number	16170
19200 E 37TH TERRACE S					
NDEPENDENCE		Telenhone	(816) 335-3008	Alzheimer's Unit	No
Mailing Address 19200 E 37TH TERRACE S         County JACKSON         DMH Licensed         No           RNDEPENDENCE         MO 64057-8324         Region 3 Medicare         Facility Number         30894           TIMBERLAKE CARE CENTER           12110 HOLMES RD         Telephone         (816) 941-3006         Alzheimer's Unit         No           KANSAS CITY         MO 64145-1707         Level of Care         SNF         Bed Capacity         122           Mailing Address 12110 HOLMES RD         County JACKSON         DMH Licensed         No           KANSAS CITY         MO 64145-1707         Region 3 Medicare/Medicaid         Facility Number         10962           TRUSTWELL LIVING OF RAYTOWN         Telephone         (816) 353-3400         Alzheimer's Unit         No           RAYTOWN         MO 64133-4893         Level of Care         ALF**         Bed Capacity         76           Mailing Address 9110 EAST 63RD ST         County JACKSON         DMH Licensed         No           RAYTOWN         MO 64031-4893         Region 3         Facility Number         24227           VILLAGE ASSISTED LIVING           1704 NORTHWEST O'BRIEN RD         Telephone         (816) 347-2700         Alzheimer's Unit         Yes           LEES SUMMIT		-	` '		
TIMBERIAKE CARE CENTER					
TIMBERLAKE CARE CENTER	9	•			
12110 HOLMES RD	INDEFENDENCE INTO ONC	Acgion 5	Medicare	Tacinty Number	30094
Level of Care   SNF   Bed Capacity   122	TIMBERLAKE CARE CENTER				
Mailing Address 12110 HOLMES RD         County ACKSON         DMH Licensed Facility Number         No Akan SAS CITY         Mo 64145-1707         Region 3 Medicare/Medicaid         DMH Licensed Facility Number         10962           TRUSTWELL LIVING OF RAYTOWN         Telephone (816) 353-3400         Alzheimer's Unit         No Alzheimer's Unit         No Alzheimer's Unit         No Bed Capacity         76           Mailing Address 9110 EAST 63RD ST         County JACKSON         DMH Licensed         No DMH Licensed	12110 HOLMES RD	Telephone	(816) 941-3006	Alzheimer's Unit	No
Region   3   Medicare/Medicaid   Facility Number   10962	KANSAS CITY MO 641	145-1707 Level of Car	e SNF	Bed Capacity	122
TRUSTWELL LIVING OF RAYTOWN  9110 EAST 63RD ST	Mailing Address 12110 HOLMES RD	County JA	ACKSON	DMH Licensed	No
P110 EAST 63RD ST	KANSAS CITY MO 641	145-1707 Region 3	Medicare/Medicaid	Facility Number	10962
P110 EAST 63RD ST					
RAYTOWN	TRUSTWELL LIVING OF RAYTOWN				
Mailing Address 9110 EAST 63RD ST   County JACKSON   DMH Licensed   No RAYTOWN   MO 64133-4893   Region 3   Facility Number   24227	9110 EAST 63RD ST	Telephone	(816) 353-3400	Alzheimer's Unit	No
No. 64133-4893   Region 3   Facility Number   24227	RAYTOWN MO 641	133-4893 Level of Car	e ALF**	Bed Capacity	76
VILLAGE ASSISTED LIVING           1704 NORTHWEST O'BRIEN RD         Telephone         (816) 347-2700         Alzheimer's Unit         Yes           LEE'S SUMMIT         MO 64081-1559         Level of Care         ALF**         Bed Capacity         172           Mailing Address 1704 NORTHWEST O'BRIEN RD         County         JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         16108           VILLAGE ASSISTED LIVING           1701 NW O'BRIEN RD         Level of Care         ALF**         Bed Capacity         50           Mailing Address 1701 NW O'BRIEN RD         County         JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         29258           VILLAGE AT CARROLL PARK, THE           5301 HARRY TRUMAN DR         Telephone         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes	Mailing Address 9110 EAST 63RD ST	County JA	ACKSON	DMH Licensed	No
Telephone   (816) 347-2700   Alzheimer's Unit   Yes	RAYTOWN MO 641	133-4893 <b>Region 3</b>		Facility Number	24227
Telephone   (816) 347-2700   Alzheimer's Unit   Yes					
LEE'S SUMMIT         MO 64081-1559         Level of Care Maliing Address         ALF**         Bed Capacity         172           Mailing Address 1704 NORTHWEST O'BRIEN RD         County JACKSON         JACKSON         DMH Licensed         No           VILLAGE ASSISTED LIVING           1701 NW O'BRIEN RD         Telephone         (816) 347-2700         Alzheimer's Unit         Yes           LEE'S SUMMIT         MO 64081-1559         Level of Care ALF**         Bed Capacity         50           Mailing Address 1701 NW O'BRIEN RD         County JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         29258           VILLAGE AT CARROLL PARK, THE         5301 HARRY TRUMAN DR         Telephone         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County JACKSON         DMH Licensed         Yes			(01.6) 0.47 0700		
Mailing Address 1704 NORTHWEST O'BRIEN RD       County       JACKSON       DMH Licensed       No         LEE'S SUMMIT       MO 64081-1559       Region 3       Facility Number       16108         VILLAGE ASSISTED LIVING         1701 NW O'BRIEN RD       Telephone       (816) 347-2700       Alzheimer's Unit       Yes         LEE'S SUMMIT       MO 64081-1559       Level of Care       ALF**       Bed Capacity       50         Mailing Address 1701 NW O'BRIEN RD       County       JACKSON       DMH Licensed       No         LEE'S SUMMIT       MO 64081-1559       Region 3       Facility Number       29258         VILLAGE AT CARROLL PARK, THE         5301 HARRY TRUMAN DR       Telephone       (816) 761-6838       Alzheimer's Unit       No         GRANDVIEW       MO 64030-1708       Level of Care       ICF       Bed Capacity       93         Mailing Address 5301 HARRY TRUMAN DR       County       JACKSON       DMH Licensed       Yes		•	` '		
VILLAGE ASSISTED LIVING         Telephone         (816) 347-2700         Alzheimer's Unit         Yes           LEE'S SUMMIT         MO 64081-1559         Level of Care         ALF**         Bed Capacity         50           Mailing Address 1701 NW O'BRIEN RD         County         JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         29258           VILLAGE AT CARROLL PARK, THE         Telephone         (816) 761-6838         Alzheimer's Unit         No           5301 HARRY TRUMAN DR         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes					
VILLAGE ASSISTED LIVING           1701 NW O'BRIEN RD         Telephone         (816) 347-2700         Alzheimer's Unit         Yes           LEE'S SUMMIT         MO 64081-1559         Level of Care         ALF**         Bed Capacity         50           Mailing Address 1701 NW O'BRIEN RD         County         JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         29258           VILLAGE AT CARROLL PARK, THE         5301 HARRY TRUMAN DR         Telephone         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes		•	ACKSON		
Telephore         (816) 347-2700         Alzheimer's Unit         Yes           LEE'S SUMMIT         MO 64081-1559         Level of Care         ALF**         Bed Capacity         50           Mailing Address 1701 NW O'BRIEN RD         County         JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         29258           VILLAGE AT CARROLL PARK, THE           5301 HARRY TRUMAN DR         Telephore         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes	LEE'S SUMMIT MO 640	081-1559 Region 3		Facility Number	16108
Telephone         (816) 347-2700         Alzheimer's Unit         Yes           LEE'S SUMMIT         MO 64081-1559         Level of Care         ALF**         Bed Capacity         50           Mailing Address 1701 NW O'BRIEN RD         County         JACKSON         DMH Licensed         No           LEE'S SUMMIT         MO 64081-1559         Region 3         Facility Number         29258           VILLAGE AT CARROLL PARK, THE           5301 HARRY TRUMAN DR         Telephone         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes	VILLAGE ASSISTED LIVING				
LEE'S SUMMIT MO 64081-1559  Mailing Address 1701 NW O'BRIEN RD LEE'S SUMMIT MO 64081-1559  VILLAGE AT CARROLL PARK, THE  5301 HARRY TRUMAN DR GRANDVIEW MO 64030-1708  MO 64030-1708  MO 64030-1708  MO 64081-1559  Level of Care ALF**  Bed Capacity Facility Number  29258  816) 761-6838  Alzheimer's Unit No Bed Capacity 93  Mailing Address 5301 HARRY TRUMAN DR  County JACKSON  DMH Licensed Yes		Telephone	(816) 347-2700	Alzheimer's Unit	Yes
Mailing Address 1701 NW O'BRIEN RD       County       JACKSON       DMH Licensed       No         LEE'S SUMMIT       MO 64081-1559       Region 3       Facility Number       29258         VILLAGE AT CARROLL PARK, THE         5301 HARRY TRUMAN DR       Telephone       (816) 761-6838       Alzheimer's Unit       No         GRANDVIEW       MO 64030-1708       Level of Care       ICF       Bed Capacity       93         Mailing Address 5301 HARRY TRUMAN DR       County       JACKSON       DMH Licensed       Yes		-	` '		
VILLAGE AT CARROLL PARK, THE         Telephone         (816) 761-6838         Alzheimer's Unit         No           5301 HARRY TRUMAN DR         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes				= -	
VILLAGE AT CARROLL PARK, THE           5301 HARRY TRUMAN DR         Telephone         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes		•			
5301 HARRY TRUMAN DR         Telephore         (816) 761-6838         Alzheimer's Unit         No           GRANDVIEW         MO 64030-1708         Level of Care         ICF         Bed Capacity         93           Mailing Address 5301 HARRY TRUMAN DR         County         JACKSON         DMH Licensed         Yes					
GRANDVIEW MO 64030-1708 <b>Level of Care</b> ICF <b>Bed Capacity</b> 93  Mailing Address 5301 HARRY TRUMAN DR County JACKSON <b>DMH Licensed</b> Yes	VILLAGE AT CARROLL PARK, THE				
Mailing Address     5301 HARRY TRUMAN DR     County     JACKSON     DMH Licensed     Yes	5301 HARRY TRUMAN DR	Telephone	(816) 761-6838	Alzheimer's Unit	No
·	GRANDVIEW MO 640	030-1708 Level of Car	e ICF	<b>Bed Capacity</b>	93
GRANDVIEW MO 64030-1708 Region 3 Facility Number 03157			ACKSON		Yes
	GRANDVIEW MO 640	030-1708 <b>Region 3</b>		Facility Number	03157

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WARRENSBURG MANOR CARE CENTER			
400 CARE CENTER DR	<b>Telephone</b> (660) 747-2216	Alzheimer's Unit	No
WARRENSBURG MO 64093-3100	Level of Care SNF	Bed Capacity	88
Mailing Address 400 CARE CENTER DR	County JOHNSON	DMH Licensed	No
WARRENSBURG MO 64093-3100	Region 3 Medicare/Medicaid	Facility Number	08383
WATERFORD LADIES HOME			
500 NW VESPER ST	<b>Telephone</b> (816) 228-6337	Alzheimer's Unit	No
BLUE SPRINGS MO 64014-2744	Level of Care RCF	<b>Bed Capacity</b>	27
Mailing Address 500 NW VESPER ST	County JACKSON	DMH Licensed	No
BLUE SPRINGS MO 64014-2744	Region 3	Facility Number	13774
WHITE OAK ASSISTED LIVING			
1515 WEST WHITE OAK	<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	No
INDEPENDENCE MO 64050-2557	Level of Care ALF**	Bed Capacity	78
Mailing Address 1515 WEST WHITE OAK	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64050-2557	Region 3	Facility Number	06604
INDELECTION IN CONTROL OF CONTROL	Region 3	Pacinty Number	00004
WILSHIRE AT LAKEWOOD REHAB CENTER			
600 NE MEADOWVIEW DR	<b>Telephone</b> (816) 554-9866	Alzheimer's Unit	No
LEE'S SUMMIT MO 64064-1983	Level of Care SNF	Bed Capacity	170
Mailing Address 600 NE MEADOWVIEW DR	County JACKSON	DMH Licensed	No
LEE'S SUMMIT MO 64064-1983	Region 3 Medicare/Medicaid	Facility Number	22471
WOOD OAKS, INC			
1804 SOUTH STERLING AVE	<b>Telephone</b> (816) 254-5400	Alzheimer's Unit	No
INDEPENDENCE MO 64052-3845	<b>Level of Care</b> RCF*	<b>Bed Capacity</b>	30
Mailing Address PO BOX 520049	County JACKSON	DMH Licensed	Yes
INDEPENDENCE MO 64052-0049	Region 3	Facility Number	02389
Region: 4			
ADDINGTON PLACE OF SHOAL CREEK			
9601 NORTH TULLIS DR	<b>Telephone</b> (816) 407-9667	Alzheimer's Unit	Yes
KANSAS CITY MO 64157-7890	Level of Care ALF**	Bed Capacity	88
Mailing Address 9601 NORTH TULLIS DR	County CLAY	DMH Licensed	No
KANSAS CITY MO 64157-7890	Region 4	Facility Number	28129
ADVANCED CARE OF ST JOSEPH			
3002 N 18TH ST	<b>Telephone</b> (816) 364-4200	Alzheimer's Unit	No
SAINT JOSEPH MO 64505-1872	Level of Care SNF	Bed Capacity	180
Mailing Address 3002 N 18TH ST	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO 64505-1872	Region 4 Medicare/Medicaid	Facility Number	08000
ANEW HEALTHCARE SAVANNAH			
13277 STATE ROUTE D	<b>Telephone</b> (816) 324-5991	Alzheimer's Unit	Yes
SAVANNAH MO 64485-9431	Level of Care SNF	<b>Bed Capacity</b>	88
Mailing Address 13277 STATE ROUTE D	County ANDREW	DMH Licensed	No
SAVANNAH MO 64485-9431	Region 4 Medicare/Medicaid	Facility Number	07147

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A CHIRLIDAY HELCHARD OF CHILL I ICON			
ASHBURY HEIGHTS OF CHILLICO' 603 ST LOUIS ST	THE	Telephone (660) 707 1270	Alzheimer's Unit No
CHILLICOTHE	MO 64601-2438	Telephone (660) 707-1270 Level of Care RCF	Alzheimer's Unit No Bed Capacity 12
Mailing Address 603 ST LOUIS ST	WO 04001-2438	County LIVINGSTON	DMH Licensed Yes
CHILLICOTHE	MO 64601-2438	Region 4	Facility Number 23909
CHILLICOTHE	WO 04001-2438	Kegion 4	Facility Number 23909
ASPIRE SENIOR LIVING EXCELSIO	OR SPRINGS		
1003 MEADOWLARK LN		<b>Telephone</b> (816) 630-3145	Alzheimer's Unit No
EXCELSIOR SPRINGS	MO 64024-3304	Level of Care SNF	Bed Capacity 108
Mailing Address 1003 MEADOWLARK		County CLAY	DMH Licensed No
EXCELSIOR SPRINGS	MO 64024-3304	Region 4 Medicare/Medicaid	Facility Number 19197
ASPIRE SENIOR LIVING PLATTE C	ITY	T. I. I. (016) 050 5000	A11
220 O'ROURKE DRIVE	MO (4070 0260	<b>Telephone</b> (816) 858-5222	Alzheimer's Unit No
PLATTE CITY  Malling Address BO BOY 1210	MO 64079-9360	Level of Care SNF	Bed Capacity 120 DMH Licensed No
Mailing Address PO BOX 1310	MO 64070 1210	County PLATTE	
PLATTE CITY	MO 64079-1310	Region 4 Medicare/Medicaid	Facility Number 12655
AUTUMN WOODS, INC			
5500 NW HOUSTON LAKE DR		<b>Telephone</b> (816) 587-2263	Alzheimer's Unit No
KANSAS CITY	MO 64151-3472	Level of Care RCF*	Bed Capacity 28
Mailing Address PO BOX 12008		County PLATTE	DMH Licensed Yes
KANSAS CITY	MO 64152-0008	Region 4	Facility Number 10857
AVALON VIEW HEALTH AND WEL	LNESS		
1200 WEST COLLEGE ST		<b>Telephone</b> (816) 781-3020	Alzheimer's Unit Yes
LIBERTY	MO 64068-1036	Level of Care SNF	Bed Capacity 140
Mailing Address 1200 WEST COLLEGE	E ST	County CLAY	<b>DMH Licensed</b> No
LIBERTY	MO 64068-1036	Region 4 Medicare/Medicaid	Facility Number 01961
BAPTIST HOME, THE			
500 BAPTIST HOME LN		<b>Telephone</b> (660) 646-6219	Alzheimer's Unit No
CHILLICOTHE	MO 64601-3973	Level of Care ALF**	Bed Capacity 20
Mailing Address 500 BAPTIST HOME I		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-3973	Region 4	Facility Number 14084
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		<b>Telephone</b> (816) 749-3919	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2527	Level of Care ALF	Bed Capacity 100
Mailing Address 1616 WEISENBORN F	RD	County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64507-2527	Region 4	Facility Number 10346
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		<b>Telephone</b> (816) 749-3919	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64507-2527	Level of Care SNF	Bed Capacity 90
Mailing Address 1616 WEISENBORN F		County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64508-2527	Region 4 Medicare/Medicaid	Facility Number 10346
		Megion - Medicare/Medicald	

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BENTON HOUSE OF STALEY HILLS			
11071 N WOODLAND AVE	<b>Telephone</b> (816) 372-1888	Alzheimer's Unit	Yes
KANSAS CITY MO 64155-1552	Level of Care ALF**	Bed Capacity	80
Mailing Address 11071 N WOODLAND AVE	County CLAY	DMH Licensed	No
KANSAS CITY MO 64155-1552	Region 4	Facility Number	30774
BENTON HOUSE OF TIFFANY SPRINGS	m		17
5901 NW 88TH ST	<b>Telephone</b> (816) 505-4555	Alzheimer's Unit	Yes
KANSAS CITY MO 64154-1607	Level of Care ALF**	Bed Capacity	80
Mailing Address 5901 NW 88TH ST	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-1607	Region 4	Facility Number	29519
BRISTOL MANOR OF BETHANY			
811 SOUTH 24TH ST	<b>Telephone</b> (660) 425-7133	Alzheimer's Unit	No
BETHANY MO 64424-2631	Level of Care RCF	Bed Capacity	12
Mailing Address 811 SOUTH 24TH ST	County HARRISON	DMH Licensed	No
BETHANY MO 64424-2631	Region 4	Facility Number	19068
BETTMENT 1992 2001	Region 4	Tacinty (value)	19000
BRISTOL MANOR OF CAMERON			
920 NORTH HARRIS	<b>Telephone</b> (816) 632-6133	Alzheimer's Unit	No
CAMERON MO 64429-1145	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 920 NORTH HARRIS	County CLINTON	DMH Licensed	No
CAMERON MO 64429-1145	Region 4	Facility Number	18295
DDISTOL MANOD OF CARROLL TON			
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST	<b>Telephone</b> (660) 542-2349	Alzheimer's Unit	No
CARROLLTON MO 64633-9348	Level of Care RCF		12
		Bed Capacity  DMH Licensed	No
Mailing Address 1016 EAST 10TH ST	•		
CARROLLTON MO 64633-9348	Region 4	Facility Number	18316
BRISTOL MANOR OF MARYVILLE			
323 EAST SUMMIT DR	<b>Telephone</b> (660) 582-4131	Alzheimer's Unit	No
MARYVILLE MO 64468-3619	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 323 EAST SUMMIT DR	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-3619	Region 4	<b>Facility Number</b>	19843
BRISTOL MANOR OF PRINCETON			
200 NORTH FULLERTON	<b>Telephone</b> (660) 748-4354	Alzheimer's Unit	No
PRINCETON MO 64673-1176  Modifyer Address 200 N. FULL EPTON	Level of Care RCF  County MERCER	Bed Capacity  DMH Licensed	12 No
Mailing Address 200 N FULLERTON	·		
PRINCETON MO 64673-1176	Region 4	Facility Number	18846
BRISTOL MANOR OF SMITHVILLE			
1502 SOUTH COMMERCIAL	<b>Telephone</b> (816) 532-4490	Alzheimer's Unit	No
SMITHVILLE MO 64089-8474	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 1502 S COMMERCIAL	County CLAY	DMH Licensed	No
SMITHVILLE MO 64089-8474	Dogion 4	Facility Number	17515
SWITH VILLE WIO 04009-0474	Region 4	racinty Number	17313

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DRICTION ANALOD OF TREE PROPERTY				
BRISTOL MANOR OF TRENTON 1701 EAST 28TH ST		<b>Telephone</b> (660) 359-559	99 <b>Alzheimer's Unit</b>	No
TRENTON	MO 64683-1177	Level of Care RCF	Bed Capacity	12
Mailing Address 1701 EAST 28TH ST	1410 04003-1177	County GRUNDY	DMH Licensed	No.
TRENTON	MO 64683-1177	Region 4	Facility Number	18597
		Region -		1007,
BRISTOL MANOR OF WESTON				
178 WALNUT		<b>Telephone</b> (816) 386-556	O7 Alzheimer's Unit	No
WESTON	MO 64098-1328	Level of Care RCF	Bed Capacity	12
Mailing Address 178 WALNUT		County PLATTE	DMH Licensed	No
WESTON	MO 64098-1328	Region 4	<b>Facility Number</b>	16741
BURLINGTON CREEK SENIOR LIV	VING,THE			
6311 NORTH COSBY AVENUE		<b>Telephone</b> (816) 527-85		Yes
KANSAS CITY	MO 64151-2344	Level of Care ALF**	<b>Bed Capacity</b>	110
Mailing Address 448 NORTH LASALI		County PLATTE	DMH Licensed	No
CHICAGO	MO 60654-4518	Region 4	Facility Number	30198
CAMERON NURSING CENTER				
801 EUCLID AVE		<b>Telephone</b> (816) 632-72:	54 Alzheimer's Unit	No
CAMERON	MO 64429-2003	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 438		County CLINTON	DMH Licensed	No
CAMERON	MO 64429-0438	Region 4 Medicare/Med		00983
		•	•	
CARRIAGE SQUARE REHAB AND	HEALTHCARE CENTER			
4009 GENE FIELD RD				
4009 GENE FIELD KD		<b>Telephone</b> (816) 364-152	26 Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Telephone (816) 364-155 Level of Care SNF	26 Alzheimer's Unit Bed Capacity	No 130
		- · · · ·		
SAINT JOSEPH		Level of Care SNF	Bed Capacity DMH Licensed	130
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH	D MO 64506-1864	Level of Care SNF County BUCHANAN	Bed Capacity DMH Licensed	130 No
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND	D MO 64506-1864	Level of Care SNF County BUCHANAN Region 4 Medicare/Med	Bed Capacity  DMH Licensed icaid Facility Number	130 No 01061
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD	D MO 64506-1864 HEALTHCARE CENTER	Level of Care SNF County BUCHANAN Region 4 Medicare/Med Telephone (816) 364-15	Bed Capacity DMH Licensed icaid Facility Number  Alzheimer's Unit	130 No 01061 No
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH	D MO 64506-1864 <b>HEALTHCARE CENTER</b> MO 64506-1864	Level of Care SNF County BUCHANAN Region 4 Medicare/Medi  Telephone (816) 364-152 Level of Care RCF*	Bed Capacity DMH Licensed icaid Facility Number  Alzheimer's Unit Bed Capacity	130 No 01061 No 32
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH  Mailing Address 4009 GENE FIELD R	D	Level of Care SNF County BUCHANAN Region 4 Medicare/Med  Telephone (816) 364-15 Level of Care RCF* County BUCHANAN	Bed Capacity DMH Licensed icaid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	130 No 01061 No 32 No
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH	D MO 64506-1864 <b>HEALTHCARE CENTER</b> MO 64506-1864	Level of Care SNF County BUCHANAN Region 4 Medicare/Medi  Telephone (816) 364-152 Level of Care RCF*	Bed Capacity DMH Licensed icaid Facility Number  Alzheimer's Unit Bed Capacity	130 No 01061 No 32
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH  Mailing Address 4009 GENE FIELD R	D	Level of Care SNF County BUCHANAN Region 4 Medicare/Med  Telephone (816) 364-15 Level of Care RCF* County BUCHANAN	Bed Capacity DMH Licensed icaid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	130 No 01061 No 32 No
SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH	D	Level of Care SNF County BUCHANAN Region 4 Medicare/Med  Telephone (816) 364-15 Level of Care RCF* County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 01061 No 32 No
SAINT JOSEPH Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARROLL HOUSE	D	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medic	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 01061 No 32 No 01061
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SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH  Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARROLL HOUSE 307 GRAND CARROLLTON  Mailing Address 307 GRAND CARROLLTON	D MO 64506-1864  HEALTHCARE CENTER  MO 64506-1864  D MO 64506-1864  MO 64633-2265  MO 64633-2265	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medic	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 01061 No 32 No 01061 No 63 No
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SAINT JOSEPH Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARRIAGE SQUARE REHAB AND 4009 GENE FIELD RD SAINT JOSEPH Mailing Address 4009 GENE FIELD R SAINT JOSEPH  CARROLL HOUSE 307 GRAND CARROLLTON Mailing Address 307 GRAND CARROLLTON  CEDARS OF LIBERTY HEALTH CA 200 WEST RUTH EWING RD LIBERTY	MO 64506-1864  HEALTHCARE CENTER  MO 64506-1864  D  MO 64633-2265  MO 64633-2265  ARE CENTER  MO 64068-9496	Level of Care SNF County BUCHANAN Region 4 Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medicare/Medic	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 01061 No 32 No 01061 No 22027

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CHILLICOTHE MANOR I LLC			
1301 MONROE ST		<b>Telephone</b> (660) 646-5180	Alzheimer's Unit No
CHILLICOTHE	MO 64601-1345	Level of Care RCF*	<b>Bed Capacity</b> 64
Mailing Address 1301 MONROE ST		County LIVINGSTON	DMH Licensed Yes
CHILLICOTHE	MO 64601-1345	Region 4	Facility Number 04632
CRESTVIEW HOME			
1313 SOUTH 25TH ST		<b>Telephone</b> (660) 425-3128	Alzheimer's Unit No
BETHANY	MO 64424-2634		
	MO 04424-2034		
Mailing Address PO BOX 430	MO (4424 0420	County HARRISON	
BETHANY	MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number 01936
DAVIESS COUNTY NURSING AND	REHABILITATION		
1337 WEST GRAND		<b>Telephone</b> (660) 663-2197	Alzheimer's Unit Yes
GALLATIN	MO 64640-8320	Level of Care SNF	Bed Capacity 97
Mailing Address 1337 WEST GRAND		County DAVIESS	<b>DMH Licensed</b> No
GALLATIN	MO 64640-8320	Region 4 Medicare/Medicaid	Facility Number 02032
EASTVIEW MANOR CARE CENTE	R		
1622 EAST 28TH ST		<b>Telephone</b> (660) 359-2251	Alzheimer's Unit No
TRENTON	MO 64683-1104	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 1622 EAST 28TH ST		County GRUNDY	<b>DMH Licensed</b> No
TRENTON	MO 64683-1104	Region 4 Medicare/Medicaid	Facility Number 18267
FIELD POINTE ASSISTED LIVING	BY AMERICARE		
5002 GENE FIELD ROAD		<b>Telephone</b> (816) 688-4001	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64506-2056	Level of Care ALF**	<b>Bed Capacity</b> 65
Mailing Address 5002 GENE FIELD R	OAD	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64506-2056	Region 4	Facility Number 32538
GARDENS AT BARRY ROAD, THE			
8300 NW BARRY RD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit Yes
KANSAS CITY	MO 64153-1634	Level of Care ALF**	Bed Capacity 40
Mailing Address 8300 NW BARRY RI	)	County PLATTE	DMH Licensed No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 23774
GARDENS AT BARRY ROAD, THE			
8300 NW BARRY ROAD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit No
KANSAS CITY	MO 64153-1634	Level of Care ALF	Bed Capacity 100
Mailing Address 8300 NW BARRY RI		County PLATTE	DMH Licensed No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 23774
		-	
GOLDEN AGE NURSING HOME			
12498 SE HWY 116		<b>Telephone</b> (660) 645-2243	Alzheimer's Unit No
BRAYMER	MO 64624-9107	Level of Care SNF	<b>Bed Capacity</b> 83
Mailing Address 12498 SE HWY 116		County CALDWELL	<b>DMH Licensed</b> No
BRAYMER	MO 64624-9107	Region 4 Medicare/Medicaid	Facility Number 02957

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COMED CONVALECTIVE CENTER	D. INC		
GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169	K, INC	<b>Telephone</b> (816) 424-6483	Alzheimer's Unit No
GOWER GOWER	MO 64454-9116	Level of Care SNF	Bed Capacity 82
Mailing Address PO BOX 170	WIO 04454-9110	County CLINTON	DMH Licensed No
GOWER	MO 64454-0170	•	Facility Number 03107
OOWER	WO 04434-0170	Region 4 Medicare/Medicaid	racinty Number 0310/
GRAND RIVER HEALTH CARE			
118 TRENTON RD		<b>Telephone</b> (660) 646-0353	Alzheimer's Unit No
CHILLICOTHE	MO 64601-4002	Level of Care SNF	Bed Capacity 60
Mailing Address 118 TRENTON RD	110 01001 1002	County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number 16939
CHILLICOTHL	WO 04001-4002	Region 4 Medicare/Medicaid	Facility Number 10939
GRAND ROYALE, THE			
2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit No
GLADSTONE	MO 64119-1831	Level of Care SNF	Bed Capacity 45
Mailing Address 2900 NE KENDALLV	WOOD PKWY	County CLAY	DMH Licensed No
GLADSTONE	MO 64119-1831	Region 4 Medicare/Medicaid	Facility Number 03086
			•
GRAND ROYALE, THE			
2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit NO
GLADSTONE	MO 64119-1831	Level of Care ALF**	<b>Bed Capacity</b> 25
Mailing Address 2900 NE KENDALLV	WOOD PKWY	County CLAY	DMH Licensed No
GLADSTONE	MO 64119-1831	Region 4	Facility Number 03086
HEARTLAND II RESIDENTIAL CA	RE FACILITY, INC		
117 SOUTH 15TH ST		<b>Telephone</b> (816) 676-1506	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2904	Level of Care RCF*	<b>Bed Capacity</b> 52
Mailing Address 117 SOUTH 15TH ST	Γ	County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64501-2904	Region 4	Facility Number 18620
		· ·	
HEARTLAND III RCF			
1606 SOUTH 38TH ST		<b>Telephone</b> (816) 390-8941	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2216	Level of Care RCF	Bed Capacity 18
Mailing Address PO BOX 8923		County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64508-8923	Region 4	Facility Number 00920
HEADTI AND DECIDENMIAL CAR	FEACH ITY INC		
HEARTLAND RESIDENTIAL CARE	E FACILII Y, INC	m 1 . 1	All I december 1971
1311 FRANCIS ST	1.0	<b>Telephone</b> (816) 233-5779	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2318	Level of Care RCF	Bed Capacity 20
Mailing Address 1311 FRANCIS ST		County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64501-2318	Region 4	Facility Number 02491
HERITAGE VILLAGE OF GLADST	ONE		
3000 NORTH EAST 64TH ST	<del></del>	<b>Telephone</b> (816) 454-5130	Alzheimer's Unit No
GLADSTONE	MO 64119-1569	Level of Care ALF**	Bed Capacity 60
Mailing Address 3000 NE 64TH ST		County CLAY	DMH Licensed No
GLADSTONE	MO 64119-1569	Region 4	Facility Number 12510
CLI IDD I CI IL	0111/100/	region .	- ucincj 1 (dilibet 12310

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HERITAGE VILLAGE OF PLATTE CITY			
15 WALLINGFORD DR	<b>Telephone</b> (816) 858-2182	Alzheimer's Unit No	Э
PLATTE CITY MO 64079-9604	Level of Care RCF*	Bed Capacity 30	)
Mailing Address 15 WALLINGFORD DR	County PLATTE	DMH Licensed No	О
PLATTE CITY MO 64079-9604	Region 4	Facility Number 13182	2
HILL CREST MANOR			
801 SOUTH COLBY	<b>Telephone</b> (816) 583-2119	Alzheimer's Unit No	Э
HAMILTON MO 64644-8287	Level of Care RCF	Bed Capacity 24	4
Mailing Address 801 SOUTH COLBY	County CALDWELL	DMH Licensed No	О
HAMILTON MO 64644-8287	Region 4	Facility Number 03315	5
HILL CREST MANOR 801 SOUTH COLBY	<b>Telephone</b> (816) 583-2119	Alzheimer's Unit No	_
HAMILTON MO 64644-8287	Level of Care SNF	Bed Capacity 90	
		DMH Licensed No.	
Mailing Address 801 SOUTH COLBY HAMILTON MO 64644-8287	·		
NO 04044-0207	Region 4 Medicare/Medicaid	Facility Number 03315	)
IGNITE MEDICAL RESORT KANSAS CITY LLC			
2100 NW BARRY ROAD	<b>Telephone</b> (816) 521-6610	Alzheimer's Unit No	о
KANSAS CITY MO 64154-1000	Level of Care SNF	Bed Capacity 90	0
Mailing Address 2100 NW BARRY ROAD	County PLATTE	DMH Licensed No	0
KANSAS CITY MO 64154-1000	Region 4 Medicare/Medicaid	Facility Number 31464	4
	g		
LAVERNA MANOR HEALTH & REHABILITATION			
904 SOUTH HALL AVE	<b>Telephone</b> (816) 324-3185	Alzheimer's Unit Yes	s
SAVANNAH MO 64485-1952	Level of Care SNF	Bed Capacity 120	Э
Mailing Address 904 SOUTH HALL AVE	County ANDREW	DMH Licensed No.	Э
SAVANNAH MO 64485-1952	Region 4 Medicare/Medicaid	Facility Number 04478	3
LAWSON MANOR & REHAB			
210 WEST 8TH TERRACE	<b>Telephone</b> (816) 580-3269	Alzheimer's Unit Yes	c
LAWSON MO 64062-9357	Level of Care SNF	Bed Capacity 60	
Mailing Address 210 WEST 8TH TERRACE	County RAY	DMH Licensed No	
LAWSON MO 64062-9357	Region 4 Medicare/Medicaid	Facility Number 07395	
E1110011 140 01002 3337	Region : Medical Civicultatu	Tuelling Pullinger	,
LEONA HOUSE			
5000 NW OLD TRAIL ROAD	<b>Telephone</b> (816) 584-1033	Alzheimer's Unit Yes	S
KANSAS CITY MO 64151-1946	Level of Care ALF**	Bed Capacity	7
Mailing Address 5000 NW OLD TRAIL RD	County PLATTE	DMH Licensed No	0
KANSAS CITY MO 64151-1946	Region 4	Facility Number 24748	3
I IREDTY HEAT THAND WELL NECC			
LIBERTY HEALTH AND WELLNESS 2201 GLENN HENDREN DR	<b>Telephone</b> (816) 736-8800	Alzheimer's Unit No	n
LIBERTY MO 64068-3375	Level of Care SNF	Bed Capacity 143	
Mailing Address 2201 GLENN HENDREN DR	County CLAY	DMH Licensed No	
LIBERTY MO 64068-3375	Region 4 Medicare/Medicaid	Facility Number 16715	
	-108-vii	10/10	

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LIFE CARE CENTER OF CARROLLTO	ON	T. 1	
300 LIFE CARE LN		<b>Telephone</b> (660) 542-0155	Alzheimer's Unit Yes
	AO 64633-1861	Level of Care SNF	Bed Capacity 120
Mailing Address 300 LIFE CARE LN	10 (4622 1061	County CARROLL	DMH Licensed No
CARROLLTON N	MO 64633-1861	Region 4 Medicare/Medicaid	Facility Number 11500
LINDEN WOODS VILLAGE		T. I	A1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2901 NE 72ND STREET	<b>10</b> (4110 7400	<b>Telephone</b> (816) 268-4000	Alzheimer's Unit No
	MO 64119-7400	Level of Care ALF**	Bed Capacity 40
Mailing Address 2901 NE 72ND STREET		County CLAY	DMH Licensed No
GLADSTONE N	ЛО 64119-7400	Region 4	Facility Number 30156
LINDEN WOODS VILLAGE			
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit No
	ло 64119-7400	Level of Care SNF	Bed Capacity 40
Mailing Address 2901 NE 72ND STREET		County CLAY	DMH Licensed No
	ло 64119-7400	Region 4 Medicare/Medicaid	Facility Number 30156
GEADUTOIVE IV	10 0411) 7400	Region 4 Medicare/Medicard	Taciney Number 50130
LIVING COMMUNITY OF ST JOSEPH	I		
1202 HEARTLAND RD		<b>Telephone</b> (816) 671-8500	Alzheimer's Unit No
SAINT JOSEPH N	AO 64506-3200	Level of Care SNF	<b>Bed Capacity</b> 96
Mailing Address 1202 HEARTLAND RD		County BUCHANAN	DMH Licensed No
SAINT JOSEPH M	AO 64506-3200	Region 4 Medicare/Medicaid	Facility Number 24179
LIVING COMMUNITY OF ST JOSEPH	]		
1202 HEARTLAND RD		<b>Telephone</b> (816) 671-8500	Alzheimer's Unit No
SAINT JOSEPH N	MO 64506-3200	Level of Care ALF**	Bed Capacity 35
Mailing Address 1202 HEARTLAND RD		County BUCHANAN	DMH Licensed No
SAINT JOSEPH N	AO 64506-3200	Region 4	Facility Number 24179
LIVINGSTON MANOR CARE CENTER	R		
939 E BIRCH DR		<b>Telephone</b> (660) 646-5177	Alzheimer's Unit Yes
	AO 64601-2189	Level of Care SNF	<b>Bed Capacity</b> 94
Mailing Address 939 E BIRCH DR		County LIVINGSTON	<b>DMH Licensed</b> No
CHILLICOTHE N	ЛО 64601-2189	Region 4 Medicare/Medicaid	Facility Number 20099
MARYVILLE CHATEAU			
1101 E 5TH STREET		<b>Telephone</b> (660) 582-7447	Alzheimer's Unit No
	AO 64468-1955	Level of Care RCF	Bed Capacity 20
Mailing Address 1101 E 5TH STREET		County NODAWAY	DMH Licensed No
o .	MO 64468-1955	Region 4	Facility Number 05149
IVALET VILLED IV	20 01700 1700	MG10II 7	2 acmey 110mmoci 03149
MARYVILLE LIVING CENTER			
524 NORTH LAURA		<b>Telephone</b> (660) 582-7447	Alzheimer's Unit Yes
MARYVILLE N	AO 64468-1955	Level of Care SNF	Bed Capacity 105
Mailing Address 524 NORTH LAURA		County NODAWAY	DMH Licensed No
MARYVILLE N	MO 64468-1955	Region 4 Medicare/Medicaid	Facility Number 05149

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MCCRITE PLAZA AT BRIARCLIF	F ASSISTED LIVING		
1201 NW TULLISON RD		<b>Telephone</b> (816) 888-7930	Alzheimer's Unit Yes
KANSAS CITY	MO 64116-2639	Level of Care ALF**	<b>Bed Capacity</b> 164
Mailing Address 1201 NW TULLISON		County CLAY	<b>DMH Licensed</b> No
KANSAS CITY	MO 64116-2639	Region 4	Facility Number 29084
MCCRITE PLAZA AT BRIARCLIF	E SKILLEN EACH ITV		
1301 TULLISON ROAD	F SKILLED FACILITY	<b>Telephone</b> (816) 888-7930	Alzheimer's Unit No
KANSAS CITY	MO 64116-2640	Level of Care SNF	Bed Capacity 56
Mailing Address 1201 NW TULLISON		County CLAY	DMH Licensed No
KANSAS CITY	MO 64116-2639	Region 4 Medicare	Facility Number 29084
KANSAS CII I	WIO 04110-2039	Region 4 Medicare	Facility Number 29084
MCDONALD BOARDING HOME			
438 NORTH 17TH ST		<b>Telephone</b> (816) 233-7060	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2015	Level of Care RCF	<b>Bed Capacity</b> 8
Mailing Address 438 NORTH 17TH S	T	County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64501-2015	Region 4	Facility Number 05170
MOCKINGBIRD MANOR REGIDEN	WINAY CARE		
MOCKINGBIRD MANOR RESIDEN	NTIAL CARE	The state of the s	A. A
227 W FRANKLIN	MO (4000 1041	Telephone (816) 781-8058	Alzheimer's Unit No
LIBERTY Matter Address BO BOY 121	MO 64068-1641	Level of Care RCF*	Bed Capacity 16
Mailing Address PO BOX 121 LIBERTY	MO 64060 0121	County CLAY	DMH Licensed Yes
LIDERII	MO 64069-0121	Region 4	Facility Number 05450
MORNINGSIDE CENTER			
1700 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit No
CHILLICOTHE	MO 64601-1545	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1700 MORNINGSID	E DR	County LIVINGSTON	<b>DMH Licensed</b> No
CHILLICOTHE	MO 64601-1545	Region 4 Medicare/Medicaid	Facility Number 05557
MORNINGSIDE CENTER ASSISTE	D LIVING APARTMENTS		
1702 MORNINGSIDE DR	D EIVING M MINERIUS	<b>Telephone</b> (660) 646-0170	Alzheimer's Unit No
CHILLICOTHE	MO 64601-1545	Level of Care ALF	Bed Capacity 31
Mailing Address 1702 MORNINGSID		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-1545	Region 4	Facility Number 05557
NEW MARK CARE CENTER			
11221 NORTH NASHUA DR		<b>Telephone</b> (816) 734-4433	Alzheimer's Unit Yes
KANSAS CITY	MO 64155-1159	Level of Care SNF	Bed Capacity 199
Mailing Address 11221 N NASHUA I		County CLAY	DMH Licensed No
KANSAS CITY	MO 64155-1159	Region 4 Medicare/Medicaid	Facility Number 12688
NICK'S HEALTH CARE CENTER,	LLC		
253 EAST HIGHWAY 116		<b>Telephone</b> (816) 539-2376	Alzheimer's Unit No
PLATTSBURG	MO 64477-1561	Level of Care SNF	<b>Bed Capacity</b> 70
Mailing Address 253 EAST HWY 116		County CLINTON	<b>DMH Licensed</b> No
PLATTSBURG	MO 64477-1561	Region 4 Medicare/Medicaid	Facility Number 22058

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NODAWAY HEALTHCARE		T. I. I. (660) 560 2076	
22371 STATE HIGHWAY 46	MO (4460 0157	<b>Telephone</b> (660) 562-2876	Alzheimer's Unit No
	MO 64468-8157	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 307	MO 64469 0207	County NODAWAY	DMH Licensed No
MARYVILLE N	MO 64468-0307	Region 4 Medicare/Medicaid	Facility Number 05766
NORTERRE			
2580 NORTERRE CIRCLE		<b>Telephone</b> (816) 479-4793	Alzheimer's Unit Yes
LIBERTY	MO 64068-3412	Level of Care ALF**	<b>Bed Capacity</b> 60
Mailing Address 2580 NORTERRE CIRC	CLE	County CLAY	DMH Licensed No
LIBERTY	MO 64068-3412	Region 4	Facility Number 31005
NORTERRE			
2555 NORTERRE CIRCLE		<b>Telephone</b> (816) 479-4793	Alzheimer's Unit No
	MO 64068-3313	Level of Care SNF	Bed Capacity 60
Mailing Address 2555 NORTERRE CIRC		County CLAY	DMH Licensed No
	MO 64086-3313	Region 4 Medicare/Medicaid	Facility Number 31005
EDERT	VIO 04000 3313	Region 4 Medical e/Medicalu	racincy ramper 51005
NORTHLAND REHABILITATION & F	HEALTH CARE CENTER		
4301 NE PARVIN ROAD		<b>Telephone</b> (816) 702-8000	Alzheimer's Unit No
	MO 64117-3001	Level of Care SNF	Bed Capacity 118
Mailing Address 4301 NE PARVIN ROAL		County CLAY	<b>DMH Licensed</b> No
KANSAS CITY	MO 64117-3001	Region 4 Medicare/Medicaid	Facility Number 31230
OAK POINTE OF KEARNEY			
200 MEADOWBROOK DR		<b>Telephone</b> (816) 628-0075	Alzheimer's Unit Yes
KEARNEY	MO 64060-8788	Level of Care ALF**	<b>Bed Capacity</b> 55
Mailing Address 200 MEADOWBROOK	DR	County CLAY	<b>DMH Licensed</b> No
KEARNEY N	MO 64060-8788	Region 4	Facility Number 29803
OAK POINTE OF MARYVILLE			
817 SOUTH COUNTRY CLUB DR		<b>Telephone</b> (660) 562-2799	Alzheimer's Unit Yes
MARYVILLE	MO 64468-1477	Level of Care ALF**	<b>Bed Capacity</b> 55
Mailing Address 817 SOUTH COUNTRY	CLUB DR	County NODAWAY	DMH Licensed No
MARYVILLE	MO 64468-1477	Region 4	Facility Number 29544
OAK RIDGE ASSISTED LIVING			
403 CRISPIN ST		<b>Telephone</b> (816) 776-3435	Alzheimer's Unit Yes
	MO 64085-1212	Level of Care ALF**	Bed Capacity 55
Mailing Address 403 CRISPIN ST		County RAY	DMH Licensed No
•	MO 64085-1212	Region 4	Facility Number 29711
OAKRIDGE OF PLATTSBURG			
205 EAST CLAY AVE		<b>Telephone</b> (816) 539-2128	Alzheimer's Unit No
PLATTSBURG M	MO 64477-8100	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 247		County CLINTON	<b>DMH Licensed</b> No
PLATTSBURG N	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number 05994

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OREGON HEALTHCARE				
501 MONROE	Telephone	(660) 446-3355	Alzheimer's Unit	No
OREGON MO 64473		SNF	Bed Capacity	60
Mailing Address PO BOX 19	County HOL		DMH Licensed	No
OREGON MO 64473	-0019 <b>Region 4</b>	Medicare/Medicaid	Facility Number	06097
ORILLA'S WAY				
1209 SOUTH HIGH ST	Telephone	(660) 564-2204	Alzheimer's Unit	No
GRANT CITY MO 64456		ALF**	Bed Capacity	37
Mailing Address PO BOX 56	County WOF	RTH	DMH Licensed	No
GRANT CITY MO 64456	-0056 Region 4		Facility Number	08591
OUR LADY OF MERCY COUNTRY HOME				
2160 MERCY DRIVE	Telephone	(816) 781-5711	Alzheimer's Unit	No
LIBERTY MO 64068	•	RCF*	Bed Capacity	44
Mailing Address 2115 MATURANA DRIVE	County CLA		DMH Licensed	No
LIBERTY MO 64068	•	.1	Facility Number	06153
222.77	Region 1		Tuestoy Tvanises	00155
OXFORD GRAND AT SHOAL CREEK				
8280 N TULLIS AVENUE	Telephone	(816) 781-8282	Alzheimer's Unit	Yes
KANSAS CITY MO 64158	-7683 Level of Care	ALF**	Bed Capacity	98
Mailing Address 8280 N TULLIS AVENUE	County CLA	Y	DMH Licensed	No
KANSAS CITY MO 64158	-7683 <b>Region 4</b>		Facility Number	30758
PARKDALE MANOR HEALTH & REHABILITA	TION			
814 WEST SOUTH AVE	Telephone	(660) 582-8161	Alzheimer's Unit	No
MARYVILLE MO 64468	-2772 Level of Care	SNF	<b>Bed Capacity</b>	86
Mailing Address 814 WEST SOUTH AVE	County NOD	DAWAY	DMH Licensed	No
MARYVILLE MO 64468	-2772 Region 4	Medicare/Medicaid	Facility Number	06308
PEARL'S II EDEN FOR ELDERS				
611 NORTH COLLEGE	Telephone	(660) 748-4407	Alzheimer's Unit	No
PRINCETON MO 64673	-1051 Level of Care	SNF	Bed Capacity	60
Mailing Address 611 NORTH COLLEGE	County MER	RCER	DMH Licensed	No
PRINCETON MO 64673	-1051 <b>Region 4</b>	Medicare/Medicaid	<b>Facility Number</b>	06453
PINE VIEW MANOR, INC				
307 NORTH PINEVIEW ST	Telephone	(660) 783-2118	Alzheimer's Unit	No
STANBERRY MO 64489	•	ALF**	Bed Capacity	12
Mailing Address 307 NORTH PINEVIEW ST	County GEN		DMH Licensed	No
STANBERRY MO 64489	•		Facility Number	05832
PINE VIEW MANOR, INC				
307 NORTH PINEVIEW ST	Telephone	(660) 783-2118	Alzheimer's Unit	No
STANBERRY MO 64489		SNF	Bed Capacity	70
Mailing Address 307 NORTH PINEVIEW ST	County GEN		DMH Licensed	No
STANBERRY MO 64489		Medicare/Medicaid	Facility Number	05832
			-	

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DI EACANE WALLEY MANOD CAD	E CENTED		
PLEASANT VALLEY MANOR CAR 6814 SOBBIE RD	E CENTER	<b>Telephone</b> (816) 781-5277	Alzheimer's Unit No
LIBERTY	MO 64068-9555	Level of Care SNF	Bed Capacity 102
Mailing Address 6814 SOBBIE RD	1125 01000 7555	County CLAY	DMH Licensed No
LIBERTY	MO 64068-9555	Region 4 Medicare/Medicaid	Facility Number 06020
		Region - Medical of Medical	
PLEASANT VIEW NURSING HOME	Ξ		
470 RAINBOW DR		<b>Telephone</b> (660) 744-6252	Alzheimer's Unit No
ROCK PORT	MO 64482-1641	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 273		County ATCHISON	DMH Licensed No
ROCK PORT	MO 64482-0273	Region 4 Medicare/Medicaid	Facility Number 06041
PRIMROSE RETIREMENT COMM	UNITY OF KANSAS CITY		
8559 NORTH LINE CREEK PARKWA	Y	<b>Telephone</b> (816) 468-8282	Alzheimer's Unit No
KANSAS CITY	MO 64154-2100	Level of Care ALF**	Bed Capacity 44
Mailing Address 8559 NORTH LINE O	CREEK PARKWAY	County PLATTE	DMH Licensed No
KANSAS CITY	MO 64154-2100	Region 4	Facility Number 29020
OHAH DIM HEALTH CADE CENT	T D		
QUAIL RUN HEALTH CARE CENT 1405 WEST GRAND AVE	EK	<b>Telephone</b> (816) 632-2151	Alzheimer's Unit No
CAMERON	MO 64429-1118	Telephone (816) 632-2151  Level of Care SNF	Bed Capacity 84
Mailing Address PO BOX 525	WIO 04429-1116	County DEKALB	DMH Licensed No
CAMERON	MO 64429-0525	Region 4 Medicare/Medicaid	Facility Number 03829
CAMERON	1410 04427-0323	Region 4 Medicare/Medicaid	racinty Number 03829
RIVERSIDE NURSING & REHABIL	ITATION CENTER, LLC		
4700 NW CLIFFVIEW DR		<b>Telephone</b> (816) 741-5105	Alzheimer's Unit NO
RIVERSIDE	MO 64150-1237	Level of Care SNF	<b>Bed Capacity</b> 180
Mailing Address 4700 NW CLIFFVIEV	W DR	County PLATTE	<b>DMH Licensed</b> No
RIVERSIDE	MO 64150-1237	Region 4 Medicare/Medicaid	Facility Number 01532
SHIRKEY NURSING & REHABILIT	CATION CENTER		
804 WOLLARD BLVD		<b>Telephone</b> (816) 776-5403	Alzheimer's Unit Yes
RICHMOND	MO 64085-2227	Level of Care SNF	Bed Capacity 197
Mailing Address 804 WOLLARD BLV	TD	County RAY	DMH Licensed No
RICHMOND	MO 64085-2227	Region 4 Medicare/Medicaid	Facility Number 07289
ST JOSEPH CHATEAU			
811 NORTH 9TH ST		<b>Telephone</b> (816) 233-5164	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-1651	Level of Care SNF	Bed Capacity 69
Mailing Address 811 NORTH 9TH ST	WIO 04301-1031	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64508-1651	•	Facility Number 07532
SAMIT JOSEI II	1110 04300-1031	Region 4 Medicare/Medicaid	racincy runner 0/332
ST JOSEPH MANOR HEALTH & RI	EHABILITATION		
1317 NORTH 36TH ST	EHABILITATION	<b>Telephone</b> (816) 676-1630	Alzheimer's Unit No
1317 NORTH 36TH ST SAINT JOSEPH	MO 64506-2359	Level of Care SNF	Bed Capacity 110
1317 NORTH 36TH ST	MO 64506-2359	- · · · · · · · · · · · · · · · · · · ·	

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STONEBRIDGE CHILLICOTHE			
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit No
CHILLICOTHE	MO 64601-3525	Level of Care SNF	Bed Capacity 75
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-3525	Region 4 Medicare/Medicaid	Facility Number 03833
			·
STONEBRIDGE CHILLICOTHE			
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit No
CHILLICOTHE	MO 64601-3525	Level of Care RCF*	Bed Capacity 40
Mailing Address 2601 FAIR ST		County LIVINGSTON	<b>DMH Licensed</b> No
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number 03833
SUNNYVIEW NURSING HOME & A	PARTMENTS		
1311 EAST 28TH ST		<b>Telephone</b> (660) 359-5647	Alzheimer's Unit No
TRENTON	MO 64683-1103	Level of Care SNF	Bed Capacity 154
Mailing Address 1311 EAST 28TH ST		County GRUNDY	DMH Licensed No
TRENTON	MO 64683-1103	Region 4 Medicare/Medicaid	Facility Number 18509
SUNNYVIEW NURSING HOME & A	PARTMENTS		
1311 EAST 28TH ST		<b>Telephone</b> (660) 359-5647	Alzheimer's Unit No
TRENTON	MO 64683-1103	Level of Care RCF*	<b>Bed Capacity</b> 38
Mailing Address 1311 EAST 28TH ST		County GRUNDY	<b>DMH Licensed</b> No
TRENTON	MO 64683-1103	Region 4	Facility Number 18509
GANAGET AND AN			
SUNSET HOME		T. 1 . 1 (01.6) 440 2150	A11
1201 SOUTH POLK	MO (4460 4020	<b>Telephone</b> (816) 449-2158	Alzheimer's Unit No
MAYSVILLE	MO 64469-4028	Level of Care SNF	Bed Capacity 60  DMH Licensed No
Mailing Address 1201 S POLK MAYSVILLE	MO 64460 4029	County DEKALB	
MAISVILLE	MO 64469-4028	Region 4 Medicare/Medicaid	Facility Number 07798
TARKIO REHABILITATION & HEA	ALTH CARE		
300 CEDAR ST		<b>Telephone</b> (660) 736-4116	Alzheimer's Unit No
TARKIO	MO 64491-1174	Level of Care SNF	<b>Bed Capacity</b> 95
Mailing Address 300 CEDAR ST		County ATCHISON	DMH Licensed No
TARKIO	MO 64491-1174	Region 4 Medicare/Medicaid	Facility Number 00494
mwoa prame			
THOMAS RESIDENTIAL CARE FA	CILITY 3		
1415 OLIVE ST		<b>Telephone</b> (816) 273-5070	Alzheimer's Unit No
SAINT JOSEPH	MO 64503-2443	Level of Care RCF	Bed Capacity 20
Mailing Address 1415 OLIVE ST		County BUCHANAN	DMH Licensed Yes
SAINT JOSEPH	MO 64503-2443	Region 4	Facility Number 06076
TIFFANY HEIGHTS			
1531 NEBRASKA ST		<b>Telephone</b> (660) 442-3146	Alzheimer's Unit No
MOUND CITY	MO 64470-1610	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 308		County HOLT	DMH Licensed No
MOUND CITY	MO 64470-0308	Region 4 Medicare/Medicaid	Facility Number 07998
		3	•

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TIFFANY SPRINGS REHABILITATION & HEALTH CARE CENTE		
9191 N AMBASSADOR DR	<b>Telephone</b> (816) 741-5570	Alzheimer's Unit No
KANSAS CITY MO 64154-7247	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 9191 N AMBASSADOR DR	County PLATTE	<b>DMH Licensed</b> No
KANSAS CITY MO 64154-7247	Region 4 Medicare/Medicaid	Facility Number 30748
TIFFANY SPRINGS SENIOR CARE COMMUNITY		
9101 N AMBASSADOR DRIVE	<b>Telephone</b> 816-621-3810	Alzheimer's Unit Yes
KANSAS CITY MO 64154-7295	Level of Care ALF**	<b>Bed Capacity</b> 89
Mailing Address 9101 N AMBASSADOR DRIVE	County PLATTE	DMH Licensed No
KANSAS CITY MO 64154-7295	Region 4	Facility Number 30748
VALLEY MANOR AND REHABILITATION CENTER		
1410 HOSPITAL DR	<b>Telephone</b> (816) 637-1010	Alzheimer's Unit No
EXCELSIOR SPRINGS MO 64024-1168	Level of Care SNF	Bed Capacity 120
Mailing Address 1410 HOSPITAL DR	County CLAY	DMH Licensed No
EXCELSIOR SPRINGS MO 64024-1168	Region 4 Medicare/Medicaid	Facility Number 02425
VILLAGE CARE CENTER, INC		
810 EAST EDWARDS ST	<b>Telephone</b> (660) 562-3515	Alzheimer's Unit No
MARYVILLE MO 64468-2917	Level of Care RCF*	Bed Capacity 18
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	DMH Licensed No
MARYVILLE MO 64468-2917	Region 4	Facility Number 20361
		20001
VILLAGE CARE CENTER, INC		
810 EAST EDWARDS ST	<b>Telephone</b> (660) 562-3515	Alzheimer's Unit No
MARYVILLE MO 64468-2917	Level of Care SNF	<b>Bed Capacity</b> 46
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	DMH Licensed No
MARYVILLE MO 64468-2917	Region 4 Medicare/Medicaid	Facility Number 20361
VILLAGE WEST, THE		
318 EAST LITTLE BRICK ROAD	<b>Telephone</b> (816) 632-7611	Alzheimer's Unit No
CAMERON MO 64429-1231	Level of Care RCF*	<b>Bed Capacity</b> 27
Mailing Address 318 EAST LITTLE BRICK RD	County CLINTON	<b>DMH Licensed</b> No
CAMERON MO 64429-1231	Region 4	Facility Number 18104
VILLAGE, THE		
320 EAST LITTLE BRICK RD	<b>Telephone</b> (816) 632-7611	Alzheimer's Unit No
CAMERON MO 64429-1231	Level of Care RCF*	<b>Bed Capacity</b> 49
Mailing Address 320 EAST LITTLE BRICK RD	County CLINTON	<b>DMH Licensed</b> No
CAMERON MO 64429-1231	Region 4	Facility Number 08945
VINTAGE GARDENS ASSISTED LIVING		
3302 NORTH WOODBINE ROAD	<b>Telephone</b> (816) 279-3330	Alzheimer's Unit Yes
SAINT JOSEPH MO 64505-9323	Level of Care ALF	<b>Bed Capacity</b> 51
Mailing Address 3302 NORTH WOODBINE RD	County BUCHANAN	<b>DMH Licensed</b> No
SAINT JOSPEH MO 64505-9323	Region 4	Facility Number 22959

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VINTAGE GARDENS ASSISTED I	LIVING			
3302 NORTH WOODBINE ROAD		<b>Telephone</b> (816) 279-3330	Alzheimer's Unit	No
SAINT JOSEPH	MO 64505-9323	Level of Care ALF**	Bed Capacity	44
Mailing Address 3302 N WOODBIN		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64505-9323	Region 4	Facility Number	22959
WELLINGTON SENIOR LIVING,	ГНЕ			
1051 KENT STREET		<b>Telephone</b> (816) 222-0379	Alzheimer's Unit	YES
LIBERTY	MO 64068-2257	Level of Care ALF**	Bed Capacity	66
Mailing Address 1051 KENT STREE	ET	County CLAY	DMH Licensed	No
LIBERTY	MO 64068-2257	Region 4	Facility Number	33016
WESTBROOK CARE CENTER, IN	VC			
401 S PLATTE CLAY WAY	,,,	<b>Telephone</b> (816) 628-2222	Alzheimer's Unit	No
KEARNEY	MO 64060-7714	Level of Care RCF*	Bed Capacity	27
Mailing Address 401 S PLATTE CL		County CLAY	DMH Licensed	No
KEARNEY	MO 64060-7714	Region 4	Facility Number	19757
WEVEODD BY A OF A COVERED TO THE	UNIC AND REPLEADED COMMON	E DV CENTOD CE + P		
WEXFORD PLACE ASSISTED LIV	VING AND MEMORY SUPPOR		A 1	Vac
6460 NORTH COSBY AVE KANSAS CITY	MO 64151-2377	Telephone (816) 743-4259 Level of Care ALF**	Alzheimer's Unit	Yes 98
Mailing Address 6460 NORTH COS		County PLATTE	Bed Capacity DMH Licensed	No
KANSAS CITY	MO 64151-2377	Region 4	Facility Number	28861
MINORIS CITT	1110 04131 2377	Region 4	Pacinty Number	28801
WILD-KAT ESTATES, LLC				
300 WEST FAIRVIEW STREET		<b>Telephone</b> (660) 728-2301	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care ALF**	<b>Bed Capacity</b>	24
Mailing Address 300 WEST FAIRVI	EW STREET	County GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region 4	Facility Number	04305
WINDEMERE HEALTHCARE CE	NTER LLC			
3100 NORTH WEST VIVION RD		<b>Telephone</b> (816) 741-0753	Alzheimer's Unit	NO
RIVERSIDE	MO 64150-9436	Level of Care RCF	<b>Bed Capacity</b>	65
Mailing Address 3100 NORTH WES	ST VIVION RD	County PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-9436	Region 4	Facility Number	08668
WORTH COUNTY CONVALESCE	ENT CENTER			
503 E 4TH ST		<b>Telephone</b> (660) 564-3304	Alzheimer's Unit	No
GRANT CITY	MO 64456-8363	Level of Care SNF	Bed Capacity	50
Mailing Address 503 E 4TH ST		County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	Facility Number	08779
Region: 5				
ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		<b>Telephone</b> (636) 240-5754	Alzheimer's Unit	NO
O'FALLON	MO 63366-	Level of Care ALF**	Bed Capacity	10
Mailing Address 206 NORTH MAIN	ST	County SAINT CHARLES	DMH Licensed	No
OFALLON	110 (22(( 220)	~ · ·		

Region 5

Facility Number

27367

MO 63366-2299

O'FALLON

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ABBEY SENIOR HEALTH				
206 NORTH MAIN ST		<b>Telephone</b> (636) 240-5754	Alzheimer's Unit	No
O'FALLON	MO 63366-2299	Level of Care SNF	Bed Capacity	55
Mailing Address 206 NORTH MAIN S	ST	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5 Medicare/Medicaid	Facility Number	27367
ARBORS AT HIGHLAND CREST -	ALZHEIMERS ASSISTED LIVING BY	Y AMERICARE, THE		
620 GILASPY ROAD		<b>Telephone</b> (660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD		County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4678	Region 5	Facility Number	23608
APROPS AT LAKEVIEW REND - A	ASSISTED LIVING BY AMERICARE,	тиг		
1700 ASBURY CIRCLE WEST	DISTED LIVING DI AMERICARE,	<b>Telephone</b> (573) 581-8777	Alzheimer's Unit	Yes
MEXICO	MO 65265-1400	Level of Care ALF**	Bed Capacity	39
			= -	
Mailing Address 1722 HUNTINGFIEL		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	13544
10000 10000				
ARBORS AT MOUNT CARMEL, TI	HE			
723 FIRST CAPITOL DR		<b>Telephone</b> (636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care ALF**	Bed Capacity	30
Mailing Address 723 FIRST CAPITOI	L DR	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region 5	Facility Number	29396
ASHBURY HEIGHTS OF FAYETTE	$\Xi$			
200 GROCE ST		<b>Telephone</b> (660) 248-3603	Alzheimer's Unit	No
FAYETTE	MO 65248-9813	Level of Care RCF	Bed Capacity	12
Mailing Address 200 GROCE ST		County HOWARD	DMH Licensed	No
FAYETTE	MO 65248-9813	Region 5	Facility Number	23894
			•	
ASPEN POINT HEALTH AND REH	ABILITATION			
2840 WEST CLAY ST		<b>Telephone</b> (636) 946-6100	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2536	Level of Care SNF	Bed Capacity	180
Mailing Address 2840 WEST CLAY S		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2536	Region 5 Medicare/Medicaid	Facility Number	01521
SAINI CHARLES	WIO 03301-2330	Region 5 Medicare/Medicaid	racinty Number	01321
ASPIRE SENIOR LIVING MOBERI	v			
700 EAST URBANDALE DR		<b>Telephone</b> (660) 263-9060	Alzheimer's Unit	Yes
	MO 65270 1066			
MOBERLY	MO 65270-1966	Level of Care SNF	Bed Capacity	120
Mailing Address 700 EAST URBAND		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-1966	Region 5 Medicare/Medicaid	Facility Number	12523
ACCICTED I IMINIC AT THE MEAD	OWI ANDS			
ASSISTED LIVING AT THE MEAD	OWLANDS	Tolonhono (626) 070 2600	Alzheimenta IInit	Vac
135 MEADOWLANDS ESTATES LN	MO 62266 4501	Telephone (636) 978-3600	Alzheimer's Unit	Yes
O'FALLON Molling Address 125 MEADOWLANI	MO 63366-4591	Level of Care ALF**	Bed Capacity	86 No
Mailing Address 135 MEADOWLANI		County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 63366-4591	Region 5	Facility Number	26475

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BAPTIST HOMES, TRI-COUNTY				
601 NORTH GALLOWAY RD	Telephone	(573) 594-6467	Alzheimer's Unit	No
VANDALIA MO 63382-12		RCF	Bed Capacity	20
Mailing Address 601 NORTH GALLOWAY RD	County AUDI	RAIN	DMH Licensed	No
VANDALIA MO 63382-12	Region 5		Facility Number	08096
BAPTIST HOMES, TRI-COUNTY				
601 NORTH GALLOWAY RD	Telephone	(573) 594-6467	Alzheimer's Unit	YES
VANDALIA MO 63382-12		SNF	Bed Capacity	90
Mailing Address 601 NORTH GALLOWAY RD	County AUD	RAIN	DMH Licensed	No
VANDALIA MO 63382-12	Region 5	Medicare/Medicaid	Facility Number	08096
DADATHAVEN ALZHEIMEDIC CDECIAL CADE C	ENTRED			
BARATHAVEN ALZHEIMER'S SPECIAL CARE C 1030 BARATHAVEN DR	Telephone	(636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE MO 63368-80	•	ALF**	Bed Capacity	66
Mailing Address 1030 BARATHAVEN DR		T CHARLES	DMH Licensed	No
DARDENNE PRAIRIE MO 63368-8	·	I CHARLES	Facility Number	
DANDENNE FRAIRIE MO 03300-00	Kegion 5		Facinty Number	26902
BELOVED HEALTH AND REHABILITATION CE	NTER			
328 MUNGER LANE	Telephone	(573) 577-2100	Alzheimer's Unit	No
HANNIBAL MO 63401-23	Level of Care	SNF	Bed Capacity	111
Mailing Address 328 MUNGER LANE	County MAR	ION	DMH Licensed	No
HANNIBAL MO 63401-23	Region 5	Medicare/Medicaid	<b>Facility Number</b>	03340
BETH HAVEN NURSING HOME				
2500 PLEASANT ST	Telephone	(573) 221-6000	Alzheimer's Unit	Yes
HANNIBAL MO 63401-20		SNF	Bed Capacity	105
Mailing Address 2500 PLEASANT ST	County MAR	ION	DMH Licensed	No
HANNIBAL MO 63401-20	Region 5	Medicare/Medicaid	Facility Number	00469
BIG BEND RETREAT				
620 NORTH EMMERSON	Telephone	(660) 529-2237	Alzheimer's Unit	No
SLATER MO 65349-1	•	RCF*	Bed Capacity	10
Mailing Address 620 NORTH EMMERSON	County SALI		DMH Licensed	No
SLATER MO 65349-1	•		Facility Number	00546
			·	
BIG BEND RETREAT				
620 NORTH EMMERSON	Telephone	(660) 529-2237	Alzheimer's Unit	No
SLATER MO 65349-1	Level of Care	ICF	<b>Bed Capacity</b>	60
Mailing Address 620 NORTH EMMERSON	County SALI	NE	DMH Licensed	No
SLATER MO 65349-1	Region 5		Facility Number	00546
BLESSING CENTER, THE				
302 NORTH MAIN	Telephone	(660) 397-2293	Alzheimer's Unit	No
EDINA MO 63537-13		RCF	Bed Capacity	51
Mailing Address 302 NORTH MAIN	County KNO		DMH Licensed	Yes
EDINA MO 63537-13			Facility Number	03728
	incgion o			22.20

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BOULEVARD SENIOR LIVING OF	ST CHARLES,THE				
3340 EHLMANN ROAD		Telephone	(636) 757-5077	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63301-4087	Level of Care	ALF**	Bed Capacity	128
Mailing Address 3340 EHLMANN RO	DAD	County SAIN	NT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-4087	Region 5		Facility Number	31029
BOULEVARD SENIOR LIVING OF	WENTZVILLE, THE				
120 PERRY CATE BOULEVARD		Telephone	(636) 698-9458	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-4719	Level of Care	ALF**	Bed Capacity	62
Mailing Address 120 PERRY CATE I			NT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-4719	Region 5		Facility Number	31404
BOWLING GREEN RESIDENTIAL	CARE				
119 WEST CENTENNIAL AVE	CIMI	Telephone	(573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1605	Level of Care	RCF*	Bed Capacity	25
Mailing Address 119 WEST CENTEN		County PIKE		DMH Licensed	Yes
BOWLING GREEN	MO 63334-1605	Region 5	_	Facility Number	07712
BOWERTO OREER	110 03334 1003	Region 5		Tachity Number	07712
BRISTOL MANOR OF BROOKFIE	LD				
338 THOMPSON		Telephone	(660) 258-5065	Alzheimer's Unit	No
BROOKFIELD	MO 64628-2419	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 338 THOMPSON		County LINI	N	DMH Licensed	No
BROOKFIELD	MO 64628-2419	Region 5		Facility Number	18666
BRISTOL MANOR OF ELSBERRY			(550) 000 5055		
1402 RIVERVIEW DR	1.50 (00.10.1.510	Telephone	(573) 898-5955	Alzheimer's Unit	No
ELSBERRY	MO 63343-1612	Level of Care	RCF	Bed Capacity	12
Mailing Address 1402 RIVERVIEW I		County LING	COLN	DMH Licensed	No
ELSBERRY	MO 63343-1612	Region 5		Facility Number	20015
BRISTOL MANOR OF MACON					
707 RANCHLAND DR		Telephone	(660) 385-3020	Alzheimer's Unit	No
MACON	MO 63552-1994	Level of Care	RCF	Bed Capacity	12
Mailing Address 707 RANCHLAND	DR	County MAG	CON	DMH Licensed	No
MACON	MO 63552-1994	Region 5		<b>Facility Number</b>	17865
DDV0000 121120 2					
BRISTOL MANOR OF MARCELIN	E	m	(660) 27 - 27 - 2		
102 EAST HAYDEN		Telephone	(660) 376-2210	Alzheimer's Unit	No
MARCELINE	MO 64658-2003	Level of Care	RCF	Bed Capacity	12
Mailing Address 102 EAST HAYDEN		County LINI	N	DMH Licensed	No
MARCELINE	MO 64658-2003	Region 5		Facility Number	17764
BRISTOL MANOR OF MONROE O	TTY				
1017 EAST LAWN ST		Telephone	(573) 735-3068	Alzheimer's Unit	No
MONROE CITY	MO 63456-1433	Level of Care	RCF	Bed Capacity	12
Mailing Address 1017 EAST LAWN S		County MON	NROE	DMH Licensed	Yes
MONROE CITY	MO 63456-1433	Region 5		Facility Number	20045
		3		-	

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BRISTOL MANOR OF PALMYRA		Talambana	(572) 7(0 2127	A 1-1	NT-
1815 SOUTH MAIN	MO (2461-1061	Telephone	(573) 769-2127	Alzheimer's Unit	No
	MO 63461-1961	Level of Care	RCF	Bed Capacity	12 N
Mailing Address 1815 SOUTH MAIN	MO (2461-1061	County MAR	ION	DMH Licensed	No
PALMYRA N	MO 63461-1961	Region 5		Facility Number	20260
BRISTOL MANOR OF SALISBURY					
102 NORTH WILLIE ST		Telephone	(660) 388-5728	Alzheimer's Unit	No
	MO 65281-1458	Level of Care	RCF	Bed Capacity	12
Mailing Address 102 NORTH WILLIE ST			RITON	DMH Licensed	No
_	MO 65281-1458	Region 5	aror.	Facility Number	18325
SALISBORT 1	.10 03201 1430	Region 5		racinty Number	16323
BRISTOL MANOR OF UNIONVILLE					
715 NORTH 22ND ST, HWY 5 NORTH		Telephone	(660) 947-2151	Alzheimer's Unit	No
UNIONVILLE	MO 63565-1142	Level of Care	RCF	Bed Capacity	12
Mailing Address 715 NORTH 22ND ST, I	HWY 5 NORTH	County PUTN	IAM	DMH Licensed	No
UNIONVILLE	MO 63565-1142	Region 5		Facility Number	19153
		Ü			
BRISTOL MANOR OF WENTZVILLE					
840 WEST NORTHVIEW		Telephone	(636) 639-6777	Alzheimer's Unit	No
	MO 63385-1036	Level of Care	RCF	Bed Capacity	12
Mailing Address 840 W NORTHVIEW		County SAIN	T CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-1036	Region 5		Facility Number	20397
DROOM CHEDIEN ACCIONED I MANO	•				
BROOK CHERITH ASSISTED LIVING	,	T. 1	(660) 277, 4420	A1 1	N
104 EAST ELM ST	MO (5250 1111	Telephone	(660) 277-4439	Alzheimer's Unit	No
	MO 65259-1111	Level of Care	ALF OOLPH	Bed Capacity DMH Licensed	38 Yes
Mailing Address 104 EAST ELM ST HUNTSVILLE	MO 65250 1111	•	JOLPH		
HUNISVILLE	MO 65259-1111	Region 5		Facility Number	10918
BRUNSWICK NURSING & REHAB					
721 W HARRISON ST		Telephone	(660) 548-3182	Alzheimer's Unit	No
BRUNSWICK	MO 65236-1096	Level of Care	SNF	Bed Capacity	60
Mailing Address 721 W HARRISON ST		County CHAI	RITON	DMH Licensed	No
BRUNSWICK	MO 65236-1096	Region 5 N	Medicare/Medicaid	Facility Number	03123
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 SAIN	T CHARLES	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-6710	Region 5		Facility Number	15342
CEDADHIDET OF CT CHADIFE ACC	STEED I WING & MEMODY CAPE				
CEDARHURST OF ST. CHARLES ASS 1800 FIRST CAPITOL DRIVE	DISTED LIVING & MEMORY CARE	Telephone	(636) 255 9004	Alzheimer's Unit	Yes
	MO 63301-1646	Level of Care	(636) 255-8094 ALF**	Bed Capacity	1 es 155
Mailing Address 1800 FIRST CAPITOL I		County SAIN		DMH Licensed	No
_	MO 63301-1646	•	LUMINELD	Facility Number	30676
SIMIL CHARLES I	410 00001-10 <del>1</del> 0	Region 5		i acmey Munidel	20070

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CHARITON PARK HEALTH CARE C	ENTER		
902 MANOR DR		<b>Telephone</b> (660) 388-6486	Alzheimer's Unit No
SALISBURY	MO 65281-1236	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 902 MANOR DR		County CHARITON	<b>DMH Licensed</b> No
SALISBURY	MO 65281-1236	Region 5 Medicare/Medicaid	Facility Number 06469
CHESTNUT GLENN - ASSISTED LIV	INC RV AMEDICADE		
121 KLONDIKE CROSSING	ING DI AMERICARE	<b>Telephone</b> (636) 928-4200	Alzheimer's Unit Yes
	MO 63376-5394	Level of Care ALF**	Bed Capacity 74
Mailing Address 121 KLONDIKE CROS		County SAINT CHARLES	DMH Licensed No
	MO 63376-5394	Region 5	Facility Number 25446
SAINI FETERS	MO 03370-3394	Region 5	racinty Number 23440
CLARENCE CARE CENTER			
111 EAST ST		<b>Telephone</b> (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
CLARENDALE OF ST PETERS			
10 DUBRAY DRIVE		<b>Telephone</b> (636)706-5100	<b>Alzheimer's Unit</b> yes
SAINT PETERS	MO 63376-3558	Level of Care ALF**	Bed Capacity 110
Mailing Address 10 DUBRAY DRIVE		County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT PETERS	MO 63376-3558	Region 5	Facility Number 32095
CLARK COUNTY NURSING HOME			
1260 N JOHNSON ST		<b>Telephone</b> (660) 727-3303	Alzheimer's Unit No
	MO 63445-1100	Level of Care SNF	Bed Capacity 103
Mailing Address 1260 N JOHNSON ST	110 03 113 1100	County CLARK	DMH Licensed No
-	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number 01480
II III OILI	110 03 113 1100	Region 5 Medicare/Medicard	1 tellity 1 tallise1 01400
CLARK COUNTY NURSING HOME			
1260 N JOHNSON ST		<b>Telephone</b> (660) 727-3303	Alzheimer's Unit No
KAHOKA	MO 63445-1100	Level of Care RCF*	<b>Bed Capacity</b> 22
Mailing Address 1260 N JOHNSON ST		County CLARK	<b>DMH Licensed</b> No
KAHOKA	MO 63445-1100	Region 5	Facility Number 01480
COATES STREET COMFORT HOUSI	F		
612 WEST COATES ST	<u> </u>	<b>Telephone</b> (660) 263-6759	Alzheimer's Unit No
	MO 65270-1319	Level of Care RCF	Bed Capacity 20
Mailing Address PO BOX 781	110 002/0 1017	County RANDOLPH	DMH Licensed Yes
9	MO 65270-0781	·	
MODEREI	1110 UJ2/U=U/01	Region 5	Facility Number 08220
COTTAGES OF LAKE ST LOUIS			
2885 TECHNOLOGY DRIVE		<b>Telephone</b> (636) 614-3510	Alzheimer's Unit No
LAKE SAINT LOUIS	MO 63367-4123	Level of Care SNF	Bed Capacity 60
Mailing Address 2885 TECHNOLOGY I	DRIVE	County SAINT CHARLES	DMH Licensed No
LAKE SAINT LOUIS	MO 63367-4123	Region 5 Medicare	Facility Number 30318

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COUNTRY AIRE ESTATES, LLC				
49303 RENSSELAER LN		<b>Telephone</b> (573) 221-5400	Alzheimer's Unit	No
HANNIBAL	MO 63401-7356	Level of Care RCF*	Bed Capacity	16
Mailing Address 49303 RENSSELAE	R LN	County RALLS	DMH Licensed	Yes
HANNIBAL	MO 63401-7356	Region 5	Facility Number	14270
COUNTRY AIRE RETIREMENT C	ENTER	m (550) 215 2216		
18540 STATE HIGHWAY 16	150 - 50 170 0111	<b>Telephone</b> (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care RCF*	Bed Capacity	8
Mailing Address 18540 STATE HIGH		County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5	Facility Number	16896
COUNTRY AIRE RETIREMENT C	ENTER			
18540 STATE HIGHWAY 16		<b>Telephone</b> (573) 215-2216	Alzheimer's Unit	No
LEWISTOWN	MO 63452-2111	Level of Care SNF	Bed Capacity	60
Mailing Address 18540 STATE HIGH		County LEWIS	DMH Licensed	No
LEWISTOWN	MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number	16896
LEWISTOWN	WIO 03432-2111	Region 5 Medicare/Medicaid	Pacinty Number	10890
COUNTRY VIEW NURSING FACIL	LITY, INC			
2106 WEST MAIN ST		<b>Telephone</b> (573) 324-2216	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1049	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 330		County PIKE	DMH Licensed	No
BOWLING GREEN	MO 63334-0330	Region 5 Medicare/Medicaid	Facility Number	14926
DELMAR GARDENS OF O'FALLO	N	T. I. I. (626) 240, 6100		**
7068 SOUTH OUTER 364		<b>Telephone</b> (636) 240-6100	Alzheimer's Unit	Yes
O'FALLON	MO 63368-7757	Level of Care SNF	Bed Capacity	240
Mailing Address 7068 SOUTH OUTE	R 364	County SAINT CHARLES	DMH Licensed	No
OEALLON				
O'FALLON	MO 63368-7757	Region 5 Medicare/Medicaid	Facility Number	24291
ELSBERRY MISSOURI HEALTH O		Region 5 Medicare/Medicaid	Facility Number	
		Region 5 Medicare/Medicaid  Telephone (573) 898-2880	Facility Number  Alzheimer's Unit	
ELSBERRY MISSOURI HEALTH O	CARE CENTER		Alzheimer's Unit	24291
ELSBERRY MISSOURI HEALTH O 1827 HIGHWAY B ELSBERRY		Telephone (573) 898-2880 Level of Care ALF**	Alzheimer's Unit Bed Capacity	24291 NO 12
ELSBERRY MISSOURI HEALTH O	CARE CENTER	<b>Telephone</b> (573) 898-2880	Alzheimer's Unit	24291 NO
ELSBERRY MISSOURI HEALTH O 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HIGHWAY B	MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN	Alzheimer's Unit Bed Capacity DMH Licensed	24291 NO 12 No
ELSBERRY MISSOURI HEALTH O 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HIGHWAY B	MO 63343-3126 MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN	Alzheimer's Unit Bed Capacity DMH Licensed	24291 NO 12 No
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HIGHWAY B ELSBERRY	MO 63343-3126 MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN	Alzheimer's Unit Bed Capacity DMH Licensed	24291 NO 12 No
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HIGHWAY B ELSBERRY	MO 63343-3126 MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	24291 NO 12 No 02336
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HIGHWAY B ELSBERRY ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B	MO 63343-3126  MO 63343-3126  EARE CENTER	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	24291 NO 12 No 02336
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HIGHWAY B ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY	MO 63343-3126  MO 63343-3126  EARE CENTER	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880 Level of Care SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	24291 NO 12 No 02336 No 56
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY  Mailing Address 1827 HIGHWAY B ELSBERRY  ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY B ELSBERRY  Mailing Address 1827 HWY B	MO 63343-3126  MO 63343-3126  CARE CENTER  MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880 Level of Care SNF County LINCOLN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	24291 NO 12 No 02336 No 56 No
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY Mailing Address 1827 HIGHWAY BELSBERRY  ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY Mailing Address 1827 HWY BELSBERRY  ELSBERRY ELSBERRY  Mailing Address 1827 HWY BELSBERRY	MO 63343-3126  MO 63343-3126  CARE CENTER  MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880 Level of Care SNF County LINCOLN Region 5 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	NO 12 No 02336 No 56 No 02336
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY Mailing Address 1827 HIGHWAY BELSBERRY  ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY Mailing Address 1827 HWY BELSBERRY  ELSBERRY  ESSEX OF MEXICO, THE 1109 OLD FARM RD WEST	MO 63343-3126 MO 63343-3126  CARE CENTER MO 63343-3126 MO 63343-3126	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880 Level of Care SNF County LINCOLN Region 5 Medicare/Medicaid  Telephone (573) 581-5223	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	NO 12 No 02336 No 02336 No
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY  Mailing Address 1827 HIGHWAY BELSBERRY  ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY  Mailing Address 1827 HWY BELSBERRY  ELSBERRY  ESSEX OF MEXICO, THE 1109 OLD FARM RD WEST MEXICO	MO 63343-3126 MO 63343-3126  CARE CENTER MO 63343-3126 MO 63343-3126 MO 65265-3250	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880 Level of Care SNF County LINCOLN Region 5 Medicare/Medicaid  Telephone (573) 581-5223 Level of Care RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	24291  NO 12 No 02336  No 56 No 02336  No 12
ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY Mailing Address 1827 HIGHWAY BELSBERRY  ELSBERRY MISSOURI HEALTH OF 1827 HIGHWAY BELSBERRY Mailing Address 1827 HWY BELSBERRY  ELSBERRY  ESSEX OF MEXICO, THE 1109 OLD FARM RD WEST	MO 63343-3126 MO 63343-3126  CARE CENTER MO 63343-3126 MO 63343-3126 MO 65265-3250	Telephone (573) 898-2880 Level of Care ALF** County LINCOLN Region 5  Telephone (573) 898-2880 Level of Care SNF County LINCOLN Region 5 Medicare/Medicaid  Telephone (573) 581-5223	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	NO 12 No 02336 No 02336 No

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FOUR SEASONS ASSISTED LIVING	<b>;</b>		
230 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit No
MOSCOW MILLS	MO 63362-1600	Level of Care ALF	Bed Capacity 30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number 02624
Modes Williams	00002 1000	Region 5	140mg (44moe) 02021
FOUR SEASONS RCF I			
220 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit No
MOSCOW MILLS	MO 63362-1600	Level of Care RCF	<b>Bed Capacity</b> 23
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed Yes
MOSCOW MILLS	MO 63362-1600	Region 5	Facility Number 02624
GARDEN VIEW CARE CENTER			
700 GARDEN PATH		<b>Telephone</b> (636) 240-2840	Alzheimer's Unit YES
O'FALLON	MO 63366-3052	Level of Care SNF	Bed Capacity 120
Mailing Address 700 GARDEN PATH		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-3052	Region 5 Medicare/Medicaid	Facility Number 13963
OTTEBOT	110 03300 3032	Region 5 Medicare/Medicard	ruemey rumber 13703
GARDEN VILLAS OF O'FALLON			
7092 SOUTH OUTER 364 ROAD		<b>Telephone</b> (636) 240-5560	Alzheimer's Unit No
O'FALLON	MO 63368-7757	Level of Care ALF	<b>Bed Capacity</b> 95
Mailing Address 7092 SOUTH OUTER	R 364 RD	County SAINT CHARLES	<b>DMH Licensed</b> No
O'FALLON	MO 63368-7757	Region 5	Facility Number 27793
GEORGIA BROWN BLOSSER HOM	IE FOR THE AGED		
1210 EAST EASTWOOD ST		<b>Telephone</b> (660) 886-5022	Alzheimer's Unit No
MARSHALL	MO 65340-1510	Level of Care RCF	Bed Capacity 11
Mailing Address 1210 EAST EASTWO	OOD ST	County SALINE	DMH Licensed No
MARSHALL	MO 65340-1510	Region 5	Facility Number 00633
GLASGOW GARDENS			
100 AUDSLEY DR		<b>Telephone</b> (660) 338-2297	Alzheimer's Unit No
GLASGOW	MO 65254-9537	Level of Care SNF	Bed Capacity 59
Mailing Address 100 AUDSLEY DR		County HOWARD	DMH Licensed No
GLASGOW	MO 65254-9537	Region 5 Medicare/Medicaid	Facility Number 01659
GLENFIELD MEMORY CARE			
		(626) 447 4440	Alleton to Ties
118 OHMES ROAD	MO (227 / 7/10	<b>Telephone</b> (636) 447-4440	Alzheimer's Unit Yes
COTTLEVILLE	MO 63376-7649	Level of Care ALF**	Bed Capacity 12
Mailing Address 118 OHMES RD		County SAINT CHARLES	DMH Licensed No
COTTLEVILLE	MO 63376-7649	Region 5	Facility Number 30372
GOLDEN OAKS ASSISTED LIVING	ILLC		
27882 HIGHWAY H		<b>Telephone</b> (660) 886-6172	Alzheimer's Unit No
MARSHALL	MO 65340-5303	Level of Care ALF**	<b>Bed Capacity</b> 67
Mailing Address 27882 HIGHWAY H		County SALINE	<b>DMH Licensed</b> No
MARSHALL	MO 65340-5303	Region 5	Facility Number 15380

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HAMPTON MANOR OF WENTZV	ILLE				
21 MIDLAND PARK DR		Telephone	(636) 538-6700	Alzheimer's Unit	YES
WENTZVILLE	MO 63385-8100	Level of Care	ALF**	Bed Capacity	85
Mailing Address 21 MIDLAND PARI	K DR	County SAIN	NT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-8100	Region 5		Facility Number	33289
	NA DE CENTED				
HAROLD AND LOUISE HEALTHO	CARE CENTER	T. 1	(572) 221 1190		N.T.
135 COMMUNICATION DR	MO (2401-2670	Telephone	(573) 221-1189	Alzheimer's Unit	No
HANNIBAL 125 COMMUNICATION	MO 63401-3670	Level of Care	RCF	Bed Capacity	98
Mailing Address 135 COMMUNICAT			RION	DMH Licensed	Yes
HANNIBAL	MO 63401-3670	Region 5		Facility Number	29639
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 SAL	INE	DMH Licensed	No
MARSHALL	MO 65340-4662	Region 5		Facility Number	15163
		110g1011 5			10100
HARVESTER RESIDENTIAL CAR	E				
35 LILLIAN DR		Telephone	(636) 939-3833	Alzheimer's Unit	No
SAINT CHARLES	MO 63304-7032	Level of Care	RCF*	Bed Capacity	38
Mailing Address 35 LILLIAN DR		County SAIN	NT CHARLES	DMH Licensed	Yes
SAINT CHARLES	MO 63304-7032	Region 5		Facility Number	03411
HIGHLAND CREST - ASSISTED L	IVING DV AMEDICADE				
2204 S HALLIBURTON ST	IVING DI AMERICARE	Telephone	(660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care	ALF**	Bed Capacity	42
Mailing Address 2204 S HALLIBUR		County ADA		DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region 5	anc .	Facility Number	16785
KIKKS VILLE	WO 03301-4031	Region 5		racinty Number	10/83
JONES' WILDWOOD CARE CENT	ER				
12806 HWY 151		Telephone	(660) 291-8636	Alzheimer's Unit	No
MADISON	MO 65263-3114	Level of Care	RCF	<b>Bed Capacity</b>	32
Mailing Address PO BOX 69		County MON	NROE	DMH Licensed	Yes
MADISON	MO 65263-0069	Region 5		Facility Number	08573
KING'S DAUGHTERS HOME, THI	7				
620 WEST BOULEVARD ST		Tolombono	(572) 591 1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Telephone Level of Care	(573) 581-1577 RCF*	Bed Capacity	No 12
		County AUE		DMH Licensed	
Mailing Address 620 WEST BOULEY		•	KAIN		No
MEXICO	MO 65265-2199	Region 5		Facility Number	04146
KING'S DAUGHTERS HOME, THI	Ε				
620 WEST BOULEVARD ST		Telephone	(573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care	ICF	<b>Bed Capacity</b>	36
Mailing Address 620 WEST BOULEY	VARD ST	County AUD	DRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5		<b>Facility Number</b>	04146

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KIRKSVILLE MANOR CARE CEN	TER		
1705 EAST LAHARPE		<b>Telephone</b> (660) 665-3774	Alzheimer's Unit No
KIRKSVILLE	MO 63501-3927	Level of Care SNF	<b>Bed Capacity</b> 132
Mailing Address 1705 EAST LAHARI	PE	County ADAIR	<b>DMH Licensed</b> No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number 04161
KNOX COUNTY NURSING HOME	DISTRICT		
55774 STATE HIGHWAY 6	2-10-1-10-1	<b>Telephone</b> (660) 397-2282	Alzheimer's Unit No
EDINA	MO 63537-4253	Level of Care SNF	Bed Capacity 60
Mailing Address 55774 STATE HIGH		County KNOX	DMH Licensed No
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number 04173
LDINA	WO 03337-4233	Region 5 Medicare/Medicaid	racinty Number 041/3
LVDLIIC			
L.Y.B.L. LLC 1325 SOUTH HIGHLAND COURT		Tolonhone (660) 520 7001	Alzheimer's Unit No
	MO (5240 2050	<b>Telephone</b> (660) 530-7081	
MARSHALL	MO 65340-3058	Level of Care RCF	Bed Capacity 11
Mailing Address 1325 SOUTH HIGHI		County SALINE	DMH Licensed No
MARSHALL	MO 65340-3058	Region 5	Facility Number 03558
I A DELLE MANOD GADE GENERAL	n.		
LA BELLE MANOR CARE CENTE	К		
1002 CENTRAL		<b>Telephone</b> (660) 213-3234	Alzheimer's Unit Yes
LA BELLE	MO 63447-2092	Level of Care SNF	Bed Capacity 94
Mailing Address 1002 CENTRAL		County LEWIS	<b>DMH Licensed</b> No
LA BELLE	MO 63447-2092	Region 5 Medicare/Medicaid	Facility Number 04212
I A DI ATA NUDCING HOME			
LA PLATA NURSING HOME		T-1 (660) 222 4215	Al-b-t
100 OLD STAGECOACH RD	140 (2540 1262	<b>Telephone</b> (660) 332-4315	Alzheimer's Unit No
LA PLATA	MO 63549-1362	Level of Care SNF	Bed Capacity 52
Mailing Address 100 OLD STAGECO		County MACON	DMH Licensed No
LA PLATA	MO 63549-1362	Region 5 Medicare/Medicaid	Facility Number 04395
LAKE ST CHARLES ASSISTED LIV	VINC ADADTMENTS		
45 HONEY LOCUST LN	VII AT ARTIMENTS	<b>Telephone</b> (636) 947-1100	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5711	Level of Care ALF	Bed Capacity 50
Mailing Address 45 HONEY LOCUST		County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63303-5711	Region 5	Facility Number 18030
LANDING OF O'FALLON, THE			
1000 LANDING CIRCLE		<b>Telephone</b> (636) 669-0780	Alzheimer's Unit Yes
SAINT CHARLES	MO 63304-7647	Level of Care ALF**	Bed Capacity 142
Mailing Address 1000 LANDING CIR		County SAINT CHARLES	DMH Licensed No
		·	
SAINT CHARLES	MO 63304-7647	Region 5	Facility Number 31181
LEGENDARY NURSING & REHAB	SILITATION LLC		
809 EAST GORDON ST	- · · <del>- ·</del>	<b>Telephone</b> (660) 886-2247	Alzheimer's Unit No
MARSHALL	MO 65340-2811	Level of Care SNF	Bed Capacity 92
Mailing Address 809 EAST GORDON		County SALINE	DMH Licensed No
MARSHALL	MO 65340-2811	Region 5 Medicare/Medicaid	Facility Number 04895
IVII MOTIFIEL	1710 03370-2011	region - medicare/medicald	racinty runner 04693

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LEVERING REGIONAL HEALTH	CARE CENTER		
1734 MARKET ST		<b>Telephone</b> (573) 221-2930	Alzheimer's Unit No
HANNIBAL	MO 63401-4025	Level of Care RCF*	<b>Bed Capacity</b> 35
Mailing Address 1734 MARKET ST		County MARION	<b>DMH Licensed</b> Yes
HANNIBAL	MO 63401-4025	Region 5	Facility Number 15954
	CLDE CENTER		
LEVERING REGIONAL HEALTH	CARE CENTER	T. 1 (572) 221 2020	A
1734 MARKET ST	MO (2401 4025	<b>Telephone</b> (573) 221-2930	Alzheimer's Unit No
HANNIBAL 1724 MARKET ST	MO 63401-4025	Level of Care SNF	Bed Capacity 179
Mailing Address 1734 MARKET ST	MO (2401 4025	County MARION	DMH Licensed No
HANNIBAL	MO 63401-4025	Region 5 Medicare/Medicaid	Facility Number 15954
LEWIS & CLARK GARDENS			
1221 BOONES LICK RD		<b>Telephone</b> (636) 946-6140	Alzheimer's Unit No
SAINT CHARLES	MO 63301-2328	Level of Care SNF	<b>Bed Capacity</b> 142
Mailing Address 1221 BOONES LICK		County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63301-2328	Region 5 Medicare/Medicaid	Facility Number 01266
		region o medicaro medicare	01200
LEWIS COUNTY NURSING HOME	DISTRICT		
17528 STATE HIGHWAY 81 N		<b>Telephone</b> (573) 288-4454	Alzheimer's Unit Yes
CANTON	MO 63435-3463	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX 266		County LEWIS	<b>DMH Licensed</b> No
CANTON	MO 63435-0266	Region 5 Medicare/Medicaid	Facility Number 04790
LIFE CARE CENTER OF BROOKF	IFI D		
315 HUNT ST		<b>Telephone</b> (660) 258-3367	Alzheimer's Unit Yes
BROOKFIELD	MO 64628-2412	Level of Care SNF	Bed Capacity 120
Mailing Address 315 HUNT ST	110 01020 2112	County LINN	DMH Licensed No
BROOKFIELD	MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number 00822
BROOM ELD	110 01020 2112	Region 5 Medicare/Medicard	ruenty rumser 00022
LINCOLN COUNTY NURSING & R	ЕНАВ		
1145 EAST CHERRY ST		<b>Telephone</b> (636) 528-5712	Alzheimer's Unit No
TROY	MO 63379-1520	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 130		County LINCOLN	<b>DMH Licensed</b> No
TROY	MO 63379-0130	Region 5 Medicare/Medicaid	Facility Number 15750
LIVING CENTER, THE			
2506 LINDEN TREE PARKWAY		<b>Telephone</b> (660) 886-9676	Alzheimer's Unit Yes
MARSHALL	MO 65340-0017	Level of Care SNF	Bed Capacity 99
Mailing Address PO BOX 370		County SALINE	DMH Licensed No
MARSHALL	MO 65340-0370	Region 5 Medicare/Medicaid	Facility Number 21791
	300.000.00	ricultar (/micultaru	21/71
LOCH HAVEN			
701 SUNSET HILLS DR		<b>Telephone</b> (660) 385-3113	Alzheimer's Unit No
MACON	MO 63552-2165	Level of Care RCF*	Bed Capacity 26
3.6 W A 1.1 DO DOM 107			
Mailing Address PO BOX 187 MACON	MO 63552-0187	County MACON Region 5	DMH Licensed No Facility Number 04739

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Telephone	LOCH HAVEN			
MACON   MO 63552-2165   Level of Care   SNF   Bed Capacity   Mo			<b>Telephone</b> (660) 385-3113	Alzheimer's Unit Yes
MACON   MO 63552-0187   County MACON   Region 5   Medicare/Medicaid   Facility Number   04739	MACON	MO 63552-2165	- · · · · · · · · · · · · · · · · · · ·	Bed Capacity 100
Section   Control   Con	Mailing Address PO BOX 187		County MACON	
S42 STATE ROAD DD	MACON	MO 63552-0187	Region 5 Medicare/Medicaid	Facility Number 04739
S42 STATE ROAD DD				
FAYETTE	LODGE, THE			
Mailing Address 542 STATE RD DD	542 STATE ROAD DD		<b>Telephone</b> (660) 248-2277	Alzheimer's Unit No
FAYETTE   MO 65248-9658   Region 5   Facility Number   28815	FAYETTE	MO 65248-9658	Level of Care ALF**	<b>Bed Capacity</b> 60
LUTHER MANOR RETIREMENT & NURSING CENTER  3170 HIGHWAY 61 NORTH  ANNIBAL  M0 63401-6571  Level of Care SNF Bed Capacity 64  Mailing Address 3170 HIGHWAY 61 NORTH  County MARION  DMII Licensed No HANNIBAL  M0 63401-6571  Region 5 Medicare/Medicaid Facility Number 04673  LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR  SAINT CHARLES  M0 63304-9139  Level of Care ALF <sup>2+3</sup> Bed Capacity 23  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES  M0 63304-9139  Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR  County SAINT CHARLES  M0 63304-9139  Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR  SAINT CHARLES  M0 63304-9139  Level of Care ALF <sup>2+3</sup> Bed Capacity 23  Alzheimer's Unit No SAINT CHARLES  M0 63304-9139  Level of Care ALF  Bed Capacity 5-6  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES  M0 63304-9139  Level of Care SAINT CHARLES  M0 63304-9139  Level of Care SAINT CHARLES  M0 63304-9139  Region 5 SMONT CHARLES  M0 63304-9139  Level of Care SNF  Bed Capacity 5-6  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES  M0 63304-9139  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES  M0 63304-9139  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES  M0 63304-9139  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES  M1 63304-9139  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK DR  Region 5 Medicare/Medicaid Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK DR  Region 5 Medicare	Mailing Address 542 STATE RD DD		County HOWARD	DMH Licensed Yes
3170 HIGHWAY 61 NORTH	FAYETTE	MO 65248-9658	Region 5	Facility Number 28815
3170 HIGHWAY 61 NORTH	LUTHER MANOR RETIREMENT	& NURSING CENTER		
HANNIBAL			<b>Telephone</b> (573) 221-5533	Alzheimer's Unit No
Mailing Address 3170 HIGHWAY 61 NORTHI         County Region 5         Maclicare/Medicaid         No HANNIBAL         No G3401-6571         Region 5         Medicare/Medicaid         Facility Number         04673           LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR SAINT CHARLES MO 63304-9139         Telephone (636) 939-5223         Alzheimer's Unit Yes Bed Capacity 23 Mailing Address 600 BREEZE PARK DR County SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed No SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139         No HILLE PROBLEM COUNTY SAINT CHARLES DMH Licensed NO SAINT CHARLES DMH Licensed NO		MO 63401-6571	- · · · · · · · · · · · · · · · · · · ·	
HANNIBAL MO 63401-6571 Region 5 Medicare/Medicaid Facility Number 04673  LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR 10 63304-9139 Level of Care ALF™ Bed Capacity 23  Mailing Address 600 BREEZE PARK DR 2011 SAINT CHARLES MO 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR 10 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR 10 63304-9139 Level of Care ALF™ Bed Capacity 56  Mailing Address 600 BREEZE PARK DR 2011 SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK MO 63304-9139 Region 5 DMH Licensed Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK MO 63304-9139 Region 5 DMH Licensed Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK MO 63304-9139 Region 5 DMH Licensed Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK MO 63304-9139 Region 5 DMH Licensed Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK MO 63304-9139 Region 5 DMH Licensed Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 DMH Licensed No SAINT CHARL				- ·
LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR SAINT CHARLES MO 63304-9139 Level of Care ALF** Bed Capacity Mo 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR SAINT CHARLES MO 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR SAINT CHARLES MO 63304-9139 Level of Care ALF* Bed Capacity 56 Mailing Address 600 BREEZE PARK DR County SAINT CHARLES MO 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR County SAINT CHARLES MO 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR County SAINT CHARLES MO 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR County SAINT CHARLES MO 63304-9139 Level of Care SNF Bed Capacity 81 Mailing Address 600 BREEZE PARK DR County SAINT CHARLES MO 63304-9139 Region 5 Medicare/Medicaid Facility Number 20704  LYNN'S HERITAGE HOUSE, INC 800 KELLY LN LOUISIANA MO 63353-2415 Region 5 Facility Number 20705  LVYNN'S HERITAGE HOUSE, INC 800 KELLY LN LOUISIANA MO 63353-2415 Region 5 Facility Number 20705  MACON HEALTH CARE CENTER 29612 KELLOGG AVE MACON MO 63552-3702 Level of Care SNF Bed Capacity 120 Mailing Address PO BOX 465  MO 6300-930-920  MO 6300-930-930-930-930-930-930-930-930-930-	8		·	
Telephone   GoS   Salva   S			region 5 Medicary Medicard	2.112.113
SAINT CHARLES   MO   63304-9139   Level of Care   ALF**   Bed Capacity   23   Mailing Address 600 BREEZE PARK DR   County   SAINT CHARLES   DMH Licensed   No   SAINT CHARLES   MO   63304-9139   Region   5   Facility Number   20704      LUTHERAN SENIOR SERVICES AT BREEZE PARK   Facility Number   SAINT CHARLES   MO   63304-9139   Level of Care   ALF*   Bed Capacity   56   Mailing Address 600 BREEZE PARK DR   County   SAINT CHARLES   DMH Licensed   No   SAINT CHARLES   MO   63304-9139   Region   5   Facility Number   20704      LUTHERAN SENIOR SERVICES AT BREEZE PARK   County   SAINT CHARLES   DMH Licensed   No   SAINT CHARLES   MO   63304-9139   Level of Care   SNF   Bed Capacity   S1   SAINT CHARLES   MO   63304-9139   Level of Care   SNF   Bed Capacity   S1   SAINT CHARLES   MO   63304-9139   Level of Care   SNF   Bed Capacity   S1   SAINT CHARLES   MO   63304-9139   Region   5   Medicare/Medicaid   Facility Number   20704      LUTHERAN SENIOR SERVICES AT BREEZE PARK   County   SAINT CHARLES   DMH Licensed   No   SAINT CHARLES   MO   63304-9139   Region   5   Medicare/Medicaid   Facility Number   20704      LUTHERAN SERVICES AT BREEZE PARK DR   County   SAINT CHARLES   DMH Licensed   No   SAINT CHARLES   MO   63304-9139   Region   5   Medicare/Medicaid   Facility Number   20704      Lutheran Senior Services   Level of Care   ALF**   Bed Capacity   44   Mailing Address 800 KELLY LN   County   PIE   DMH Licensed   No   No   County   PIE   DMH Licensed   No   No   County   PIE   DMH Licensed   No   No   County   SAINT CHARLES   SAINT CHARLE	LUTHERAN SENIOR SERVICES A	T BREEZE PARK		
Mailing Address 600 BREEZE PARK DR   County   SAINT CHARLES   DMH Licensed   No SAINT CHARLES   MO   63304-9139   Region   5   Facility Number   20704      LUTHERAN SENIOR SERVICES AT BREEZE PARK   Facility Number   20704	600 BREEZE PARK DR		<b>Telephone</b> (636) 939-5223	Alzheimer's Unit Yes
LUTHERAN SENIOR SERVICES AT BREEZE PARK	SAINT CHARLES	MO 63304-9139	Level of Care ALF**	Bed Capacity 23
LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR SAINT CHARLES MO 63304-9139 Level of Care ALF Bed Capacity 56 Mailing Address 600 BREEZE PARK DR County SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 Facility Number 20704  LUTHERAN SENIOR SERVICES AT BREEZE PARK 600 BREEZE PARK DR SAINT CHARLES MO 63304-9139 Level of Care SNF Bed Capacity 81 Mailing Address 600 BREEZE PARK DR County SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139 Level of Care SNF Bed Capacity 81 Mailing Address 600 BREEZE PARK DR County SAINT CHARLES DMH Licensed No SAINT CHARLES MO 63304-9139 Region 5 Medicare/Medicaid Facility Number 20704  LYNN'S HERITAGE HOUSE, INC SOO KELLY LN LOUISIANA MO 63353-2415 Level of Care ALF** Bed Capacity 44 Mailing Address 800 KELLY LN County PIKE DMH Licensed No LOUISIANA MO 63353-2415 Region 5 Facility Number 21055  MACON HEALTH CARE CENTER 29612 KELLOGG AVE MACON MO 63552-3702 Level of Care SNF Bed Capacity 120 Mailing Address PO BOX 465 County MACON DMH Licensed No	Mailing Address 600 BREEZE PARK	DR	County SAINT CHARLES	DMH Licensed No
Telephone   (636) 939-5223   Alzheimer's Unit   No	SAINT CHARLES	MO 63304-9139	Region 5	Facility Number 20704
Telephone   (636) 939-5223   Alzheimer's Unit   No				
SAINT CHARLES   MO   63304-9139   Level of Care   ALF   Bed Capacity   56	LUTHERAN SENIOR SERVICES A	T BREEZE PARK		
Mailing Address 600 BREEZE PARK DR         County Region 5         SAINT CHARLES         DMH Licensed No Facility Number         20704           LUTHERAN SENIOR SERVICES AT BREEZE PARK         Telephone (636) 939-5223         Alzheimer's Unit         No SAINT CHARLES         MO 63304-9139         Level of Care SNF Bed Capacity         Bed Capacity         81           Mailing Address 600 BREEZE PARK DR         County SAINT CHARLES         DMH Licensed No SAINT CHARLES         DMH Licensed No SAINT CHARLES         No SAINT CHARLES         No SAINT CHARLES         DMH Licensed No SAINT CHARLES         No SAINT CHARLES         Alzheimer's Unit Yes SAINT CHARLES         No SAINT CHARLES         No SAINT CHARLES         Alzheimer's Unit Yes SAINT CHARLES         No SAINT CHARLES         No SAINT CHARLES         No SAINT CHARLES         DMH Licensed No SAINT CHARLES         No SAINT CHARLES         No SAINT CHARLES         Alzheimer's Unit Yes SAINT CHARLES         No SAINT CHARLES         No SAINT CHARLES         No SAINT C	600 BREEZE PARK DR		<b>Telephone</b> (636) 939-5223	Alzheimer's Unit No
LUTHERAN SENIOR SERVICES AT BREEZE PARK   Facility Number   20704	SAINT CHARLES	MO 63304-9139	Level of Care ALF	<b>Bed Capacity</b> 56
LUTHERAN SENIOR SERVICES AT BREEZE PARK  600 BREEZE PARK DR  SAINT CHARLES MO 63304-9139  Level of Care SNF Bed Capacity 81  Mailing Address 600 BREEZE PARK DR  County SAINT CHARLES DMH Licensed No  SAINT CHARLES MO 63304-9139  Region 5 Medicare/Medicaid Facility Number 20704  LYNN'S HERITAGE HOUSE, INC  800 KELLY LN  LOUISIANA MO 63353-2415  Level of Care ALF** Bed Capacity 44  Mailing Address 800 KELLY LN  County PIKE DMH Licensed No  LOUISIANA MO 63353-2415  Region 5 Facility Number 21055  MACON HEALTH CARE CENTER  29612 KELLOGG AVE  MACON MO 63552-3702  Level of Care SNF Bed Capacity 120  Mailing Address PO BOX 465  County MACON  MACON MACON  MO 63552-3702  Level of Care SNF Bed Capacity 120  Mailing Address PO BOX 465	Mailing Address 600 BREEZE PARK	DR	County SAINT CHARLES	<b>DMH Licensed</b> No
Telephone   Garage	SAINT CHARLES	MO 63304-9139	Region 5	Facility Number 20704
Telephone   Garage	I WELLER AN GENTOR GERVICES A	E PREDZE DA DV		
SAINT CHARLES         MO 63304-9139         Level of Care SNF         Bed Capacity         81           Mailing Address 600 BREEZE PARK DR SAINT CHARLES         DMH Licensed No SAINT CHARLES         DMH Licensed No SAINT CHARLES         No Medicare/Medicaid         Facility Number         20704           LYNN'S HERITAGE HOUSE, INC         Telephone (573) 754-4020         Alzheimer's Unit Yes         Yes           LOUISIANA         MO 63353-2415         Level of Care ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN County PIKE         DMH Licensed No         No           LOUISIANA MO 63353-2415         Region 5         Facility Number         21055           MACON HEALTH CARE CENTER         Telephone (660) 385-5797         Alzheimer's Unit Yes         Yes           MACON         MO 63552-3702         Level of Care SNF         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County MACON         DMH Licensed         No		I BREEZE PARK	T-1h (626) 020 5222	Al-b-i
Mailing Address 600 BREEZE PARK DR         County SAINT CHARLES         DMH Licensed         No           SAINT CHARLES         DMH Licensed         No           LYNN'S HERITAGE HOUSE, INC           800 KELLY LN         Telephone         (573) 754-4020         Alzheimer's Unit         Yes           LOUISIANA         MO 63353-2415         Level of Care         ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN         County         PIK         DMH Licensed         No           LOUISIANA         MO 63353-2415         Region 5         Facility Number         21055           MACON HEALTH CARE CENTER           29612 KELLOGG AVE         Telephone         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No		MO (2204 0120	• '	
SAINT CHARLES         MO 63304-9139         Region 5         Medicare/Medicaid         Facility Number         20704           LYNN'S HERITAGE HOUSE, INC         800 KELLY LN         Telephore (573) 754-4020         Alzheimer's Unit Yes           LOUISIANA         MO 63353-2415         Level of Care ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN         County PIKE         DMH Licensed         No           LOUISIANA         MO 63353-2415         Region 5         Facility Number         21055           MACON HEALTH CARE CENTER         29612 KELLOGG AVE         Telephore         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No				
LYNN'S HERITAGE HOUSE, INC           800 KELLY LN         Telephone         (573) 754-4020         Alzheimer's Unit         Yes           LOUISIANA         MO 63353-2415         Level of Care         ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN         County         PIKE         DMH Licensed         No           LOUISIANA         MO 63353-2415         Region 5         Facility Number         21055           MACON HEALTH CARE CENTER           29612 KELLOGG AVE         Telephone         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No			· _	
800 KELLY LN         Telephone         (573) 754-4020         Alzheimer's Unit         Yes           LOUISIANA         MO 63353-2415         Level of Care         ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN         County         PIK	SAINI CHARLES	MO 03304-9139	Region 5 Medicare/Medicaid	Facility Number 20704
800 KELLY LN         Telephone         (573) 754-4020         Alzheimer's Unit         Yes           LOUISIANA         MO 63353-2415         Level of Care         ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN         County         PIK	LYNN'S HERITAGE HOUSE, INC			
LOUISIANA         MO 63353-2415         Level of Care Ocumby         ALF**         Bed Capacity         44           Mailing Address 800 KELLY LN         County         PIKE         DMH Licensed         No           LOUISIANA         MO 63353-2415         Region 5         Facility Number         21055           MACON HEALTH CARE CENTER           29612 KELLOGG AVE         Telephone         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No	· · · · · · · · · · · · · · · · · · ·		<b>Telephone</b> (573) 754-4020	Alzheimer's Unit Yes
Mailing Address 800 KELLY LN       County       PIKE       DMH Licensed       No         LOUISIANA       MO 63353-2415       Region 5       Facility Number       21055         MACON HEALTH CARE CENTER         29612 KELLOGG AVE       Telephone       (660) 385-5797       Alzheimer's Unit       Yes         MACON       MO 63552-3702       Level of Care       SNF       Bed Capacity       120         Mailing Address PO BOX 465       County       MACON       DMH Licensed       No		MO 63353-2415	_	
MACON HEALTH CARE CENTER         Telephore         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No	Mailing Address 800 KELLY LN			= :
MACON HEALTH CARE CENTER           29612 KELLOGG AVE         Telephore         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No	_	MO 63353-2415		
29612 KELLOGG AVE         Telephon-         (660) 385-5797         Alzheimer's Unit         Yes           MACON         MO 63552-3702         Level of Care         SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No			J	
MACON         MO 63552-3702         Level of Care SNF         Bed Capacity         120           Mailing Address PO BOX 465         County         MACON         DMH Licensed         No	MACON HEALTH CARE CENTER			
Mailing Address PO BOX 465 County MACON DMH Licensed No	29612 KELLOGG AVE		<b>Telephone</b> (660) 385-5797	Alzheimer's Unit Yes
·	MACON	MO 63552-3702	Level of Care SNF	<b>Bed Capacity</b> 120
MACON MO 63552-0465 Region 5 Medicare/Medicaid Facility Number 04914	Mailing Address PO BOX 465		County MACON	<b>DMH Licensed</b> No
	MACON	MO 63552-0465	Region 5 Medicare/Medicaid	Facility Number 04914

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

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MARIE CROVE LODGE			
MAPLE GROVE LODGE 2407 KENTUCKY ST		Tolonhono (572) 754 5456	Alzheimer's Unit No
LOUISIANA	MO 63353-2503	Telephone (573) 754-5456 Level of Care SNF	Bed Capacity 90
Mailing Address 2407 KENTUCKY ST		County PIKE	DMH Licensed No
LOUISIANA	MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number 05002
LOUBIANA	WO 03333-2303	Region 5 Medicare/Medicaid	Facility Number 03002
MAPLE LAWN NURSING HOME			
1410 WEST LINE ST		<b>Telephone</b> (573) 769-2213	Alzheimer's Unit Yes
PALMYRA	MO 63461-1831	Level of Care SNF	Bed Capacity 110
Mailing Address PO BOX 232		County MARION	DMH Licensed No
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number 09961
MADE TWAN A COVETED A WING	nug.		
MARK TWAIN ASSISTED LIVING, 901 UNION AVE	INC	Telephone (660) 262 6515	Alzheimer's Unit No
MOBERLY	MO 65270-2456	Telephone (660) 263-6515 Level of Care ALF**	Alzheimer's Unit No Bed Capacity 42
	MO 03270-2430		DMH Licensed No
Mailing Address 901 UNION AVE MOBERLY	MO 65270-2456	•	
MOBERLI	MO 03270-2430	Region 5	Facility Number 16369
MCCLAY SENIOR CARE			
3801 MCCLAY ROAD		<b>Telephone</b> (636) 244-3323	Alzheimer's Unit No
SAINT PETERS	MO 63376-7327	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 3801 MCCLAY ROA	D	County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-7327	Region 5 Medicare/Medicaid	Facility Number 29933
		ū	
MCLARNEY MANOR			
215 EAST PRATT		<b>Telephone</b> (660) 258-7402	Alzheimer's Unit No
BROOKFIELD	MO 64628-1300	Level of Care SNF	Bed Capacity 60
Mailing Address PO BOX 129		County LINN	DMH Licensed No
BROOKFIELD	MO 64628-0129	Region 5 Medicare/Medicaid	Facility Number 05220
MEADOW RIDGE SENIOR LIVING			
521 MEADOW RIDGE LANE		<b>Telephone</b> (660) 263-0550	Alzheimer's Unit No
MOBERLY	MO 65270-4550	Level of Care ALF**	Bed Capacity 57
Mailing Address 521 MEADOW RIDG	E LANE	County RANDOLPH	DMH Licensed No
MOBERLY	MO 65270-4550	Region 5	Facility Number 28019
MILAN HEALTH CARE CENTER			
52435 INFIRMARY RD		<b>Telephone</b> (660) 265-4032	Alzheimer's Unit No
MILAN	MO 63556-2874	Level of Care SNF	
Mailing Address 52435 INFIRMARY F		County SULLIVAN	Bed Capacity 100  DMH Licensed No
MILAN	MO 63556-2874	_	Facility Number 05418
IVIILAIN	1410 03330-2014	Region 5 Medicare/Medicaid	Facility Number 05418
MILLER RESIDENT CARE, INC			
210 ROCK RD		<b>Telephone</b> (660) 327-5680	Alzheimer's Unit No
PARIS	MO 65275-1282	<b>Level of Care</b> RCF*	<b>Bed Capacity</b> 40
Mailing Address 210 ROCK RD		G , MONDOE	
		County MONROE	DMH Licensed No Facility Number 18026

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

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MONROE CITY MANOR CARE CEN	NTER		
1010 HIGHWAY 24 & 36 EAST		<b>Telephone</b> (573) 735-4850	Alzheimer's Unit No
MONROE CITY	MO 63456-1116	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1010 HWY 24 & 36 E	EAST	County MARION	<b>DMH Licensed</b> No
MONROE CITY	MO 63456-1116	Region 5 Medicare/Medicaid	Facility Number 05473
MANDANAMAN			
MONROE MANOR		TELL (CCO) 227 4125	Aller and the State
200 SOUTH ST	MO 65275-1165	<b>Telephone</b> (660) 327-4125	Alzheimer's Unit Yes
PARIS	MO 65275-1165	Level of Care SNF	Bed Capacity 119
Mailing Address 200 SOUTH ST	MO 65275-1165	County MONROE	DMH Licensed No
PARIS	MO 03273-1103	Region 5 Medicare/Medicaid	Facility Number 05484
MOUNT CARMEL SENIOR LIVING	- ST CHARLES, LLC		
723 FIRST CAPITOL DR	, -	<b>Telephone</b> (636) 946-4140	Alzheimer's Unit No
SAINT CHARLES	MO 63301-2729	Level of Care SNF	Bed Capacity 110
Mailing Address 723 FIRST CAPITOL	DR	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63301-2729	Region 5 Medicare/Medicaid	Facility Number 07560
		angion - Managara Managara	0,000
NHC HEALTHCARE, ST CHARLES			
35 SUGAR MAPLE LN		<b>Telephone</b> (636) 946-8887	Alzheimer's Unit No
SAINT CHARLES	MO 63303-5740	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 35 SUGAR MAPLE L	.N	County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES	MO 63303-5740	Region 5 Medicare/Medicaid	Facility Number 07503
NORTH VILLAGE PARK			
2041 SILVA LN		<b>Telephone</b> (660) 269-7300	Alzheimer's Unit No
MOBERLY	MO 65270-3658	Level of Care SNF	Bed Capacity 184
Mailing Address 2041 SILVA LN	WIO 03270-3038	County RANDOLPH	DMH Licensed No
MOBERLY	MO 65270-3658	Region 5 Medicare/Medicaid	Facility Number 06481
MODERLI	WO 03270-3038	Region 5 Medicare/Medicaid	Facility Number 00481
PARK PLACE II			
2000 BOARDWALK PLACE DR		<b>Telephone</b> (636) 625-2900	Alzheimer's Unit No
O'FALLON	MO 63368-3901	Level of Care ALF**	<b>Bed Capacity</b> 124
Mailing Address 2000 BOARDWALK	PLACE DR	County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63368-3901	Region 5	Facility Number 29016
DADI/CIDE MANOD LLC			
PARKSIDE MANOR, LLC		Tolonhous (572) 224 0019	Alzheimer's Unit No
300 S SAINT CHARLES ST	MO (2224 2221	Telephone (573) 324-9918	
BOWLING GREEN  Moiling Address 200 S SAINT CHARL	MO 63334-2221	Level of Care ALF**  County PIKE	Bed Capacity 44  DMH Licensed No
Mailing Address 300 S SAINT CHARL		·	
BOWLING GREEN	MO 63334-2221	Region 5	Facility Number 05511
PIN OAKS LIVING CENTER			
1525 WEST MONROE ST		<b>Telephone</b> (573) 581-7261	Alzheimer's Unit No
MEXICO	MO 65265-1201	Level of Care SNF	<b>Bed Capacity</b> 124
Mailing Address 1525 WEST MONRO	E ST	County AUDRAIN	DMH Licensed No
MEXICO	MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number 05804

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

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PIONEER SKILLED NURSING CEN	NTER			
1500 SOUTH KANSAS AVE		<b>Telephone</b> (660) 376-2001	Alzheimer's Unit	No
MARCELINE	MO 64658-1716	Level of Care SNF	<b>Bed Capacity</b>	96
Mailing Address 1500 S KANSAS AV	'E	County CHARITON	DMH Licensed	No
MARCELINE	MO 64658-1716	Region 5 Medicare/Medicaid	Facility Number	05900
		3		
DI EACANT VIEW				
PLEASANT VIEW 641 EUCLID AVE		T-1 (572) 406 1000	A 1-1:!- T7:4	No
HANNIBAL	MO 63401-2959	Telephone (573) 406-1090 Level of Care ALF**	Alzheimer's Unit	41
	MO 03401-2939		Bed Capacity	No
Mailing Address 641 EUCLID AVE HANNIBAL	MO 62401 2050	• • • •	DMH Licensed	
HANNIBAL	MO 63401-2959	Region 5	Facility Number	25358
PREFERRED FAMILY HEALTHCA	ARE, INC	m 1 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
900 EAST LAHARPE	1.50 - 50.501 - 1.500	<b>Telephone</b> (660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care RCF*	Bed Capacity	57
Mailing Address PO BOX 767		County ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region 5	Facility Number	21851
PUTNAM COUNTY CARE CENTER	R			
1814 OAK ST		<b>Telephone</b> (660) 947-2492	Alzheimer's Unit	NO
UNIONVILLE	MO 63565-1275	Level of Care SNF	Bed Capacity	60
Mailing Address 1814 OAK ST		County PUTNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1275	Region 5 Medicare/Medicaid	Facility Number	06516
RAVENWOOD TERRACE - ASSIST	TED LIVING BY AMERICARE			
RAVENWOOD TERRACE - ASSIST 1830 RAVENWOOD	ED LIVING BY AMERICARE	<b>Telephone</b> (660) 263-8004	Alzheimer's Unit	Yes
	TED LIVING BY AMERICARE  MO 65270-3002	Telephone (660) 263-8004 Level of Care ALF**	Bed Capacity	Yes 55
1830 RAVENWOOD	MO 65270-3002	• '		
1830 RAVENWOOD MOBERLY	MO 65270-3002	Level of Care ALF**	Bed Capacity	55
1830 RAVENWOOD MOBERLY <b>Mailing Address</b> 1830 RAVENWOOD MOBERLY	MO 65270-3002 MO 65270-3002	Level of Care ALF** County RANDOLPH	Bed Capacity DMH Licensed	55 No
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY ROYAL OAKS CARE CENTER LLC	MO 65270-3002 MO 65270-3002	Level of Care ALF** County RANDOLPH Region 5	Bed Capacity DMH Licensed Facility Number	55 No 16411
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL	MO 65270-3002 MO 65270-3002	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	55 No 16411 No
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS	MO 65270-3002 MO 65270-3002	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	55 No 16411 No 51
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204	MO 65270-3002 MO 65270-3002 CC MO 65351-9759	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	55 No 16411 No 51 Yes
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS	MO 65270-3002 MO 65270-3002	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	55 No 16411 No 51
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	55 No 16411 No 51 Yes
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	55 No 16411 No 51 Yes 14953
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	55 No 16411 No 51 Yes 14953
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	55 No 16411 No 51 Yes 14953
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA Mailing Address PO BOX 529	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204  MO 63468-1065	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	55 No 16411 No 51 Yes 14953 Yes 120 No
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	55 No 16411 No 51 Yes 14953
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA Mailing Address PO BOX 529 SHELBINA	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204  MO 63468-1065  MO 63468-0529	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF County SHELBY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	55 No 16411 No 51 Yes 14953 Yes 120 No
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA Mailing Address PO BOX 529 SHELBINA  SCHUYLER COUNTY NURSING H	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204  MO 63468-1065  MO 63468-0529	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF County SHELBY Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	55 No 16411 No 51 Yes 14953 Yes 120 No 06934
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA Mailing Address PO BOX 529 SHELBINA  SCHUYLER COUNTY NURSING H 1306 US HIGHWAY 63	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204  MO 63468-1065  MO 63468-0529  OME	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF County SHELBY Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	55 No 16411 No 51 Yes 14953 Yes 120 No 06934
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA Mailing Address PO BOX 529 SHELBINA  SCHUYLER COUNTY NURSING H 1306 US HIGHWAY 63 QUEEN CITY	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204  MO 63468-1065  MO 63468-0529  OME  MO 63561-2251	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF County SHELBY Region 5 Medicare/Medicaid  Telephone (660) 766-2291 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	55 No 16411 No 51 Yes 14953 Yes 120 No 06934
1830 RAVENWOOD MOBERLY Mailing Address 1830 RAVENWOOD MOBERLY  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL SWEET SPRINGS Mailing Address PO BOX 204 SWEET SPRINGS  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA RD SHELBINA Mailing Address PO BOX 529 SHELBINA  SCHUYLER COUNTY NURSING H 1306 US HIGHWAY 63	MO 65270-3002  MO 65270-3002  C  MO 65351-9759  MO 65351-0204  MO 63468-1065  MO 63468-0529  OME  MO 63561-2251	Level of Care ALF** County RANDOLPH Region 5  Telephone (660) 530-3168 Level of Care ALF County SALINE Region 5  Telephone (573) 588-4175 Level of Care SNF County SHELBY Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	55 No 16411 No 51 Yes 14953 Yes 120 No 06934

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SHELBINA VILLA LIFECARE			
218 EAST SHELBINA AVE		<b>Telephone</b> (573) 588-4115	Alzheimer's Unit No
SHELBINA	MO 63468-4328	Level of Care ALF**	<b>Bed Capacity</b> 68
Mailing Address 218 EAST SHELBIN		County SHELBY	<b>DMH Licensed</b> No
SHELBINA	MO 63468-4328	Region 5	Facility Number 18584
SILEX COMMUNITY CARE			
111 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5218	Alzheimer's Unit No
SILEX	MO 63377-2229	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 111 DUNCAN MAN		County LINCOLN	<b>DMH Licensed</b> No
SILEX	MO 63377-2229	Region 5 Medicare/Medicaid	Facility Number 06838
CH EX DECIDENTELL HOME II C			
SILEX RESIDENTIAL HOME, LLC 145 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5213	Alzheimer's Unit No
SILEX	MO 63377-2229	Level of Care RCF*	
		County LINCOLN	Bed Capacity 60  DMH Licensed Yes
Mailing Address 145 DUNCAN MAN		·	
SILEX	MO 63377-2229	Region 5	Facility Number 20982
SOUTHSIDE TOWNE HOUSE			
510 SOUTH WASHINGTON		<b>Telephone</b> (573) 581-3203	Alzheimer's Unit No
MEXICO	MO 65265-2786	Level of Care RCF*	<b>Bed Capacity</b> 12
Mailing Address PO BOX 6		County AUDRAIN	DMH Licensed Yes
MEXICO	MO 65265-0006	Region 5	Facility Number 16987
SPENCER PLACE - ASSISTED LIVE	ING BY AMERICARE		
265 SPENCER RD		<b>Telephone</b> (636) 441-6662	Alzheimer's Unit No
SAINT PETERS	MO 63376-2430	Level of Care ALF**	<b>Bed Capacity</b> 74
Mailing Address 265 SPENCER RD		County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT PETERS	MO 63376-2430	Region 5	Facility Number 13294
SSTAR LLC			
125 ANNA AVE, #18		<b>Telephone</b> (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
INO I	110 03317 2102	Region C	Tacincy (vanise)
ST PETERS POST ACUTE			
5400 EXECUTIVE CENTRE PKWY		<b>Telephone</b> (636) 922-7600	Alzheimer's Unit Yes
SAINT PETERS	MO 63376-2594	Level of Care SNF	Bed Capacity 130
Mailing Address 5400 EXECUTIVE C	ENTRE PKWY	County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-2594	Region 5 Medicare/Medicaid	Facility Number 26014
ST PETERS POST ACUTE			
5400 EXECUTIVE CENTRE PKWY		<b>Telephone</b> (636) 922-7600	Alzheimer's Unit No
SAINT PETERS	MO 63376-2594	Level of Care ALF**	Bed Capacity 62
Mailing Address 5400 EXECUTIVE C		County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-2594	Region 5	Facility Number 26014
		region -	

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ST PETERS REHAB AND HEALTH	CARE CENTER		
230 SPENCER RD		<b>Telephone</b> (636) 441-2750	Alzheimer's Unit No
SAINT PETERS	MO 63376-2425	Level of Care SNF	<b>Bed Capacity</b> 96
Mailing Address 230 SPENCER RD		County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT PETERS	MO 63376-2425	Region 5 Medicare/Medicaid	Facility Number 07613
	A COVE VIEW		
STOVER'S RESIDENTIAL CARE FA	ACILITY		
520 EAST 5TH ST		<b>Telephone</b> (660) 265-2079	Alzheimer's Unit No
MILAN	MO 63556-1222	Level of Care RCF	Bed Capacity 20
Mailing Address 520 EAST 5TH ST		County SULLIVAN	<b>DMH Licensed</b> Yes
MILAN	MO 63556-1222	Region 5	Facility Number 07709
SUGAR CREEK - ASSISTED LIVING	C RV AMERICARE		
161 PROFESSIONAL PARKWAY	O DI AMERICARE	<b>Telephone</b> (636) 528-3136	Alzheimer's Unit Yes
TROY	MO 63379-2829	Level of Care ALF**	Bed Capacity 60
Mailing Address 161 PROFESSIONAL		County LINCOLN	DMH Licensed No
TROY	MO 63379-2829	Region 5	Facility Number 26349
IKOI	WO 03317-2027	Kegion 5	racinty Number 20349
SUNTERRA SPRINGS DARDENNE	PRAIRIE		
7275 STATE HIGHWAY N		<b>Telephone</b> (636) 865-0200	Alzheimer's Unit No
DARDENNE PRAIRIE	MO 63368-7128	Level of Care SNF	Bed Capacity 38
Mailing Address 7275 STATE HIGHW	/AY N	County SAINT CHARLES	DMH Licensed No
DARDENNE PRAIRIE	MO 63368-7128	Region 5 Medicare	Facility Number 32331
		G	
SWEET SPRINGS VILLA			
518 E MARSHALL		<b>Telephone</b> (660) 335-6391	Alzheimer's Unit No
SWEET SPRINGS	MO 65351-9756	Level of Care SNF	Bed Capacity 120
Mailing Address 518 E MARSHALL		County SALINE	DMH Licensed No
SWEET SPRINGS	MO 65351-9756	Region 5 Medicare/Medicaid	Facility Number 05378
		S	·
TEAL LAKE - ASSISTED LIVING B	SY AMERICARE		
1722 HUNTINGFIELD DR		<b>Telephone</b> (573) 582-7800	Alzheimer's Unit No
MEXICO	MO 65265-3808	Level of Care ALF**	<b>Bed Capacity</b> 42
Mailing Address 1722 HUNTINGFIEL	D DR	County AUDRAIN	<b>DMH Licensed</b> No
MEXICO	MO 65265-3808	Region 5	Facility Number 23534
TESSLAND RESIDENTIAL CARE F	FACILITY LLC		
24583 HIGHWAY 5	ACIDIT I DUC	<b>Telephone</b> (660) 265-4391	Alzheimer's Unit No
MILAN	MO 63556-2809	Level of Care RCF	
Mailing Address 24583 HWY 5	110 03330-2007	County SULLIVAN	Bed Capacity 9 DMH Licensed Yes
MILAN	MO 63556-2809	·	
IVIILAIN	1410 03330-2009	Region 5	Facility Number 19990
TOWNE HOUSE, THE			
221 EAST WHITLEY		<b>Telephone</b> (573) 581-2547	Alzheimer's Unit No
MEXICO	MO 65265-2815	Level of Care RCF*	<b>Bed Capacity</b> 29
Mailing Address PO BOX 6		County AUDRAIN	<b>DMH Licensed</b> Yes
MEXICO	MO 65265-0006	Region 5	Facility Number 08077

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TROY MANOR 200 THOMPSON DR TROY Mailing Address 200 THOMPSON DR TROY	MO 63379-2308 MO 63379-2308	Telephone (636) 528-8446 Level of Care ALF County LINCOLN Region 5	<b>Bed Capacity</b>	No 20 No 97
TROY MANOR 200 THOMPSON DR TROY Mailing Address 200 THOMPSON DR TROY	MO 63379-2308 MO 63379-2308	Telephone (636) 528-8446 Level of Care SNF County LINCOLN Region 5 Medicare/Medicaid	<b>Bed Capacity</b> 1	es 30 No 97
TROY RH CNSL OPERATION LLC 350 CAP AU GRIS TROY Mailing Address PO BOX 271 TROY	MO 63379-1761 MO 63379-0271	Telephone (636) 462-4915 Level of Care RCF* County LINCOLN Region 5	<b>Bed Capacity</b>	No 23 No 29
TWIN OAKS AT HERITAGE POINT 228 SAVANNAH TERRACE WENTZVILLE Mailing Address 228 SAVANNAH TER WENTZVILLE	MO 63385-3741	Telephone (636) 542-5200 Level of Care ALF** County SAINT CHARLES Region 5	Bed Capacity	es 70 No 77
TWIN OAKS ESTATE, INC 707 EMGE RD O'FALLON Mailing Address 707 EMGE RD O'FALLON	MO 63366-2118 MO 63366-2118	Telephone (636) 542-5200 Level of Care RCF* County SAINT CHARLES Region 5	Bed Capacity 1	No 49 No 09
TWIN PINES ADULT CARE CENTE 1900 S JAMISON KIRKSVILLE Mailing Address 1900 S JAMISON KIRKSVILLE	MO 63501-5302 MO 63501-5302	Telephone (660) 665-2887 Level of Care SNF County ADAIR Region 5 Medicare/Medicaid	<b>Bed Capacity</b> 1	es 20 No 18
VALLEY VIEW HEALTH & REHAE 1600 EAST ROLLINS ST MOBERLY Mailing Address 1600 E ROLLINS ST MOBERLY	MO 65270-2478 MO 65270-2478	Telephone (660) 263-6887 Level of Care SNF County RANDOLPH Region 5 Medicare/Medicaid	<b>Bed Capacity</b>	No 96 No 67
VILLAGE CENTER CARE OF WEN 909 E PITMAN AVE WENTZVILLE Mailing Address 909 E PITMAN AVE WENTZVILLE	TZVILLE  MO 63385-1818  MO 63385-1818	Telephone (636) 327-1907 Level of Care ALF** County SAINT CHARLES Region 5	<b>Bed Capacity</b>	No 22 No 26

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VILLAGES OF ST PETERS MEMO	RY CARE				
5300 EXECUTIVE CENTER PARKWA		Telephone	(636) 477-6955	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3182	Level of Care	ALF**	Bed Capacity	60
Mailing Address 5300 EXECUTIVE C	ENTER PARKWAY	County SAI	NT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3182	Region 5		Facility Number	29889
				·	
WELLER PLACE RETIREMENT C	ENTER				
510 WELLER STREET		Telephone	(660) 395-2273	Alzheimer's Unit	No
MACON	MO 63552-1996	Level of Care	RCF	<b>Bed Capacity</b>	18
Mailing Address 510 WELLER STREE	ET	County MA	CON	DMH Licensed	No
MACON	MO 63552-1996	Region 5		Facility Number	30888
WESTRODT FSTATES ASSISTED	I WING DV AMEDICADE				
WESTPORT ESTATES - ASSISTED	LIVING BY AMERICARE	Talanhana	(660) 996 5500	Alabaiman'a Unit	Vac
904 APACHE DR	MO (5240 2000	Telephone	(660) 886-5500	Alzheimer's Unit	Yes
MARSHALL	MO 65340-2900	Level of Care		Bed Capacity	62 N-
Mailing Address 904 APACHE DR	MO (5240 2000	County SAI	LINE	DMH Licensed	No
MARSHALL	MO 65340-2900	Region 5		Facility Number	16202
WESTVIEW NURSING HOME					
301 WEST DUNLOP ST		Telephone	(573) 267-3920	Alzheimer's Unit	No
CENTER	MO 63436-2267	Level of Care	SNF	Bed Capacity	60
Mailing Address 301 WEST DUNLOP	ST	County RAI	LLS	DMH Licensed	No
CENTER	MO 63436-2267	Region 5	Medicare/Medicaid	Facility Number	15634
WINDSOR ESTATES OF ST CHARI	I FS				
2150 WEST RANDOLPH ST	LES	Telephone	(636) 946-4966	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-0894	Level of Care		Bed Capacity	66
Mailing Address 2150 WEST RANDO			NT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-0894	Region 5	Medicare/Medicaid	Facility Number	06316
SAINT CHARLES	MO 03301-0074	Region 3	Wiedicare/Wiedicard	racinty Number	00310
WINFIELD RESIDENTIAL CARE					
220 WEST WALNUT ST		Telephone	(636) 668-8110	Alzheimer's Unit	No
WINFIELD	MO 63389-1122	Level of Care	RCF	Bed Capacity	20
Mailing Address 220 WEST WALNUT	ΓST	County LIN	COLN	DMH Licensed	Yes
WINFIELD	MO 63389-1122	Region 5		Facility Number	08729
Region: 6					
ANEW HEALTHCARE AND REHA	B-WELLSVILLE				
250 E LOCUST		Telephone	(573) 684-2002	Alzheimer's Unit	No
WELLSVILLE	MO 63384-1422	Level of Care	SNF	Bed Capacity	112
Mailing Address 250 E LOCUST		·	NTGOMERY	DMH Licensed	No
WELLSVILLE	MO 63384-1422	Region 6	Medicare/Medicaid	Facility Number	02740
ANEW SENIOR LIVING COLE CAN	MP				
517 NORTH OAK		Telephone	(660) 668-3140	Alzheimer's Unit	No
COLE CAMP	MO 65325-1264	Level of Care	RCF	Bed Capacity	30
Mailing Address PO BOX 252			NTON	DMH Licensed	No
COLE CAMP	MO 65325-0252	Region 6		Facility Number	26313
		3		-	

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ADDODG AT DANAGOOD GOADT	A CONTRACTOR OF THE AGREEMENT A WARRIES	DV. 1. FED. G 1 DV			
	MEMORY CARE ASSISTED LIVING			Alaboimon's Unit	Yes
775 DUNSFORD ROAD SULLIVAN	MO 63080-1270	Telephone Level of Care	(573) 468-2600 ALF**	Alzheimer's Unit Bed Capacity	50
Mailing Address 775 DUNSFORD RD		County FRA		DMH Licensed	No
SULLIVAN	MO 63080-1270	Region 6	INKLIN	Facility Number	16094
SULLIVAIV	1410 03000-1270	Region 0		racinty Number	10094
ARBORS AT PARKSIDE - MEMOR	Y CARE ASSISTED LIVING BY AME	RICARE			
1700 EAST 10TH ST		Telephone	(573) 364-2602	Alzheimer's Unit	Yes
ROLLA	MO 65401-4600	Level of Care	ALF**	Bed Capacity	22
Mailing Address 1700 EAST 10TH ST		County PHE	LPS	DMH Licensed	No
ROLLA	MO 65401-4600	Region 6		Facility Number	13589
	OF CUBA, MEMORY CARE ASSISTED				37
903 HWY DD	MO (5452 0000	Telephone	(573) 885-0551	Alzheimer's Unit	Yes
CUBA	MO 65453-8089	Level of Care	ALF**	Bed Capacity	32 N
Mailing Address 903 HWY DD	MO (5452 9090	·	WFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6		Facility Number	27071
ARBORS AT VICTORIAN PLACE (	OF WASHINGTON, MEMORY CARE	ASSISTED LIVIN	NG BY AMERICARE,	ТНЕ	
2701 RABBIT TRAIL DR		Telephone	(636) 390-9500	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-6711	Level of Care	ALF**	Bed Capacity	32
Mailing Address 2701 RABBIT TRAIL	L DR	County FRA	NKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6711	Region 6		Facility Number	28065
3409 NORTH 10 MILE DR JEFFERSON CITY	ACE-ALZHEIMER'S ASSISTED LIVIN  MO 65109-0530	Telephone Level of Care	(573) 556-5648 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 26 No
Mailing Address 3409 NORTH 10 MII		County COL	Æ		
JEFFERSON CITY	MO 65109-0530	Region 6		Facility Number	27914
ARIZONA CARE CENTER					
101 ARIZONA ST		Telephone	(573) 237-4830	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1210	Level of Care	ALF	Bed Capacity	15
Mailing Address 101 ARIZONA ST		County FRA	NKLIN	DMH Licensed	Yes
NEW HAVEN	MO 63068-1210	Region 6		Facility Number	19080
		Ü			
ARROWHEAD SENIOR LIVING CO	OMMUNITY				
6100 ARROWHEAD DRIVE		Telephone	(573) 302-7111	Alzheimer's Unit	Yes
OSAGE BEACH	MO 65065-2754	Level of Care	ALF**	<b>Bed Capacity</b>	90
Mailing Address 6100 ARROWHEAD	DRIVE	County CAM	MDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2754	Region 6		Facility Number	31536
ARROWHEAD SENIOR LIVING CO	OMMUNITY				
6100 ARROWHEAD DRIVE	ZHAMAULILL I	Telephone	(573) 302-7111	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-2754	Level of Care	SNF	Bed Capacity	80
Mailing Address 6100 ARROWHEAD			MDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2754	•	Medicare/Medicaid	Facility Number	31536
		region o			31330

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ASHBURY HEIGHTS OF FULTON	The second of th
704 WEST CHESTNUT	Telephone (573) 642-2015 Alzheimer's Unit No
FULTON MO 65251-1254	Level of Care RCF Bed Capacity 12
Mailing Address 704 WEST CHESTNUT	County CALLAWAY DMH Licensed No
FULTON MO 65251-1254	Region 6 Facility Number 23923
ASHBURY HEIGHTS OF JEFFERSON CITY	
834 WEATHERED ROCK COURT	Telephone (573) 634-7402 Alzheimer's Unit No
JEFFERSON CITY MO 65101-1824	Level of Care RCF Bed Capacity 12
Mailing Address 834 WEATHERED ROCK COURT	County COLE DMH Licensed No
JEFFERSON CITY MO 65101-1824	Region 6 Facility Number 23936
JETTERSON CITT MO 05101-1024	Region 0 Facinity Number 23930
ASHBURY HEIGHTS OF LAURIE	
299 HIGHWAY RA	<b>Telephone</b> (573) 374-0076 <b>Alzheimer's Unit</b> No
LAURIE MO 65038-6024	Level of Care RCF Bed Capacity 12
Mailing Address 299 HIGHWAY RA	County MORGAN DMH Licensed No
LAURIE MO 65038-6024	Region 6 Facility Number 23915
ASHBURY HEIGHTS OF MONTGOMERY CITY	
625 WEST 2ND ST	<b>Telephone</b> (573) 564-3386 <b>Alzheimer's Unit</b> No
MONTGOMERY CITY MO 63361-1762	Level of Care RCF Bed Capacity 12
Mailing Address 625 WEST 2ND ST	County MONTGOMERY DMH Licensed No
MONTGOMERY CITY MO 63361-1762	Region 6 Facility Number 20160
ASHBURY HEIGHTS OF TIPTON	
908 SOUTH PARK	Telephone (660) 433-6496 Alzheimer's Unit No
TIPTON MO 65081-8408	Level of Care RCF Bed Capacity 12
Mailing Address 908 SOUTH PARK	County MONITEAU DMH Licensed No
TIPTON MO 65081-8408	Region 6 Facility Number 16506
in rot.	Region V Tuesdy Number 10500
ASHLAND HEALTHCARE	TEMPORARY CLOSURE - STAFFING
300 SOUTH HENRY CLAY BLVD	<b>Telephone</b> (573) 657-2877 <b>Alzheimer's Unit</b> 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
ACHI AND VIII I A ACCICIDED I IVING BY AMERICANS	
ASHLAND VILLA - ASSISTED LIVING BY AMERICARE	TO 1 1 (572) (57 1020 All 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 SOUTH HENRY CLAY BLVD	County BOONE DMH Licensed No
ASHLAND MO 65010-9439	Region 6 Facility Number 20303
ASHLEY MANOR HEALTH & REHABILITATION	
1630 RADIO HILL ROAD	Telephone (660) 882-6584 Alzheimer's Unit No
BOONVILLE MO 65233-1957	Level of Care SNF Bed Capacity 52
Mailing Address 1630 RADIO HILL ROAD	County COOPER DMH Licensed No
BOONVILLE MO 65233-1957	Region 6 Medicare/Medicaid Facility Number 00216

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ASPEN VALLEY					
1888 EAST 9TH STREET		Telephone	(696) 346-9634	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3549	Level of Care	ALF**	Bed Capacity	14
Mailing Address 1888 EAST 9TH STRE	EET	County FRA	NKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3549	Region 6		Facility Number	32779
				•	
ASPIRE SENIOR LIVING JONESBUR	RG				
308 CEDAR AVE		Telephone	(636) 488-5400	Alzheimer's Unit	Yes
JONESBURG	MO 63351-1126	Level of Care	SNF	Bed Capacity	90
Mailing Address PO BOX 218	1120		NTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	•	Medicare/Medicaid	Facility Number	13265
JONESBORG	WO 03331-0210	Region 0	Wiedicare/Medicaid	Facility Number	13203
AUBURN RIDGE LIVING CENTER					
1425 ASHBURY WAY		Telephone	(573) 634-2031	Alzheimer's Unit	No
WARDSVILLE	MO 65101-1007	Level of Care	RCF	Bed Capacity	24
Mailing Address 1425 ASHBURY WAY		County COL		DMH Licensed	No
WARDSVILLE	MO 65101-1007	Region 6	_	Facility Number	31832
, , including the last of the		Region 0		Tuesday Tvandor	31032
AURORA HEALTH AND REHABILIT	ΓΑΤΙΟΝ				
1200 MCCUTCHEN RD		Telephone	(573) 364-2311	Alzheimer's Unit	No
ROLLA	MO 65401-2615	Level of Care	SNF	Bed Capacity	116
Mailing Address 1200 MCCUTCHEN R	aD.	County PHEI	LPS	DMH Licensed	No
ROLLA	MO 65401-2615	•	Medicare/Medicaid	Facility Number	08862
		O		·	
DADWARAS DEDWOOD MANOR					
BARNABAS REDWOOD MANOR		m., .	(552) 460 0150		27
1194 LANDON RD	MO (5441 9219	Telephone	(573) 468-8150	Alzheimer's Unit	No
BOURBON	MO 65441-8218	Level of Care	RCF	Bed Capacity	47
Mailing Address 1194 LANDON RD	MO (5441 9219	•	WFORD	DMH Licensed	Yes
BOURBON	MO 65441-8218	Region 6		Facility Number	08609
BLUEGRASS TERRACE					
102 REDTAIL DR		Telephone	(573) 657-0899	Alzheimer's Unit	No
ASHLAND	MO 65010-1179	Level of Care	RCF	Bed Capacity	16
Mailing Address 102 REDTAIL DR	35010 1177	County BOO		DMH Licensed	No
ASHLAND	MO 65010-1179	Region 6	- 1-2	Facility Number	25731
. 1012.1.12		Region 0		Tuesday Transpor	23731
BLUFF CREEK TERRACE - ASSISTE	ED LIVING BY AMERICARE				
3104 BLUFF CREEK DR		Telephone	(573) 815-9111	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-3524	Level of Care	ALF**	Bed Capacity	48
Mailing Address 3104 BLUFF CREEK I	DR	County BOO	NE	DMH Licensed	No
COLUMBIA	MO 65201-3524	Region 6		Facility Number	20625
		-		-	
BLUFFS, THE					
3105 BLUFF CREEK DR		Telephone	(573) 442-6060	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-3529	Level of Care	SNF	<b>Bed Capacity</b>	132
Mailing Address 3105 BLUFF CREEK I	DR	County BOO	NE	DMH Licensed	No

Region 6

Medicare/Medicaid

**Facility Number** 

00754

MO 65201-3529

COLUMBIA

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BRIDGEWAY RESIDENTIAL CARE	FACILITY				
828 JEFFERSON ST		Telephone	(573) 642-7770	Alzheimer's Unit	No
FULTON	MO 65251-1877	Level of Care	RCF*	<b>Bed Capacity</b>	94
Mailing Address 828 JEFFERSON ST		County CAL	LAWAY	DMH Licensed	Yes
FULTON	MO 65251-1877	Region 6		Facility Number	13522
BRISTOL MANOR OF BOONVILLE					
1290 ASHLEY RD		Telephone	(660) 882-3393	Alzheimer's Unit	No
BOONVILLE	MO 65233-2108	Level of Care	RCF	Bed Capacity	12
Mailing Address 1290 ASHLEY RD	WO 03233 2100	County COO		DMH Licensed	No
BOONVILLE	MO 65233-2108	Region 6	T L K	Facility Number	17310
BOOKVILLE	WIO 03233-2100	Region 0		racinty Number	17310
BRISTOL MANOR OF CALIFORNIA	Δ				
605 PARKVIEW DR		Telephone	(573) 796-4342	Alzheimer's Unit	No
CALIFORNIA	MO 65018-2001	Level of Care	RCF	Bed Capacity	12
Mailing Address 605 PARKVIEW DR		County MON	NITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-2001	Region 6		Facility Number	17401
BRISTOL MANOR OF CAMDENTO	N				
75 FOURTH ST		Telephone	(573) 346-6800	Alzheimer's Unit	No
CAMDENTON	MO 65020-6891	Level of Care	RCF	Bed Capacity	12
Mailing Address 75 FOURTH ST		County CAM	IDEN	DMH Licensed	No
CAMDENTON	MO 65020-6891	Region 6		Facility Number	17914
BRISTOL MANOR OF CENTRALIA					
610 NORTH JEFFERSON ST		Telephone	(573) 682-5913	Alzheimer's Unit	No
CENTRALIA	MO 65240-1178	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 610 NORTH JEFFER		County BOO	NE	DMH Licensed	No
Mailing Address 610 NORTH JEFFER: CENTRALIA		County BOO Region 6	NE	DMH Licensed Facility Number	No 18286
o .	SON ST	•	NE		
CENTRALIA	SON ST	•	NE		
CENTRALIA  BRISTOL MANOR OF ELDON	SON ST	Region 6		Facility Number	18286
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST	SON ST MO 65240-1178	Region 6 Telephone	(573) 392-1200	Facility Number  Alzheimer's Unit	18286 No
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON	SON ST MO 65240-1178 MO 65026-2651	Region 6  Telephone Level of Care	(573) 392-1200 RCF	Facility Number  Alzheimer's Unit  Bed Capacity	18286 No 12
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH S	MO 65026-2651	Region 6  Telephone Level of Care County MILI	(573) 392-1200 RCF	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed	No 12 No
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON	SON ST MO 65240-1178 MO 65026-2651	Region 6  Telephone Level of Care	(573) 392-1200 RCF	Facility Number  Alzheimer's Unit  Bed Capacity	18286 No 12
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON	MO 65026-2651	Region 6  Telephone Level of Care County MILI	(573) 392-1200 RCF	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed	No 12 No
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON	MO 65026-2651	Region 6  Telephone Level of Care County MILI Region 6	(573) 392-1200 RCF LER	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17701
CENTRALIA  BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD	MO 65026-2651 MO 65026-2651	Region 6  Telephone Level of Care County MILI Region 6	(573) 392-1200 RCF LER (573) 642-7557	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17701
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON	MO 65240-1178  MO 65026-2651  TT  MO 65026-2651  MO 65251-2514	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care	(573) 392-1200 RCF LER (573) 642-7557 RCF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 17701 No 12
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER I	MO 65240-1178  MO 65026-2651  TT  MO 65026-2651  MO 65251-2514  RD	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care County CAL	(573) 392-1200 RCF LER (573) 642-7557	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 17701 No 12 No
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON	MO 65240-1178  MO 65026-2651  TT  MO 65026-2651  MO 65251-2514	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care	(573) 392-1200 RCF LER (573) 642-7557 RCF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 17701 No 12
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER I	MO 65240-1178  MO 65026-2651  TT  MO 65026-2651  MO 65251-2514  RD	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care County CAL	(573) 392-1200 RCF LER (573) 642-7557 RCF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 17701 No 12 No
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER INFOLLATION  BRISTOL MANOR OF JEFFERSON	MO 65240-1178  MO 65026-2651  TT  MO 65026-2651  MO 65251-2514  RD  MO 65251-2514	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care County CAL Region 6	(573) 392-1200 RCF LER (573) 642-7557 RCF LAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17701 No 12 No 18575
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER IN FULTON  BRISTOL MANOR OF JEFFERSON 510 KENSINGTON PARK	MO 65240-1178  MO 65026-2651  TT  MO 65026-2651  MO 65251-2514  RD  MO 65251-2514  CITY	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care County CAL Region 6	(573) 392-1200 RCF LER (573) 642-7557 RCF LAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17701  No 12 No 18575
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER IN FULTON  BRISTOL MANOR OF JEFFERSON 510 KENSINGTON PARK JEFFERSON CITY	MO 65240-1178  MO 65240-1178  MO 65026-2651  TO MO 65026-2651  MO 65251-2514  RD MO 65251-2514  CITY  MO 65109-6247	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care County CAL Region 6	(573) 392-1200 RCF LER (573) 642-7557 RCF LAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17701  No 12 No 18575
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST ELDON Mailing Address 1201 EAST NORTH SELDON  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER IN FULTON  BRISTOL MANOR OF JEFFERSON 510 KENSINGTON PARK	MO 65240-1178  MO 65240-1178  MO 65026-2651  TO MO 65026-2651  MO 65251-2514  RD MO 65251-2514  CITY  MO 65109-6247	Region 6  Telephone Level of Care County MILI Region 6  Telephone Level of Care County CAL Region 6	(573) 392-1200 RCF LER (573) 642-7557 RCF LAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 17701  No 12 No 18575

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BRISTOL MANOR OF LINCOLN		T-1 (CCO) 547 2590	Alzheimer's Unit No
204 SOUTH HIGHWAY 65 LINCOLN	MO 65338-2587	Telephone (660) 547-2580 Level of Care RCF	Alzheimer's Unit No Bed Capacity 12
Mailing Address 204 SOUTH HIGHWA		County BENTON	DMH Licensed No
LINCOLN	MO 65338-2587	Region 6	Facility Number 18092
LINCOLIV	WO 03330-2387	Region 0	racinty Number 18092
BRISTOL MANOR OF PACIFIC			
2049 ROSE LN		<b>Telephone</b> (636) 257-8020	Alzheimer's Unit No
PACIFIC	MO 63069-1165	Level of Care RCF	Bed Capacity 12
Mailing Address 2049 ROSE LN		County FRANKLIN	DMH Licensed No
PACIFIC	MO 63069-1165	Region 6	Facility Number 20237
PRICEOU MANOR OF CERTAIN			
BRISTOL MANOR OF SEDALIA 1208 EAST 24TH ST		<b>Telephone</b> (660) 827-2028	Alzheimer's Unit No
SEDALIA	MO 65301-8231	Level of Care RCF	Bed Capacity 12
Mailing Address 1208 EAST 24TH ST	1.10 03301 0231	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-8231	Region 6	Facility Number 15808
			10000
BRISTOL MANOR OF STOVER			
607 WEST 4TH ST		<b>Telephone</b> (573) 377-4519	Alzheimer's Unit No
STOVER	MO 65078-0807	Level of Care RCF	Bed Capacity 12
Mailing Address 607 WEST 4TH ST		County MORGAN	DMH Licensed No
STOVER	MO 65078-0807	Region 6	Facility Number 18863
	_		
BRISTOL MANOR OF WARRENTON	N	TO 1 1 (626) 456 1427	A11 * 1 TT */ NT
815 WOOLF ROAD	MO (2202 (104	<b>Telephone</b> (636) 456-1437	Alzheimer's Unit No
WARRENTON Mailing Address 815 WOOLE DD	MO 63383-6184	Level of Care RCF	Bed Capacity 12  DMH Licensed No
Mailing Address 815 WOOLF RD WARRENTON	MO 63383-6184	County WARREN	Facility Number 19954
WARRENTON	WO 03363-0164	Region 6	Facility Number 19954
BRISTOL MANOR OF WARSAW			
1600 ESTATE DR		<b>Telephone</b> (660) 438-7173	Alzheimer's Unit No
WARSAW	MO 65355-3061	Level of Care RCF	Bed Capacity 12
Mailing Address 1600 ESTATE DR		County BENTON	DMH Licensed No
WARSAW	MO 65355-3061	Region 6	Facility Number 16343
PRICEOL MANOR OF WAGNEYORS	N.		
BRISTOL MANOR OF WASHINGTO	IN .	T-11 (626) 200 0050	Alabahaan Lattata
100 WEST 12TH ST	MO 62000 4445	<b>Telephone</b> (636) 390-0050	Alzheimer's Unit No
WASHINGTON Mailing Address 100 WEST 12TH ST	MO 63090-4445	Level of Care RCF	Bed Capacity 12
Mailing Address 100 WEST 12TH ST WASHINGTON	MO 63090-4445	County FRANKLIN	DMH Licensed No  Facility Number 20139
WASHINGTON	1410 03090-4443	Region 6	Facility Number 20138
CALIFORNIA CARE CENTER			
1106 SOUTH OAK, ROUTE 3		<b>Telephone</b> (573) 796-3127	Alzheimer's Unit No
CALIFORNIA	MO 65018-1462	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 1106 SOUTH OAK, RO	OUTE 3	County MONITEAU	DMH Licensed No
CALIFORNIA	MO 65018-1462	Region 6 Medicare/Medicaid	Facility Number 10437

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CAMDENTON WINDSOR ESTATES			
2042 N BUSINESS ROUTE 5	<b>Telephone</b> (573) 346-5654	Alzheimer's Unit	No
CAMDENTON MO 65020-2611	Level of Care SNF	Bed Capacity	82
Mailing Address 2042 N BUSINESS ROUTE 5	County CAMDEN	DMH Licensed	No
CAMDENTON MO 65020-2611	Region 6 Medicare/Medicaid	Facility Number	08688
CEDAR KNOLL PARTNERSHIP			
13635 STATE ROUTE V	<b>Telephone</b> (573) 265-3658	Alzheimer's Unit	No
SAINT JAMES MO 65559-8331	Level of Care ALF	Bed Capacity	32
Mailing Address 13635 STATE ROUTE V	County PHELPS	DMH Licensed	Yes
SAINT JAMES MO 65559-8331	Region 6	Facility Number	01142
CEDAR POINTE	<b>7.1.1</b>		
1800 WHITE COLUMNS DR	<b>Telephone</b> (573) 364-7766	Alzheimer's Unit	Yes
ROLLA MO 65401-2044	Level of Care SNF	Bed Capacity	102
Mailing Address 1800 WHITE COLUMNS DR	County PHELPS	DMH Licensed	No
ROLLA MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number	06801
CEDARHURST OF COLUMBIA			
2333 CHAPEL HILL RD	T-1 (572) 224 1001	A 1-1	Yes
COLUMBIA MO 65203-1537	Telephone (573) 234-1091  Level of Care ALF**	Alzheimer's Unit	127
		Bed Capacity	
Mailing Address 2333 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-1537	Region 6	Facility Number	29874
CHURCHILL TERRACE - ASSISTED LIVING BY AMERICA	RE		
120 HOSPITAL DR	<b>Telephone</b> (573) 642-5222	Alzheimer's Unit	No
FULTON MO 65251-2511	Level of Care ALF**	Bed Capacity	57
Mailing Address 120 HOSPITAL DR	County CALLAWAY	DMH Licensed	No
FULTON MO 65251-2511	Region 6	Facility Number	20783
COLONY POINTE-ASSISTED LIVING BY AMERICARE			
1510 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA MO 65203-5457	Level of Care ALF**	Bed Capacity	59
Mailing Address 1510 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-5457	Region 6	Facility Number	28191
COLUMBIA MANOR HEALTH & REHABILITATION			
2012 E. NIFONG BLVD	<b>Telephone</b> (573) 449-1246	Alzheimer's Unit	No
COLUMBIA MO 65201-3874	Level of Care SNF	Bed Capacity	52
Mailing Address 2012 E. NIFONG BLVD	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3874	Region 6 Medicare/Medicaid	Facility Number	01715
WO 03201-3074	region o Medicare/Medicald	Facility (Milliper	01/13
COLUMBIA POST ACUTE			
3535 BERRYWOOD DRIVE	<b>Telephone</b> (573) 397-7144	Alzheimer's Unit	No
COLUMBIA MO 65201-6584	Level of Care SNF	<b>Bed Capacity</b>	70
Mailing Address 3535 BERRYWOOD DRIVE	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-6584	Region 6 Medicare/Medicaid	Facility Number	30959

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CORNERSTONE LIVING CENTER		T 1 1 (572) 764 5141	All Land Land
533 E CANNAN RD	MO (2027 2515	<b>Telephone</b> (573) 764-5141	Alzheimer's Unit NO
GERALD	MO 63037-2515	Level of Care ALF**	Bed Capacity 60
Mailing Address 533 E CANNAN RD GERALD	MO 63037-2515	County FRANKLIN	DMH Licensed No Facility Number 13926
GERALD	MO 03037-2313	Region 6	Facility Number 13926
COUNTRY VALLEY HOME			
15750 COUNTY RD 2430		<b>Telephone</b> (573) 265-8250	Alzheimer's Unit No
SAINT JAMES	MO 65559-8211	Level of Care RCF*	Bed Capacity 23
Mailing Address 15750 COUNTY RD	2430	County PHELPS	DMH Licensed Yes
SAINT JAMES	MO 65559-8211	Region 6	Facility Number 01852
CRAB APPLE VILLAGE SENIOR E	STATES	T. I. I. (626) 620 6161	A11.
214 HARTMAN PL, SUITE 100	MO (2077 2459	Telephone (636) 629-6161 Level of Care ALF**	Alzheimer's Unit Yes
SAINT CLAIR  Mailing Address 214 HARTMAN DL	MO 63077-2458		Bed Capacity 65  DMH Licensed No
Mailing Address 214 HARTMAN PL, S SAINT CLAIR	MO 63077-2458	County FRANKLIN  Region 6	
SAINI CLAIR	MO 03077-2438	Region 0	Facility Number 24395
CUBA MANOR, INC			
210 ELDON DR		<b>Telephone</b> (573) 885-4500	Alzheimer's Unit No
CUBA	MO 65453-1642	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 210 ELDON DR		County CRAWFORD	DMH Licensed No
CUBA	MO 65453-1642	Region 6 Medicare/Medicaid	Facility Number 21149
DIXON NURSING & REHAB			
403 EAST 10TH ST		<b>Telephone</b> (573) 759-2135	Alzheimer's Unit No
DIXON	MO 65459-6049	Level of Care SNF	Bed Capacity 60
Mailing Address 403 EAST 10TH ST		County PULASKI	DMH Licensed No
DIXON	MO 65459-6049	Region 6 Medicare/Medicaid	Facility Number 15510
E W THOMPSON HEAT THE C DELL	A DALLATA TROAL CHANTED		
E W THOMPSON HEALTH & REHA 975 MITCHELL ROAD	ABILITATION CENTER	<b>Telephone</b> (660) 851-0668	Alzheimer's Unit Yes
SEDALIA	MO 65301-2133	Level of Care SNF	Bed Capacity 60
Mailing Address 975 MITCHELL ROA		County PETTIS	DMH Licensed No
SEDALIA	MO 65301-2133	Region 6 Medicare/Medicaid	Facility Number 30182
		region s medicare/medicard	20102
ELDON NURSING & REHAB			
1001 E NORTH ST		<b>Telephone</b> (573) 392-3164	Alzheimer's Unit Yes
ELDON	MO 65026-2634	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address 1001 E NORTH ST		County MILLER	DMH Licensed No
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number 06139
EQUILIBRIUM RANCH			
81 PILKENTON LN		<b>Telephone</b> (573) 885-6443	Alzheimer's Unit No
CUBA	MO 65453-8136	Level of Care RCF	Bed Capacity 18
Mailing Address 81 PILKENTON LN		~	
8		County CRAWFORD	<b>DMH Licensed</b> No

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ESSEX BY BRISTOL, THE			
301 EAST 3RD		<b>Telephone</b> (660) 829-1758	Alzheimer's Unit No
SEDALIA	MO 65301-4335	Level of Care RCF	Bed Capacity 24
Mailing Address 301 EAST 3RD		County PETTIS	<b>DMH Licensed</b> No
SEDALIA	MO 65301-4335	Region 6	Facility Number 23020
FAIR VIEW NURSING HOME			
1714 WEST 16TH ST		<b>Telephone</b> (660) 827-1594	Alzheimer's Unit No
SEDALIA	MO 65301-5273	Level of Care SNF	<b>Bed Capacity</b> 75
Mailing Address 1714 WEST 16TH ST		County PETTIS	DMH Licensed No
SEDALIA	MO 65301-5273	Region 6 Medicare/Medicaid	Facility Number 02469
FERNDALE, INC			
15677 COUNTY RD 2430		<b>Telephone</b> (573) 265-3344	Alzheimer's Unit No
SAINT JAMES	MO 65559-8210	Level of Care ALF	<b>Bed Capacity</b> 32
Mailing Address 15677 COUNTY RD 24	430	County PHELPS	<b>DMH Licensed</b> Yes
SAINT JAMES	MO 65559-8210	Region 6	Facility Number 02526
FOUR SEASONS LIVING CENTER			
2800 HIGHWAY TT		<b>Telephone</b> (660) 826-8803	Alzheimer's Unit Yes
SEDALIA	MO 65301-1410	Level of Care SNF	Bed Capacity 239
Mailing Address 2800 HIGHWAY TT	110 03301 1110	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-1410	Region 6 Medicare/Medicaid	Facility Number 00836
	110 03301 1110	Region 6 Medical e/Medicalu	racinty (value)
FULTON MANOR CARE CENTER		TD 1 1 (572) (40 (024	411 · 17 · 1
520 MANOR DR		<b>Telephone</b> (573) 642-6834	Alzheimer's Unit No
FULTON 520 MANOR FR	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		<b>Telephone</b> (573) 642-0202	Alzheimer's Unit Yes
FULTON	MO 65251-2345	Level of Care SNF	Bed Capacity 100
Mailing Address 1510 BLUFF ST		County CALLAWAY	<b>DMH Licensed</b> No
FULTON	MO 65251-2345	Region 6 Medicare/Medicaid	Facility Number 03492
GASCONADE MANOR NURSING HO	<b>DME</b>		
1910 NURSING HOME RD		<b>Telephone</b> (573) 437-4101	Alzheimer's Unit No
OWENSVILLE	MO 65066-2844	Level of Care SNF	<b>Bed Capacity</b> 79
Mailing Address PO BOX 520		County GASCONADE	<b>DMH Licensed</b> No
OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number 02804
GASCONADE TERRACE RETIREME	ENT CENTER		
1930 NURSING HOME RD		<b>Telephone</b> (573) 437-4833	Alzheimer's Unit No
OWENSVILLE	MO 65066-2844	Level of Care ALF	<b>Bed Capacity</b> 19
Mailing Address PO BOX 520		County GASCONADE	<b>DMH Licensed</b> No
OWENSVILLE	MO 65066-0520	Region 6	Facility Number 14143

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GOLDEN AGE LIVING CENTER			
404 E THIRD ST		<b>Telephone</b> (573) 377-4521	Alzheimer's Unit Yes
STOVER	MO 65078-0947	Level of Care SNF	<b>Bed Capacity</b> 61
Mailing Address PO BOX 307		County MORGAN	DMH Licensed No
STOVER	MO 65078-0307	Region 6 Medicare/Medicaid	Facility Number 02949
510 (21)		region • Medicare/Medicard	1 unity 1 units (2) 1)
GOOD SAMARITAN CARE CENTER	R		
403 WEST MAIN ST		<b>Telephone</b> (660) 668-4515	Alzheimer's Unit No
COLE CAMP	MO 65325-1144	Level of Care SNF	<b>Bed Capacity</b> 72
Mailing Address 403 WEST MAIN ST		County BENTON	DMH Licensed No
COLE CAMP	MO 65325-1144	Region 6 Medicare/Medicaid	Facility Number 03039
GOOD SHEPHERD CARE CENTER			
1101 WEST CLAY RD		<b>Telephone</b> (573) 378-5411	Alzheimer's Unit No
VERSAILLES	MO 65084-1177	Level of Care SNF	Bed Capacity 120
Mailing Address 1101 WEST CLAY R	D	County MORGAN	DMH Licensed No
VERSAILLES	MO 65084-1177	Region 6 Medicare/Medicaid	Facility Number 21631
		Trogical Control of Troutening	21001
GRANDVIEW HEALTHCARE CENT	ΓER		
201 GRAND AVE		<b>Telephone</b> (636) 239-9190	Alzheimer's Unit No
WASHINGTON	MO 63090-1209	Level of Care SNF	<b>Bed Capacity</b> 102
Mailing Address 201 GRAND AVE		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-1209	Region 6 Medicare/Medicaid	Facility Number 15045
HARAMBEE HOUSE, INC			
703 NORTH EIGHTH ST		<b>Telephone</b> (573) 443-6972	Alzheimer's Unit No
COLUMBIA	MO 65201-4516	Level of Care RCF*	<b>Bed Capacity</b> 15
Mailing Address 703 NORTH EIGHTH	IST	County BOONE	<b>DMH Licensed</b> Yes
COLUMBIA	MO 65201-4516	Region 6	Facility Number 17197
HARBOR PLACE - LINN			
24 TRENSHAW TRAIL		<b>Telephone</b> (573) 897-2100	Alzheimer's Unit NO
LINN	MO 65051-2874	Level of Care RCF	<b>Bed Capacity</b> 24
Mailing Address 24 TRENSHAW TRA		County OSAGE	DMH Licensed No
LINN	MO 65051-2874	Region 6	Facility Number 31116
HARTMANN VILLAGE - ASSISTED	LIVING BY AMERICARE		
615 RANKIN MILL LN		<b>Telephone</b> (660) 882-9933	Alzheimer's Unit No
BOONVILLE	MO 65233-2873	Level of Care ALF**	<b>Bed Capacity</b> 42
Mailing Address 615 RANKIN MILL L	.N	County COOPER	DMH Licensed No
BOONVILLE	MO 65233-2873	Region 6	Facility Number 26026
HARTON SENIOR LIVING			
1054 SOUTH HWY 47		<b>Telephone</b> (636) 377-4444	Alzheimer's Unit No
WARRENTON	MO 63383-2625	Level of Care RCF	Bed Capacity 36
Mailing Address 1054 SOUTH HWY 4		County WARREN	DMH Licensed No
WARRENTON	MO 63383-2625	·	
WARKENIUN	WIO 03363-2023	Region 6	Facility Number 30144

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HEISINGER BLUFFS HEALTHCARE WESTERN	CAMPUS	
1306 WEST MAIN ST	Telephone (573) 635-0166 Alzheimer's Unit	lo
JEFFERSON CITY MO 65109-1	356 Level of Care SNF Bed Capacity 6	59
Mailing Address 1306 WEST MAIN ST	County COLE DMH Licensed N	lo
JEFFERSON CITY MO 65109-1	Region 6 Medicare/Medicaid Facility Number 0757	72
HEISINGER BLUFFS REHAB AND HEALTHCAR	E CENTER	
1002 WEST MAIN ST		Ю
JEFFERSON CITY MO 65109-6	•	50
Mailing Address 1002 WEST MAIN ST		lo
JEFFERSON CITY MO 65109-6	·	79
	•	
HEISINGER BLUFFS SENIOR LIVING		
1002 WEST MAIN ST	Telephone (573) 636-6288 Alzheimer's Unit Yo	
JEFFERSON CITY MO 65109-6	* *	
Mailing Address 1002 WEST MAIN ST	·	Ю
JEFFERSON CITY MO 65109-6	Region 6 Facility Number 0347	19
HERITAGE HALL NURSING CENTER		
750 EAST HIGHWAY 22	Telephone (573) 682-5551 Alzheimer's Unit N	Ю
CENTRALIA MO 65240-1	146 Level of Care SNF Bed Capacity	60
Mailing Address 750 EAST HIGHWAY 22	County BOONE DMH Licensed N	lo
CENTRALIA MO 65240-1	146 Region 6 Medicare/Medicaid Facility Number 0306	59
HILLCREST RESIDENTIAL CARE, INC		
HILLCREST RESIDENTIAL CARE, INC 9415 NORTH BROWN STATION RD	Telephone (573) 696-3201 Alzheimer's Unit N	lo
HILLCREST RESIDENTIAL CARE, INC 9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8	*	Io 33
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8	Level of Care ALF Bed Capacity 3	33
9415 NORTH BROWN STATION RD	Level of Care ALF Bed Capacity County BOONE DMH Licensed You	33 es
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8 Mailing Address 9415 NORTH BROWN STATION R	Level of Care ALF Bed Capacity County BOONE DMH Licensed You	33 es
9415 NORTH BROWN STATION RD  COLUMBIA  MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R  COLUMBIA  MO 65202-8	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your Second	33 es
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8 Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8 HOMESTEAD AT HICKORY VIEW RETIREMEN	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your County Region 6 Facility Number 0357  T COMMUNITY, THE	83 es 72
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your School Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit N	33 es 72
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE WASHINGTON MO 63090-4	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your Second	33 es 72 Io
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE  WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your County Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit Number County FRANKLIN DMH Licensed N	33 es 72 Io 86
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE WASHINGTON MO 63090-4	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your County Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit Number County FRANKLIN DMH Licensed N	33 es 72 Io 86
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE  WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your County Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit Number County FRANKLIN DMH Licensed N	33 es 72 Io 86
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE  WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your County Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit Number County FRANKLIN DMH Licensed N	33 es 72 Io 86
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit National Region 6 Alzheimer's Unit National Region 6 Facility Number 33234	33 es 72 Io 86
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit New Bed Capacity 3  County FRANKLIN DMH Licensed New Segion 6 Facility Number 3234  Telephone (573) 635-6193 Alzheimer's Unit New Segion 6 Facility Number 3234	33 ess 72 Io 36 Io 45
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed You County Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit National County FrankLin DMH Licensed National Region 6 Facility Number 3234  Telephone (573) 635-6193 Alzheimer's Unit National County FrankLin National Region 6 Facility Number 3234  Telephone (573) 635-6193 Alzheimer's Unit National County FrankLin Nationa	33 ess 72 Io 36 Io 45
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MO 65109-2	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit National Section 1 Section 1 Section 1 Section 2 S	33 es 72 Jo 45 Jo 45
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MANOR CARE CENTER	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed Your Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit National Section 1 Section 1 Section 1 Section 2 S	33 es 72 Jo 45 Jo 45
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MO 65109-2  Mailing Address 1720 VIETH DR JEFFERSON CITY MO 65109-2	Level of Care ALF  County BOONE  DMH Licensed Your Region 6  Telephone  (636) 239-1941  Level of Care ALF  County FRANKLIN  Region 6  Telephone  (636) Region 6  Telephone  (636) Region 6  Alzheimer's Unit  National State of Care ALF  County FRANKLIN  DMH Licensed National State of Care Alzheimer's Unit  Region 6  Telephone  (573) 635-6193  Alzheimer's Unit  National State of Care SNF  County COLE  County COLE  Region 6  Medicare/Medicaid  Recility Number  0387	33 es 72 Jo 45 Jo 45
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MO 65109-2  Mailing Address 1720 VIETH DR JEFFERSON CITY MO 65109-2  JEFFERSON CITY NURSING AND REHABILITAL	Level of Care ALF  County BOONE  DMH Licensed Your Region 6  Telephone  Gaso County Fractility Number  DMH Licensed Your Street County Fractility Number  County Fractility Number  County Fractility Number  DMH Licensed North County Fractility Number  County Cole  County Cole  Region 6  Medicare/Medicaid  DMH Licensed North County Number  County Cole  Region 6  Medicare/Medicaid  County Number  County Cole  Cole  Cole  Cole  Cole  Cole  Cole  Cole  Cole  Co	33 es 72 lo 86 lo 15 lo 15 lo 17 lo
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MO 65109-2  Mailing Address 1720 VIETH DR JEFFERSON CITY MO 65109-2	Level of Care ALF Bed Capacity 33 County BOONE DMH Licensed Your Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit New Level of Care ALF Bed Capacity 33 County FRANKLIN DMH Licensed New Region 6 Facility Number 32234  Telephone (573) 635-6193 Alzheimer's Unit New Level of Care SNF Bed Capacity 10 County COLE DMH Licensed New Level of Care SNF Bed Capacity 10 County COLE DMH Licensed New Level of Care SNF Bed Capacity 10 County COLE DMH Licensed New Level of Care SNF Bed Capacity 10 County COLE DMH Licensed New Level of Care SNF Bed Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County COLE DMH Licensed New Level of Capacity 10 County Cole DMH Licensed New Level of Capacity 10 County Cole DMH Licensed New Level Of Capacity 10 County Cole DMH Licensed New Level Of Capacity 10 County Cole DMH Licensed New Level Of Capacity 10 County Cole DMH Licensed New Level Of Capacity 10 County Cole DMH Licensed New Level Of Capacity 10 County Cole DMH Licensed New Level Of Capacity 10 Count	33 es 72 lo 86 lo 15 lo 70 es
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMENT 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MO 65109-2  Mailing Address 1720 VIETH DR JEFFERSON CITY MO 65109-2  JEFFERSON CITY NURSING AND REHABILITAT 1221 SOUTHGATE LN	Level of Care ALF Bed Capacity 3  County BOONE DMH Licensed You Region 6 Facility Number 0357  T COMMUNITY, THE  Telephone (636) 239-1941 Alzheimer's Unit National Region 6 Facility Number 3234  County FRANKLIN DMH Licensed National Region 6 Facility Number 3234  Telephone (573) 635-6193 Alzheimer's Unit National Region 6 Facility Number 3234  Level of Care SNF Bed Capacity 10  County COLE DMH Licensed National Region 6 Medicare/Medicaid Facility Number 0387  TION CENTER, LLC  Telephone (573) 635-3131 Alzheimer's Unit You Region 6 Medicare/Medicaid Facility Number 1286  Telephone (573) 635-3131 Alzheimer's Unit You Region 6 Medicare/Medicaid Facility Number 1286  Telephone (573) 635-3131 Alzheimer's Unit You Region 6 Care SNF Bed Capacity 1286  Telephone (573) 635-3131 Alzheimer's Unit You Region 6 Care SNF Bed Capacity 1286  Telephone (573) 635-3131 Alzheimer's Unit You Region 6 Care SNF Bed Capacity 1286	33 es 72 lo 86 lo 15 lo 10 lo 170 lo 20 lo 170 es
9415 NORTH BROWN STATION RD COLUMBIA MO 65202-8  Mailing Address 9415 NORTH BROWN STATION R COLUMBIA MO 65202-8  HOMESTEAD AT HICKORY VIEW RETIREMEN 1481 MARBACH DRIVE WASHINGTON MO 63090-4  Mailing Address 1481 MARBACH DRIVE WASHINGTON MO 63090-4  JEFFERSON CITY MANOR CARE CENTER 1720 VIETH DR JEFFERSON CITY MO 65109-2  Mailing Address 1720 VIETH DR JEFFERSON CITY MURSING AND REHABILITAT 1221 SOUTHGATE LN JEFFERSON CITY MO 65109-2	Level of Care ALF  County BOONE  DMH Licensed Your Region 6  Telephone  (636) 239-1941  Level of Care ALF  Bed Capacity  Alzheimer's Unit  Note The County Franklin  County Franklin  DMH Licensed  Note Telephone  (573) 635-6193  Alzheimer's Unit  Note Telephone  (573) 635-3131  Alzheimer's Unit  Note Telephone  (573) 635-3131  Alzheimer's Unit  Note Telephone  (573) 635-3131  Alzheimer's Unit  Your Telephone  (573) 635-3131	33 es 72 lo 86 lo 15 lo 15 lo 70 es 20 lo 16 lo

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KATY MANOR			
205 PROSPECT		<b>Telephone</b> (660) 834-3111	Alzheimer's Unit No
PILOT GROVE	MO 65276-1111	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 8		County COOPER	DMH Licensed No
PILOT GROVE	MO 65276-0008	Region 6 Medicare/Medicaid	Facility Number 14982
KIDWELL HOME			
1000 KIDWELL DR		<b>Telephone</b> (573) 378-5175	Alzheimer's Unit No
VERSAILLES	MO 65084-1177	Level of Care RCF*	Bed Capacity 44
Mailing Address 1000 KIDWELL DR		County MORGAN	DMH Licensed No
VERSAILLES	MO 65084-1177	Region 6	Facility Number 21631
KINGDOM CARE SENIOR LIVING	LLC		
811 CENTER ST		<b>Telephone</b> (573) 642-6646	Alzheimer's Unit No
FULTON	MO 65251-1922	Level of Care ALF	Bed Capacity 41
Mailing Address 811 CENTER ST	150 (505) 1000	County CALLAWAY	DMH Licensed No
FULTON	MO 65251-1922	Region 6	Facility Number 18735
KINGDOM CARE SENIOR LIVING	LLC		
811 CENTER ST		<b>Telephone</b> (573) 642-6646	Alzheimer's Unit No
FULTON	MO 65251-1922	Level of Care SNF	<b>Bed Capacity</b> 36
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed No
FULTON	MO 65251-1922	Region 6 Medicare/Medicaid	Facility Number 18735
LAKE GEORGE ASSISTED LIVING			
5000 E RICHLAND RD	•	<b>Telephone</b> (573) 442-0577	Alzheimer's Unit No
COLUMBIA	MO 65201-9606	Level of Care ALF**	Bed Capacity 10
Mailing Address 5000 EAST RICHLA		County BOONE	DMH Licensed No
COLUMBIA	MO 65201-9606	Region 6	Facility Number 28997
COLONIDIA	WO 03201-9000	Region 0	racinty (tumber 2099)
LAKE PARKE SENIOR LIVING			
145 4TH ST		<b>Telephone</b> (573) 745-0874	Alzheimer's Unit No
CAMDENTON	MO 65020-7138	Level of Care RCF	<b>Bed Capacity</b> 48
Mailing Address 145 4TH ST		County CAMDEN	DMH Licensed No
CAMDENTON	MO 65020-7138	Region 6	Facility Number 30084
LAKESIDE SUITES			
205 TIMBERLINE DR		<b>Telephone</b> (660) 547-3322	Alzheimer's Unit No
LINCOLN	MO 65338-2007	Level of Care ALF	Bed Capacity 14
Mailing Address 205 TIMBERLINE D	R	County BENTON	DMH Licensed No
LINCOLN	MO 65338-2007	Region 6	Facility Number 04803
LAKEVIEW HEALTH CARE & REF	IARII ITATION CENTED		
1450 ASHLEY RD	ENDERTATION CENTER	<b>Telephone</b> (660) 882-7007	Alzheimer's Unit No
BOONVILLE	MO 65233-2141	Level of Care SNF	Bed Capacity 60
Mailing Address 1450 ASHLEY RD	00200 2111	County COOPER	DMH Licensed No
Taming received 1730 ribitible 1 RD		County Coordin	Z.III Electrica 110

Region 6

Medicare/Medicaid

**Facility Number** 

01602

MO 65233-2141

BOONVILLE

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LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER			
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care RCF*	<b>Bed Capacity</b>	17
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	<b>Facility Number</b>	01602
LAKEVIEW HEALTH CARE & REI	JADII ITATION CENTED			
1450 ASHLEY RD	HABILITATION CENTER	<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Telephone (660) 882-7007 Level of Care ICF	Bed Capacity	19
Mailing Address 1450 ASHLEY RD	WIO 03233-2141		DMH Licensed	No
BOONVILLE	MO 65233-2141	•		
BOONVILLE	WIO 03233-2141	Region 6 Medicaid	Facility Number	01602
LAURIE CARE CENTER				
610 HWY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	Yes
LAURIE	MO 65038-1068	Level of Care SNF	Bed Capacity	108
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6 Medicare/Medicaid	Facility Number	04449
LAURIE KNOLLS				
610 HIGHWAY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	No
LAURIE	MO 65038-1068	Level of Care RCF*	Bed Capacity	66
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6	Facility Number	04449
LEE HOUSE SENIOR LIVING LLC				
105 NORTH MILL ST		<b>Telephone</b> (573) 392-5558	Alzheimer's Unit	No
ELDON	MO 65026-1728	Level of Care RCF	Bed Capacity	53
Mailing Address 105 NORTH MILL ST	Γ	County MILLER	DMH Licensed	No
ELDON	MO 65026-1728	Region 6	Facility Number	13089
			v	
LENGTH HEALTH CARE CENTER				
LENOIR HEALTH CARE CENTER 3850 CARTWRIGHT LANE		<b>Telephone</b> (573) 876-5800	Alzheimer's Unit	No
COLUMBIA	MO 65201-7779	Telephone (573) 876-5800 Level of Care SNF	Bed Capacity	100
Mailing Address 3850 CARTWRIGHT		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-7779		Facility Number	04750
COLUMBIA	WIO 03201-7779	Region 6 Medicare/Medicaid	racinty Number	04730
LENOIR MANOR				
3850 CARTWRIGHT LANE		<b>Telephone</b> (573) 876-5800	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-	Level of Care ALF**	Bed Capacity	92
Mailing Address 3850 CARTWRIGHT		County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-	Region 6	Facility Number	04750
LIFE CARE CENTER OF SULLIVA	N			
875 DUNSFORD DR		<b>Telephone</b> (573) 468-3128	Alzheimer's Unit	No
SULLIVAN	MO 63080-1238	Level of Care SNF	Bed Capacity	120
Mailing Address 875 DUNSFORD DR		County FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number	07744

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LIFE CARE CENTER OF WAYNESVI	ILLE		
700 BIRCH LN		<b>Telephone</b> (573) 774-6456	Alzheimer's Unit Yes
WAYNESVILLE	MO 65583-2275	Level of Care SNF	Bed Capacity 120
Mailing Address 700 BIRCH LN		County PULASKI	DMH Licensed No
WAYNESVILLE	MO 65583-2275	Region 6 Medicare/Medicaid	Facility Number 04592
LINCOLN COMMUNITY CARE CEN	TED		
205 TIMBERLINE DR	IER	<b>Telephone</b> (660) 547-3322	Alzheimer's Unit No
LINCOLN	MO 65338-2007	Level of Care SNF	Bed Capacity 66
Mailing Address 205 TIMBERLINE DR		County BENTON	DMH Licensed No
LINCOLN	MO 65338-2007	Region 6 Medicare/Medicaid	Facility Number 04803
ENCOLIV	110 03330 2007	Region 6 Medicare/Medicard	racinty (uniber 04003
LOVING ARMS MEMORY CARE AN	D ASSISTED LIVING		
1300 EAST 24TH ST		<b>Telephone</b> (660) 851-2266	Alzheimer's Unit yes
	MO 65301-8233	Level of Care ALF**	Bed Capacity 20
Mailing Address 1300 EAST 24TH STR		County PETTIS	<b>DMH Licensed</b> No
SEDALIA	MO 65301-8233	Region 6	Facility Number 15971
MAPLEWOOD, INC			
1827 CRADER DR		<b>Telephone</b> (573) 635-0023	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-2005	Level of Care ALF	Bed Capacity 13
Mailing Address 1827 CRADER DR		County COLE	DMH Licensed Yes
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 16964
MAPLEWOOD, INC		T. 1 (570) 507 0000	
1827 CRADER DR		<b>Telephone</b> (573) 635-0023	Alzheimer's Unit No
	MO 65109-2005	Level of Care ALF**	Bed Capacity 24
Mailing Address 1827 CRADER DR		County COLE	DMH Licensed Yes
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 16964
MARIES MANOR			
174 BALLPARK RD		<b>Telephone</b> (573) 422-3177	Alzheimer's Unit No
VIENNA	MO 65582-8043	Level of Care SNF	<b>Bed Capacity</b> 98
Mailing Address 174 BALLPARK RD		County MARIES	DMH Licensed No
VIENNA	MO 65582-8043	Region 6 Medicare/Medicaid	Facility Number 10491
MELODY HOUSE			
MELODY HOUSE		T. L. L. (572) 902 7229	All the destroy
3031 SOUTH TEN MILE DR	MO (5100 (01)	<b>Telephone</b> (573) 893-7228	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-6816	Level of Care RCF*	Bed Capacity 15
Mailing Address 3031 S TEN MILE DR		County COLE	DMH Licensed Yes
JEFFERSON CITY	MO 65109-6816	Region 6	Facility Number 14376
MERAMEC NURSING CENTER			
940 MATTOX DR		<b>Telephone</b> (573) 468-7733	Alzheimer's Unit No
SULLIVAN	MO 63080-2364	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 940 MATTOX DR		County CRAWFORD	<b>DMH Licensed</b> No
SULLIVAN	MO 63080-2364	Region 6 Medicare/Medicaid	Facility Number 18277

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MILL CREEK VILLAGE-ASSISTED	LIVING BY AMERICARE				
1990 W SOUTHAMPTON DR		Telephone	(573) 381-2510	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-6238	Level of Care	ALF**	Bed Capacity	50
Mailing Address 1990 W SOUTHAMP		County BOO	NE	DMH Licensed	No
COLUMBIA	MO 65203-6238	Region 6		Facility Number	30107
MILLER COUNTY CARE AND REH	ABILITATION CENTER				
1157 HIGHWAY 17		Telephone	(573) 369-2318	Alzheimer's Unit	Yes
TUSCUMBIA	MO 65082-2100	Level of Care	SNF	Bed Capacity	86
Mailing Address 1157 HWY 17		County MILI	LER .	DMH Licensed	No
TUSCUMBIA	MO 65082-2100		Medicare/Medicaid	Facility Number	05422
NEICHROPHOODS PEHARII ITAT	ION & SKILLED NURSING BY TIGER	OPLACE THE			
3003 FALLING LEAF COURT	ION & SKILLED NORSHNO DT TIGET	Telephone	(573) 256-4620	Alzheimer's Unit	No
COLUMBIA	MO 65201-3549	Level of Care	SNF	Bed Capacity	120
Mailing Address 3003 FALLING LEAF		County BOO		DMH Licensed	No
COLUMBIA	MO 65201-3549	·	Medicare/Medicaid	Facility Number	24341
COLOMBIA	NIO 03201 334)	Region 0	wieulcai e/wieulcaiu	Tacinty Number	24341
NEW HAVEN CARE CENTER					
9503 HIGHWAY 100		Telephone	(573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care	SNF	<b>Bed Capacity</b>	90
Mailing Address 9503 HWY 100		County FRA	NKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Medicare/Medicaid	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	(373) 237-2103 ALF	Bed Capacity	16
Mailing Address 9503 HWY 100	WO 03008-1300		NKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	VIXLIIV	Facility Number	05738
NEW INVERV	NIO 03000 1300	Region 0		Tacinty Number	03736
OAK POINTE OF ROLLA					
1000 EAST LIONS CLUB DRIVE		Telephone	(573) 426-2186	Alzheimer's Unit	Yes
ROLLA	MO 65401-4356	Level of Care	ALF**	Bed Capacity	65
Mailing Address 1000 EAST LIONS CI	LUB DRIVE	County PHEI	LPS	DMH Licensed	No
ROLLA	MO 65401-4356	Region 6		Facility Number	31216
OAK POINTE OF WARRENTON					
700 FORREST AVE		Telephone	(636) 456-6464	Alzheimer's Unit	Yes
WARRENTON	MO 63383-7040	Level of Care	ALF**	Bed Capacity	71
Mailing Address 700 FORREST AVE		County WAR		DMH Licensed	No
WARRENTON	MO 63383-7040	Region 6		Facility Number	25045
		-108.011			25075
OAK POINTE OF WASHINGTON					
1650 HIGH STREET		Telephone	(636) 390-3290	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-4354	Level of Care	ALF**	Bed Capacity	65
Mailing Address 1650 HIGH STREET		County FRAI	NKLIN	DMH Licensed	No
WASHINGTON	MO 63090-4354	Region 6		Facility Number	32114

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OSAGE BEACH REHABILITATION	NAND HEALTH CARE CENTER		
844 PASSOVER RD		<b>Telephone</b> (573) 348-2225	Alzheimer's Unit No
OSAGE BEACH	MO 65065-2834	Level of Care SNF	Bed Capacity 94
Mailing Address 844 PASSOVER RD		County CAMDEN	DMH Licensed Yes
OSAGE BEACH	MO 65065-2834	Region 6 Medicare/Medicaid	Facility Number 06116
OZADY DEHADU ITATION 6 HEA	LEU CARE CENTER		
OZARK REHABILITATION & HEA 1083 OZARK CARE DR	LIH CARE CENIER	Tolonhous (572) 249 1711	Alzheimer's Unit No
OSAGE BEACH	MO 65065-3016	Telephone (573) 348-1711  Level of Care SNF	
Mailing Address PO BOX 270	WO 03003-3010	County CAMDEN	Bed Capacity 60  DMH Licensed No
OSAGE BEACH	MO 65065-0270	Region 6 Medicare/Medicaid	Facility Number 06217
OSTIGE BETTEN	1410 03003 0270	region o Medicale/Medicald	Taciney Number 00217
PACIFIC CARE CENTER			
105 SOUTH SIXTH ST		<b>Telephone</b> (636) 271-4222	Alzheimer's Unit No
PACIFIC	MO 63069-1328	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number 12638
PACIFIC CARE CENTER			
105 SOUTH SIXTH ST		<b>Telephone</b> (636) 271-4222	Alzheimer's Unit No
PACIFIC	MO 63069-1328	Level of Care ALF**	Bed Capacity 16
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed No
PACIFIC	MO 63069-1328	Region 6	Facility Number 12638
PARKSIDE MANOR			
1201 HUNT AVE		<b>Telephone</b> (573) 449-1448	Alzheimer's Unit Yes
COLUMBIA	MO 65202-1367	Level of Care SNF	Bed Capacity 120
Mailing Address 1201 HUNT AVE		County BOONE	DMH Licensed No
COLUMBIA	MO 65202-1367	Region 6 Medicare/Medicaid	Facility Number 11262
PARKSIDE-ASSISTED LIVING BY	AMERICARE		
2100 PARKSIDE AVE		<b>Telephone</b> (573) 308-0834	Alzheimer's Unit NO
ROLLA	MO 65401-5472	Level of Care ALF**	<b>Bed Capacity</b> 28
Mailing Address 2100 PARKSIDE AV		County PHELPS	<b>DMH Licensed</b> No
ROLLA	MO 65401-5472	Region 6	Facility Number 31191
PETTIS COUNTY ASSISTED LIVIN	G. LLC		
3017 BROOKING PARK AVENUE	,	<b>Telephone</b> (660) 827-3222	Alzheimer's Unit No
SEDALIA	MO 65301-9327	Level of Care ALF**	Bed Capacity 139
Mailing Address 3017 BROOKING PA		County PETTIS	DMH Licensed Yes
SEDALIA	MO 65301-9327	Region 6	Facility Number 30112
	- 00001/02/	AND V	50112
PRIMROSE OF SEDALIA			
3761 WEST 10TH ST		<b>Telephone</b> (660) 527-7054	Alzheimer's Unit No
SEDALIA	MO 65301-2524	Level of Care ALF**	<b>Bed Capacity</b> 90
Mailing Address 3761 WEST 10TH ST		County PETTIS	<b>DMH Licensed</b> No
SEDALIA	MO 65301-2524	Region 6	Facility Number 25967

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PRIMROSE RETIREMENT COMM	IUNITY OF JEFFERSON CITY	T. 1		
1214 FREEDOM BLVD	110 (710) 000	<b>Telephone</b> (573) 634-5408	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0082	Level of Care ALF**	Bed Capacity	49
Mailing Address 1214 FREEDOM BL		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0082	Region 6	Facility Number	29697
REST HAVEN CONVALESCENT &	RETIREMENT HOME			
1800 SOUTH INGRAM	·	<b>Telephone</b> (660) 827-0845	Alzheimer's Unit	No
SEDALIA	MO 65301-7538	Level of Care SNF	Bed Capacity	86
Mailing Address 1800 S INGRAM		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-7538	Region 6 Medicare/Medicaid	Facility Number	06582
DICHEAND CARE CENTED INC				
RICHLAND CARE CENTER, INC		T-lh (572) 7.65 22.42	41-1	NI-
400 TRI-COUNTY LANE	MO (555) 9592	<b>Telephone</b> (573) 765-3243	Alzheimer's Unit	No
RICHLAND	MO 65556-8582	Level of Care SNF	Bed Capacity	86
Mailing Address PO BOX 756	MO (5555 0756	County PULASKI	DMH Licensed	No
RICHLAND	MO 65556-0756	Region 6 Medicare/Medicaid	Facility Number	08100
RIDGEWAY RESIDENTIAL CARE				
431 RUSSELL		<b>Telephone</b> (573) 468-4318	Alzheimer's Unit	No
SULLIVAN	MO 63080-2228	Level of Care ALF	Bed Capacity	20
Mailing Address PO BOX 267		County FRANKLIN	DMH Licensed	Yes
SULLIVAN	MO 63080-0267	Region 6	Facility Number	06668
RIVER CITY LIVING COMMUNIT	Y			
3038 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3404	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-0525	Level of Care SNF	Bed Capacity	87
Mailing Address 3038 WEST TRUMA		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0525	Region 6 Medicare/Medicaid	Facility Number	04826
RIVERDELL CARE CENTER				
1121 11TH ST		<b>Telephone</b> (660) 882-7600	Alzheimer's Unit	No
BOONVILLE	MO 65233-1419	Level of Care SNF	Bed Capacity	60
Mailing Address 1121 11TH ST		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1419	Region 6 Medicare/Medicaid	Facility Number	14428
DIVEDVIEW MIDGING COMPAN				
RIVERVIEW NURSING CENTER		T-l	Allia de la Trata	). T
10303 STATE RD C	MO (5050 1211	<b>Telephone</b> (573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C		County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number	06730
ROCK ISLAND VILLAGE				
619 EAST 8TH STREET		<b>Telephone</b> (573) 557-9545	Alzheimer's Unit	Yes
ELDON	MO 65026-4740	Level of Care ALF**	<b>Bed Capacity</b>	70
Mailing Address 619 EAST 8TH STR	EET	County MILLER	DMH Licensed	No
ELDON	MO 65026-4740	Region 6	Facility Number	30865

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ROLLA PRESBYTERIAN MANOR			
1200 HOMELIFE PLAZA	<b>Telephone</b> (573) 364-7336	Alzheimer's Unit Yes	
ROLLA MO 65401-2512	Level of Care ALF**	<b>Bed Capacity</b> 3°	7
Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	DMH Licensed No	0
ROLLA MO 65401-2512	Region 6	Facility Number 1872	7
ROLLA PRESBYTERIAN MANOR			
1200 HOMELIFE PLAZA	<b>Telephone</b> (573) 364-7336	Alzheimer's Unit No	
ROLLA MO 65401-2512	Level of Care SNF	Bed Capacity 30	
Mailing Address 1200 HOMELIFE PLAZA	County PHELPS	DMH Licensed No	
ROLLA MO 65401-2512	Region 6 Medicare/Medicaid	Facility Number 1872	7
ROSEWOOD RESIDENTIAL CARE			
13450 COUNTY RD 7040	<b>Telephone</b> (573) 341-8000	Alzheimer's Unit No	0
ROLLA MO 65401-8122	Level of Care RCF		9
Mailing Address 13450 COUNTY RD 7040	County PHELPS	DMH Licensed No	0
ROLLA MO 65401-8122	Region 6	Facility Number 21083	
1.10 00 101 01.22	Region 0	2100.	,
SALEM CARE CENTER			
1203 NORTH JACKSON	<b>Telephone</b> (573) 729-6649	Alzheimer's Unit No	О
SALEM MO 65560-1076	Level of Care SNF	Bed Capacity 60	0
Mailing Address 1203 NORTH JACKSON	County DENT	DMH Licensed No	o
SALEM MO 65560-1076	Region 6 Medicaid	Facility Number 02354	4
CALEM DECIDENTIAL CADE			
SALEM RESIDENTIAL CARE 1207 EAST ROOSEVELT ST	Tolophone (572) 720 0440	Alzheimer's Unit No	_
SALEM MO 65560-9676	Telephone (573) 729-9449 Level of Care RCF*	Alzheimer's Unit No Bed Capacity 33	
Mailing Address 1207 EAST ROOSEVELT ST	County DENT	DMH Licensed No.	
SALEM MO 65560-9676	Region 6	Facility Number 1974	
SALLIVI WO 03300-9070	Region 0	racinty Number 1974	Э
SEVILLE CARE CENTER			
35625 HIGHWAY 72	<b>Telephone</b> (573) 729-6141	Alzheimer's Unit No	o
SALEM MO 65560-7217	Level of Care SNF	Bed Capacity 90	0
Mailing Address 35625 HIGHWAY 72	County DENT	DMH Licensed No	О
SALEM MO 65560-0746	Region 6 Medicare/Medicaid	Facility Number 07110	0
CH VIEDSTONE DI ACE			
SILVERSTONE PLACE	T-1	Allehateranta III. M	_
2735 EAGLESON DR	<b>Telephone</b> (573) 426-6200	Alzheimer's Unit No	
ROLLA MO 65401-8384	Level of Care SNF	Bed Capacity 110	
Mailing Address 2735 EAGLESON DR	County PHELPS	DMH Licensed No	
ROLLA MO 65401-8384	Region 6 Medicare/Medicaid	Facility Number 2935	1
SOUTH HAMPTON PLACE			
4700 BRANDON WOODS	<b>Telephone</b> (573) 874-3674	Alzheimer's Unit No	О
COLUMBIA MO 65203-7169	Level of Care SNF	Bed Capacity 100	0
Mailing Address 4700 BRANDON WOODS	County BOONE	DMH Licensed No	О
COLUMBIA MO 65203-7169	Region 6 Medicare/Medicaid	Facility Number 19799	9
110 00200 7107	11081011	•	

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SOUTH POINTE - ASSISTED LIVING	G BY AMERICARE		
5125 OLD HWY 100		<b>Telephone</b> (636) 239-0670	Alzheimer's Unit Yes
WASHINGTON	MO 63090-3855	Level of Care ALF**	<b>Bed Capacity</b> 72
Mailing Address 5125 OLD HWY 100		County FRANKLIN	<b>DMH Licensed</b> No
WASHINGTON	MO 63090-3855	Region 6	Facility Number 13735
ST ANDREW'S AT NEW FLORENCE	E		
515 PICNIC ST		<b>Telephone</b> (573) 415-9333	Alzheimer's Unit No
NEW FLORENCE	MO 63363-2223	Level of Care SNF	Bed Capacity 87
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed No
NEW FLORENCE	MO 63363-2223	Region 6 Medicare/Medicaid	Facility Number 05723
ST ANDREW'S AT NEW FLORENCI	7		
515 PICNIC ST		<b>Telephone</b> (573) 415-9333	Alzheimer's Unit No
NEW FLORENCE	MO 63363-2223	Level of Care RCF*	Bed Capacity 33
Mailing Address 515 PICNIC ST		County MONTGOMERY	DMH Licensed No
NEW FLORENCE	MO 63363-2223	Region 6	Facility Number 05723
NEW TECKERNOE		Region V	1401109 114111301 03723
ST CLAIR NURSING CENTER			
1035 PLAZA COURT NORTH		<b>Telephone</b> (636) 629-2100	Alzheimer's Unit No
SAINT CLAIR	MO 63077-1129	Level of Care SNF	<b>Bed Capacity</b> 79
Mailing Address 1035 PLAZA CT NOR	RTH	County FRANKLIN	DMH Licensed No
SAINT CLAIR	MO 63077-1129	Region 6 Medicare/Medicaid	Facility Number 13744
ST ELIZABETH CARE CENTER		T. I. I. (572) 402 2215	411 ·
649 SOUTH WALNUT ST	140 (5075 2440	<b>Telephone</b> (573) 493-2215	Alzheimer's Unit No
SAINT ELIZABETH	MO 65075-2440	Level of Care SNF	Bed Capacity 63
Mailing Address 649 SOUTH WALNU		County MILLER	DMH Licensed No
SAINT ELIZABETH	MO 65075-2440	Region 6 Medicare/Medicaid	Facility Number 07523
ST JAMES LIVING CENTER			
415 SIDNEY ST		<b>Telephone</b> (573) 265-8921	Alzheimer's Unit Yes
SAINT JAMES	MO 65559-1070	Level of Care SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 69		County PHELPS	DMH Licensed No
SAINT JAMES	MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number 05238
STEELVILLE SENIOR LIVING			
311 NORTH SPRING ST		<b>Telephone</b> (573) 260-8850	Alzheimer's Unit No
STEELVILLE	MO 65565-5089	Level of Care ALF	Bed Capacity 21
Mailing Address 311 NORTH SPRING	ST	County CRAWFORD	<b>DMH Licensed</b> No
STEELVILLE	MO 65565-5089	Region 6	Facility Number 02860
STEELVILLE SENIOR LIVING			
311 NORTH SPRING ST		<b>Telephone</b> (573) 260-8850	Alzheimer's Unit No
STEELVILLE	MO 65565-5089	Level of Care SNF	Bed Capacity 72
Mailing Address 311 NORTH SPRING		County CRAWFORD	DMH Licensed No
STEELVILLE	MO 65565-5089	Region 6 Medicare/Medicaid	Facility Number 02860
			32000

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CHONED DAY OF A DAMA CHENTER			
STONEBRIDGE ADAMS STREET		<b>Telephone</b> (573) 635-1320	Alzheimer's Unit No
1024 ADAMS ST JEFFERSON CITY	MO 65101-3408	Telephone (573) 635-1320 Level of Care SNF	
Mailing Address 1024 ADAMS ST	WO 03101-3408	County COLE	Bed Capacity 120 DMH Licensed No
JEFFERSON CITY	MO 65101-3408	Region 6 Medicare/Medicaid	Facility Number 01339
JEITERSON CITT	WO 03101-3408	Region 6 Medicare/Medicaid	Facility Number 01339
STONEBRIDGE HERMANN			
1800 WEIN ST		<b>Telephone</b> (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
STONEBRIDGE HERMANN			
1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit No
HERMANN	MO 65041-1601	Level of Care SNF	Bed Capacity 118
Mailing Address PO BOX 468	WIO 05041-1001	County GASCONADE	DMH Licensed No
HERMANN	MO 65041-0468	Region 6 Medicare/Medicaid	Facility Number 02690
ILKWIN	1110 03041 0400	Region 6 Medical e/Medicald	racinty (uniform 02090
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH	MO 65065-8408	Level of Care SNF	<b>Bed Capacity</b> 66
Mailing Address 872 COLLEGE BLVI	)	County MILLER	DMH Licensed No
OSAGE BEACH	MO 65065-8408	Region 6 Medicare/Medicaid	Facility Number 20926
CHONEDDIDGE I AVE OZADY			
STONEBRIDGE LAKE OZARK		T-lh (572) 202 0000	Al-la-i
872 COLLEGE BLVD	MO (50(5 9409	Telephone (573) 302-0900 Level of Care ALF**	Alzheimer's Unit No Bed Capacity 40
OSAGE BEACH  Moding Address 872 COLLEGE BLVI	MO 65065-8408		
Mailing Address 872 COLLEGE BLVI OSAGE BEACH	MO 65065-8408	County MILLER	
OSAGE BEACH	MO 03003-8408	Region 6	Facility Number 20926
STONEBRIDGE OAK TREE			
3108 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3063	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-4918	Level of Care SNF	<b>Bed Capacity</b> 42
Mailing Address 3108 WEST TRUMA	N BLVD	County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-4918	Region 6 Medicare/Medicaid	Facility Number 10300
STONEBRIDGE OAK TREE			
3108 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3063	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-4918	Level of Care ALF	Bed Capacity 80
Mailing Address 3108 WEST TRUMA		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-4918	Region 6	Facility Number 10300
	- 00107 1710	acogram v	_ 10300
STONEBRIDGE OWENSVILLE			
1016 11 11 01 11 1 1 2 0			A 1-1
1016 W HIGHWAY 28		<b>Telephone</b> (573) 437-6877	Alzheimer's Unit Yes
OWENSVILLE	MO 65066-1677	Level of Care SNF	<b>Bed Capacity</b> 131
	MO 65066-1677 MO 65066-0593		

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STONEBRIDGE VILLA MARIE 1030 EDMONDS ST		<b>Telephone</b> (573) 635-3381	Alzheimer's Unit	Yes
JEFFERSON CITY  Mailing Address 1030 EDMONDS ST	MO 65109-5213	Level of Care SNF County COLE	Bed Capacity  DMH Licensed	120 No
JEFFERSON CITY	MO 65109-5213	Region 6 Medicare/Medicaid	Facility Number	08282
STONEBRIDGE WESTPHALIA				
1899 HIGHWAY 63 WESTPHALIA	MO 65085-2215	Telephone (573) 455-2280 Level of Care RCF*	Alzheimer's Unit Bed Capacity	No 28
Mailing Address 1899 HWY 63	MO 03003 2213	County OSAGE	DMH Licensed	No
WESTPHALIA	MO 65085-2215	Region 6	Facility Number	18653
STONEBRIDGE WESTPHALIA				
1899 HIGHWAY 63 WESTPHALIA	MO 65085-2215	Telephone (573) 455-2280 Level of Care SNF	Alzheimer's Unit Bed Capacity	No 64
Mailing Address 1899 HWY 63	WIO 03083-2213	County OSAGE	DMH Licensed	No
WESTPHALIA	MO 65085-2215	Region 6 Medicare/Medicaid	Facility Number	18653
STONEY RIDGE VILLAGE				
25023 BOTHWELL PARK RD SEDALIA	MO 65301-0084	Telephone (660) 827-3993 Level of Care RCF	Alzheimer's Unit	No 81
Mailing Address 25023 BOTHWELL I		County PETTIS	Bed Capacity DMH Licensed	No
SEDALIA	MO 65301-0084	Region 6	Facility Number	05035
STUART HOUSE, LLC THE				
117 S HICKMAN	MO (5240-1216	<b>Telephone</b> (573) 682-3204	Alzheimer's Unit	No
CENTRALIA  Mailing Address 117 S HICKMAN	MO 65240-1316	Level of Care ICF County BOONE	Bed Capacity DMH Licensed	27
				No
CENTRALIA	MO 65240-1316	Region 6	Facility Number	No 10146
STUBBLEFIELD MANOR CNSL OF		Region 6	Facility Number	10146
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P	PERATION LLC	Region 6  Telephone (573) 885-3661	Facility Number  Alzheimer's Unit	10146 No
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA		Region 6  Telephone (573) 885-3661 Level of Care RCF*	Facility Number  Alzheimer's Unit  Bed Capacity	10146 No 34
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P	PERATION LLC	Region 6  Telephone (573) 885-3661	Facility Number  Alzheimer's Unit	10146 No
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA STURGEON RESIDENTIAL CARE	PERATION LLC  MO 65453-6281	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed  Facility Number	No 34 Yes 17894
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  STURGEON RESIDENTIAL CARE 315 E STONE ST	MO 65453-6281  MO 65453-0647	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 687-3012	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 34 Yes 17894
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  STURGEON RESIDENTIAL CARE 315 E STONE ST STURGEON	PERATION LLC  MO 65453-6281	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 687-3012 Level of Care RCF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 34 Yes 17894
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  STURGEON RESIDENTIAL CARE 315 E STONE ST	MO 65453-6281  MO 65453-0647	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 687-3012	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 34 Yes 17894
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  STURGEON RESIDENTIAL CARE 315 E STONE ST STURGEON Mailing Address PO BOX 328 STURGEON SUMMIT VILLA LIFECARE	MO 65453-6281  MO 65453-0647  MO 65284-8907	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 687-3012 Level of Care RCF County BOONE Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 34 Yes 17894 No 20 No 07733
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  STURGEON RESIDENTIAL CARE 315 E STONE ST STURGEON Mailing Address PO BOX 328 STURGEON  SUMMIT VILLA LIFECARE 229 KAREN DR	MO 65453-6281 MO 65453-0647  MO 65284-8907 MO 65284-0328	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 687-3012 Level of Care RCF County BOONE Region 6  Telephone (573) 896-8567	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 34 Yes 17894 No 20 No 07733
STUBBLEFIELD MANOR CNSL OF 5349 HIGHWAY P CUBA Mailing Address PO BOX 647 CUBA  STURGEON RESIDENTIAL CARE 315 E STONE ST STURGEON Mailing Address PO BOX 328 STURGEON SUMMIT VILLA LIFECARE	MO 65453-6281  MO 65453-0647  MO 65284-8907	Region 6  Telephone (573) 885-3661 Level of Care RCF* County CRAWFORD Region 6  Telephone (573) 687-3012 Level of Care RCF County BOONE Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 34 Yes 17894 No 20 No 07733

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SUNNY MEADOWS LIVING CENTER			
419 NORTH PROSPECT AVE	<b>Telephone</b> (660) 826-5353	Alzheimer's Unit	No
SEDALIA MO 65301-2729	Level of Care RCF	Bed Capacity	12
Mailing Address 419 N PROSPECT AVE	County PETTIS	DMH Licensed	Yes
SEDALIA MO 65301-2729	Region 6	Facility Number	06527
525.12a1	Region 0	Tuellity I tulliber	00327
SUNSET HEALTH CARE CENTER			
400 WEST PARK AVE	<b>Telephone</b> (636) 583-2252	Alzheimer's Unit	No
UNION MO 63084-1140	Level of Care SNF	Bed Capacity	120
Mailing Address 400 WEST PARK AVE	County FRANKLIN	DMH Licensed	No
UNION MO 63084-1140	Region 6 Medicare/Medicaid	Facility Number	07831
SYLVIA G THOMPSON RESIDENCE CENTER, INC			
3333 WEST TENTH ST	<b>Telephone</b> (660) 826-2118	Alzheimer's Unit	Yes
SEDALIA MO 65301-2113	Level of Care SNF	Bed Capacity	120
Mailing Address 3333 WEST TENTH ST	County PETTIS	DMH Licensed	No
SEDALIA MO 65301-2113	Region 6 Medicaid	Facility Number	17278
525712117 MG 56561 2115	region o medicald	Tuellity I tulliber	17276
TIGER PLACE			
2910 BLUFF CREEK DR	<b>Telephone</b> (573) 256-4620	Alzheimer's Unit	No
COLUMBIA MO 65201-3522	Level of Care ICF	<b>Bed Capacity</b>	112
Mailing Address 2910 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3522	Region 6	Facility Number	24341
TIMBERS, THE			
239 KAREN DRIVE	<b>Telephone</b> (573) 415-0390	Alzheimer's Unit	No
HOLTS SUMMIT MO 65043-2522	Level of Care ALF**	Bed Capacity	50
Mailing Address 239 KAREN DRIVE	County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT MO 65043-2522	Region 6	Facility Number	30384
TIPTON OAK MANOR			
601 WEST MORGAN ST	<b>Telephone</b> (660) 433-5574	Alzheimer's Unit	Yes
TIPTON MO 65081-8214	Level of Care SNF	Bed Capacity	66
Mailing Address 601 WEST MORGAN ST	County MONITEAU	DMH Licensed	No
TIPTON MO 65081-8214	Region 6 Medicare/Medicaid	Facility Number	08036
	region - medical of medical		00000
UNION CARE CENTER			
1080 MARIE LANE	<b>Telephone</b> (636) 206-8585	Alzheimer's Unit	No
UNION MO 63084-1056	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 1080 MARIE LANE	County FRANKLIN	DMH Licensed	No
UNION MO 63084-1056	Region 6 Medicare/Medicaid	Facility Number	31476
VALLEY PARK NORTH			
2631 FAIRWAY DR	<b>Telephone</b> (573) 592-4995	Alzheimer's Unit	No
FULTON MO 65251-3936	Level of Care RCF	Bed Capacity	19
Mailing Address 2631 FAIRWAY DR	County CALLAWAY	DMH Licensed	No
FULTON MO 65251-3936	Region 6	Facility Number	29982
1021011	Kegiun v	racinty runnoci	23302

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

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VALLEY PARK RETIREMENT CE	NTER				
355 KAREN DR		Telephone	(573) 896-0208	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2519	Level of Care	RCF	Bed Capacity	22 N
Mailing Address 355 KAREN DR	MO (5042-2510	•	LAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2519	Region 6		Facility Number	27986
VALLEY PARK WEST					
678 WINDMILL RIDGE		Telephone	(573) 796-2520	Alzheimer's Unit	No
CALIFORNIA	MO 65018-1964	Level of Care	RCF	Bed Capacity	34
Mailing Address 678 WINDMILL RID	GE		NITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-1964	Region 6		<b>Facility Number</b>	30595
	SIDENTIAL CARE BY AMERICARE				
901 HIGHWAY DD		Telephone	(573) 885-0551	Alzheimer's Unit	No
CUBA	MO 65453-8089	Level of Care	RCF	Bed Capacity	48
Mailing Address 901 HWY DD		•	WFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6		Facility Number	25463
VICTORIAN PLACE OF HERMAN	N, RESIDENTIAL CARE BY AMERIC	ARE			
2120 VILLAGE LANE		Telephone	(573) 486-5060	Alzheimer's Unit	No
HERMANN	MO 65041-1600	Level of Care	RCF	Bed Capacity	48
Mailing Address 2120 VILLAGE LAN	E	County GAS	CONADE	DMH Licensed	No
HERMANN	MO 65041-1600	Region 6		Facility Number	24982
VICTORIAN PLACE OF OWENSVI	LLE, RESIDENTIAL CARE BY AME	RICARE			
301 NORTH 7TH ST		Telephone	(573) 437-5396	Alzheimer's Unit	No
OWENSVILLE	MO 65066-1075	Level of Care	RCF	<b>Bed Capacity</b>	48
Mailing Address 301 NORTH 7TH ST		County GAS	CONADE	DMH Licensed	No
OWENSVILLE	MO 65066-1075	Region 6		Facility Number	24133
VICTORIAN PLACE OF ST.CLAIR	, ASSISTED LIVING BY AMERICARI	7			
160 CHARLES DR	, ASSISTED LIVING DI AMERICANI	Telephone	(636) 322-0003	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1936	Level of Care	ALF**	Bed Capacity	48
Mailing Address 160 CHARLES DR		County FRA		DMH Licensed	No
SAINT CLAIR	MO 63077-1936	Region 6		<b>Facility Number</b>	26005
VICTORIAN PLACE OF SULLIVAN	N, ASSISTED LIVING BY AMERICAI	RE			
1250 EAST SPRINGFIELD RD		Telephone	(573) 468-5217	Alzheimer's Unit	No
SULLIVAN	MO 63080-1358	Level of Care	ALF**	<b>Bed Capacity</b>	48
Mailing Address 1250 EAST SPRING	FIELD RD	County FRA	NKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1358	Region 6		Facility Number	26324
VICTORIAN PLACE OF UNION AS	SSISTED LIVING BY AMERICARE				
1320 W MAIN	DI AMERICANE	Telephone	(636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care	ALF**	Bed Capacity	48
Mailing Address 1320 W MAIN		County FRA		DMH Licensed	No
UNION	MO 63084-1084	Region 6		Facility Number	24408
		· o · ·-		•	

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VICTORIAN PLACE OF WASHINGT	TON DESIDENTIAL CADE BY AME	DICADE			
2800 RABBIT TRAIL DR	TON, RESIDENTIAL CARE DI AME	Telephone	(636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care	ALF**	Bed Capacity	48
Mailing Address 2800 RABBIT TRAIL		County FRAN		DMH Licensed	No
WASHINGTON	MO 63090-6737	Region 6	VIXLIIV	Facility Number	27659
WASHINGTON	1410 03090-0737	Region 0		racinty Number	27039
VIENNA POINTE RESIDENTIAL CA	ARE				
112 PARKWAY DR		Telephone	(573) 422-3230	Alzheimer's Unit	No
VIENNA	MO 65582-8003	Level of Care	RCF	Bed Capacity	48
Mailing Address 112 PARKWAY DR		County MAR	IES	DMH Licensed	No
VIENNA	MO 65582-8003	Region 6		Facility Number	23333
VILLA AT BLUE RIDGE, THE					
701 BLUE RIDGE ROAD		Telephone	(573) 474-6111	Alzheimer's Unit	No
COLUMBIA	MO 65201-3734	Level of Care	SNF	Bed Capacity	97
Mailing Address 701 BLUE RIDGE RO		County BOO!		DMH Licensed	No
COLUMBIA	MO 65201-3734	•	Medicare/Medicaid	Facility Number	01706
COLONIDAY	10 03201 3734	Region 0	vieuicai e/ivieuicaiu	Taciney Number	01700
WARRENTON MANOR					
65 STATE HIGHWAY AA		Telephone	(636) 456-8700	Alzheimer's Unit	Yes
WRIGHT CITY	MO 63383-3301	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 65 STATE HIGHWAY	Z AA	County WAR	REN	DMH Licensed	No
WRIGHT CITY	MO 63390-3301	Region 6	Medicare/Medicaid	Facility Number	02505
WADSAW HEAT TH AND DEHARIT	ITATION CENTED				
WARSAW HEALTH AND REHABIL	ITATION CENTER	Tolophono	(660) 438 2070	Alzhaimar's Unit	Vac
1609 SUNCHASE DR		Telephone	(660) 438-2970 SNE	Alzheimer's Unit	Yes
1609 SUNCHASE DR WARSAW	MO 65355-3059	Level of Care	SNF	Bed Capacity	90
1609 SUNCHASE DR WARSAW <b>Mailing Address</b> 1609 SUNCHASE DR	MO 65355-3059	Level of Care County BENT	SNF FON	Bed Capacity DMH Licensed	90 No
1609 SUNCHASE DR WARSAW	MO 65355-3059	Level of Care County BENT	SNF	Bed Capacity	90
1609 SUNCHASE DR WARSAW <b>Mailing Address</b> 1609 SUNCHASE DR	MO 65355-3059 MO 65355-3059	Level of Care County BENT	SNF FON	Bed Capacity DMH Licensed	90 No
1609 SUNCHASE DR WARSAW <b>Mailing Address</b> 1609 SUNCHASE DR WARSAW	MO 65355-3059 MO 65355-3059	Level of Care County BENT	SNF FON	Bed Capacity DMH Licensed	90 No
1609 SUNCHASE DR WARSAW Mailing Address 1609 SUNCHASE DR WARSAW WESTBROOK TERRACE - ASSISTE	MO 65355-3059 MO 65355-3059	Level of Care County BENT Region 6 M	SNF FON Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 15243
1609 SUNCHASE DR WARSAW Mailing Address 1609 SUNCHASE DR WARSAW WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528	Level of Care County BENT Region 6 M Telephone	SNF TON Medicare/Medicaid (573) 635-2600 ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 15243
1609 SUNCHASE DR WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528	Level of Care County BENT Region 6 M Telephone Level of Care	SNF TON Medicare/Medicaid (573) 635-2600 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 15243 No 36
1609 SUNCHASE DR WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN MI JEFFERSON CITY	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528  ILE DR	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE	SNF TON Medicare/Medicaid (573) 635-2600 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 15243 No 36 No
1609 SUNCHASE DR WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528  ILE DR	Level of Care County BENT Region 6 M Telephone Level of Care County COLE Region 6	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 15243 No 36 No
1609 SUNCHASE DR WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528  ILE DR	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6	SNF TON Medicare/Medicaid (573) 635-2600 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 15243 No 36 No 20440
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA	MO 65355-3059  MO 65355-3059  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 15243 No 36 No 20440 Yes 66
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLEY	MO 65355-3059  MO 65355-3059  ED LIVING BY AMERICARE  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567  PARKWAY	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care County BOOM	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 15243 No 36 No 20440 Yes 66 No
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA	MO 65355-3059  MO 65355-3059  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 15243 No 36 No 20440 Yes 66
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLEY COLUMBIA WILLOW BROOKE - ASSISTED LIV	MO 65355-3059  MO 65355-3059  MO 65355-3059  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567  PARKWAY  MO 65203-5567	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care County BOOM Region 6	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 15243 No 36 No 20440 Yes 66 No
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLEY COLUMBIA  WILLOW BROOKE - ASSISTED LIV #1 NORTH POTOMAC CT	MO 65355-3059  MO 65355-3059  ED LIVING BY AMERICARE  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567  PARKWAY  MO 65203-5567  VING BY AMERICARE	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care County BOOM Region 6	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF** NE  (636) 583-2799	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 15243 No 36 No 20440 Yes 66 No
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLEY COLUMBIA  WILLOW BROOKE - ASSISTED LIV #1 NORTH POTOMAC CT UNION	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567  PARKWAY  MO 65203-5567  VING BY AMERICARE  MO 63084-1113	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care County BOOM Region 6	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF** NE  (636) 583-2799 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 15243 No 36 No 20440 Yes 66 No 32666
WARSAW Mailing Address 1609 SUNCHASE DR WARSAW  WESTBROOK TERRACE - ASSISTE 3335 NORTH TEN MILE DR JEFFERSON CITY Mailing Address 3335 NORTH TEN M JEFFERSON CITY  WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLEY COLUMBIA  WILLOW BROOKE - ASSISTED LIV #1 NORTH POTOMAC CT	MO 65355-3059  MO 65355-3059  D LIVING BY AMERICARE  MO 65109-0528  ILE DR  MO 65109-0528  MO 65203-5567  PARKWAY  MO 65203-5567  VING BY AMERICARE  MO 63084-1113	Level of Care County BENT Region 6 M  Telephone Level of Care County COLE Region 6  Telephone Level of Care County BOOM Region 6	SNF FON Medicare/Medicaid  (573) 635-2600 ALF**  (573) 818-7030 ALF** NE  (636) 583-2799 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 15243 No 36 No 20440 Yes 66 No 32666

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ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD	MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 36 No 27570
ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD	MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000 Level of Care ICF County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 16 No 27570
ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD Mailing Address 505 COUCH AVE KIRKWOOD	MO 63122-5536 MO 63122-5536	Telephone (314) 909-6000  Level of Care SNF  County SAINT LOUIS COUNTY  Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 38 No 27570
ACKERT PARK SKILLED NURSING 894 LELAND AVE UNIVERSITY CITY Mailing Address 894 LELAND AVE UNIVERSITY CITY	G & REHABILITATION CENTER  MO 63130-3239  MO 63130-3239	Telephone (314) 726-4767 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 130 No 02100
AEGIS HEALTH AND REHABILITA 1441 CHARIC DR WILDWOOD Mailing Address 1441 CHARIC DR WILDWOOD	MO 63021-2001 MO 63021-2001	Telephone (636) 394-2522 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 66 No 17887
AKINS HEALTH CARE, INC 4432 WEST BELLE PL SAINT LOUIS Mailing Address 4432 WEST BELLE F SAINT LOUIS	MO 63108-2617 L MO 63108-2617	Telephone (314) 652-8908 Level of Care RCF County SAINT LOUIS CITY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 00078
ALLEGRO 1055 BELLEVUE AVENUE RICHMOND HEIGHTS Mailing Address 1055 BELLEVUE AV RICHMOND HEIGHTS	MO 63117-1827 ENUE MO 63117-1827	Telephone (314) 332-8372 Level of Care ALF** County SAINT LOUIS COUNTY Region 7	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 88 No 31437
AMBERWOOD ESTATES NURSING 5303 BERMUDA DR NORMANDY Mailing Address 5303 BERMUDA DR NORMANDY	MO 63121-1407	Telephone (314) 385-0910 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	NO 115 No 01238

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APPLEGATE RH CNSL OPERATION LLC				
1204 TELEGRAPH RD	Telephone	(314) 631-2003	Alzheimer's Unit	No
SAINT LOUIS MO 63125-25	_	` /	Bed Capacity	38
Mailing Address 1204 TELEGRAPH RD		INT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS MO 63125-25	·		Facility Number	14409
	1109.01			
ARBOR HILLS NURSING AND REHABILITATION	CENTER			
800 CHAMBERS RD	Telephone	(314) 524-1111	Alzheimer's Unit	No
FERGUSON MO 63135-21	33 Level of Care	SNF	<b>Bed Capacity</b>	150
Mailing Address 800 CHAMBERS RD	County SA	INT LOUIS COUNTY	DMH Licensed	No
FERGUSON MO 63135-21	Region 7	Medicare/Medicaid	Facility Number	01435
ARBOR HILLS NURSING AND REHABILITATION	CENTER			
800 CHAMBERS RD	Telephone	(314) 524-1111	Alzheimer's Unit	No
FERGUSON MO 63135-21	•	` '	Bed Capacity	28
Mailing Address 800 CHAMBERS RD		INT LOUIS COUNTY	DMH Licensed	No
FERGUSON MO 63135-21	•	avi Locio cocivi i	Facility Number	01435
12.00001	Kegion /		Tuesting Trustine	01433
ASCENSION LIVING SHERBROOKE VILLAGE				
4005 RIPA AVE	Telephone	(314) 544-1111	Alzheimer's Unit	Yes
SAINT LOUIS MO 63125-23	78 Level of Care	SNF	<b>Bed Capacity</b>	149
Mailing Address 4005 RIPA AVE	County SA	INT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63125-23	78 <b>Region 7</b>	Medicare/Medicaid	Facility Number	15436
ASCENSION LIVING SHERBROOKE VILLAGE				
4005 RIPA AVE	Telephone	(314) 544-1111	Alzheimer's Unit	YES
SAINT LOUIS MO 63125-23	<u>-</u>	` ′	Bed Capacity	88
Mailing Address 4005 RIPA AVE		INT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63125-23			Facility Number	15436
ASSISTED I WING AT GUADI ESS VII I AGE				
ASSISTED LIVING AT CHARLESS VILLAGE 5943 TELEGRAPH RD	Telephone	(314) 846-2002	Alzheimer's Unit	No
SAINT LOUIS MO 63129-47	•	` ′	Bed Capacity	18
Mailing Address 5943 TELEGRAPH RD		INT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63129-47		INT LOUIS COUNTT	Facility Number	05586
MO 03127 47	Kegion /		racinty runner	03360
ATHENE NURSING AND REHABILITATION				
13995 CLAYTON RD	Telephone	(636) 227-5070	Alzheimer's Unit	Yes
TOWN AND COUNTRY MO 63017-84	00 Level of Care	SNF	<b>Bed Capacity</b>	282
Mailing Address 13995 CLAYTON RD	County SA	INT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY MO 63017-84	00 Region 7	Medicare/Medicaid	Facility Number	01508
ATRIUM PLACE HEALTH AND REHABILITATIO	N			
2600 REDMAN RD	Telephone	(314) 355-8585	Alzheimer's Unit	No
SAINT LOUIS MO 63136-58	<u>-</u>		Bed Capacity	120
Mailing Address 2600 REDMAN RD		INT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63136-58	•	Medicare/Medicaid	Facility Number	18697
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AUTUMN VIEW GARDENS			
16219 AUTUMN VIEW TERRACE DR	ł .	<b>Telephone</b> (636) 458-5225	Alzheimer's Unit Yes
ELLISVILLE	MO 63011-4743	Level of Care ALF**	<b>Bed Capacity</b> 150
Mailing Address 16219 AUTUMN VII		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
ELLISVILLE	MO 63011-4743	Region 7	Facility Number 20751
AUTUMN VIEW GARDENS AT SCH	HUETZ ROAD		
11210 SCHUETZ RD	3.00 (24.45.4222	<b>Telephone</b> (314) 993-9888	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-4933	Level of Care ALF**	Bed Capacity 110
Mailing Address 11210 SCHUETZ RD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-4933	Region 7	Facility Number 22909
AVALON GARDEN			
4359 TAFT AVE		<b>Telephone</b> (314) 752-2022	Alzheimer's Unit No
SAINT LOUIS	MO 63116-1533	Level of Care SNF	Bed Capacity 77
Mailing Address 4359 TAFT AVE	WIO 03110-1333	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63116-1533	Region 7 Medicare/Medicaid	Facility Number 00244
SAINT LOUIS	WIO 03110-1333	Region / Medical e/Medicald	racinty Number 00244
AVALON MEMORY CARE			
5342 BUTLER HILL ROAD		<b>Telephone</b> (314) 849-2985	Alzheimer's Unit Yes
SAINT LOUIS	MO 63128-4152	Level of Care ALF**	Bed Capacity 30
Mailing Address 5342 BUTLER HILL	ROAD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-4152	Region 7	Facility Number 30425
			·
BARNES-JEWISH EXTENDED CAR	RE		
401 CORPORATE PARK DR		<b>Telephone</b> (314) 725-7447	Alzheimer's Unit No
SAINT LOUIS	MO 63105-4201	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 401 CORPORATE PA	ARK DR	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63105-4201	Region 7 Medicare/Medicaid	Facility Number 15878
BEAUVAIS REHAB AND HEALTHO	CADE CENTED		
3625 MAGNOLIA AVE	CARE CENTER	<b>Telephone</b> (314) 771-2990	Alzheimer's Unit Yes
SAINT LOUIS	MO 63110-4048	Level of Care SNF	Bed Capacity 184
Mailing Address 3625 MAGNOLIA A		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63110-4048	Region 7 Medicare/Medicaid	Facility Number 09528
SARVI EOUIS	WIO 03110 4040	Region / Medicale/Medicald	racinty (uniform 0)320
BELLEFONTAINE GARDENS NUR	SING & REHAB	TEMPORARY CLO	OSURE - STAFFING
9500 BELLEFONTAINE RD		<b>Telephone</b> (314) 388-0796	Alzheimer's Unit No
SAINT LOUIS	MO 63137-1336	Level of Care SNF	<b>Bed Capacity</b> 96
Mailing Address 9500 BELLEFONTA	INE RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63137-1336	Region 7 Medicare/Medicaid	Facility Number 02598
BENEDICT JOSEPH LABRE CENT	EK	T-l-nh-n- (214) (41 2027	All-hatmand TT 14
3863 CLEVELAND	MO 62110 4000	<b>Telephone</b> (314) 664-3927	Alzheimer's Unit No
SAINT LOUIS  Moiling Address 2862 CLEVELAND	MO 63110-4009	Level of Care RCF	Bed Capacity 15
Mailing Address 3863 CLEVELAND	MO (2110 4000	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63110-4009	Region 7	Facility Number 21163

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BENTLEYS EXTENDED CARE			
3060 ASHBY ROAD		<b>Telephone</b> (314) 426-0433	Alzheimer's Unit No
OVERLAND	MO 63114-1342	Level of Care SNF	<b>Bed Capacity</b> 72
Mailing Address 3060 ASHBY RD		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
OVERLAND	MO 63114-1342	Region 7 Medicare/Medicaid	Facility Number 22613
BENTWOOD NURSING & REHAB			
1501 CHARBONIER RD		<b>Telephone</b> (314) 921-2700	Alzheimer's Unit No
FLORISSANT	MO 63031-5308	Level of Care SNF	Bed Capacity 116
Mailing Address 1501 CHARBONIER I	RD	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63031-5308	Region 7 Medicare/Medicaid	Facility Number 14817
			•
DEDNADD CADE CENTED			
BERNARD CARE CENTER 4335 WEST PINE BLVD		Tolonhono (214) 271 0200	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2205	Telephone (314) 371-0200 Level of Care SNF	Bed Capacity 141
Mailing Address 4335 WEST PINE BLV			DMH Licensed No
SAINT LOUIS	MO 63108-2205	·	
SAINT LOUIS	MO 63108-2203	Region 7 Medicare/Medicaid	Facility Number 00436
BETHESDA DILWORTH			
9645 BIG BEND BLVD		<b>Telephone</b> (314) 968-5460	Alzheimer's Unit Yes
SAINT LOUIS	MO 63122-6521	Level of Care SNF	Bed Capacity 400
Mailing Address 9645 BIG BEND BLV		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63122-6521	Region 7 Medicare/Medicaid	Facility Number 00508
BETHESDA HAWTHORNE PLACE			
1111 SOUTH BERRY ROAD		<b>Telephone</b> (314) 942-5750	Alzheimer's Unit Yes
SAINT LOUIS	MO 63122-6598	Level of Care ALF**	<b>Bed Capacity</b> 66
Mailing Address 1111 SOUTH BERRY	ROAD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63122-6598	Region 7	Facility Number 30509
BETHESDA MEADOW			
322 OLD STATE ROAD		<b>Telephone</b> (636) 227-3431	Alzheimer's Unit Yes
ELLISVILLE	MO 63021-5917	Level of Care SNF	Bed Capacity 210
Mailing Address 322 OLD STATE ROA		County SAINT LOUIS COUNTY	DMH Licensed No
ELLISVILLE	MO 63021-5917	Region 7 Medicare/Medicaid	Facility Number 15226
		1120120120,1120110111	
DETHECOA COLUMNO ATE			
BETHESDA SOUTHGATE		m 1 1 (214) 046 2000	
5943 TELEGRAPH RD	NO (2120 1515	<b>Telephone</b> (314) 846-2000	Alzheimer's Unit Yes
SAINT LOUIS	MO 63129-4715	Level of Care SNF	Bed Capacity 192
Mailing Address 5943 TELEGRAPH RI		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63129-4715	Region 7 Medicare/Medicaid	Facility Number 05586
BIG BEND WOODS HEALTHCARE	CENTER	m 1 1 (22.0 520.0200	
110 HIGHLAND AVE	MO (2000 1422	<b>Telephone</b> (636) 529-8300	Alzheimer's Unit No
VALLEY PARK	MO 63088-1422	Level of Care SNF	Bed Capacity 135
Mailing Address 110 HIGHLAND AVE VALLEY PARK	MO 63088-1422	County SAINT LOUIS COUNTY  Region 7 Medicare/Medicaid	DMH Licensed No Facility Number 01170

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BLUE CIRCLE REHAB AND NURSI	ING			
2939 MAGAZINE STREET		<b>Telephone</b> (314) 531-0500	Alzheimer's Unit	No
SAINT LOUIS	MO 63106-1245	Level of Care SNF	Bed Capacity	90
Mailing Address 2939 MAGAZINE ST		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63106-1245	Region 7 Medicare/Medicaid	Facility Number 1.	5258
BOARDING INN, THE				
9444 MIDLAND BLVD		<b>Telephone</b> (314) 426-0091	Alzheimer's Unit	No
OVERLAND	MO 63114-3328	Level of Care RCF	Bed Capacity	40
Mailing Address 9444 MIDLAND BLV		County SAINT LOUIS COUNTY	DMH Licensed	Yes
OVERLAND	MO 63114-3328	Region 7		0709
OVEREALD	110 03114 3320	Region /	racinty (uniber	0709
BRENTMOOR RETIREMENT COM	IMUNITY			
8600 DELMAR BLVD		<b>Telephone</b> (314) 995-3811	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1973	Level of Care ALF**	Bed Capacity	36
Mailing Address 8600 DELMAR BLV	D	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1973	Region 7	Facility Number 1	9968
BROOKDALE OPENE COEUP				
BROOKDALE CREVE COEUR		The second secon	411	NT
ONE NEW BALLAS PLACE	MO (2146 9700	Telephone (314) 432-5200	Alzheimer's Unit	No
CREVE COEUR	MO 63146-8700	Level of Care ALF**	Bed Capacity	46
Mailing Address ONE NEW BALLAS CREVE COEUR	MO 63146-8700	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 03140-8700	Region 7	Facility Number 2	6178
BROOKDALE WEST COUNTY				
785 HENRY AVE		<b>Telephone</b> (636) 527-5700	Alzheimer's Unit	Yes
BALLWIN	MO 63011-2736	Level of Care ALF**	Bed Capacity	98
Mailing Address 785 HENRY AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63011-2736	Region 7	Facility Number 2	8149
BROOKING PARK				
307 SOUTH WOODS MILL RD		<b>Telephone</b> (314) 576-5545	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-3418	Level of Care ALF**	Bed Capacity	93
Mailing Address 307 SOUTH WOODS	MILL RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7	Facility Number 1	4661
PDOOVING DADV				
BROOKING PARK		Tolonhono (214) 574 5545	Alghaimenta IIni4	No
307 SOUTH WOODS MILL RD CHESTERFIELD	MO 63017-3418	Telephone (314) 576-5545 Level of Care SNF	Alzheimer's Unit	No 97
Mailing Address 307 SOUTH WOODS		Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	97 No
CHESTERFIELD	MO 63017-3418	Region 7 Medicare/Medicaid	Facility Number 1	4661
CAPE ALBEON				
3300 LAKE BEND DR		<b>Telephone</b> (636) 861-3200	Alzheimer's Unit	Yes
VALLEY PARK	MO 63088-2524	Level of Care ALF**	Bed Capacity	100
Mailing Address 3300 LAKE BEND D		County SAINT LOUIS COUNTY	DMH Licensed	No
VALLEY PARK	MO 63088-2524	Region 7	Facility Number 2	2838

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CA DONDEL ET DETUDENTENT MA	LNOR		
CARONDELET RETIREMENT MA	ANOR	The Land (214) 252 0552	All between 1 TT 14
6811 MICHIGAN	MO (2111 2024	<b>Telephone</b> (314) 353-9552	Alzheimer's Unit No
SAINT LOUIS	MO 63111-2834	Level of Care RCF*	Bed Capacity 34
Mailing Address PO BOX 37073	MO (2141 1572	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63141-1573	Region 7	Facility Number 01058
CARRIE ELLIGSON GIETNER HO	OME		
5000 SOUTH BROADWAY	J.VIL	<b>Telephone</b> (314) 752-0000	Alzheimer's Unit No
SAINT LOUIS	MO 63111-2015	Level of Care SNF	Bed Capacity 130
Mailing Address 5000 S BROADWA		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63111-2015	Region 7 Medicare/Medicaid	Facility Number 02877
CEDARHURST OF DES PERES		T. 1. (214) 016 6614	A11 *
12826 DAYLIGHT CIRCLE	MO (2121 1900	<b>Telephone</b> (314) 916-6614	Alzheimer's Unit Yes
SAINT LOUIS	MO 63131-1890	Level of Care ALF**	Bed Capacity 76
Mailing Address 12826 DAYLIGHT		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63131-1890	Region 7	Facility Number 30351
CEDARHURST OF TESSON HEIG	HTS		
12335 WEST BEND DR		<b>Telephone</b> (314) 849-1366	Alzheimer's Unit No
SAINT LOUIS	MO 63128-2160	Level of Care ALF**	<b>Bed Capacity</b> 79
Mailing Address 12335 WEST BEND	) DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-2160	Region 7	Facility Number 13663
CENTRAL RESIDENCE CNSL OP	ERATION LLC		
5143 WATERMAN BLVD		<b>Telephone</b> (314) 367-5620	Alzheimer's Unit No
SAINT LOUIS	MO 63108-1103	Level of Care RCF*	Bed Capacity 41
Mailing Address 5143 WATERMAN		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-1103	Region 7	Facility Number 02785
CHATEAU ANN MARIE			
7700 MINNESOTA AVE		<b>Telephone</b> (314) 449-1497	Alzheimer's Unit No
SAINT LOUIS	MO 63111-3336	Level of Care ALF	<b>Bed Capacity</b> 22
Mailing Address 7700 MINNESOTA	AVE	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63111-3336	Region 7	Facility Number 14711
CHEDOKEE DESIDENTIAL CARI	ACOUISITION LLC		
CHEROKEE RESIDENTIAL CARE 3409 MISSOURI AVE	z ACQUISITION, LLC	<b>Telephone</b> (314) 771-8360	Alzheimer's Unit No
SAINT LOUIS	MO 63118-3236	Telephone (314) 771-8360 Level of Care RCF*	Bed Capacity 34
Mailing Address 3409 MISSOURI AV SAINT LOUIS	MO 63118-3236	County SAINT LOUIS CITY Region 7	DMH Licensed Yes Facility Number 14047
SAINI LOUIS	WO 03110-3230	region /	racinty runiber 1404/
CHESTERFIELD VILLAS			
14901 N OUTER 40 RD		<b>Telephone</b> (636) 532-9296	Alzheimer's Unit No
CHESTERFIELD	MO 63017-6034	Level of Care ALF	<b>Bed Capacity</b> 54
Mailing Address 14901 N OUTER 40	) RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CHESTERFIELD	MO 63017-6034	Region 7	Facility Number 29067

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CHESTNUT REHAB AND NURSING				
10954 KENNERLY RD		<b>Telephone</b> (314) 843-4242	Alzheimer's Unit	No
SAINT LOUIS	MO 63128-2018	Level of Care SNF	Bed Capacity	167
Mailing Address 10954 KENNERLY R	D	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-2018	Region 7 Medicare/Medicaid	Facility Number	03182
		o de la companya de	•	
CHRISTIAN EXTENDED CARE & R	THARILITATION			
11160 VILLAGE NORTH DR		<b>Telephone</b> (314) 355-8010	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-6159	Level of Care SNF	Bed Capacity	60
Mailing Address 11160 VILLAGE NOR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63136-6159	_	Facility Number	08300
SAINI LOUIS	WIO 03130-0139	Region 7 Medicare/Medicaid	racinty Number	08300
CLARENDALE CLAYTON				
7651 CLAYTON ROAD		<b>Telephone</b> (314) 390-9399	Alzheimer's Unit	Yes
CLAYTON	MO 63117-1419	Level of Care ALF**	Bed Capacity	98
Mailing Address 7651 CLAYTON ROA		County SAINT LOUIS COUNTY	DMH Licensed	No
CLAYTON	MO 63117-1419	·	Facility Number	
CLATION	MO 03117-1419	Region 7	racinty Number	32528
COMMUNITY CARE CENTER OF L	FMAV INC			
9353 SOUTH BROADWAY	EMAI, INC	<b>Telephone</b> (314) 631-0540	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-1600	Level of Care SNF	Bed Capacity	60
Mailing Address 9353 SOUTH BROAD			DMH Licensed	No
SAINT LOUIS	MO 63125-1600	•		
SAINT LOUIS	MO 03125-1000	Region 7 Medicare/Medicaid	Facility Number	01732
CONVERSE HOME				
17025 OLD JAMESTOWN RD		<b>Telephone</b> (314) 355-8041	Alzheimer's Unit	No
FLORISSANT	MO 63034-1414	Level of Care RCF	Bed Capacity	12
Mailing Address 17025 OLD JAMESTO		County SAINT LOUIS COUNTY	DMH Licensed	Yes
FLORISSANT	MO 63034-1414	Region 7	Facility Number	01777
LONISSANI	WO 03034-1414	Region 7	racinty Number	01///
COOPER HOUSE				
4385 MARYLAND AVE		<b>Telephone</b> (314) 535-1919	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2703	Level of Care RCF*	Bed Capacity	36
Mailing Address 4385 MARYLAND A	VE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2703	Region 7	Facility Number	21439
			·	
CRESTWOOD HEALTH CARE CEN	TER, LLC			
11400 MEHL AVE		<b>Telephone</b> (314) 741-3525	Alzheimer's Unit	No
FLORISSANT	MO 63033-7204	Level of Care SNF	Bed Capacity	150
Mailing Address 11400 MEHL AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-7204	Region 7 Medicare/Medicaid	Facility Number	14296
CREVE COEUR ASSISTED LIVING	AND MEMORY CARE			
693 DECKER LN		<b>Telephone</b> (314) 997-4532	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7127	Level of Care ALF**	Bed Capacity	110
Mailing Address 693 DECKER LANE		County SAINT LOUIS COUNTY	DMH Licensed	No
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Region 7

**Facility Number** 

29440

MO 63141-7127

CREVE COEUR

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CREVE COEUR MANOR				
1127 TIMBER RUN DR		<b>Telephone</b> (314) 434-8361	Alzheimer's Unit	No
SAINT LOUIS	MO 63146-4482	Level of Care SNF	Bed Capacity	149
Mailing Address 1127 TIMBER RUN	DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-4482	Region 7 Medicare/Medicaid	Facility Number	02417
CRYSTAL CREEK HEALTH AND R	EHARII ITATION CENTER			
250 NEW FLORISSANT RD SOUTH	ELITEDICATION CENTER	<b>Telephone</b> (314) 838-2211	Alzheimer's Unit	No
FLORISSANT	MO 63031-6716	Level of Care SNF	Bed Capacity	158
Mailing Address 250 NEW FLORISSA		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-6716			
FLORISSAINI	MO 03031-0710	Region 7 Medicare/Medicaid	Facility Number	05782
DELHAVEN MANOR		m 1 1 2010 201 2002	A11.	
5460 DELMAR BLVD	1.0	<b>Telephone</b> (314) 361-2902	Alzheimer's Unit	No
SAINT LOUIS	MO 63112-3104	Level of Care SNF	Bed Capacity	156
Mailing Address 5460 DELMAR BLV		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63112-3104	Region 7 Medicare/Medicaid	Facility Number	02089
DELMAR GARDENS NORTH				
4401 PARKER ROAD		<b>Telephone</b> (314) 355-1516	Alzheimer's Unit	Yes
BLACK JACK	MO 63033-4266	Level of Care SNF	Bed Capacity	240
Mailing Address 4401 PARKER ROAL	)	County SAINT LOUIS COUNTY	DMH Licensed	No
BLACK JACK	MO 63033-4266	Region 7 Medicare/Medicaid	Facility Number	14093
DELMAR GARDENS OF CHESTER	FIELD			
14855 NORTH OUTER 40 RD		<b>Telephone</b> (636) 532-0150	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-2026	Level of Care SNF	Bed Capacity	237
Mailing Address 14855 NORTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
Mailing Address 14855 NORTH OUTE CHESTERFIELD		County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid		No 02111
CHESTERFIELD	ER 40 RD MO 63017-2026		DMH Licensed	
CHESTERFIELD  DELMAR GARDENS OF CREVE CO	ER 40 RD MO 63017-2026	Region 7 Medicare/Medicaid	DMH Licensed Facility Number	02111
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN	ER 40 RD MO 63017-2026 DEUR	Region 7 Medicare/Medicaid  Telephone (314) 434-5900	DMH Licensed Facility Number  Alzheimer's Unit	02111 No
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	02111 No 148
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	02111 No 148 No
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	02111 No 148
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	02111 No 148 No
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 148 No 01830
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 148 No 01830
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 148 No 01830 Yes 190
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON  Mailing Address 1 ARBOR TERRACE	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF County SAINT LOUIS COUNTY	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 148 No 01830 Yes 190 No
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 148 No 01830 Yes 190
DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON Mailing Address 1 ARBOR TERRACE FENTON	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900  E  MO 63026-3900	Region 7 Medicare/Medicaid  Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF County SAINT LOUIS COUNTY	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 148 No 01830 Yes 190 No
DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON Mailing Address 1 ARBOR TERRACE FENTON  DELMAR GARDENS ON THE GREE	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900  E  MO 63026-3900	Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 148 No 01830  Yes 190 No 13468
DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON Mailing Address 1 ARBOR TERRACE FENTON  DELMAR GARDENS ON THE GREE 15197 CLAYTON RD	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900  E MO 63026-3900	Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 394-7515	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 148 No 01830  Yes 190 No 13468
CHESTERFIELD  DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR  Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON  Mailing Address 1 ARBOR TERRACE FENTON  DELMAR GARDENS ON THE GREE 15197 CLAYTON RD CHESTERFIELD	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900  EMO 63026-3900  EN  MO 63017-7048	Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 394-7515 Level of Care SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 148 No 01830  Yes 190 No 13468
DELMAR GARDENS OF CREVE CO 850 COUNTRY MANOR LN CREVE COEUR Mailing Address 850 COUNTRY MAN CREVE COEUR  DELMAR GARDENS OF MERAME 1 ARBOR TERRACE FENTON Mailing Address 1 ARBOR TERRACE FENTON  DELMAR GARDENS ON THE GREE 15197 CLAYTON RD	ER 40 RD  MO 63017-2026  DEUR  MO 63141-6651  NOR LN  MO 63141-6651  C VALLEY  MO 63026-3900  EMO 63026-3900  EN  MO 63017-7048	Telephone (314) 434-5900 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 343-0016 Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (636) 394-7515	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 148 No 01830  Yes 190 No 13468

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DELMAR GARDENS SOUTH			
5300 BUTLER HILL ROAD		<b>Telephone</b> (314) 842-0588	Alzheimer's Unit Yes
SAINT LOUIS	MO 63128-4152	Level of Care SNF	<b>Bed Capacity</b> 250
Mailing Address 5300 BUTLER HILL	RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-4152	Region 7 Medicare/Medicaid	Facility Number 12909
DELMAR GARDENS WEST			
13550 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 878-1330	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-5812	Level of Care SNF	Bed Capacity 321
Mailing Address 13550 SOUTH OUTE		County SAINT LOUIS COUNTY	DMH Licensed No
TOWN AND COUNTRY	MO 63017-5812	•	Facility Number 02120
TOWN AND COUNTRY	WO 03017-3012	Region 7 Medicare/Medicaid	racinty Number 02120
DOLAN MEMORY CARE AT CALA	TO .		
DOLAN MEMORY CARE AT CALA	18	T. I. I. (214) 002 0500	A11 ' LTI''
1225 TENNANT RD	140 (214) 5522	<b>Telephone</b> (314) 993-9500	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-5523	Level of Care ALF**	Bed Capacity 44
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 27755
DOLAN MEMORY CARE AT CONV	VAY		
12550 CONWAY RD		<b>Telephone</b> (314) 576-3998	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-8613	Level of Care ALF**	<b>Bed Capacity</b> 9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
ST LOUIS	MO 63146-	Region 7	Facility Number 22648
DOV ANAMAZONY GARE ARERON	mv-n		
DOLAN MEMORY CARE AT FRON	TIER		
11566 FRONTIER DR		<b>Telephone</b> (314) 995-5331	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-4873	Level of Care ALF**	Bed Capacity 20
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
ST LOUIS	MO 63146-	Region 7	Facility Number 25162
DOLAN MEMORY CARE AT MASO	NI MANOR		
12740 MASON MANOR	IN MANOR	Tolonhone (214) 576 6200	Alabaiman'a Unit Vas
	MO (2141 7250	<b>Telephone</b> (314) 576-6200	Alzheimer's Unit Yes
SAINT LOUIS	MO 63141-7350	Level of Care ALF**	Bed Capacity 8
Mailing Address 11300 DOLAN WAY	150 - 604.46	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 19861
DOLAN MEMORY CARE AT SCHU	FTZ		
1706 SCHUETZ RD	<u> </u>	<b>Telephone</b> (314) 989-1782	Alzheimer's Unit Yes
	MO 63146-4931	-	
SAINT LOUIS  Moiling Address 11200 DOLAN WAY	1410 03140-4731		
Mailing Address 11300 DOLAN WAY	MO (214)	•	
SAINT LOUIS	MO 63146-	Region 7	Facility Number 23805
DOLAN MEMORY CARE AT WATE	ERFORD CROSSING		
11350 DOLAN WAY	AL OLD CROODING	<b>Telephone</b> (314) 993-9500	Alzheimer's Unit Yes
SAINT LOUIS	MO 63146-5533	Level of Care ALF**	Bed Capacity 88
Mailing Address 11300 DOLAN WAY	1410 03140-3333	County SAINT LOUIS COUNTY	DMH Licensed No
ST LOUIS	MO 63006-	•	
ST LOUIS	MO 02000-	Region 7	Facility Number 31366

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DOUGHERTY FERRY ASSISTED LIV	ING & MEMORY CARE		
2929 DOUGHERTY FERRY RD		<b>Telephone</b> (636) 825-6665	Alzheimer's Unit Yes
SAINT LOUIS	MO 63122-3368	Level of Care ALF**	Bed Capacity 110
Mailing Address 2929 DOUGHERTY FE	RRY RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63122-3368	Region 7	Facility Number 30034
		3	•
DUNN-DUNN HOUSE LLC			
2133 JANNETTE DR		<b>Telephone</b> (314) 869-2431	Alzheimer's Unit No
	MO 63136-4020	Level of Care RCF	Bed Capacity 10
Mailing Address 2133 JANNETTE DR	WIO 03130-4020	County SAINT LOUIS COUNTY	DMH Licensed Yes
8	MO 62126 4020	·	
SAINT LOUIS	MO 63136-4020	Region 7	Facility Number 14694
DUECHTOWN CADE CENTEED			
DUTCHTOWN CARE CENTER		Tolonhono (214) 922 4700	Alabaimania IIvit
3421 GASCONADE ST	160 (2110 4201	<b>Telephone</b> (314) 832-4700	Alzheimer's Unit No
	MO 63118-4201	Level of Care SNF	Bed Capacity 120
Mailing Address 3421 GASCONADE ST		County SAINT LOUIS CITY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number 21455
EV 17 A DEFENT MOVES			
ELIZABETH HOUSE			
12284 DE PAUL DR		<b>Telephone</b> (314) 209-8814	Alzheimer's Unit No
BRIDGETON	MO 63044-2508	Level of Care SNF	<b>Bed Capacity</b> 36
Mailing Address 12284 DE PAUL DR		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
BRIDGETON	MO 63044-2508	Region 7	Facility Number 22316
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit No
SAINT LOUIS	MO 63138-1757	Level of Care SNF	Bed Capacity 67
Mailing Address 11728 HIDDEN LAKE	DR	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63138-1757	Region 7 Medicare/Medicaid	Facility Number 18442
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit No
SAINT LOUIS	MO 63138-1757	Level of Care ALF**	<b>Bed Capacity</b> 38
Mailing Address 11728 HIDDEN LAKE	DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63138-1757	Region 7	Facility Number 18442
EGEL TEG OF WEDSTA			
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit No
	MO 63138-1757	Level of Care ALF	<b>Bed Capacity</b> 38
Mailing Address 11728 HIDDEN LAKE	DR	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63138-1757	Region 7	Facility Number 18442
ECTATES OF SPANISH I AVE TWO			
ESTATES OF SPANISH LAKE, THE		T-1	Alabata and Ti. 9
610 PRIGGE ROAD	140 (2120 2542	<b>Telephone</b> (314) 741-9393	Alzheimer's Unit No
	MO 63138-3543	Level of Care SNF	Bed Capacity 150
Mailing Address 610 PRIGGE ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63138-3543	Region 7 Medicare/Medicaid	Facility Number 15265

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ESTATES OF ST LOUIS, LLC, THE	2			
2115 KAPPEL DR		<b>Telephone</b> (314) 867-7474	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-4115	Level of Care SNF	Bed Capacity	94
Mailing Address 2115 KAPPEL DR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63136-4115	Region 7 Medicare/Medicaid	Facility Number	05340
FAIRMONT ON CLAYTON				
7920 CLAYTON ROAD		<b>Telephone</b> (314) 646-7600	Alzheimer's Unit	Yes
RICHMOND HEIGHTS	MO 63117-1327	Level of Care ICF	Bed Capacity	90
Mailing Address 7920 CLAYTON RO		County SAINT LOUIS COUNTY	DMH Licensed	No
RICHMOND HEIGHTS	MO 63117-1327	Region 7	Facility Number	24149
110111011101110		Region /	ruemey rumber	2414)
FAMILY PARTNERS MANCHESTE	ER, LLC			
351 FOREST SUMMIT COURT		<b>Telephone</b> (314) 686-4468	Alzheimer's Unit	Yes
MANCHESTER	MO 63021-5509	Level of Care ALF**	Bed Capacity	42
Mailing Address 351 FOREST SUMM		County SAINT LOUIS COUNTY	DMH Licensed	No
MANCHESTER	MO 63021-5509	Region 7	Facility Number	32473
FIESER NURSING CENTER				
404 MAIN ST		<b>Telephone</b> (636) 343-4344	Alzheimer's Unit	No
FENTON	MO 63026-4107	Level of Care SNF	Bed Capacity	60
Mailing Address 404 MAIN ST		County SAINT LOUIS COUNTY	DMH Licensed	No
FENTON	MO 63026-4107	Region 7 Medicaid	Facility Number	02569
		9	·	
FLORISSANT VALLEY HEALTH 8	& REHABILITATION CENTER			
1200 GRAHAM RD		<b>Telephone</b> (314) 838-6555	Alzheimer's Unit	No
FLORISSANT	MO 63031-8015	Level of Care SNF	Bed Capacity	98
Mailing Address 1200 GRAHAM RD		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number	00154
FOUNTAINS OF WEST COUNTY A	L, LLC THE			
15822 CLAYTON RD		<b>Telephone</b> (636) 220-1660	Alzheimer's Unit	Yes
ELLISVILLE	MO 63011-2240	Level of Care ALF**	<b>Bed Capacity</b>	80
Mailing Address 15822 CLAYTON RI	D	County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE	MO 63011-2240	Region 7	<b>Facility Number</b>	29435
EDVENDOUND VIII I A CIE A COLORED	I WING & MEMORY CARE			
FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE	m		MEG
15250 VILLAGE VIEW DRIVE	NO 62017 1002	<b>Telephone</b> (636) 733-0199	Alzheimer's Unit	YES
CHESTERFIELD	MO 63017-1982	Level of Care ALF**	Bed Capacity	66
Mailing Address 15250 VILLAGE VIE		County SAINT LOUIS COUNTY	DMH Licensed	Yes
CHESTERFIELD	MO 63017-1982	Region 7	Facility Number	02715
FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE			
12777 POINTE DR		<b>Telephone</b> (314) 270-7111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63127-1757	Level of Care ALF**	Bed Capacity	84
Mailing Address 12777 POINTE DR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1757	Region 7	Facility Number	02703

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EDIENDOUID III I AGE GUEGGEDEN					
FRIENDSHIP VILLAGE CHESTERFII	ELD				
15250 VILLAGE VIEW DRIVE		Telephone (6	36) 733-0199	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-1982	Level of Care SN	NF	Bed Capacity	90
Mailing Address 15250 VILLAGE VIEW	DRIVE	County SAINT LO	OUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1982	Region 7 Med	licare/Medicaid	Facility Number	02715
FRIENDSHIP VILLAGE SUNSET HIL	1 C				
12651 VILLAGE CIRCLE DR	LS	Talanhana (3	14) 270-7777	Alzheimer's Unit	No
	MO 63127-1778	Telephone (3 Level of Care SN	· 1		144
Mailing Address 12651 VILLAGE CIRCI			OUIS COUNTY	Bed Capacity DMH Licensed	No
8	MO 63127-1778	·			
SAINT LOUIS	WIO 03127-1778	Region 7 Med	licare/Medicaid	Facility Number	02703
GABLES AT BRADY CIRCLE, LLC T	HE				
11 BRADY CIRCLE		• '	14) 890-2230	Alzheimer's Unit	No
	MO 63114-1110		LF**	Bed Capacity	32
Mailing Address 11 BRADY CIRCLE		•	OUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63114-1110	Region 7		Facility Number	30048
GARDEN PLAZA OF FLORISSANT					
1101 GARDEN PLAZA DR		Telephone (3	14) 831-0988	Alzheimer's Unit	Yes
FLORISSANT	MO 63033-2269	Level of Care Al	LF**	Bed Capacity	102
Mailing Address 1101 GARDEN PLAZA	DR	County SAINT LO	OUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-2269	Region 7		Facility Number	27826
GARDEN VIEW CARE CENTER AT D	OUGHERTY FERRY				
13612 BIG BEND RD		Telephone (6	36) 861-0500	Alzheimer's Unit	Yes
VALLEY PARK	MO 63088-1447	Level of Care SN	NF	Bed Capacity	120
Mailing Address 13612 BIG BEND RD		County SAINT LO	OUIS COUNTY	DMH Licensed	No
VALLEY PARK	MO 63088-1447	Region 7 Med	licare/Medicaid	Facility Number	23101
GARDEN VIEW CARE CENTER OF C					
	CHESTERFIELD				
1025 CHESTERFIELD POINTE PRKWY	CHESTERFIELD	Telephone (6	36) 537-3333	Alzheimer's Unit	Yes
	MO 63017-1957	Level of Care SN	NF	<b>Bed Capacity</b>	Yes 130
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD	MO 63017-1957 POINTE PRKWY	Level of Care SN County SAINT LO	, and the second second	Bed Capacity DMH Licensed	
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD	MO 63017-1957	Level of Care SN County SAINT LO	NF	<b>Bed Capacity</b>	130
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD	MO 63017-1957 POINTE PRKWY	Level of Care SN County SAINT LO	NF OUIS COUNTY	Bed Capacity DMH Licensed	130 No
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS	MO 63017-1957 POINTE PRKWY	Level of Care SN County SAINT LO	NF OUIS COUNTY	Bed Capacity DMH Licensed	130 No
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD	MO 63017-1957 POINTE PRKWY	Level of Care SN County SAINT LO Region 7 Med	NF OUIS COUNTY	Bed Capacity DMH Licensed	130 No
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD	MO 63017-1957 POINTE PRKWY	Level of Care SN County SAINT LO Region 7 Med Telephone (3	NF OUIS COUNTY licare/Medicaid	Bed Capacity DMH Licensed Facility Number	130 No 16409
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823	Level of Care SN County SAINT Lo Region 7 Med  Telephone (3 Level of Care Al	NF OUIS COUNTY licare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	130 No 16409
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD  TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823	Level of Care SN County SAINT Lo Region 7 Med  Telephone (3 Level of Care Al	NF OUIS COUNTY licare/Medicaid  14) 434-2520 LF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	130 No 16409 No 46
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD  TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER  TOWN AND COUNTRY	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823 40 RD	Level of Care SN County SAINT Lo Region 7 Med  Telephone (3 Level of Care Al County SAINT Lo	NF OUIS COUNTY licare/Medicaid  14) 434-2520 LF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	130 No 16409 No 46 No
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD  TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER  TOWN AND COUNTRY  GARDEN VILLAS NORTH	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823 40 RD	Level of Care SN County SAINT LO Region 7 Med  Telephone (3 Level of Care Al County SAINT LO Region 7	NF OUIS COUNTY dicare/Medicaid  14) 434-2520 LF** OUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 16409 No 46 No 28978
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD  TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER  TOWN AND COUNTRY  GARDEN VILLAS NORTH  4505 PARKER ROAD	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823 40 RD MO 63017-5823	Level of Care SN County SAINT LO Region 7 Med  Telephone (3 Level of Care Al County SAINT LO Region 7	NF OUIS COUNTY licare/Medicaid  14) 434-2520 LF** OUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 16409 No 46 No 28978
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD  TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER  TOWN AND COUNTRY  GARDEN VILLAS NORTH  4505 PARKER ROAD  BLACK JACK	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823 40 RD	Level of Care SN County SAINT LO Region 7 Med  Telephone (3 Level of Care Al County SAINT LO Region 7  Telephone (3 Level of Care Al County SAINT LO Region 7	NF OUIS COUNTY licare/Medicaid  14) 434-2520 LF** OUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	130 No 16409 No 46 No 28978
CHESTERFIELD  Mailing Address 1025 CHESTERFIELD  CHESTERFIELD  GARDEN VILLAS  13590 SOUTH OUTER 40 RD  TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER  TOWN AND COUNTRY  GARDEN VILLAS NORTH  4505 PARKER ROAD  BLACK JACK  Mailing Address 4505 PARKER RD	MO 63017-1957 POINTE PRKWY MO 63017-1957  MO 63017-5823 40 RD MO 63017-5823	Level of Care SN County SAINT LO Region 7 Med  Telephone (3 Level of Care Al County SAINT LO Region 7  Telephone (3 Level of Care Al County SAINT LO Region 7	NF OUIS COUNTY licare/Medicaid  14) 434-2520 LF** OUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	130 No 16409 No 46 No 28978

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CADDEN VII I ACCOUNT				
GARDEN VILLAS SOUTH 13457 TESSON FERRY RD		<b>Telephone</b> (314) 843-7788	Alzheimer's Unit	No
SAINT LOUIS	MO 63128-4010	Level of Care ALF	Bed Capacity	83
Mailing Address 13457 TESSON FER		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-4010	Region 7	Facility Number	28964
SAINI LOUIS	WO 03120-4010	Region 7	Facinty Number	20904
GRAND MANOR NURSING & REH	ABILITATION CENTER			
3645 COOK AVE		<b>Telephone</b> (314) 531-2352	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-3801	Level of Care SNF	Bed Capacity	120
Mailing Address 3645 COOK AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63113-3801	Region 7 Medicare/Medicaid	Facility Number	13324
	-			
GRANDE AT CHESTERFIELD,THI	E	T-1 (626) 779 4900	A lb	<b>V</b>
16300 JUSTUS POST ROAD CHESTERFIELD	MO (2017 4000	Telephone (636) 778-4800 Level of Care ALF**	Alzheimer's Unit	Yes
	MO 63017-4608		Bed Capacity	95 N-
Mailing Address 16300 JUSTUS POS		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-4608	Region 7	Facility Number	30848
GRANDE AT CREVE COEUR THE				
450 NORTH LINDBERGH BLVD		<b>Telephone</b> (314) 628-0004	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7814	Level of Care ALF**	Bed Capacity	58
Mailing Address 450 NORTH LINDB	ERGH BLVD	County SAINT LOUIS COUNTY	DMH Licensed	No
CREVE COEUR	MO 63141-7814	Region 7	Facility Number	30479
			•	
GRANDE AT LAUMEIER PARK TI	HE			
12470 ROTT ROAD		<b>Telephone</b> (314) 462-0222	Alzheimer's Unit	Yes
SUNSET HILLS	MO 63127-1247	Level of Care ALF**	Bed Capacity	98
Mailing Address 12470 ROTT ROAD		County SAINT LOUIS COUNTY	DMH Licensed	No
SUNSET HILLS	MO 63127-1247	Region 7	Facility Number	30466
GREEN PARK SENIOR LIVING CO	OMMUNITY			
9350 GREEN PARK ROAD		<b>Telephone</b> (314) 845-0900	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63123-7211	Level of Care SNF	Bed Capacity	188
Mailing Address 9350 GREEN PARK		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63123-7211	Region 7 Medicare/Medicaid	Facility Number	17565
		A CONTROL OF THE CONT	•	-,
HERITAGE CARE CENTER				
4401 NORTH HANLEY RD		<b>Telephone</b> (314) 521-7471	Alzheimer's Unit	No
SAINT LOUIS	MO 63134-2710	Level of Care SNF	Bed Capacity	120
Mailing Address 4401 NORTH HANL		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63134-2710	Region 7 Medicare/Medicaid	Facility Number	00411
HILLSIDE REHAB AND HEALTHO	CARE CENTER			
1265 MCLARAN AVE		<b>Telephone</b> (314) 388-4121	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63147-1606	Level of Care SNF	Bed Capacity	208
Mailing Address 1265 MCLARAN AV	VE	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63147-1606	Region 7 Medicare/Medicaid	Facility Number	04687

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HOLLY HILLS RETIREMENT HON	ME			
6421 MINNESOTA	WIE.	<b>Telephone</b> (314) 351-0767	Alzheimer's Unit No	_
SAINT LOUIS	MO 63111-2808	Level of Care RCF*	Bed Capacity 13	
Mailing Address 6421 MINNESOTA	WO 03111-2006	County SAINT LOUIS CITY	DMH Licensed Ye	
SAINT LOUIS	MO 63111-2808	Region 7	Facility Number 03678	
SAINI LOUIS	WO 03111-2808	Kegion /	Facility Number 03076	0
JANE HOWELL STUPP APARTME	NTS			
2443 PROUHET AVE		<b>Telephone</b> (314) 890-7100	Alzheimer's Unit No	o
OVERLAND	MO 63114-1946	Level of Care RCF*	Bed Capacity 30	0
Mailing Address 2443 PROUHET AV	Е	County SAINT LOUIS COUNTY	DMH Licensed Ye	es
OVERLAND	MO 63114-1946	Region 7	Facility Number 18369	9
KASEY PAIGE HEALTH CARE CE	NTED			
3715 JAMIESON AVE	NIER	<b>Telephone</b> (314) 781-0222	Alzheimer's Unit No	_
SAINT LOUIS	MO 63109-1109	Level of Care RCF	Bed Capacity 11	
Mailing Address 3715 JAMIESON AV		County SAINT LOUIS CITY	DMH Licensed Ye	
SAINT LOUIS	MO 63109-1109	•	Facility Number 04650	
SAINI LOUIS	MO 03109-1109	Region 7	Facility Number 04050	U
KINGSLAND WALK SENIOR LIVI	NG			
868 KINGSLAND AVENUE		<b>Telephone</b> (314) 955-6884	Alzheimer's Unit Ye	S
UNIVERSITY CITY	MO 63130-3181	Level of Care ALF**	Bed Capacity 70	0
Mailing Address 868 KINGSLAND A	VENUE	County SAINT LOUIS COUNTY	DMH Licensed No	O
UNIVERSITY CITY	MO 63130-3181	Region 7	Facility Number 32200	3
LACLEDE COMMONS				
727 S LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit Ye	es.
SAINT LOUIS	MO 63119-4911	Level of Care ALF**	Bed Capacity 24	
Mailing Address 727 S LACLEDE STA	ATION RD	County SAINT LOUIS COUNTY	DMH Licensed No	o
SAINT LOUIS	MO 63119-4911	Region 7	Facility Number 17713	3
* A ********* D O OFF A OFF				
LAKEVIEW POST ACUTE		T. J. (214) 021 2752		
1201 GARDEN PLAZA DR	MO (2022 2022	<b>Telephone</b> (314) 831-3752	Alzheimer's Unit No	
FLORISSANT	MO 63033-2230	Level of Care SNF	Bed Capacity 120	
Mailing Address 1201 GARDEN PLAZ		County SAINT LOUIS COUNTY	DMH Licensed No	
FLORISSANT	MO 63033-2230	Region 7 Medicare/Medicaid	Facility Number 27146	6
LANSDOWNE VILLAGE				
4624 LANSDOWNE AVE		<b>Telephone</b> (314) 351-6888	Alzheimer's Unit No	o
SAINT LOUIS	MO 63116-1523	Level of Care SNF	Bed Capacity 14:	5
Mailing Address 4624 LANSDOWNE	AVE	County SAINT LOUIS CITY	DMH Licensed No	О
SAINT LOUIS	MO 63116-1523	Region 7 Medicare/Medicaid	Facility Number 1455	7
LIFE CARE CENTER OF BRIDGET	CON			
12145 BRIDGETON SQUARE DR		<b>Telephone</b> (314) 298-7444	Alzheimer's Unit No	o
BRIDGETON	MO 63044-2616	Level of Care SNF	<b>Bed Capacity</b> 9	
Mailing Address 12145 BRIDGETON	SQUARE DR	County SAINT LOUIS COUNTY	DMH Licensed No	O
BRIDGETON	MO 63044-2616	Region 7 Medicare/Medicaid	Facility Number 1214	1

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LIFE CARE CENTER OF ST LOUIS		T. I		
3520 CHOUTEAU AVE	MO (2102 201)	<b>Telephone</b> (314) 771-2100	Alzheimer's Unit	No
SAINT LOUIS	MO 63103-2916	Level of Care SNF	Bed Capacity	100
Mailing Address 3520 CHOUTEAU A		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number	19823
LINDEN MANOR CNSL OPERATIO	ONLLC			
4336 LINDELL BLVD	NLLC	<b>Telephone</b> (314) 652-4828	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2702	Level of Care RCF*	Bed Capacity	20
Mailing Address PO BOX 525	WIO 03100-2702	County SAINT LOUIS CITY	DMH Licensed	Yes
CUBA	MO 65453-	Region 7	Facility Number	10470
СОВА	WIO 03433-	Region 7	Facility Number	10470
LIVING LIFE LONG RESIDENTIAL	L CARE, LLC			
5076 WATERMAN		<b>Telephone</b> (314) 495-5498	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-1102	Level of Care RCF	Bed Capacity	20
Mailing Address 303 UNION BLVD		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-4400	Region 7	Facility Number	05212
LUTHERAN CONVALESCENT HO	ME			
723 SOUTH LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit	No
WEBSTER GROVES	MO 63119-4911	Level of Care SNF	Bed Capacity	286
Mailing Address 723 SOUTH LACLEI	DE STATION RD	County SAINT LOUIS COUNTY	DMH Licensed	No
WEBSTER GROVES	MO 63119-4911	Region 7 Medicare/Medicaid	Facility Number	04695
I LUMINED AN GENLOD GEDNICOG AF	E MED A MEC DI LIDEC			
LUTHERAN SENIOR SERVICES AT	I MERAMEC BLUFFS	T. I. I. (626) 961 9699	A1 1 1 1 TI 14	37
50 MERAMEC TRAIL DR	MO (2021 2202	Telephone (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN  Mailing Address 50 MERAMEC TRAI	MO 63021-3303	Level of Care ALF**  County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	100
Mailing Address 50 MERAMEC TRAI BALLWIN	MO 63021-3303			No
DALLWIN	WO 03021-3303	Region 7	Facility Number	23643
LUTHERAN SENIOR SERVICES AT	Γ MERAMEC BLUFFS			
50 MERAMEC TRAIL DR		<b>Telephone</b> (636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care SNF	Bed Capacity	128
Mailing Address 50 MERAMEC TRAI	IL DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7 Medicare/Medicaid	<b>Facility Number</b>	23643
MANCHESTER REHAB AND HEAL	THCARE CENTER			
MANCHESTER REHAB AND HEAD 312 SOLLEY DR	THCARE CENTER	<b>Telephone</b> (636) 391-0666	Alzheimer's Unit	NO
312 SOLLEY DR BALLWIN	THCARE CENTER  MO 63021-5248	Telephone (636) 391-0666 Level of Care SNF	Bed Capacity	NO 137
312 SOLLEY DR		-	Bed Capacity DMH Licensed	
312 SOLLEY DR BALLWIN		Level of Care SNF	Bed Capacity	137
312 SOLLEY DR BALLWIN <b>Mailing Address</b> 312 SOLLEY DR BALLWIN	MO 63021-5248 MO 63021-5248	Level of Care SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	137 No
312 SOLLEY DR BALLWIN Mailing Address 312 SOLLEY DR BALLWIN MANOR GROVE, INCORPORATED	MO 63021-5248 MO 63021-5248	Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	137 No 04970
312 SOLLEY DR BALLWIN Mailing Address 312 SOLLEY DR BALLWIN  MANOR GROVE, INCORPORATED 711 SOUTH KIRKWOOD RD	MO 63021-5248  MO 63021-5248	Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 965-0864	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	137 No 04970 No
312 SOLLEY DR BALLWIN Mailing Address 312 SOLLEY DR BALLWIN  MANOR GROVE, INCORPORATED 711 SOUTH KIRKWOOD RD KIRKWOOD	MO 63021-5248  MO 63021-5248  MO 63122-5928	Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 965-0864 Level of Care SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	137 No 04970 No 117
312 SOLLEY DR BALLWIN Mailing Address 312 SOLLEY DR BALLWIN  MANOR GROVE, INCORPORATED 711 SOUTH KIRKWOOD RD	MO 63021-5248  MO 63021-5248  MO 63122-5928	Level of Care SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (314) 965-0864	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	137 No 04970 No

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MARI DE VILLA RETIREMENT CI	ENTER, INC			
13900 CLAYTON RD		<b>Telephone</b> (636) 227-5347	Alzheimer's Unit	No
TOWN AND COUNTRY	MO 63017-8406	Level of Care SNF	<b>Bed Capacity</b>	224
Mailing Address 13900 CLAYTON RI	D	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-8406	Region 7	<b>Facility Number</b>	05047
MADIZ WWATNI MANOD				
MARK TWAIN MANOR		T. I. I. (214) 201 9240	A1 1	NI-
11988 MARK TWAIN LN BRIDGETON	MO 63044-2825	Telephone (314) 291-8240 Level of Care SNF	Alzheimer's Unit	No 120
Mailing Address 11988 MARK TWAI			Bed Capacity DMH Licensed	No
BRIDGETON	MO 63044-2825	·		
BRIDGETON	WO 03044-2823	Region 7 Medicare/Medicaid	Facility Number	08188
MARY CULVER HOME, THE				
221 WEST WASHINGTON AVE		<b>Telephone</b> (314) 966-6034	Alzheimer's Unit	No
KIRKWOOD	MO 63122-3916	Level of Care ICF	Bed Capacity	28
Mailing Address 221 W WASHINGTO	ON AVE	County SAINT LOUIS COUNTY	DMH Licensed	No
KIRKWOOD	MO 63122-3916	Region 7	Facility Number	00592
MARY, QUEEN AND MOTHER CE	NTER			
7601 WATSON RD		<b>Telephone</b> (314) 961-8000	Alzheimer's Unit	NO
SHREWSBURY	MO 63119-5001	Level of Care SNF	Bed Capacity	230
Mailing Address 7601 WATSON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SHREWSBURY	MO 63119-5001	Region 7 Medicare/Medicaid	Facility Number	05103
		-		
MADVACANTALANOD				
MARYMOUNT MANOR		T. I. I. (626) 020 6770		3.7
313 AUGUSTINE RD	NO 52025 1025	<b>Telephone</b> (636) 938-6770	Alzheimer's Unit	No
EUREKA	MO 63025-1935	Level of Care RCF*	Bed Capacity	100
Mailing Address PO BOX 600	MO (2025 0000	County SAINT LOUIS COUNTY	DMH Licensed	Yes
EUREKA	MO 63025-0600	Region 7	Facility Number	05117
MARYMOUNT MANOR				
313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	Alzheimer's Unit	Yes
EUREKA	MO 63025-1935	Level of Care SNF	Bed Capacity	174
Mailing Address PO BOX 600		County SAINT LOUIS COUNTY	DMH Licensed	No
EUREKA	MO 63025-0600	Region 7 Medicare/Medicaid	Facility Number	05117
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3300	Alzheimer's Unit	NO
CHESTERFIELD	MO 63017-5917	Level of Care SNF	<b>Bed Capacity</b>	200
Mailing Address 13190 SOUTH OUT	ER 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number	03957
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3300	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5917	Level of Care ALF**	Bed Capacity	62
Mailing Address 13190 SOUTH OUT		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7	Facility Number	03957
	- ***-,			00751

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MATTIS POINTE - ASSISTED LIVI	NG BY AMERICARE				
4962 MATTIS ROAD		Telephone	(314) 328-4084	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-2795	Level of Care	ALF**	Bed Capacity	120
Mailing Address 4962 MATTIS ROAD		•	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-2795	Region 7		Facility Number	30805
MCKNIGHT PLACE ASSISTED LIV	ING AND MEMORY CARE		(214) 002 2222		<b>3</b> 7
THREE MCKNIGHT PLACE SAINT LOUIS	MO (2124 1000	Telephone	(314) 993-3333	Alzheimer's Unit	Yes
	MO 63124-1900	Level of Care	SNF	Bed Capacity	55 N
Mailing Address THREE MCKNIGHT			NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7		Facility Number	23542
MCKNIGHT PLACE ASSISTED LIV	/ING AND MEMORY CARE				
THREE MCKNIGHT PL		Telephone	(314) 997-5333	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1900	Level of Care	ALF**	Bed Capacity	120
Mailing Address THREE MCKNIGHT			NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7	20010 0001.11	Facility Number	23542
5. III (1 20015		Region /		1 401109 1 (4111001	23342
MCKNIGHT PLACE EXTENDED C	ARE				
TWO MCKNIGHT PL		Telephone	(314) 993-2221	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1900	Level of Care	SNF	<b>Bed Capacity</b>	70
Mailing Address TWO MCKNIGHT P	L	County SAIN	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7	Medicare	Facility Number	18914
MOTHER OF GOOD COUNSEL HO	OME				
6825 NATURAL BRIDGE RD		Telephone	(314) 383-4765	Alzheimer's Unit	No
SAINT LOUIS	MO 63121-5314	Level of Care	SNF	<b>Bed Capacity</b>	114
Mailing Address 6825 NATURAL BR	IDGE RD	County SAIN	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63121-5314	Region 7		Facility Number	05568
MOTHER OF REPRESENT MEY D	DEGINENCE INC				
MOTHER OF PERPETUAL HELP F	RESIDENCE, INC	Talaabaaa	(214) 019 2260	A 1-1	V
7609 WATSON ROAD	MO (2110 5001	Telephone	(314) 918-2260	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63119-5001	Level of Care	ALF**	Bed Capacity	160
Mailing Address 7609 WATSON ROA		•	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63119-5001	Region 7		Facility Number	21111
NAZARETH LIVING CENTER					
2 NAZARETH LN		Telephone	(314) 487-3950	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63129-7600	Level of Care	ALF**	Bed Capacity	114
Mailing Address 2 NAZARETH LN		County SAIN	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7		Facility Number	17458
		Ü		٠	
NAZARETH LIVING CENTER					
2 NAZARETH LN		Telephone	(314) 487-3950	Alzheimer's Unit	No
SAINT LOUIS	MO 63129-7600	Level of Care	SNF	Bed Capacity	121
Mailing Address 2 NAZARETH LN		•	NT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7	Medicare/Medicaid	Facility Number	17458

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NEWSTEAD PLACE			
19 NORTH NEWSTEAD	<b>Telephone</b> (314) 286-4510	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2260	Level of Care RCF*	Bed Capacity	20
Mailing Address 19 N NEWSTEAD	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2260	Region 7	Facility Number	19169
NHC HEALTHCARE, MARYLAND HEIGHTS			
2920 FEE FEE RD	<b>Telephone</b> (314) 291-0121	Alzheimer's Unit	Yes
MARYLAND HEIGHTS MO 63043-1915	Level of Care SNF	Bed Capacity	220
Mailing Address 2920 FEE FEE RD	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1915	Region 7 Medicare/Medicaid	Facility Number	08272
NORMANDY NURSING CENTER			
7301 SAINT CHARLES ROCK RD	<b>Telephone</b> (314) 862-0555	Alzheimer's Unit	No
SAINT LOUIS MO 63133-1737	Level of Care SNF	Bed Capacity	116
Mailing Address 7301 SAINT CHARLES ROCK RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63133-1737	Region 7 Medicare/Medicaid	Facility Number	01118
OAK KNOLL SKILLED NURSING & REHABILITATION			
37 N CLARK AVE	<b>Telephone</b> (314) 521-7419	Alzheimer's Unit	No
FERGUSON MO 63135-2323	Level of Care SNF	Bed Capacity	72
Mailing Address 37 N CLARK AVE	County SAINT LOUIS COUNTY	DMH Licensed	No
FERGUSON MO 63135-2323	Region 7 Medicare/Medicaid	Facility Number	05864
OAN DADY GADE CENTED			
OAK PARK CARE CENTER	T-l (214) 701 2444	A 1-1:!- T7:4	NI-
6637 BERTHOLD AVE SAINT LOUIS MO 63139-3318	Telephone (314) 781-3444  Level of Care SNF	Alzheimer's Unit	No 120
Mailing Address 6637 BERTHOLD AVE	County SAINT LOUIS CITY	Bed Capacity DMH Licensed	No
SAINT LOUIS MO 63139-3318	Region 7 Medicare/Medicaid	Facility Number	05914
SARVI LOCIS MIO 03137-3310	Region / Medicare/Medicard	racinty Number	03914
OASIS RESIDENTIAL CARE FACILITY			
3508 PRAIRIE AVE	<b>Telephone</b> (314) 534-3355	Alzheimer's Unit	No
SAINT LOUIS MO 63107-2214	Level of Care RCF*	Bed Capacity	20
Mailing Address 3508 PRAIRIE AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63107-2214	Region 7	Facility Number	15415
	Region		10.10
PARC PROVENCE			
605 COEUR DE VILLE DR	<b>Telephone</b> (314) 542-2500	Alzheimer's Unit	Yes
SAINT LOUIS MO 63141-6603	Level of Care SNF	Bed Capacity	140
Mailing Address 605 COEUR DE VILLE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63141-6603	Region 7	Facility Number	24122
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<b>9</b>		
PARKWOOD SKILLED NURSING AND REHABILITATION	ON CENTER		
3201 PARKWOOD LN	<b>Telephone</b> (314) 291-5911	Alzheimer's Unit	No
MARYLAND HEIGHTS MO 63043-1334	Level of Care SNF	Bed Capacity	130
Mailing Address 3201 PARKWOOD LN		- •	
Maning Madress 3201 17 Mil WOOD EN	County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS MO 63043-1334	County SAINT LOUIS COUNTY  Region 7 Medicare/Medicaid	DMH Licensed Facility Number	No 02471

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PEACE HAVEN ASSOCIATION			(0.1.1) 0.55 0000		
12630 ROTT RD	NO 50107 1011	Telephone	(314) 965-3833	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1214	Level of Care	ICF	Bed Capacity	42
Mailing Address 12630 ROTT RD	110	· ·	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1214	Region 7		Facility Number	06369
DILLARS OF NORTH COUNTY HE	ALTH & REHABILITATION CENTEI	D TUE			
13700 OLD HALLS FERRY RD	ALTH & REHABILITATION CENTER	Telephone	(314) 355-0760	Alzheimer's Unit	No
FLORISSANT	MO 63033-4109	Level of Care	SNF	Bed Capacity	120
Mailing Address 13700 OLD HALLS F			T LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-4109	_	Medicare/Medicaid	Facility Number	07440
LONISSAIVI	WO 03033-4107	Region 7	viedicare/Medicald	Pacinty Number	07440
PLAZA AT WILDWOOD SENIOR L	IVING,THE				
251 PLAZA DRIVE		Telephone	(636) 273-3900	Alzheimer's Unit	Yes
WILDWOOD	MO 63040-1203	Level of Care	ALF**	Bed Capacity	94
Mailing Address 251 PLAZA DRIVE		County SAIN	T LOUIS COUNTY	DMH Licensed	No
WILDWOOD	MO 63040-1203	Region 7		<b>Facility Number</b>	31049
PROMENADE SENIOR LIVING					
8825 EAGER ROAD		Telephone	(314) 325-7699	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63144-1205	Level of Care	ALF**	Bed Capacity	90
Mailing Address 8825 EAGER ROAD		County SAIN	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63144-1205	Region 7		Facility Number	30363
PROVISION OF PROMISE					
PROVISION OF PROMISE 4528 NORTH MARKET ST		Telephone	(314) 535-5509	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-2113	Level of Care	RCF	Bed Capacity	20
Mailing Address 4528 NORTH MARK			T LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-2113	Region 7	I LOUIS CIT I	Facility Number	17937
SARVI ECCIS	WO 03113 2113	Region 7		raciney (valide)	17937
QUARTERS AT DES PERES, THE					
13230 MANCHESTER RD		Telephone	(314) 821-2886	Alzheimer's Unit	No
DES PERES	MO 63131-1706	Level of Care	SNF	<b>Bed Capacity</b>	147
Mailing Address 13230 MANCHESTE	R RD	County SAIN	T LOUIS COUNTY	DMH Licensed	No
DES PERES	MO 63131-1706	Region 7	Medicare/Medicaid	Facility Number	26726
BANGHO BEHAR AND WEAT TWO	DE CENTED				
RANCHO REHAB AND HEALTHCA	KE CENTER	m.1. 3	(214) 920 2150	411.	3.7
615 RANCHO LN	MO (2021 1515	Telephone	(314) 839-2150	Alzheimer's Unit	No
FLORISSANT	MO 63031-1717	Level of Care	SNF	Bed Capacity	120
Mailing Address 615 RANCHO LN	MO (2021 1515	•	T LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-1717	Region 7	Medicare/Medicaid	Facility Number	02585
RICHMOND TERRACE ASSISTED I	LIVING				
1633 LACLEDE STATION RD		Telephone	(314) 646-8000	Alzheimer's Unit	No
SAINT LOUIS	MO 63117-2038	Level of Care	ALF**	<b>Bed Capacity</b>	99
Mailing Address 1633 LACLEDE STA	TION RD	County SAIN	T LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63117-2038	Region 7		Facility Number	22269

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RIVER CROSSING REHAB AND HE	CALTHCARE CENTER		
11278 SCHUETZ RD		<b>Telephone</b> (314) 991-4066	Alzheimer's Unit No
SAINT LOUIS	MO 63146-4957	Level of Care SNF	Bed Capacity 120
Mailing Address 11278 SCHUETZ RD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63146-4957	Region 7 Medicare/Medicaid	Facility Number 16378
SARVI LOUIS	110 03140-4737	Region / Medicale/Medicald	Facility (different 10378
SILVER SPUR			
3300 TEXAS AVE		<b>Telephone</b> (314) 773-3408	Alzheimer's Unit No
SAINT LOUIS	MO 63118-3111	Level of Care ALF	Bed Capacity 37
Mailing Address 3300 TEXAS AVE		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63118-3111	Region 7	Facility Number 00185
SMILEY MANOR LLC			
5415 THEKLA AVE		<b>Telephone</b> (314) 932-1360	Alzheimer's Unit No
SAINT LOUIS	MO 63120-2513	Level of Care RCF	<b>Bed Capacity</b> 20
Mailing Address 5415 THEKLA AVE		County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63120-2513	Region 7	Facility Number 04078
CMILEY MANOD WEST II C			
SMILEY MANOR WEST, LLC 1119 GOODFELLOW BLVD		T-1 (214) 922 2229	Al-h-i
	MO (2112 2512	<b>Telephone</b> (314) 833-3238	Alzheimer's Unit No
SAINT LOUIS	MO 63112-2513	Level of Care RCF	Bed Capacity 27
Mailing Address 1119 GOODFELLOW		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63112-2513	Region 7	Facility Number 31147
SOUTHVIEW ASSISTED LIVING			
9916 REAVIS ROAD		<b>Telephone</b> (314) 544-4440	Alzheimer's Unit Yes
AFFTON	MO 63123-5314	Level of Care ALF**	Bed Capacity 116
Mailing Address 9916 REAVIS RD		County SAINT LOUIS COUNTY	DMH Licensed No
AFFTON	MO 63123-5314	Region 7	Facility Number 28446
SPRING MANOR			
3610 PALM ST		<b>Telephone</b> (314) 533-3111	Alzheimer's Unit No
SAINT LOUIS	MO 63107-2505	Level of Care ALF**	Bed Capacity 94
Mailing Address 3610 PALM ST	110 03107 2303	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63107-2505	Region 7	Facility Number 28552
Mari Locio	NIO 03107 2303	Region /	racinty ramper 20002
ST AGNES HOME			
10341 MANCHESTER RD		<b>Telephone</b> (314) 965-7616	Alzheimer's Unit No
KIRKWOOD	MO 63122-1520	Level of Care ICF	Bed Capacity 150
Mailing Address 10341 MANCHESTE	R RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
KIRKWOOD	MO 63122-1520	Region 7	Facility Number 07481
ST ANDREW'S ASSISTED LIVING (	OF BRIDGETON		
11325 ST CHARLES ROCK RD		<b>Telephone</b> (314) 209-1177	Alzheimer's Unit No
BRIDGETON	MO 63044-2722	Level of Care ALF**	<b>Bed Capacity</b> 35
Mailing Address 11325 ST CHARLES		County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON	MO 63044-2722	Region 7	Facility Number 22810
		- σ	

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ST ANDREW'S AT FRANCIS PLACE			
400 SUMMERVILLE BLVD	<b>Telephone</b> (636) 938-5151	Alzheimer's Unit	No
EUREKA MO 63025-2316	Level of Care SNF	Bed Capacity	106
Mailing Address 400 SUMMERVILLE BLVD	County SAINT LOUIS COUNTY	DMH Licensed	No
EUREKA MO 63025-2316	Region 7 Medicare/Medicaid	Facility Number	06430
ST ANN ALF CNSL OPERATION LLC			
10441 INTERNATIONAL PLAZA DR	<b>Telephone</b> (314) 423-1254	Alzheimer's Unit	No
SAINT ANN MO 63074-1805	Level of Care ALF	Bed Capacity	40
Mailing Address 10441 INTERNATIONAL PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT ANN MO 63074-1805	Region 7	Facility Number	21994
ST ELIZABETH HALL	TD 1 1 (214) 652 0525	A1 1 *	N.T.
325 NORTH NEWSTEAD AVE	<b>Telephone</b> (314) 652-9525	Alzheimer's Unit	No
SAINT LOUIS MO 63108-2707	Level of Care ALF**	Bed Capacity	50
Mailing Address 325 N NEWSTEAD AVE	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS MO 63108-2707	Region 7	Facility Number	07516
ST JOHNS PLACE			
3333 BROWN ROAD	<b>Telephone</b> (314) 426-2211	Alzheimer's Unit	No
SAINT LOUIS MO 63114-4327	Level of Care SNF	Bed Capacity	94
Mailing Address 3333 BROWN RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63114-4327	Region 7 Medicare/Medicaid	Facility Number	18454
5/m (1 E00m) MO (5/114 452/	region / Medical e/Medicald	Pacinty Number	10434
ST LOUIS ALTENHEIM			
5408 SOUTH BROADWAY	<b>Telephone</b> (314) 353-7225	Alzheimer's Unit	Yes
SAINT LOUIS MO 63111-2023	Level of Care ALF**	<b>Bed Capacity</b>	23
Mailing Address 5408 SOUTH BROADWAY	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63111-2023	Region 7	<b>Facility Number</b>	07585
ST LOUIS ALTENHEIM	T. 1. (214) 252 7025	A11	NT
5408 SOUTH BROADWAY	<b>Telephone</b> (314) 353-7225	Alzheimer's Unit	No
SAINT LOUIS MO 63111-2023	Level of Care SNF	Bed Capacity	48
Mailing Address 5408 SOUTH BROADWAY	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63111-2023	Region 7 Medicaid	Facility Number	07585
ST LOUIS HILLS ASSISTED LIVING AND MEMORY CARE			
6543 CHIPPEWA ST	<b>Telephone</b> (314) 647-6600	Alzheimer's Unit	Yes
SAINT LOUIS MO 63109-4100	Level of Care ALF**	Bed Capacity	181
Mailing Address 6543 CHIPPEWA ST	County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS MO 63109-4100	Region 7	Facility Number	07594
3 30107	<del>g</del> ·		0.071
ST SOPHIA HEALTH & REHABILITATION CENTER			
936 CHARBONIER RD	<b>Telephone</b> (314) 831-4800	Alzheimer's Unit	No
FLORISSANT MO 63031-5220	Level of Care SNF	Bed Capacity	240
Mailing Address 936 CHARBONIER RD	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT MO 63031-5220	Region 7 Medicare/Medicaid	Facility Number	07631

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STONEBRIDGE FLORISSANT			
6768 NORTH HIGHWAY 67		<b>Telephone</b> (314) 741-9101	Alzheimer's Unit No
FLORISSANT	MO 63034-2742	Level of Care SNF	<b>Bed Capacity</b> 120
Mailing Address 6768 NORTH HWY 6	7	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
FLORISSANT	MO 63034-2742	Region 7 Medicare/Medicaid	Facility Number 14200
STONEBRIDGE MARYLAND HEIGH	HTS		
2963 DODDRIDGE AVE		<b>Telephone</b> (314) 291-4557	Alzheimer's Unit No
MARYLAND HEIGHTS	MO 63043-1736	Level of Care SNF	<b>Bed Capacity</b> 223
Mailing Address 2963 DODDRIDGE A		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
MARYLAND HEIGHTS	MO 63043-1736	Region 7 Medicare/Medicaid	Facility Number 00855
CLIMBICE OF CHECKERSHIP D			
SUNRISE OF CHESTERFIELD 1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit No
CHESTERFIELD	MO 63017-5000	Telephone (636) 536-3800 Level of Care ALF**	Bed Capacity 3
Mailing Address 1880 CLARKSON RD		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-5000	Region 7	
CHESTERFIELD	WO 03017-3000	Region /	Facility Number 23767
SUNRISE OF CHESTERFIELD			
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit Yes
CHESTERFIELD	MO 63017-5000	Level of Care ICF	Bed Capacity 95
Mailing Address 1880 CLARKSON RD	)	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number 23767
SUNRISE OF DES PERES			
13460 MANCHESTER RD		<b>Telephone</b> (314) 965-3800	Alzheimer's Unit Yes
DES PERES	MO 63131-1734	Level of Care ICF	<b>Bed Capacity</b> 102
Mailing Address 13460 MANCHESTER	R RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
DES PERES	MO 63131-1734	Region 7	Facility Number 24242
CLINDICE OF MEDCIFED CDOVICE			
SUNRISE OF WEBSTER GROVES 45 EAST LOCKWOOD		<b>Telephone</b> (314) 918-7300	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-3050	Level of Care ALF**	Bed Capacity 90
Mailing Address 45 EAST LOCKWOO		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63119-3050	Region 7	Facility Number 28242
Sim (i Lock)	110 03117 3030	Region /	ruemty (united 20242
SUPERIOR MANOR OF DOWNTOW	VN, LLC		
1501 CLINTON STREET		<b>Telephone</b> (314) 921-2625	Alzheimer's Unit No
SAINT LOUIS	MO 63106-4100	Level of Care RCF	<b>Bed Capacity</b> 40
Mailing Address 1501 CLINTON STRE	EET	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63106-4100	Region 7	Facility Number 30136
CHIDDEN DI VCE CA I HINEIG HOGDI	TAL CUILLED MUDGING		
SURREY PLACE ST LUKE'S HOSPI 14701 OLIVE BLVD	TAL SKILLED NURSING	<b>Telephone</b> (314) 542-3300	Alzheimer's Unit No
CHESTERFIELD	MO 63017-2221	Level of Care SNF	Bed Capacity 130
Mailing Address 14701 OLIVE BLVD	110 03017 2221	County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-2221	Region 7 Medicare/Medicaid	Facility Number 15467
CILD ILIU ILLD	1110 03017 2221	Region / Medical e/Medicald	1340/

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SYLVAN HOUSE				
30 SHERMAN RD		<b>Telephone</b> (314)	892-2212 <b>Alzheim</b>	er's Unit No
SAINT LOUIS	MO 63125-4125	Level of Care RCF	Bed Cap	pacity 40
Mailing Address 30 SHERMAN RD		County SAINT LOUI	S COUNTY DMH L	icensed Yes
SAINT LOUIS	MO 63125-4125	Region 7	Facility	<b>Number</b> 15078
TOWN & COUNTRY SENIOR LIVIN	G,THE			
1020 WOODS MILL ROAD		Telephone (636)	527-4444 <b>Alzheim</b>	er's Unit Yes
TOWN AND COUNTRY	MO 63017-0603	Level of Care ALF*	* Bed Cap	pacity 95
Mailing Address 1020 WOODS MILL R	ROAD	County SAINT LOUI	S COUNTY DMH Li	icensed No
TOWN AND COUNTRY	MO 63017-0603	Region 7	Facility	Number 30612
U-CITY FOREST MANOR 1301 PARTRIDGE AVE		Telephone (314)	862-5556 <b>Alzhei</b> m	ner's Unit No
SAINT LOUIS	MO 63130-1944	Level of Care SNF	Bed Cap	
Mailing Address 1301 PARTRIDGE AV		County SAINT LOUI	_	
SAINT LOUIS	MO 63130-1944	•		
SAINI LOUIS	WIO 03130-1944	Region 7 Medicar	re/Medicald Facility	Number 15454
UNION MANOR, LLC				
2711 NORTH UNION BLVD	1.50 - 50.110 - 10.00	• '		ner's Unit No
SAINT LOUIS	MO 63113-1003	Level of Care RCF*	Bed Cap	
Mailing Address 2711 NORTH UNION		County SAINT LOUI		
SAINT LOUIS	MO 63113-1003	Region 7	Facility	<b>Number</b> 11002
VERONICA HOUSE				
12284 DEPAUL DR		• '		ner's Unit No
12284 DEPAUL DR BRIDGETON	MO 63044-2508	Level of Care ALF*	* Bed Cap	pacity 100
12284 DEPAUL DR BRIDGETON <b>Mailing Address</b> 12284 DEPAUL DR		Level of Care ALF* County SAINT LOUI	* Bed Cap S COUNTY DMH Li	pacity 100 icensed No
12284 DEPAUL DR BRIDGETON	MO 63044-2508 MO 63044-2508	Level of Care ALF*	* Bed Cap S COUNTY DMH Li	pacity 100
12284 DEPAUL DR BRIDGETON <b>Mailing Address</b> 12284 DEPAUL DR BRIDGETON		Level of Care ALF* County SAINT LOUI	* Bed Cap S COUNTY DMH Li	pacity 100 icensed No
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON WEST PINE GROUP HOME		Level of Care ALF* County SAINT LOUI Region 7	* Bed Cap S COUNTY DMH Li Facility	pacity 100 icensed No Number 22460
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD	MO 63044-2508	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314)	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim	pacity 100 icensed No Number 22460 her's Unit No
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS	MO 63044-2508 MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap	pacity 100 icensed No Number 22460  her's Unit No pacity 9
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS Mailing Address 4232 WEST PINE BLV	MO 63044-2508  MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li	pacity 100 icensed No Number 22460  her's Unit No pacity 9 icensed Yes
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS	MO 63044-2508 MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li	pacity 100 icensed No Number 22460  her's Unit No pacity 9
12284 DEPAUL DR BRIDGETON  Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS  Mailing Address 4232 WEST PINE BLV SAINT LOUIS	MO 63044-2508  MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li	pacity 100 icensed No Number 22460  her's Unit No pacity 9 icensed Yes
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS Mailing Address 4232 WEST PINE BLV SAINT LOUIS  WESTCHESTER HOUSE, THE	MO 63044-2508  MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI Region 7	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li Facility	pacity 100 icensed No Number 22460  her's Unit No pacity 9 icensed Yes Number 05948
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS Mailing Address 4232 WEST PINE BLV SAINT LOUIS  WESTCHESTER HOUSE, THE 550 WHITE RD	MO 63044-2508  MO 63108-2840  VD  MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI Region 7  Telephone (314)	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li Facility  469-1200 Alzheim	pacity 100 icensed No Number 22460 icer's Unit No pacity 9 icensed Yes Number 05948 icer's Unit No pacity Number 05948
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS Mailing Address 4232 WEST PINE BLV SAINT LOUIS  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD	MO 63044-2508  MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI Region 7  Telephone (314) Level of Care SNF	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li Facility  469-1200 Alzheim Bed Cap	pacity 100 icensed No Number 22460 icer's Unit No pacity 9 icensed Yes Number 05948 icer's Unit No pacity 159
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS Mailing Address 4232 WEST PINE BLV SAINT LOUIS  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD	MO 63044-2508  MO 63108-2840  VD  MO 63108-2840  MO 63017-2316	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI Region 7  Telephone (314) Level of Care SNF County SAINT LOUI SAINT LOUI SAINT LOUI SAINT LOUI SAINT LOUI	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li Facility  469-1200 Alzheim Bed Cap S COUNTY DMH Li	pacity 100 icensed No Number 22460  her's Unit No pacity 9 icensed Yes Number 05948  her's Unit No pacity 159 icensed No
12284 DEPAUL DR BRIDGETON Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS Mailing Address 4232 WEST PINE BLV SAINT LOUIS  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD	MO 63044-2508  MO 63108-2840  VD  MO 63108-2840	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI Region 7  Telephone (314) Level of Care SNF County SAINT LOUI SAINT LOUI SAINT LOUI SAINT LOUI County SAINT LOUI County SAINT LOUI	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li Facility  469-1200 Alzheim Bed Cap S COUNTY DMH Li	pacity 100 icensed No Number 22460  her's Unit No pacity 9 icensed Yes Number 05948  her's Unit No pacity 159
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12284 DEPAUL DR BRIDGETON  Mailing Address 12284 DEPAUL DR BRIDGETON  WEST PINE GROUP HOME 4232 WEST PINE BLVD SAINT LOUIS  Mailing Address 4232 WEST PINE BLV SAINT LOUIS  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD  Mailing Address 550 WHITE RD CHESTERFIELD  WESTVIEW AT ELLISVILLE ASSIS 27 REINKE RD	MO 63044-2508  MO 63108-2840  VD  MO 63108-2840  MO 63017-2316  MO 63017-2316  TED LIVING	Level of Care ALF* County SAINT LOUI Region 7  Telephone (314) Level of Care RCF County SAINT LOUI Region 7  Telephone (314) Level of Care SNF County SAINT LOUI Region 7 Medican	* Bed Cap S COUNTY DMH Li Facility  531-9450 Alzheim Bed Cap S CITY DMH Li Facility  469-1200 Alzheim Bed Cap S COUNTY DMH Li re/Medicaid Facility  527-5554 Alzheim Bed Cap S COUNTY DMH Li S COUNTY DMH Li	pacity 100 icensed No Number 22460  her's Unit No pacity 9 icensed Yes Number 05948  her's Unit No pacity 159 icensed No Number 08474  her's Unit Yes pacity 99

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

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